



# Applying Trauma-informed principles

NEMHSCA Webinar 15 July 2020

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# Acknowledgement of Country

We acknowledge the Traditional Owners of these lands.

We acknowledge that the lands on which we meet, and the lands on which we learn, are places of age-old ceremonies, of celebration, initiation and renewal, and that the local Aboriginal peoples have had and continue to have a unique role in the life of these lands.

## Phoenix Australia – Centre for Posttraumatic Mental Health

**National centre of excellence** in posttraumatic mental health and military and veteran mental health

Provide **International leadership** on recovery from Trauma

Our passion and drive:

**Improved wellbeing and quality of life for individuals and communities who experience trauma**

**Optimise wellbeing and functioning in Defence, national security and emergency service personnel**

**Strong collaborative relationships** with other experts and organisations in this field

Independent **not-for-profit organisation** with robust governance and over 25 years of experience

# Overview

- Trauma and its impacts
- Describe the principles of trauma-informed care (TIC)
- Discuss how you can use TIC principles with your clients

# Trauma & its impact

# What is trauma?



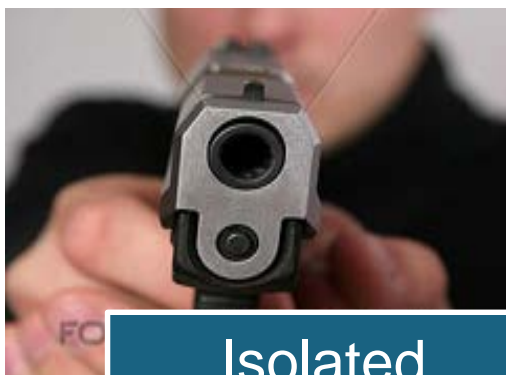
One-off



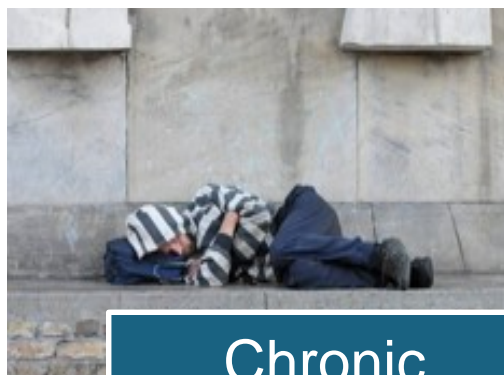
Repeated



Human-made



Isolated



Chronic



Natural disaster



# What makes an event potentially traumatic?

Threat to self or others

Sudden or unexpected

Prolonged, repeated and intense

Personally experienced or witnessed

Feelings of:

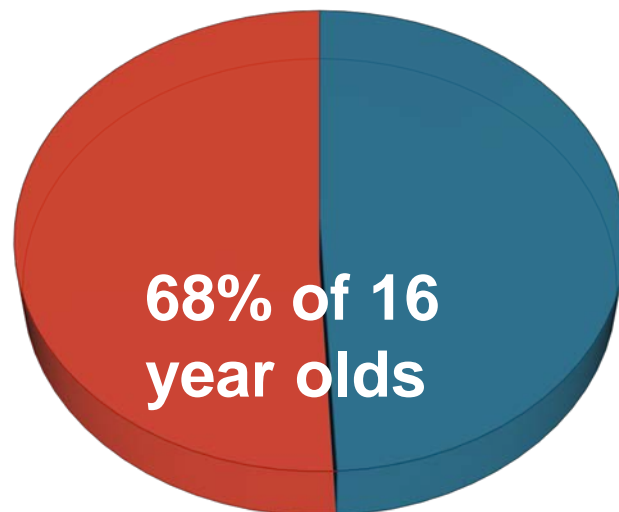
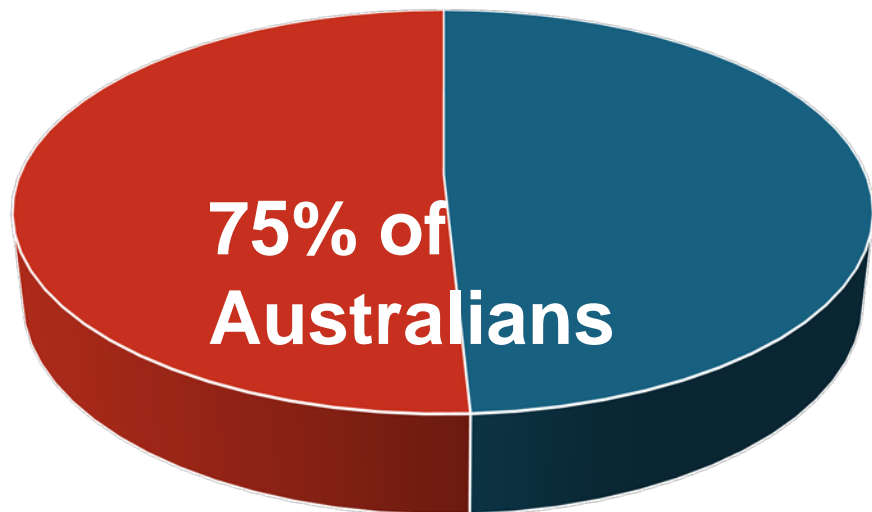
Intense fear

Helplessness

Powerlessness

Being overwhelmed.

# Who has experienced a PTE?



**6%**

Estimated prevalence  
of PTSD in Australian  
population (ABS)



# Recovery trajectories

Reference: Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American psychologist*, 59(1), 20.

# Shorter-term changes

## **Mental:**

difficulty concentrating, confusion, disorientation, worry, intrusive thoughts and images

## **Emotional:**

shock, numbness, sadness, grief, irritability, anger, fear, guilt, shame

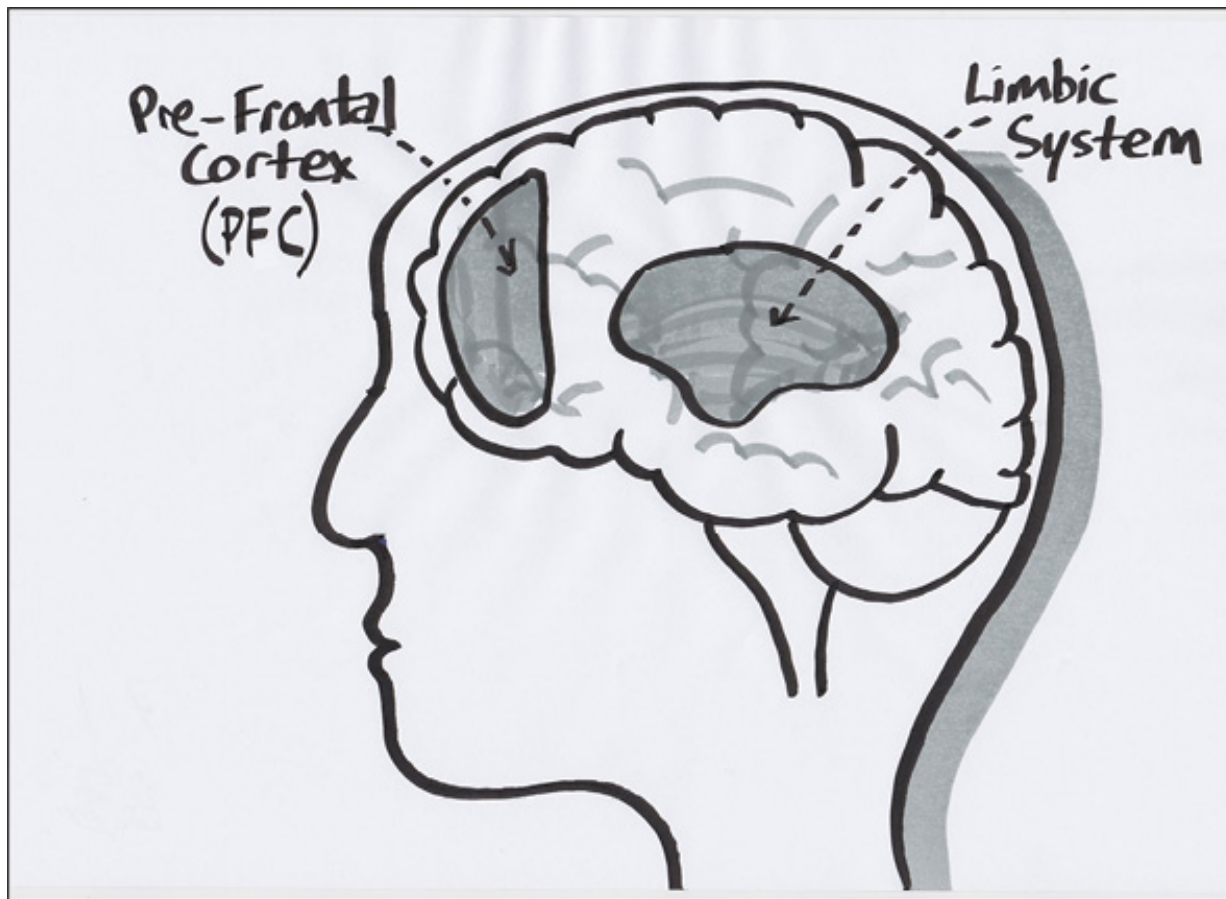
## **Behavioural:**

withdrawal, avoidance of trauma reminders, conflict with others, risk taking behaviours, substance abuse

## **Physiological:**

feeling keyed up and on edge, aches and pains, headaches, jumpiness, difficulty sleeping, fatigue

# The neurobiology of trauma



# Neurobiology of trauma

| Symptom  | Cognitive domain       | Possible biological system disturbance   |
|--|------------------------|--|
| ➡ bias to attend to things associated with the traumatic event   | Memory and attention   | Amygdala hyperactivity   |
| ➡ autonomic arousal i.e. startle response, anxiety, agitation, anger   | Learning and attention | Changes to neurotransmitter action - serotonin, catecholamine's (adrenaline/noradrenaline), glucocorticoids (cortisol) |
| ⬇️ emotion regulation i.e. difficulties regulating anger responses, reduced reactions to positive feelings<br>⬇️ problem solving functions | Executive function     | Frontal regions, particularly the prefrontal cortex, nucleus accumbens, amygdala                                       |
| ⬇️ learning regarding safety signals, negative outcomes of angry behaviours  | Memory and learning    | Hippocampus, amygdala, frontal regions   |

# Longer-term changes

**Mental health conditions – PTSD, Depression, Anxiety, Substance use**

**Chronic feelings of shame, guilt, grief, mistrust and/or anger**

**Difficulties managing extreme emotions, resorting to substance abuse or self-harm**

**Difficulties maintaining interpersonal relationships**

**Difficulties maintaining employment**

**Increased risk-taking behaviours**

**Social disadvantage**

**Changed beliefs about self and the world**

**Impacts on sense of power, control, safety, trust, esteem and intimacy**

# Important themes in PTSD

## Avoidance

- Avoidance of reminders
- Dissociation
- Changed behaviour
- Withdrawal
- Substance use

## Arousal

- Anger outbursts
- Vigilant
- ⌚ Physiological responses
- Anxiety
- Poor sleep
- Self-harm
- Taking risks

## Changed thinking

- ⌚ Seeing the world as unsafe or threatening
- Negative beliefs about self efficacy or coping
- Poor concentration or memory

# Complex PTSD

Complex PTSD condition e.g., PTSD + three additional clusters

1. Severe and pervasive problems in affect regulation
2. Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event and
3. Persistent difficulties in sustaining relationships and in feeling close to others.

# Trauma-Informed Care Principles



# What is TIC?

*“Trauma informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and their clients, and that creates opportunities for people to rebuild a sense of control and empowerment.”*

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

Avoid retraumatisation

# A model for TIC

**PROMOTE  
SAFETY**

**TRAUMA  
AWARENESS**

**REBUILD  
CONTROL**

**BELIEF IN  
RECOVERY**

**FOCUS ON  
STRENGTHS**

**PROMOTE  
CONNECTION**

## PRINCIPLES



# How you can use TIC principles with your clients

# Help the client feel safe



## Before you engage:

- » Established procedures e.g. confidentiality
- » Clarity around your role, especially its limits
- » Know:
  - The information you need to receive
  - The information you need to give

# Help the client feel safe

- Introduce self and role
- Listen actively
- Be clear and direct
- Be consistent
- Set boundaries



# Be clear and direct

- Speak in short phrases and sentences
- Make one point at a time
- Ask one question at a time
- Try to say precisely what you mean
- Answer honestly – especially when you don't know something

# Be consistent

- Deliver as promised, when promised
- Don't promise what you can't deliver
- Delegate or refer if you can't take it on
- Always follow up if needed

# Provide a sense of control



When getting information, make sure the client knows why and has some control over process

- ✓ State that they can refuse to give information
- ✓ Ask if they have a preferred way of communicating
- ✓ Ask about access to support - friends, family
- ✓ Encourage the person to take their time

When providing advice, match client capacity and have some understanding of their goals

- ✓ Ask for clarification
- ✓ Paraphrase and ask for new information
- ✓ Support providing information for self management
- ✓ Give them choice



# Foster connections to social supports



# Promoting hope

Hope can be engendered through

- Meeting immediate needs
- Identifying and addressing barriers to recovery
- Application of problem solving strategies
- Linkage to appropriate services and supports

# Shared responsibilities for TIC

Clear policies and procedures consistent with TIC.

Get involved in the development and evaluation of policies and procedures

Provide training and ongoing professional development related to TIC.

Develop, practise and reflect on your skills. Model skills for your colleagues..

Provide opportunities for team reflection. Support TI management of difficult behaviours.

Engage with reflective practice – how well do procedures meet service users' needs?

Provide TI supervision and consultation.

Make use of supervision, peer supervision, and opportunities to consult.

Actively support staff self-care and resilience.

Take an active approach to your self-care.

Provide clear role expectations , communicate boundaries of the service.

Don't go beyond what you can sustainably do.



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MENTAL HEALTH

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