Trauma Informed Child Aware Approaches

Child Aware Approaches Conference 2013

Dr Cathy Kezelman, President
ASCA
Unresolved trauma

Community services work regularly with families, with care-givers who are complex trauma survivors, as well as with their children/young people, many of whom have their own history of trauma as well.

Their trauma is

- Common; often compounded; impacts cumulative
- Often not acknowledged, identified or appropriately addressed
- Frequently hidden

It is not only clients who are affected. Many staff have their own histories of trauma – implications for training and work roles.
Trauma can be resolved!

ASCA Practice Guidelines for Treatment of Complex trauma and Trauma Informed Care and Service Delivery
www.asca.org.au/guidelines

Insecure’ attachment generated by adverse childhood experiences can be converted to `secure’ attachment

Transmission of insecure attachment to the next generation is also avoided when parental trauma is resolved:

_These are adults who appear to have had difficult childhoods, but have come to create a coherent narrative. They have made sense of their lives. The children attached to these adults have secure attachments and do well! History is not destiny – if you’ve come to make sense of your life_ (Siegel, 2003:16)
Personal well-being – trauma informed

Most staff in community services are not trauma informed i.e. informed and/or trained around traumatic stress, its impacts and/or strategies for working with trauma survivors and families.

While `personal’ and `professional’ are widely contrasted in our culture, personal well-being is important to professional practice, and is crucial to trauma-informed practice.
Trauma informed services

Understand vulnerabilities and/or triggers of trauma survivors

- *More supportive and effective*
- *Minimise* possibilities for
  - re-traumatisation for clients
  - Vicarious traumatisation/burnout for staff


**DO NO HARM; DOES NOT BLAME SURVIVORS FOR THEIR ATTEMPTS TO MANAGE THEIR TRAUMATIC STRESS**

*Trauma training for non-trauma providers is main step in making services trauma informed*

Trauma informed practice

Trauma-informed practice applies to all staff, paid and unpaid, from front-line, reception and administrative to senior management.

• Everyone needs buy-in
• New paradigm which affects all aspects of service delivery
• Cultural & philosophical shift
ASCA Trauma informed Training

2 day flexible package
• 1 day workers
• ½ day volunteers
• ½ day managers

Training has common elements (may be cross-over for workers/volunteers in some services) as well as those particular to each group.
Five key principles

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Application to daily service provision; attuned to cultural diversity

Benefits of training

- Help you establish healthier workplace culture by fostering workplace conditions conducive to staff well-being

- Help more effectively meet Workplace Health and Safety requirements – professional and ethical practice, self-care and risk management

- Enable you to build a trauma-informed workforce

- Provide benefits to both staff and clients – enhances staff and client safety, client health, well-being and satisfaction, improved staff performance and reduced turn-over

- Is cost-effective
Aim of training

On completing the training, it was anticipated that participants would be equipped with new knowledge of trauma-informed principles, and a basic capacity to tailor and apply these principles to the specific context of their organisation and their positions within them.
Benefits- evidence

Trauma-informed integrated services are cost-effective - improved outcomes with no greater cost than standard programming. Providers report greater collaboration with consumers, enhanced skills, greater client self-efficacy. Supervisors report more collaboration within and outside agencies, improved staff morale, fewer negative events, and more effective services.

4 Pilots sites

Sydney; Perth; Hobart; Launceston – Feb/March 2013

**Attendance**

- 100 workers
- 28 volunteers
- 27 managers

**Questionnaires**

- 84 workers
- 25 volunteers
- 21 managers
1. The training has prompted me to reflect on the ways in which I work and interact:

2. The reasons for trauma-informed practice are clear to me:

3. The principles of trauma-informed practice (i.e. safety, trust, choice, collaboration & empowerment) are clear to me:

4. The benefits of trauma-informed practice to both clients and staff are clear to me:

5. I understand why basic knowledge of the brain and the effects of stress on the brain assists both my own well-being and my interactions with clients:

6. Seeing challenging behaviour in terms of trauma-related coping mechanisms changes the ways I see and will respond to clients:

7. I understand the importance of the way in which service is provided to clients (i.e. as well as what the particular service is):

8. I can see immediate ways in which I can implement trauma-informed principles in my daily work:

9. I understand the relationship between my own conduct, well-being and self-care to the ways in which I interact with clients:

10. I am motivated to keep thinking about the principles of trauma-informed practice and how to implement them in all aspects of my working life:

LEGEND

Yes
Unsure
No
1. The training has prompted me to reflect on the ways in which I work and interact:

2. The *reasons* for trauma-informed practice are clear to me:

3. The *principles* of trauma-informed practice (i.e. *safety, trust, choice, collaboration & empowerment*) are clear to me:

4. The *benefits* of trauma-informed practice to both clients and staff are clear to me:

5. I understand why basic knowledge of the brain and the effects of stress on the brain assists both my own well-being and my interactions with clients:

6. Seeing challenging behaviour in terms of trauma-related coping mechanisms changes the ways I see and will respond to clients:

7. I understand the importance of the *way in which service is provided to clients* (i.e. as well as *what* the particular service is):

8. I can see immediate ways in which I can implement trauma-informed principles in my daily work:

9. I understand the relationship between my own conduct, well-being and self-care to the ways in which I interact with clients:

10. I am motivated to keep thinking about the principles of trauma-informed practice and how I can attempt to implement them in all aspects of my working life:

### VOLUNTEERS FEEDBACK FORM: TRAUMA-INFORMED TRAINING

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>Unsure (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training has prompted me to reflect on the ways in which I work</td>
<td>92%</td>
<td>8%</td>
<td>0%</td>
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<td>and interact:</td>
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<tr>
<td>2. The <em>reasons</em> for trauma-informed practice are clear to me:</td>
<td>92%</td>
<td>8%</td>
<td>0%</td>
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<td>3. The <em>principles</em> of trauma-informed practice (i.e. *safety, trust,</td>
<td>96%</td>
<td>4%</td>
<td>0%</td>
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<td>choice, collaboration &amp; empowerment*) are clear to me:</td>
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<td>4. The <em>benefits</em> of trauma-informed practice to both clients and staff</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
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<td>are clear to me:</td>
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<td>5. I understand why basic knowledge of the brain and the effects of</td>
<td>84%</td>
<td>16%</td>
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<td>stress on the brain assists both my own well-being and my interactions</td>
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<td>with clients:</td>
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<tr>
<td>6. Seeing challenging behaviour in terms of trauma-related coping</td>
<td>92%</td>
<td>8%</td>
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<td>mechanisms changes the ways I see and will respond to clients:</td>
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<td>7. I understand the importance of the *way in which service is provided</td>
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<td>to clients* (i.e. as well as <em>what</em> the particular service is):</td>
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<td>8. I can see immediate ways in which I can implement trauma-informed</td>
<td>88%</td>
<td>12%</td>
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<td>principles in my daily work:</td>
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<tr>
<td>9. I understand the relationship between my own conduct, well-being and</td>
<td>96%</td>
<td>4%</td>
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<td>self-care to the <em>ways in which I interact with clients</em>:</td>
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<tr>
<td>10. I am motivated to keep thinking about the principles of trauma-</td>
<td>96%</td>
<td>4%</td>
<td>0%</td>
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<tr>
<td>informed practice and how I can attempt to implement them in all aspects</td>
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<td>of my working life:</td>
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</tbody>
</table>

**LEGEND**

- **Yes**
- **Unsure**
- **No**
1. The reasons for introducing trauma-informed practice to the community services sector are clear to me: 100%

2. The benefits of embedding trauma-informed principles (i.e. safety, trustworthiness, choice, collaboration & empowerment) within my service culture are clear to me: 95%

3. The importance of introducing and embedding trauma-informed principles across all aspects of service-delivery is clear to me: 100%

4. The relationship between trauma-informed practice, OH&S and risk-management (in terms of both staff and client well-being) is clear to me: 91%

5. The proposed steps of `how to begin' introducing trauma-informed practice to my service are helpful to me: 77%

6. Consideration of both formal and informal aspects of service-delivery assists recognition of the different contexts in which trauma-informed practice needs to operate: 68%

7. Recognising challenging behaviour in terms of trauma-related coping mechanisms is a perspective I am confident to promote in my staff: 68%

8. The relationship between staff conduct and well-being for client interactions is key to trauma-informed practice. How confident are you that you can foster workplace conditions which are conducive to staff well-being? 73%

9. As a manager, your own 'way of being' impacts staff both directly and indirectly. To what extent does basic knowledge of the brain and the effects of stress assist your own well-being and strategies for self-care? 86%

10. The suggested `4 step process’ for introducing and monitoring trauma-informed practice in my service is helpful to me: 77%
Workers

Pre-training:
• > 50% of workers had heard of trauma informed care
• >1/3 some prior knowledge. The remainder were unsure as to whether they’d heard of it or not.

Post-training:
• 99% of workers could see the benefits of trauma informed care
• > 90% felt training had helped them reflect on their work and interactions with clients.
• > 96% clear about benefits of trauma informed practice for staff and clients
• 92% were clear about principles of trauma informed practice.
Volunteers

**Pre-training**

- <1/3 they had heard of trauma informed care; ½ weren’t sure if they had. 20% had not heard of it
- 15% indicated prior knowledge of trauma informed care; 45% no knowledge; 40% being unsure

**Post training**

- 96% were clear about principles of trauma informed practice; 4% unsure
- 100% saw benefits of TICP for staff and clients.
- 96% would keep thinking about how they could implement trauma informed principles into practice.
Managers

Pre-training

• 58% had heard of trauma informed care; 33% hadn’t; rest unsure.
• 45.8% had prior knowledge of trauma informed principles, 45.8% didn’t; rest unsure.

Post-training

• 100% clear about benefits of introducing trauma informed care into their service
• 100% clear about importance of introducing and embedding trauma-informed principles across all aspects of service-delivery.
Strategy for national roll-out

The purpose of developing a strategy for the training across the sector is to introduce key themes and principles of trauma-informed practice, to the diverse range of services and roles within them to which they need to be applied.
Aims National Roll-out

- Introduce **concept of trauma-informed care and practice** to community services sector and **build awareness** around importance of trauma informed service delivery.

- Disseminate **key themes**, **trauma informed principles** and **resources** for **integration** into **policy**, **systems** and **service delivery cultures**.

- **Build trauma informed capacity** of community services sector workforce, attuned to particular needs of the sector, which recognizes the diversity of the sector, systems, services, roles and client needs.

- **To facilitate** the **implementation** of **trauma informed principles into practice** within a **wide range of organisations and services** within the community service sector.
Recommendations (1)

Support strategies for systemic reform

- *Embed ASCA Practice Guidelines* as standards

- *Embed* trauma informed care and practice *principles into policy.*

- *Facilitate integration* of trauma-informed philosophy and practice *all levels of service delivery/practice.*

- *Invest* in *workforce development, education and training*

- *Support* research

- *Support* national trauma informed *agenda* within and across all health and human service sectors; collaboration/information sharing (*National Frameworks/plans*)
Recommendations (2)

- **Promote** education trauma informed principles within sector
- **Embed** trauma informed practice in policy, systems and services
- **Build** trauma informed capacity of sector workforce
- **Optimise** sector engagement
- **Optimise** organizational engagement
- **Build** organizational resources (separate to training materials)
- **Identify** funding requirements and enable provision of same
Contact details - ASCA

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*Website*: www.asca.org.au

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counsellors@asca.org.au