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 who 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

(Corinne Henderson & Jenna Bateman. 2010. *A National Strategy for Trauma Informed Care.* Mental Health Coordinating Council)

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

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

(Moses DJ, Huntington N, D'Ambrosio B. Developing integrated services for women with co-occurring disorders and trauma histories: Lessons from the SAMHSA women with alcohol, drug abuse, and mental health disorders who have histories of violence study. Delmar, NY: Policy Research Associates, Inc. 2004)

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

Fallot R. & Harris, M. (2009) `Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol'. Washington, DC: Community Connections

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.

(Community Connections. (2002). Trauma and Abuse in the Lives of Homeless Men and Women. Online PowerPoint presentation. Washington, DC: Authors. Retrieved September 3, 2007, from http://www.pathprogram.samhsa.gov/ppt/Trauma_and_Homelessness.ppt)

4 Pilots sites

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

Attendance

- 100 workers
- 28 volunteers
- 27 managers

Questionnaires

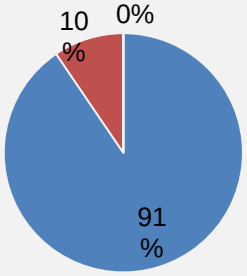
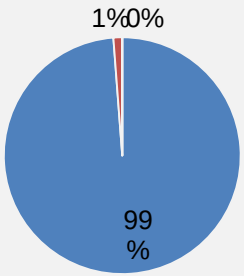
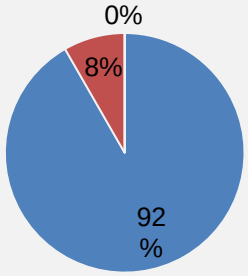
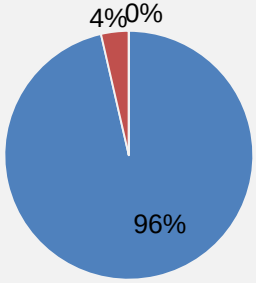
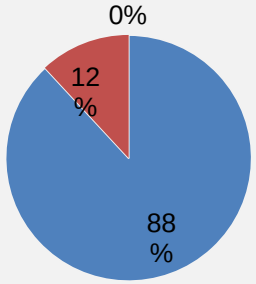
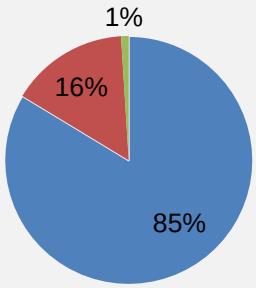
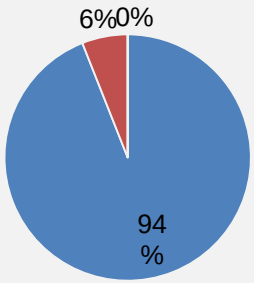
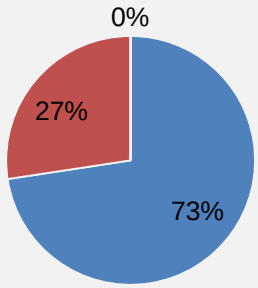
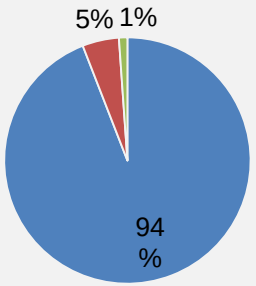
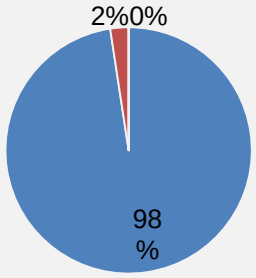
84 workers

25 volunteers

21 managers

STAFF

FEEDBACK FORM: TRAUMA-INFORMED TRAINING

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 (ie 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

VOLUNTEERS
FEEDBACK FORM: TRAUMA-INFORMED TRAINING

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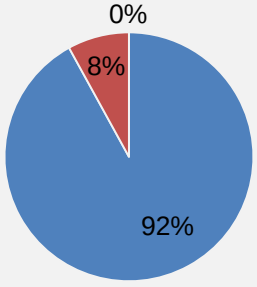
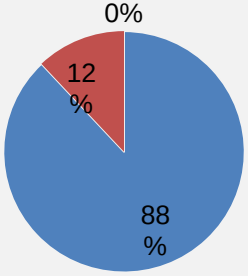
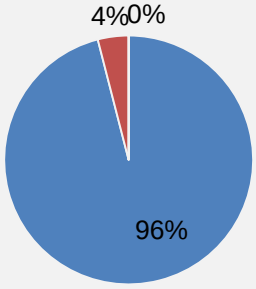
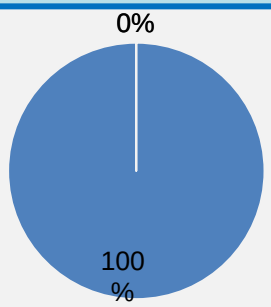
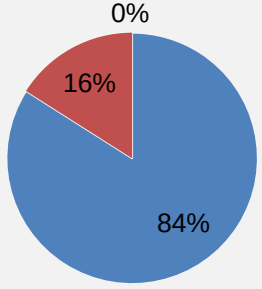
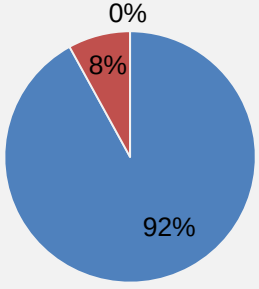
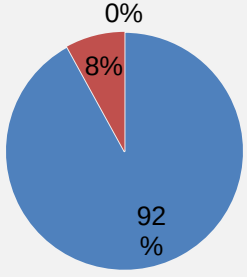
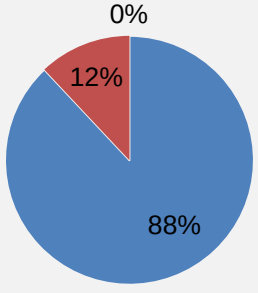
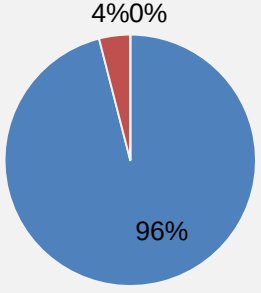
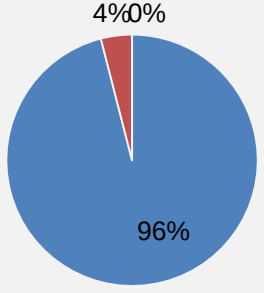
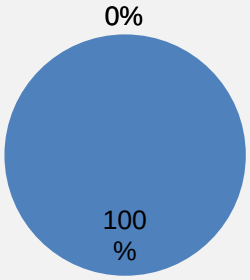
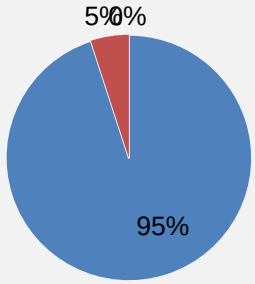
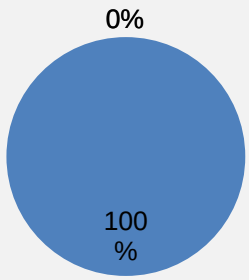
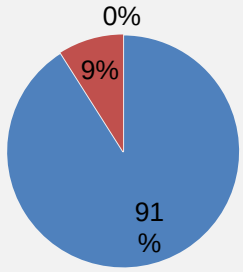
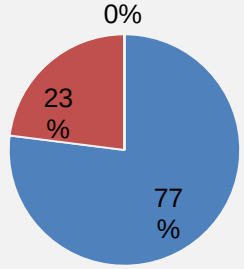
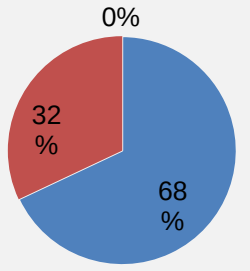
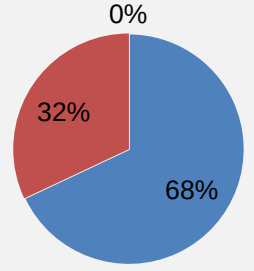
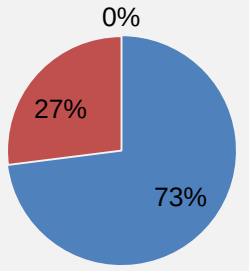
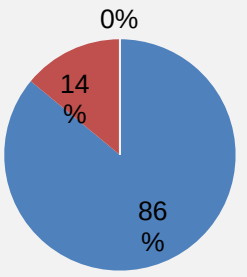
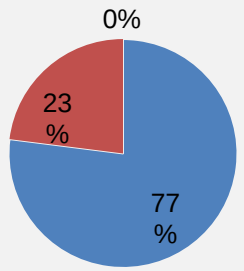
				
6. Seeing challenging behaviour in terms of *trauma-related coping mechanisms* changes the ways I see and will respond to clients:	**7. I understand the importance of *the way in which service is provided to clients* (ie as well as *what* the particular service is):**	**8. I can see immediate ways in 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:**
				

LEGEND	Yes	Unsure	No

MANAGERS

FEEDBACK FORM: TRAUMA-INFORMED TRAINING

1. The reasons for introducing trauma-informed practice to the community services sector are clear to me:	2. The *benefits* of embedding trauma-informed principles (i.e. *safety, trustworthiness, choice, collaboration* & *empowerment*) within my service culture are clear to me:	3. The importance of introducing and embedding trauma-informed principles *across all aspects of service-delivery* is clear to me:	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:	5. The proposed steps of `how to begin' introducing trauma-informed practice to my service are helpful to me:
				
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:	7. Recognising challenging behaviour in terms of *trauma-related coping mechanisms* is a perspective I am confident to promote in my staff:	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?	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?	10. The suggested `4 step process' for introducing and monitoring trauma-informed practice in my service is helpful to me:
				

LEGEND	Yes	Unsure	No

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 **client**s
- **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

Training: events@asca.org.au or 02 8920 3611

Website: www.asca.org.au

1300 counselling support: 1300 657 380

counsellors@asca.org.au

asca
adults surviving child abuse