

CREATE A SENSE OF PLACE - PRACTICE GUIDE

Trauma Informed Care in Disability Services

Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010).

At the broadest level, trauma-informed care provides a framework for practitioners in service delivery. The principles and knowledge of trauma and how that can impact on people's lives and their service needs.

Create A Sense of Place (CASoP) has implemented trauma-informed care in service delivery and practice. We acknowledge that the way we do things may be an inadvertent trigger for exacerbating trauma symptoms. This is why we use a trauma-informed approach.

Trauma Informed Approaches to care – A strengths based framework that is responsive to the effects of trauma (Bateman et al. 2013)

Trauma affects people in a variety of ways. Symptoms and presentations are adaptive behaviours in response to trauma and traumatic events. Deprivation, abuse, neglect, death or significant loss and grief, are not uncommon in the human services area.

Look for these symptoms of trauma in children and adults:

- **Cognitive signs:** Confusion, disorientation, heightened or lowered alertness, poor concentration, difficulty identifying familiar objects or people, memory problems, and/or nightmares.
- **Emotional and behavioural signs:** Anxiety, guilt, denial, grief, fear, irritability or Intense anger, emotional outbursts, depression, withdrawal, panic, feeling hopeless or overwhelmed, difficulty sleeping, changes in sexual behaviour, excessive alcohol consumption, and/or temporary loss or increase of appetite.
- **Physical signs:** Fatigue, nausea or vomiting, dizziness, profuse sweating, thirst, headaches, visual difficulties, clenching your jaw, and/or aches and pains. Seek immediate medical care if you experience chest pain, difficulty breathing or symptoms of shock.

By adopting a trauma informed care approach, our service aims to do no further harm through re-traumatising individuals and participants. The CASoP approach makes four key assumptions that must be present as a basis for implementation and service delivery.

The Four Rs for Trauma Informed Approach

- **Realisation** at all levels of an organisation or system about trauma and its impact on individuals, families and communities;
- **Recognition** of the signs of trauma;
- **Response** – program, organisation or system responds by applying the principles of a trauma informed care approach;
- **Resist** re-traumatisation – of participants and staff

The Six Key Principles

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Safety	Staff and the people they work with and support, feel physically and psychologically safe
Trustworthiness and transparency	Trust is paramount and decisions are transparent
Peer Support	People with lived experience of trauma or their caregivers (informal supports). Peers are survivors of trauma
Collaboration and mutuality	This principle aims to level power differentials between systems and people to ensure a collaborative approach to healing
Empowerment, voice and control	This principle emphasises the strength based nature of trauma-informed care. The organisation and service system fosters recovery and healing as part of practice
Cultural, historical and gender issues	A trauma-informed approach incorporates processes that move past cultural stereotypes and biases. Policies, protocols and processes are responsive to cultural and gender needs of participants

REALISATION & RECOGNITION

There is a very high likelihood of participants and their carers who have experienced trauma in childhood, adolescent and as an adult.

What do we know about trauma?

- Trauma significantly alters health status - physiological arousal and has impact on adrenal and nervous systems;
- Trauma reduces cortical capacity to respond and regulate to brain activity – affects ability to respond to consequences and respond to socially acceptable forms of behaviour (movement, behaviour and balance);
- Trauma disrupts memory function and impacts on learning, rehearsal and recall;
- Trauma disconnects persons from relational resources that mitigate effects – carers and daily exchanges need to be consistent nurturing and predictable;
- Trauma limits the ability/capacity to attend (attention);
- Trauma-based behaviour is functional at the time in which it develops in response to threat (fight or flight response);
- Trauma limits the flexibility and adaptability to change and persons may become 'stuck' in defensive patterns of behaviour;
- Trauma undermines self-identity, self-esteem and sense of self; and
- Trauma diminishes social skills and isolates people from others in their community

RESPONSE & RESIST

Once realisation and recognition principles are applied, the response is the next phase of the trauma-informed care approach.

How do we respond and resist?

- The system, organisation and program implements policies, procedures, protocols and strategies that support individuals and trauma;
- These structures and systems are responsive and flexible to individual needs and are adapted over time in a person-centred way;
- When working with individuals use effective questioning and allow their guidance. They will disclose historical and current events as they become more comfortable and trust is built;

- Ensure that when using questions they are more general and 'open' with opportunity for individual to guide 'their story';
- Resist any temptation to ask direct or specific questions related to traumatic events. This minimizes the 're-traumatisation by 'reliving' difficult events in their lives.

Shaping your practice to Trauma-informed Care

For people working with those that have experienced trauma, staying in touch and sensitive to their needs and emotions is a vital part of trauma-informed service delivery.

It is also very important to be aware of your own feelings, needs and behaviours. Being self-aware and practicing professional self-reflection will better equip the practitioner and build resilience in any secondary trauma.

Important things to consider:

- What is your understanding of TIC?
- What are the self-reflective practices you have in place and do?
- Check your communication style – you may need to have multiple styles and approaches depending on the people you work with (e.g. children versus adults)
- How do I identify and manage triggers for myself and the individuals I am working with?

Resources:

List websites