Understanding trauma and brain development

A BRIEF OVERVIEW

Loddon's Commitment to Supporting Families
Our shared core competencies

Definitions

Responding appropriately to trauma and its consequences requires a strong working knowledge of trauma, workforce education and training, and collaboration among clients, service providers and policy makers within and across service systems. The knowledge and skills needed to deliver trauma-informed, developmentally sensitive services to children and their families is strongly related to the model of trauma-informed care.

Trauma-informed care acknowledges the need to understand a client's life experiences. Members of the National Child Traumatic Stress Network (NCTSN) Trauma-Informed Service Systems working group define a trauma-informed child and family-service system as:

one in which all parties involved recognise and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organisational cultures, practices, and policies.[1]

According to the NCTSN, an effective trauma-informed child and family service system:

- Regularly screens for trauma exposure and related symptoms
- Uses evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms
- Makes resources available to children, families, and providers on trauma exposure, its impact, and treatment
- Engages in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- Addresses parent and caregiver trauma and its impact on the family system
- Emphasises continuity of care and collaboration across child-service systems

- Maintains an environment of care for staff that addresses, minimises, and treats secondary traumatic stress, and increases staff wellbeing.[2]

The Substance Abuse and Mental Health Services Administration (SAMHSA) suggests trauma-informed care is when:

A program, organisation, or system … realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.[3]

These definitions highlight the operational, organisational and structural features of trauma-informed service delivery. When a program seeks to become trauma-informed, it must be supported at an organisational and practitioner level to be successful.[4]

Organisational level trauma-informed practices, such as creating a safe environment and preventing secondary traumatic stress in staff, are vital to delivering trauma-informed care.[5] A trauma-informed service system and/or organisation is one in which all aspects of service have been organised with an understanding of the role that trauma plays in the lives of their staff and the people they serve.

[1] National Child Traumatic Stress Network (NCTSN) (n.d) *Creating Trauma informed systems.*

[2] Ibid.

[3] Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, 'SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach', HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[4] Quadara, A. 2015, 'Implementing trauma systems of care in health settings: The WITH study. State of knowledge paper', ANROWS; Menschner, C. & Maul, A. 2016, 'Issue brief: Key ingredients for successful trauma-informed care implementation', *Advancing Trauma-Informed Care*, Centre for Health Care Strategies.

[5] Menschner & Maul, 2016.

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Systems Level Competence

SAMHSA has suggested ten domains for the implementation of a trauma-informed approach. It is recognised that not all services respond to trauma as their core business, however, an understanding of trauma will have benefits across sectors and systems.[6] The ten domains are:

Domain	Explanation
Governance and leadership	There is an organised point of accountability to lead and oversee this approach. A champion is often needed to initiate system or cultural change
Policy	Documented policies and protocols establishing trauma-informed practice as an essential component of the organisational mission
Physical environment	The physical environment is fundamental to the client's experience of and engagement with services: examples of good practice include well-lit areas, monitoring who is coming in and out of the building, and welcoming and inclusive language used in signage
Engagement and involvement	Making sure clients have a strong voice and can make meaningful decisions about the services they are accessing
Cross sector collaboration	People with trauma histories often engage with many different service providers
Screening, assessment and treatment services	Screening and ongoing assessment allows providers to better understand a client's trauma history and helps target interventions
Training and workforce development	Ongoing training on trauma is essential; there must also be procedures in place to support workers affected by trauma themselves, or experiencing vicarious trauma
Progress monitoring and quality assurance	There is ongoing monitoring and assessment

Financing	Resources are made available to support the trauma-informed approach, including staff training, development of appropriate facilities etc
Evaluation	Continual evaluation of client outcomes can inform best practice and help build the evidence base around trauma-informed practice.

Practitioner Level Competence

Underpinning the most successful programs working with clients who have experienced trauma are highly skilled staff and ongoing training and support. NCTSN has developed a toolkit to train child welfare professionals in how to work directly with children affected by trauma and their families. The toolkit identifies the following elements of trauma-informed child welfare practice as being essential:

- Maximise the child's sense of safety
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their trauma history and current experiences
- Address the impact of trauma and subsequent changes in the child's behaviour, development and relationships
- Coordinate services with other agencies
- Utilise comprehensive assessment of the child's trauma experiences and their impact on the child's development and behaviour to guide services
- Support and promote positive and stable relationships in the life of the child
- Provide support and guidance to the child's family and caregivers
- Manage professional and personal stress.[7]

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[6] SAMHSA, 2014.

[7] NCTSN, 2008, Child welfare trauma training toolkit: Comprehensive guide (2nd ed.). Los Angeles, CA & Durham, NC: National Centre for Child Traumatic Stress.

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Professionals have a level of responsibility to undertake some self-driven learning and development. In their study of an education and training program relating to trauma-informed care within a psychiatric facility, Azeem et al. attribute its success to 'the collaborative and concerted effort of staff'.[8] The concept of recovery was integrated into position descriptions, performance evaluations and other competencies. An evaluation of the intervention shows that the training based on principles of trauma-informed care, dignity and self-management led to positive results that have been sustained over an extended period.

Philadelphia's Department of Behavioral Health and Intellectual Disability Services has developed a *Trauma-Informed Counsellor Competencies Checklist* which may be adapted to Australia's children, youth and family sector.

Challenges

There is a gap in the evidence base guiding how trauma-informed practice should be provided for specific settings and population groups. Muskett discusses this challenge in relation to mental health nursing, where the use of seclusion and restraint is rejected for clients who have experienced trauma.[9] Beyond this advice, there has been very little work relating to the implementation of trauma-informed service delivery in specific practice settings, such as child protection.

Further, staff working with people who have experienced complex trauma often have to deal with unique and complex situations, and therefore rely heavily on previous experience in dealing with them rather than drawing on textbook examples. It is therefore important that staff receive training on how to respond to acute situations appropriately and feel confident that they are acting in accordance with the principles of trauma-informed care in any situation.[10]

[8] Azeem, M., Aujla, A., Rammerth, M., Binsfeld, G. & Jones, R. 2011, 'Effectiveness of six core strategies based on trauma informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital', *Journal of Child and Adolescent Psychiatric Nursing*, 24(1), pp. 11-15.

[9] Muskett, C. 2013, 'Trauma-informed care in inpatient mental health settings: A review of the literature', *International Journal of Mental Health Nursing*, 23(1), pp. 51-59.

[10] Child Family Community Australia (CFCA), 2016, 'Trauma-informed care in child/family welfare services'. CFCA working paper No. 37.

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Appendix 1: Trauma-Informed Counsellor Competencies Checklist

Trauma Awareness

- Understands the difference between trauma-informed and trauma-specific services

- Understands the differences among various kinds of abuse and trauma, including: physical, emotional, and sexual abuse; domestic violence; experiences of war for both combat veterans and survivors of war; natural disasters; and community violence

- Understands the different effects that various kinds of trauma have on human development and the development of psychological and substance use issues

- Understands how protective factors, such as strong emotional connections to safe and non-judgmental people and individual resilience, can prevent and ameliorate the negative impact trauma has on both human development and the development of psychological and substance use issues

- Understands the importance of ensuring the physical and emotional safety of clients

- Understands the importance of not engaging in behaviours, such as confrontation of substance use or other seemingly unhealthy client behaviours, that might activate trauma symptoms or acute stress reactions

- Demonstrates knowledge of how trauma affects diverse people throughout their lifespans and with different mental health problems, cognitive and physical disabilities, and substance use issues

- Demonstrates knowledge of the impact of trauma on diverse cultures with regard to the meanings various cultures attach to trauma and the attitudes they have regarding behavioural health treatment

- Demonstrates knowledge of the variety of ways clients express stress reactions both behaviourally (e.g., avoidance, aggression, passivity) and psychologically/emotionally (e.g., hyperarousal, avoidance, intrusive memories)

Counselling Skills

- Expedites client-directed choice and demonstrates a willingness to work within a mutually empowering (as opposed to a hierarchical) power structure in the therapeutic relationship

- Maintains clarity of roles and boundaries in the therapeutic relationship

- Demonstrates competence in screening and assessment of trauma history (within the bounds of his or her licensing and scope of practice), including knowledge of and practice with specific screening tools

- Shows competence in screening and assessment of substance use disorders (within the bounds of his or her licensing and scope of practice), including knowledge of and practice with specific screening tools

- Demonstrates an ability to identify clients' strengths, coping resources, and resilience

- Facilitates collaborative treatment and recovery planning with an emphasis on personal choice and a focus on clients' goals and knowledge of what has previously worked for them

- Respects clients' ways of managing stress reactions while supporting and facilitating taking risks to acquire different coping skills that are consistent with clients' values and preferred identity and way of being in the world

- Demonstrates knowledge and skill in general trauma-informed counselling strategies, including, but not limited to, grounding techniques that manage dissociative experiences, cognitive–behavioural tools that focus on both anxiety reduction and distress tolerance, and stress management and relaxation tools that reduce hyperarousal

- Identifies signs of STS reactions and takes steps to engage in appropriate self-care activities that lessen the impact of these reactions on clinical work with clients

- Recognizes when the needs of clients are beyond his or her scope of practice and/or when clients' trauma material activates persistent secondary trauma or countertransference reactions that cannot be resolved in clinical supervision; makes appropriate referrals to other behavioural health professionals

Source: Abrahams I., Ali O., Davidson L., Evans A., King J., Poplawski P., et al., 2010, Philadelphia behavioural health services transformation: *Practice guidelines for recovery and resilience oriented treatment*. Philadelphia: Department of Behavioural Health and Intellectual Disability Services.

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