Trauma-Informed Care & Practice
Towards a cultural shift in policy reform across mental health and human services in Australia

A National Strategic Direction

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Failure to acknowledge the reality of trauma and abuse in the lives of children, and the long-term impact this can have in the lives of adults, is one of the most significant clinical and moral deficits of current mental health approaches.

Professor Louise Newman, Psychiatrist and Director, Centre for Developmental Psychiatry and Psychology, Monash University

We can now connect the psychobiology of trauma to the social determinants of health. Never before have we had an integrative framework that allows extensive and specialised bodies of knowledge to be connected to each other within a human rights context as well as a public health challenge.

Bloom, S & Farragher, B 2013, Restoring Sanctuary: A new operating system for trauma informed systems of care, Oxford University Press
2. Time for a cultural shift

*If the origins of so much dysfunction are to be found in the adverse experiences of childhood that the majority… apparently experience… then what exactly is the role of the mental health professional, the substance abuse counsellor, the domestic violence advocate? What should social service institutions focus their efforts upon? Can we stay comfortably settled in our offices or is advocacy for fundamental change a moral necessity?*

(Bloom, S & Farragher, B 2011)
3. Contemporary theory and best-practice – A Trauma-Informed Recovery-Oriented Approach

Trauma-informed approaches like recovery orientation are person centred and involve sensitivity to individuals’ particular needs, preferences, safety, vulnerabilities and wellbeing, recognises lived experience and empowers consumers to participate in decision making.

Victorian Department of Health, 2011

TICP involves recognition of lived experience of trauma and the particular ‘triggers’ that may lead to re-traumatisation and re-victimisation.
The Mental Health Coordinating Council (MHCC) & Adults Surviving Child Abuse (ASCA) have championed the lead for change in Australia. They have been instrumental in recommending a national strategic direction to bring about the policy focus necessary to transform organisations, practice and promote the cultural shift to embed TICP principles across service systems.

In 2011 with collaborating partners ECAV & PMHCCN, established a National TICP Advisory Working Group which is acting as an advisory group supporting MHCC and ASCA develop strategic directions.

Our position paper presents the background, research evidence and recommendations for a national strategic direction.
TRAUMA-INFORMED CARE & PRACTICE: Towards a cultural shift in policy reform across mental health and human services in Australia

A National Strategic Direction

Position Paper and Recommendations of the National TICP Advisory Working Group
6. Evolution of a national strategic direction

Directions stem from earlier work conducted between 2004-2008

Reframing Responses Stage 1—Research study on access and equity to services for women adult survivors of interpersonal abuse with mental health problems., and

Reframing Responses Stage 2 - Information Resource Guide and Workbook for Community Managed Organisations.
7. Key events in the evolution of a national strategic direction

Sept 2010 – a national inaugural consultation forum

September 2011 TICP: Meeting the Challenge Conference TICP

October 2011 - MHCC launched microsite devoted to TICP resources, expanding network

December 2011 - NTICP AWG established

February 2012 – Pilot workforce professional development and training – MHCC/ASCA partnership

October 2012 - ASCA Practice Guidelines launch

March 2013 – MHCC Integration of a Trauma-Informed Care and Practice Approach - policy document


EST February 2014 – Trauma-Informed Care & Practice Organisational Tool (TICPOT)
8. Why the need for change?
Current systems’ responses to trauma & effects

Responding appropriately requires knowledge and understanding of trauma, workforce development and collaboration between consumers, carers, policymakers, and service providers and needs to cross service systems.

Australia’s mental health system has a poor record in recognising the relationship between trauma and the development of mental health and psychosocial problems.
9. System failures - in Australia:

- Complex trauma and its effects are often unrecognised and misdiagnosed
- Generally mainstream services are unable to address trauma victims’ needs
- People impacted by trauma present to multiple services over a long period of time
- Care is often fragmented with inadequate coordination between services and poor referral pathways and follow-up protocols
10. Consumer experience of services/systems

- Trauma survivors often experience services as unsafe, disempowering and/or invalidating
- Often withdraw from seeking assistance.
- Pervasive impacts of trauma can include *the way people approach potentially helpful relationships*. Fallot et al., 2009

- Failure to provide trauma informed services, lack of expertise, and poor access to trauma specific services exacerbate mental and physical health issues and escalates the risk of suicide
- Crisis management must be matched by affordable, accessible, ongoing care delivered in a manner maximising consumer self-determination
11. So what are Trauma-Informed Care & Practice (TICP) organisations, services and programs?

*Trauma Informed services understand that until an individual is safe physically and emotionally from violence and abuse, recovery is not possible.*

Herman, 1992

- They are a ‘new generation’ of transformed mental health and human service organisations and programs which serve people with histories of past and current trauma
- TICP is a practice that can support service providers in moving from a ‘caretaker to a collaborator role’
- When a human service program seeks to become trauma-informed, every part of its organisation, management, and service delivery system is assessed and modified to ensure a basic understanding of how trauma impacts the life of an individual seeking services
- By facilitating recovery through trauma-informed care, re-victimisation can be minimised
- Organisations, programs, and services are based on an understanding of the particular vulnerabilities and/or ‘triggers’ that trauma survivors experience
12. What do Trauma Informed Care & Practice (TICP) systems and services look like

- Are inclusive of the survivor’s perspective
- Recognise that coercive interventions cause traumatisation/re-traumatisation – and avoid
- Recognise high rates of complex PTSD & other psychiatric disorders related to trauma exposure
- Provide early and thoughtful diagnostic evaluation with focused consideration of trauma in people with complicated, treatment-resistant illness
- Recognise that mental health treatment environments are often traumatising, both overtly and covertly
- Recognise that some mental health staff are uninformed about trauma, do not recognise it and do not treat it
- Value consumers in all aspects of care
- Respond empathically, be objective and use supportive language
- Offer individually flexible plans or approaches
13. Continued

- Avoid all shaming/humiliation
- Provide awareness/training on re-traumatising practices
- Are institutions that are open to outside parties: advocacy and clinical consultants
- Provide training and supervision in assessment and treatment of people with trauma histories
- Focusing on what happened to the client rather than what is ‘wrong with you’ (i.e. a diagnosis)
- Ask questions about current abuse
- Address the current risk and develop a safety plan for discharge
- Presume that every person in a treatment setting may have been exposed to abuse, violence, neglect or other traumatic experiences
We can now connect the psychobiology of trauma to the social determinants of health. Never before have we had an integrative framework that allows extensive and specialised bodies of knowledge to be connected to each other within a human rights context as well as a public health challenge.

• Sandra Bloom & Brian Farragher, 2013, Restoring Sanctuary: A new operating system for trauma informed systems of care
TICP across mental health or human service contexts must be based on principles, policies, and procedures that provide safety, voice and choice.

Services must focus first on an individual’s physical and psychological safety.

Services must be flexible, individualised, culturally competent, promote respect and dignity, hope and optimism and based on best practice.

The most effective approaches for supporting recovery from trauma are well-integrated psychological/therapeutic services that also reflect the centrality of trauma in the lives and experiences of consumers.

Services that embed TICP principles move away from the sole focus on diagnoses and facilitate holistic care based on individual need.

Substantial evidence related to the benefits of TICP for consumers and workers, as well as the cost-effectiveness

• Decrease in psychiatric symptoms and substance use
• Improvement in daily functioning and a decrease in trauma symptoms, substance use and mental health symptoms
• Positive effect on housing stability
• Decrease in crisis-based services.
• Positive outcomes in their organisations
• More collaboration within and outside agencies, improved staff morale, fewer negative events and more effective service delivery
• Survey results suggest that consumers are better satisfied with services when organisations are trauma-informed
During every incarceration, every institutionalization, every court-ordered drug treatment program, it was always the same: I was always treated like a hopeless case. It wasn’t until I finally entered a recovery-oriented, trauma-informed treatment program a little more than four years ago, where I felt safe and respected, that I could begin to heal…Someone finally asked me ‘What happened to you?’ instead of ‘What’s wrong with you?’

Tonier Cain, Survivor

The good news is that people with trauma histories can and do recover
18. A systemic approach – NO WRONG DOOR

- Recognition of trauma is core to accommodating the service needs of trauma survivors
- A systemic approach ensures that all people in contact with services of any type receive care that is sensitive and responsive to the impact/s of trauma
- Trauma-informed services must: incorporate knowledge about trauma in all aspects of service delivery
- A trauma-informed response must be coordinated across multiple service systems including but not limited to emergency and acute services, mental health care, primary healthcare, substance abuse treatment, and domestic violence
SUPPORTING CHANGES IN PRACTICE

‘THE LAST FRONTIER’
Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery

ADULTS SURVIVING CHILD ABUSE (ASCA)

Authors: Dr Cathy Kezelman and Dr Pam Stavropoulos

Funded by the Australian Government Department of Health and Ageing
20. Supporting organisational change

MHCC has developed a policy template: *Integration of a Trauma-Informed Care and Practice Approach*

This is to assist every part of an organisation, including administration, management and service delivery system to be assessed and modified to incorporate Trauma-Informed principles into practice.

MHCC is developing an organisational change resource targeted at the community managed sectors: *Trauma-Informed Care & Practice Organisation Toolkit (TICPOT) : a policy and practice implementation tool for community mental health and the human service sectors*

The Toolkit will provide organisations with a set of guidelines on how to assess and modify their policies and practices– completion Early 2014
21. Workforce capacity building

Implementation requires the leadership for cross-government collaboration

A common vision across service systems and ways of promoting collaborative service/care coordination - in other words a seamless system.

Part of the challenge to implementing trauma informed services is the comprehensive nature of the change required which can only occur through building workforce capacity - core to effective implementation.

Since 2011 MHCC, ASCA have developed and deliver a variety of trauma-based training and professional development opportunities to a range of workers, managers, services and practitioners across Australia.
Creating a trauma-informed system of care requires cross-system collaboration around information collection and sharing, training, a common vision across public and private systems, and the ability to blend funding in a way that creates a seamless system. It also requires leadership.

Laura Huot.2011, Director of Children’s Community Mental Health and Deborah Willis, Director of Research and Evaluation, The Guidance Center, Wayne County, Michigan.
23. Objectives of the National Strategic Direction are to ensure that:

1. Policy reform acknowledges the need for all mental health and human services to become Trauma-Informed and to embed TI principles across all service systems and sectors.
2. Systems and services environments become more supportive, comprehensively integrated, empowering and therapeutic for consumers impacted by past and current trauma experiences.
3. National and State-based Mental Health Commissions endorse and champion changes needed to policy, service delivery and professional practice cultures in their own strategic directions and report cards.
4. Governments support the organisational and professional cultural shift (across disciplines) towards TICP in all health and human services.
5. Governments recognise the need to allocate funds for trauma-specific services and programs across service settings.
6. The recommendations of this report be widely adopted across service systems and sectors.
Thank you

Visit our TICP website:


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