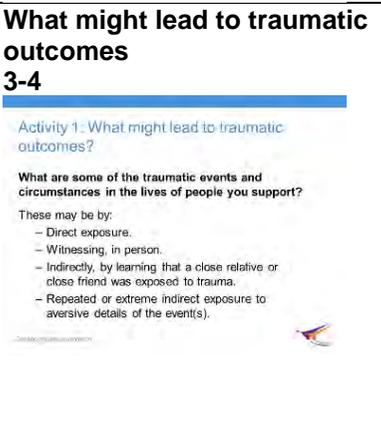
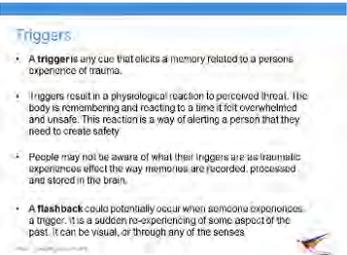


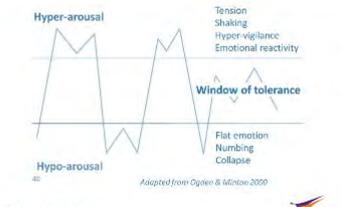
MHCC NDIS CEEP Project Trial Trainer guide: Module 5 – Creating Healing Environments

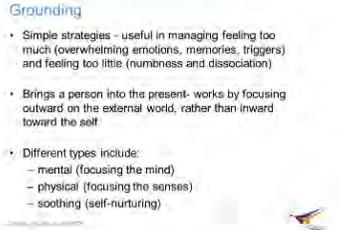
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| <p>Prepare 3x labelled Butcher paper – What might lead to traumatic outcomes and Other Expectations and 'triggers' Have Resource: TICPOT - http://www.mhcc.org.au/resource/ticpot/ available</p> | | | |
| <p>1</p>  | 0 | Welcome etc. | |
| <p>2</p> <p>What is Trauma</p> <p><i>"An inescapably stressful event that overwhelms people's coping mechanisms."</i> <small>Bessel Van der Kolk</small></p>  | 0-2 (2min) | <p>What is trauma</p> <p>Define trauma as separate to the event.</p> <p>Shift from the understanding of trauma as a direct experience into</p> <p>Understanding it is any experience which overwhelms a person's ability to cope and shapes their ongoing emotional experiences. It influences how safe they feel in environments.</p> <p>Emphasise key concepts of hopelessness, the person being overwhelmed, a combination of the event itself and the response of fear and helplessness.</p> | |
| <p>What might lead to traumatic outcomes</p> <p>3-4</p> <p>Activity 1: What might lead to traumatic outcomes?</p> <p>What are some of the traumatic events and circumstances in the lives of people you support?</p> <p>These may be by:</p> <ul style="list-style-type: none"> - Direct exposure. - Witnessing, in person. - Indirectly, by learning that a close relative or close friend was exposed to trauma. - Repeated or extreme indirect exposure to aversive details of the event(s).  | 2-7 5min | <p>Activity: What might lead to traumatic outcomes?</p> <p>What might be some of the traumatic events and circumstances in the lives of people you support?</p> <p>Write on post-it notes</p> <p>The list may include (but not be exclusive to):</p> <ul style="list-style-type: none"> • Sexual abuse/sexual assault • Domestic violence • Physical abuse • Emotional abuse • Neglect • Bullying • Repeated humiliation • Torture • Witnessing any of the above. | <p>Post its and Butcher paper pre-labelled with 'what might lead to traumatic outcomes?'</p> |

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| | | <p>These may be by:</p> <ul style="list-style-type: none"> • Direct exposure. • Witnessing, in person. • Indirectly, by learning that a close relative or close friend was exposed to trauma. • Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties. | |
| <p>5</p> <p>Learning outcome: Importance of trauma informed care and practice</p> <p>What you will learn:</p> <ul style="list-style-type: none"> • What is trauma and its impacts • Healing from trauma • Creating safe and healing environments • People and communities at risk for trauma • Self-care | <p>7-8 1min</p> | <p>Learning outcomes: Importance of trauma informed care and practice</p> <p>What you will learn:</p> <ul style="list-style-type: none"> • What is trauma and its impacts • Healing from trauma • Creating safe and healing environments • People and communities at risk for trauma • Self-care | <p>Butchers Paper – Other Expectations</p> |
| <p>Widespread impacts of trauma</p> <p>6</p> <p>Widespread impacts of trauma</p> <ul style="list-style-type: none"> • Trauma is widespread across all socio-economic, ethnic and cultural boundaries. • Hard to gather statistics in some communities due to secrecy, shame, and fear. • Trauma can be trans-generational for individuals and it can affect whole communities. • Particularly problematic in Aboriginal and Refugee Communities, in rural and remote communities, amongst veterans and people who experience DV, the LGBTIQ+ community and people living with disabilities. | <p>8-10 2min</p> | <p>Widespread impacts of trauma</p> <ul style="list-style-type: none"> • Trauma is widespread across all socio-economic, ethnic and cultural boundaries. • Hard to gather statistics in some communities due to secrecy, shame, and fear. • Trauma can be trans-generational for individuals and it can affect whole communities. • Particularly problematic in Aboriginal and Refugee Communities, in rural and remote communities, amongst veterans and people who experience DV, the LGBTIQ+ community and people living with disabilities. <p>Impact of collective trauma and intergenerational trauma can be reflected in a community and seen as:</p> <ul style="list-style-type: none"> • Fear, vigilance and hyper-arousal • Numbing, avoidance and withdrawal • Loss of memory, impaired learning • Role confusion, breakdown of boundaries and social norms • Loss of sense of belonging • Lateral violence | |

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| <p data-bbox="165 229 535 256">Personal Impacts of Trauma</p> <p data-bbox="165 293 181 316">7</p>  | <p data-bbox="562 229 654 284">10-12 2min</p> | <p data-bbox="674 229 1115 256">Some Personal Impacts of Trauma</p> <p data-bbox="674 293 1335 320">Trauma can affect any or every aspect of a person's life</p> <p data-bbox="674 325 1532 352">Loss of safety - the world becomes a place where anything can happen</p> <p data-bbox="674 357 1760 411">Loss of danger cues - How do you know what is dangerous when someone you trust hurts you and this is then your 'normal?'</p> <p data-bbox="674 416 1704 470">Loss of trust - This is especially true if the abuser is a family member or a close family friend.</p> <p data-bbox="674 475 1765 566">Shame - Huge, overwhelming, debilitating shame. As a child, even getting an exercise wrong at school can trigger the shame. The child may grow into an adult who cannot bear to be in the wrong because it is such a trigger.</p> <p data-bbox="674 571 1742 662">Loss of intimacy - For survivors of sexual abuse, sexual relationships can either become something to avoid or are entered into for approval (since the child learns that sex is a way to get the attention they crave) and the person may be labeled 'promiscuous.'</p> <p data-bbox="674 667 1697 758">Dissociation - Often, to cope with what is happening to the body during the abuse, the child will dissociate (disconnect the consciousness from what is happening). Later, this becomes a coping strategy that is used whenever the survivor feels overwhelmed.</p> <p data-bbox="674 762 1756 853">Disconnection from body - Survivors of sexual and physical abuse often have a hard time being in their body. This disconnection from the body makes some therapies know to aid trauma recovery, such as yoga, harder for these survivors.</p> <p data-bbox="674 858 1742 949">Loss of sense of self - One of the roles of the primary caregiver is to help us discover our identity by reflecting who we are back at us. If the abuser was a parent or caregiver, then that sense of self is not well developed and can leave us feeling phony or fake.</p> <p data-bbox="674 970 1200 997">Reference: https://www.echotraining.org/</p> | |
| <p data-bbox="165 1031 412 1058">Living with Trauma</p> <p data-bbox="165 1094 181 1117">8</p> <p data-bbox="181 1145 315 1166">Living with Trauma</p> <p data-bbox="181 1182 472 1262"><i>"The behavioural, emotional (and practical) adaptations that maltreated adults and children make in order to survive are brilliant, creative solutions and are personally costly"</i> Shaw-Woodcock, 2012</p>  | <p data-bbox="562 1031 654 1085">12-17 5min</p> | <p data-bbox="674 1031 920 1058">Living with Trauma</p> <p data-bbox="674 1062 1397 1090">People will go to great lengths to soothe the stress response.</p> <p data-bbox="674 1094 1720 1149">Ways people have survived and soothed their stress response work in the short term but can have long term negative outcomes.</p> <p data-bbox="674 1185 1738 1275">Facilitate a brief discussion based on what participants already know about the strategies (coping mechanisms) that people use to manage their distress. Discuss how these strategies can be viewed differently by others or become a source of shame</p> <p data-bbox="674 1311 1115 1339">Behaviours can help people cope by:</p> <ul data-bbox="719 1343 1227 1398" style="list-style-type: none"> • attacking or pushing others away • defending or avoiding potential threats | <p data-bbox="1785 1062 2029 1149">WB - to write some coping mechanisms down</p> |

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| | | <ul style="list-style-type: none"> changing or controlling experiences <p>The consequences of trauma and adaptations to cope with it, often lead to a number of mental health psychosocial difficulties:</p> <ul style="list-style-type: none"> Poor physical health Substance abuse and misuse Self-harming behaviours Suicidality Dysfunctional relationships, poor self-esteem Poor educational outcomes, poverty Contact with criminal justice system <p>Discuss how risky behaviour can be a coping strategy.</p> | |
| <p>Triggers</p> <p>9</p>  | <p>17-19 2min</p> | <p>Triggers are cues that elicit memories held within the body from past experiences of trauma.</p> <p>Triggers can be specific to an individual or they can be blanket triggers which are more likely to affect a larger number of people who have experienced trauma</p> <p>If a person's experience of mental distress did not originate from a traumatic experience – their contact with the MH system and living with stigma and discrimination can be a traumatising experience in itself</p> <p>Activity: Group Brainstorm: Group list some factors that could be triggering or retraumatising for people within your service under the following headings: Individual Workers. Organisational Policies. Physical Environment.</p> <p>Group Brainstorm to gather prior knowledge: What signs might you notice if someone is triggered or struggling to cope with their experiences of trauma?</p> <ul style="list-style-type: none"> Being easily startled, jumpy or 'on edge' Feeling shut down or cut off or numb Finding it hard to calm down after becoming upset Finding it difficult to 'get moving' | <p>Butcher paper pre-labelled 'triggers'</p> <p>Write on WB – keep visible for Window of Tolerance.</p> |

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| <p>Flip your lid brain/hand model 10</p>  | <p>19-22 3min</p> | <p>Video: Flip your lid brain/hand model</p> <p>When we see signs of someone experiencing trauma/re-traumatisation it means a person is outside of their window of tolerance</p> <p>After discussing what triggers are show video – discuss “Flip Your Lid” model</p> | |
| <p>Window of Tolerance 11</p>  | <p>22-24 2min</p> | <p>Window of Tolerance</p> <p>The optimal zone of autonomic and emotional arousal that supports a person to function effectively and also supports their wellbeing.</p> <p>A way to understand what’s happening when someone gets triggered and how we can help that person to return to a ‘safe space’ and regulate their emotions. Our window of tolerance can be narrow or wide and is different for all people at different times in our lives.</p> <p>When a person is triggered, they have an automatic bodily/biological response to the perceived threat that moves them out of their window of tolerance for a situation.</p> <p>To understand the “window of tolerance” discuss how people with lived experience of trauma might present to services when experiencing hyper-arousal and hypo-arousal. Hyper – is excessive or too much Hypo – is not enough or too little response.</p> <p>Using the group brainstorm from triggers and signs above:</p> <ul style="list-style-type: none"> • Being easily startled, jumpy or ‘on edge’ - Hyper • Feeling shut down or cut off or numb - Hypo • Finding it hard to calm down after becoming upset - Hyper • Finding it difficult to ‘get moving’ - Hypo | |

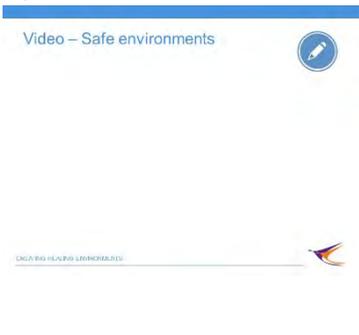
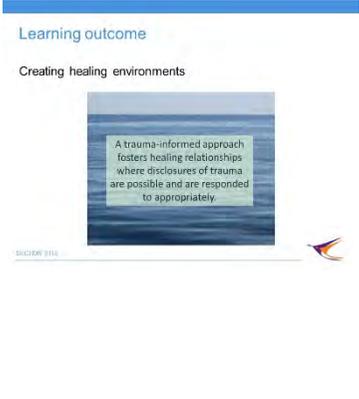
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| <p>12</p> <p>Grounding</p>  | <p>24-25 1min</p> | <p>Grounding – when someone is distressed</p> <p>Grounding techniques can be helpful to assist a person to come back to their window of tolerance. Clear questions/instructions, small sentences, simple language. A good relationship and knowledge of the person can give you a better understanding of how to support them when experiencing distress.</p> <p>Discuss grounding techniques. Give examples of each one on the slide.</p> <ul style="list-style-type: none"> – mental (focusing the mind) – mindfulness Read something, saying each word to yourself. Or read each letter backwards so that you focus on the letters and not on the meaning of the words. Count to 10 or say the alphabet, very s...l...o...w...l...y. – physical (focusing the senses) – Your hand and your five senses, Self-holding technique Carry a grounding object in your pocket, which you can touch whenever you feel triggered. Notice your body: the weight of your body in the chair; wiggle your toes in your socks; the feel of your chair against your back, etc. – soothing (self-nurturing) - Think of your favourite colour, animal, season, food, time of day. Picture people you care about (e.g. your children), look at a photograph. Remember a safe place. Describe the place that you find so soothing. | |
| <p>13</p> <p>Safe, healing environments</p>  | <p>25-28 3min</p> | <p>Safety is a critical part of a healing environment.</p> <p>Healing and health and wellbeing can only occur when (relative) safety has been achieved - not only when the threat has been removed, but when clear signals of safety are received by the body and the brain.</p> <p>Safety is also necessary for planning, paying attention, retrieving information, enjoyment...</p> <p>The process of becoming safe can involve risk (e.g. loss of relationships, leaving domestic violence), and can take a long time.</p> <p>Safety can be explored and understood in a number of ways and from a number of perspectives. To maintain a healing environment, it is essential to recognise the importance of keeping safety in mind at all times.</p> | |

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| | | <p>Ask participants to imagine they are bushwalking with someone and encounter a cliff which they need to get down in order to get home.</p> <p>Brainstorm:</p> <ul style="list-style-type: none"> • What they would need to feel safe? • Use this list as the basis for a conversation about what trauma survivors need to feel safe <p>Safety means not only personal safety but safety within relationships, environments, systems and cultural safety.</p> | |
| <p>14</p> <hr/> <p>Safety in relationships</p> <ul style="list-style-type: none"> • What does a 'safe relationship' mean to you? • What qualities are important in the other person? • How do you know when you are 'safe' in that relationship? • How can you promote these relationships in your work?  | <p>28-33 5min</p> | <p>Safety in Relationships</p> <ul style="list-style-type: none"> • What does a 'safe relationship' mean to you? • What qualities are important in the other person? • How do you know when you are 'safe' in that relationship? • How can you promote these relationships in your work? <p>Use these questions to reflect upon the qualities needed in relationships for them to be perceived and experienced as safe.</p> <p>Reflect upon how these relationships are supported (or not) in the workplace.</p> <p>Pick a relationship you are currently struggling with and reflect:</p> <ul style="list-style-type: none"> • Do they feel respected? By me? By the service? Is the respect mutual? • Is information being conveyed honestly and transparently? Is all important information being conveyed? • How are we connected? What barriers exist for connection? What is this person's history of social inclusion? • How am I conveying hope? How does the service convey hope? Do I know what the person's hopes are for themselves? <p>In a trauma-informed system, boundaries need to be negotiated in a flexible, equitable and collaborative way that ensures the person maintains a sense of control and predictability in the relationship and minimises the potential for them to feel shamed or rejected.</p> <p>Trauma Informed Conversations</p> <p>Holding trauma informed conversations –value the persons experience.</p> <ul style="list-style-type: none"> • Recognise the past can influence the present but stay in the present. • Share information openly – knowledge is power. | |

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| | | <ul style="list-style-type: none"> • Assume (and value) self-knowledge and expertise. • Value coping strategies (even those that are costly or over-developed or conflict with your values). • Support self-direction and choice. • Each person will have different knowledge and learning needs. Take your cues from the person. <p>Conversations should not be about giving advice or imposing perceived expertise, but about valuing the person's lived experience expertise and offering information in a way that may be useful to the person seeking assistance.</p> <p>Tell the person that they do not have to answer any question if they do not want to.</p> | |
| <p>Supporting someone who has experienced trauma</p> <p>15</p> <p>Supporting someone who has experienced trauma</p>  | <p>33-35 2min</p> | <p>Supporting someone who has experienced trauma</p> <p>Recalibration - Remove 'over-reacting', 'over-sensitive', or 'over'-anything from your vocabulary.</p> <p>Predictability – Does everyone love a surprise? No. Trauma survivors often prefer predictability because that feels safer.</p> <p>Support - Be kind, loving, patient... but empathetically set limits - you have needs too!</p> <p>Perspective - Be aware when 'past is intruding into present.' Don't take responsibility for what is not yours... gently.</p> <p>Space - Allow time for the survivor to calm down and take perspective. Trauma survivors often have difficulty regulating emotions and take longer to calm down.</p> <p>Choice - It can be a big trigger when a survivor is denied choice and control. Confer, collaborate, and cooperate.</p> <p>Attribution - Don't refer to the person's 'upbringing, problem, issues, behaviour.' Call it for what it is - trauma.</p> <p>Reciprocity - Give what you also need to receive: listening, empathy, and empowerment.</p> | |

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| <p>Creating Safe Environments 16</p>  | 35-37 2min | <p>Before showing slide:</p> <p>Brainstorm: What does safety mean to you? – Write on butcher paper</p> <p>Creating Safe Environments “Safety” in trauma informed care is more than just physical safety. Safety means different things to different people.</p> <p>If you do not know – ask the person</p> | Butcher paper What does safety mean to you? |
| <p>Feeling safe in service environments 17</p>  | 37-42 5min | <p>Feeling safe in service environments Even some apparently 'well intentioned ' actions within a service can induce trauma and re-experiencing of trauma. Consumers/survivors can be re-traumatized by contact with services.</p> <p>Some practices are traumatising in and of themselves. Some people might perceive workers to:</p> <ul style="list-style-type: none"> • hold secret knowledge and information • betray their trust • invalidate their experience and define their story for them • take power away from them • control them <p>Activity Question: Add to the existing list on butcher paper</p> <ul style="list-style-type: none"> • Are there potential triggers in your service? How will you know? • How might you address these? <p>If you do not know – ask the person: ‘What can I do to help you feel safe?’ ‘Are you okay if we talk about this?’</p> <p>Safety in environments is a pre-requisite for healing and recovery.</p> <p>Resource: TICPOT - http://www.mhcc.org.au/resource/ticpot/</p> | Add to the existing activity Butcher paper Pre-labelled with Triggers |

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| <p>18</p> <p>People and communities at risk for trauma</p> <p>People and communities at risk for trauma</p> <p>All people and communities are unique. Some specific people and communities may be at increased risk for trauma</p> <ul style="list-style-type: none"> • Aboriginal Torres Strait Islander • Cultural and Linguistically Diverse • LGBTIQIA+ • Rural and remote • Veterans • All people living with disability and MH conditions. | <p>42-44 2min</p> | <p>People and communities at risk for trauma All people and communities are unique. Some specific people and communities may be at increased risk for trauma</p> <ul style="list-style-type: none"> • Aboriginal Torres Strait Islander – due to history of colonisation and experiences since that time • Cultural and Linguistically Diverse – especially for refugees with exposure to traumatic violence • LGBTIQIA+ - identity, belongingness and high suicide rate • Rural and remote – drought and high suicide rate • Veterans – exposure to traumatic violence and poor post event support? <p>Reflecting on culture, gender and privilege</p> <ul style="list-style-type: none"> • What influences your interactions with people? • How do you recognise advantages that you may have as a result of your culture, gender, sexual orientation, age, ethnicity or upbringing etc. • What about the disadvantages? • How might people you support perceive these? • How do you address this? • How does it feel to address this? | |
| <p>19</p> <p>Immediate Self Care</p> <ul style="list-style-type: none"> • Use distress tolerance techniques e.g. Mindfulness, Grounding • Take time out • Honestly reflect on how you're coping • Utilise professional supports e.g. debrief • Allow yourself time to process emotions • Spend time with people who you feel safe and comfortable with (don't isolate) | <p>44-47 3min</p> | <p>Immediate Self-Care Importance of self-care in healing/nourishing but also re-asserting sense of self.</p> <p>Discuss immediate self-care measures after a difficult interaction Discuss workplace supports such as – ask group for examples they are aware of in their workplace:</p> <ul style="list-style-type: none"> • Debriefing • Supervision • EAP • Flexi time <p>To wrap up section - ask people to think about one self-care practice:</p> <ul style="list-style-type: none"> • they can do directly after the course and • one they have to look forward to at a later date e.g. the weekend. | |

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| <p>20</p>  | 47-57 10min | <p>Video – Creating Healing Environments</p> <p>Show and discuss video. For discussion: How are the experiences of Community Workers, volunteers, peers and others in this video related to the importance of trauma informed care and practice?</p> | |
| <p>21</p>  | 57-61 4min | <p>Revisit whether the learning outcome for this module has been achieved: importance of purpose and meaning when healing from the impacts of a mental health condition? (and also see slide 4).</p> <p>Remind learners that we started off by exploring what might lead to traumatic outcomes? And triggers awareness</p> <p>Explore if the learning module content and supported achieving the learning outcome and other learning module expectations of this session that were put on Butchers Paper earlier.</p> <p>Make time to complete the Module 2 USyd evaluation</p> | <p>Posted learning expectations Butchers Paper from beginning of module</p> <p>Posted 'what might lead to traumatic outcomes? Butchers Paper and 'triggers' from earlier in module.</p> |
| <p>22</p>  | | | |