# TRAUMA-INFORMED PRACTICE
## BLUE KNOT FOUNDATION FACTSHEET FOR WORKERS IN DIVERSE SERVICE SETTINGS

1. The majority of people who access the community services and mental health sectors have trauma histories; i.e. have undergone many overwhelming life experiences, interpersonal violence and adversity.

2. Current organisation of service-delivery does not reflect the prevalence of trauma. This has led to calls for implementation of a new paradigm – *Trauma-Informed Care and Practice* (TICP) with change to existing ways of operating, and application *across the full spectrum of service-delivery*. See the Blue Knot Foundation Guidelines at **www.blueknot.org.au/guidelines** *(i.e. two sets of guidelines; second set is non-clinical for services, agencies and organisations to work in a `trauma-informed' way)*.

3. Trauma-informed practice recognises that many problems, disorders and conditions are *trauma-related*. It rests on awareness of the impacts of trauma (as distinct from directly treating it) emphasises a `do no harm' approach and aims to avoid *re*-traumatisation.

4. Key principles of trauma-informed practice – ***safety, trustworthiness, choice, collaboration*** and ***empowerment*** – should be embedded *for all activities at all levels of service-delivery*. They enable positive relational experiences, established by research as necessary both for resolution of trauma and for general well-being. Trauma-informed practice is `win-win'!

5. Trauma is a state of high arousal in which coping mechanisms are overwhelmed in response to extreme stress. Our normal `survival' responses (`fight', `flight' and `freeze') activated by the perception/experience of threat are initially protective. They only *become* pathological if traumatic experience is not resolved after the precipitating event/s.

6. Unresolved trauma has pervasive effects, and impairs a wide range of functioning. Trauma radically restricts the capacity to respond flexibly to daily stress and life challenges. *If trauma is not resolved people cannot `move on'.*

7. `Complex' trauma is *cumulative, repetitive and interpersonally generated*. It differs from, and is more common than, `single-incident' trauma (i.e. post-traumatic stress disorder; PTSD). It includes *child abuse* in all its forms; sexual, physical, emotional and neglect.

8. Unresolved trauma has life-long impacts and affects the next generation. *Parents do not need to be actively abusive for their children to be adversely affected* (e.g. parents with unresolved trauma histories may be unable to connect with their children emotionally).

9. *It is possible to recover from trauma*. The resolution of trauma in adults has positive effects on their children and can avoid transmission of trauma to the next generation.

10. Research has established the relationship between overwhelming childhood experiences and emotional **and** physical health problems in adulthood. *Childhood coping mechanisms* become risk factors for adult ill health if overwhelming childhood stress is not resolved.

11. Many symptoms and challenging behaviours should be reappraised as responses to trauma, with focus not on what is *wrong* with a person but rather on what *has happened* to a person.

12. The structure of the brain changes in response to experience (*neuroplasticity*). Early interactions with caregivers `sculpt' the developing brain; experience of intimate relationships impacts our ability to cope with stress.

13. When a child is threatened, two brain circuits are activated simultaneously. Caught in the `biological paradox' between the `survival reflex' and the `attachment circuit', the child's internal world collapses (Siegel, 2012). The brain of the traumatised child reorientates from `*learning*' to `*survival*'.

blue knot foundation
*empowering recovery from childhood trauma*

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14 Traumatised children often have problems with *emotional regulation, relationships, attention* and *reasoning under stress*. Such responses are frequently misinterpreted, evoking an ineffectual, punitive approach. While setting of boundaries is important, *consistent care*, rather than punishment, is required.

15 *Dissociative* responses to extreme stress (`spacing out') are common in infants and children, because under threat, young children are rarely able to `fight' or `flee'. *Both visible agitation (hyperarousal) and `emotional blunting' (hypoarousal) are trauma responses*.

16 Because recovery is relational, positive experiences need to occur *within services and organisational settings* accessed by people with trauma histories. Trauma-informed service-delivery requires sensitivity to diverse coping strategies, recognition that both agitation *and* withdrawal are signs of distress, and that challenging behaviour may be trauma-related.

17 Basic knowledge of the brain helps us understand the effects of negative experiences on our functioning. This understanding can increase empathy with clients, and *self*-compassion for our own compromised functioning when we are stressed and `not at our best'.

18 The brain comprises three regions from `top to bottom': **cortex** *(thinking)* **limbic area** *(emotions)* and **brain stem** *(controls states of arousal, including `survival' responses)*. See Dan Siegel's `hand model of the brain at **http://www.youtube.com/watch?v=DD-lfP1FBFk** *Under stress, `lower' brain stem responses flow `bottom up' and limit our ability to be calm, reflect and respond flexibly.*

19 *Your own awareness, conduct and self-care affect your interactions with clients*. Personal well-being is a precondition for trauma-informed service-delivery. Staff well-being (which includes individual and organisational components) fosters empathy, reduces risk of vicarious trauma, and the likelihood of destabilising interactions with clients. Mutually rewarding, safe, courteous and respectful interactions *actively assist trauma recovery*.

20 In implementing the key principles of *safety, trustworthiness, choice, collaboration* and *empowerment*, trauma-informed practice focuses both on *what* the service offers, and on *the way in which it is provided. How* you provide services – not just *what* you do – is crucial to operating in a trauma-informed way.

21 You can learn more about trauma-informed practice by attending Blue Knot Foundation trauma-informed training. These programs can be tailor-delivered in-house on request. Alternatively you may attend one of the many training opportunities scheduled regularly around the country. To find out more, go to **www.blueknot.org.au/training**

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