GUIDELINES FOR TRAUMA-INFORMED FAMILY SENSITIVE PRACTICE IN ADULT HEALTH SERVICES

A large number of people entering the human services sector have experienced trauma that is often not recognised by service providers. These guidelines aim to assist workers to consider the impacts of trauma on individuals, families and communities. By adopting a trauma-informed and family sensitive approach, adult health services can play a key part in identifying and meeting the needs of children and families who are vulnerable. Trauma is prevalent enough in our society that you can assume many people who use your service have experienced significant trauma.

DID YOU KNOW?

- 69% of adults will experience a serious traumatic event at some stage in their lifetime.(1)
- 1 in 3 women and 1 in 6 men are abused before the age of 18.(2)
- 1 in 5 women and 1 in 20 men have experienced sexual violence since the age of 15 years.(3)
- Around 80% of people in alcohol and other drug treatment report a history of trauma, including a life threatening event or accident, sexual or physical assault.(4)
- 34% of Australian women have experienced violence from a current partner.(5)
- Between 10 and 13 per cent of Australian children are affected by parental substance misuse.(6)
- Indigenous people are hospitalised for mental and behavioural disorders at almost twice the rate of non-Indigenous people and die from intentional self-harm at 2.5 times the rate of non-Indigenous people.(7)
- The Indigenous imprisonment rate rose by 52% between 2000 and 2010.(8)

Being curious and asking an individual or family 'what has happened to you?' rather than 'what is wrong with you?' is a key to changing everyone's perspective so that it is trauma-informed. (9)

WHAT IS TRAUMA?

Trauma can be caused by natural events like floods or bushfires or by human actions, as in child abuse and neglect; sexual assault; and violence, including domestic assault. Trauma involves single or multiple experiences that have the effect of overwhelming a person's ability to cope and can leave a person unable to make sense of the experience and their own or other people's responses to it.

Complex trauma that is ongoing has a profound impact on relationships and on the way individuals, families and communities function. Living with ongoing trauma affects the neurological, psychological, social and emotional development of children and when unresolved can have lifelong consequences.

Whole communities or populations can be affected by trauma. There are increased difficulties for people to recover from trauma when the community on which they depend for nurturance and support is disrupted, fractured or dislocated. Examples of this exist in Aboriginal communities affected by a history of child removal and the dislocation of communities from their traditional lands and culture. Refugee groups experiencing war trauma and communities experiencing bushfire are also examples. The effects of intergenerational poverty, family violence, mental illness, oppression from racism, the Holocaust and other genocides are examples of trauma that can occur across generations.

COMMON REACTIONS TO TRAUMA

Each person responds to trauma differently. Responses may be immediate or take months or even years to emerge. Responses to trauma may occur within a range of conditions such as mental illness, substance misuse, self-harm, sexual acting out or problem gambling. Specific responses can be understood as attempts to manage the painful and intrusive effects of trauma. Listening to and normalising these responses as attempts to cope can be healing in itself.

There are three broad usual reactions to trauma that occur when events are so frightening or stressful that they cause a heightened alarm response: (1) fight, (2) flight or (3) freeze. Hormones like adrenalin and cortisol regulate these three basic protective responses of fighting back, taking flight or freezing in situations where people respond to threat. When trauma is ongoing or unresolved a high state of alert and emotion, or its opposite, a sense of numbness and avoidance, is persistently just under the surface and can be triggered in seemingly 'normal' situations. Trauma responses can take priority over everything: for example, addictive or avoidance behaviours can take priority over the care of self and family.

For more information about the neurobiological effects of trauma on the brain, see the Further Reading section on Pg 8.

'A traumatic experience impacts the entire person; the way they think, the way they learn, the way they remember things, the way they feel about themselves, the way they feel about other people, and the way they make sense of the world are all profoundly altered by traumatic experiences.' (10)

WHY A TRAUMA-INFORMED FAMILY SENSITIVE PERSPECTIVE IS USEFUL FOR WORKERS

There is evidence that a family oriented approach to service delivery improves outcomes for children and parents.(11) Families and communities can be important places of healing from trauma – places where damaging and damaged relationships may be changed and restored. Family sensitive practices within adult health services also help the service to be a pathway for vulnerable children to receive help and support. While most adult health services will be at different points in terms of how they include families in the assessment and ongoing treatment of adult clients, services can build on what they already know. Inclusion of families and attention to the needs of children can significantly improve outcomes for individual adults, families and children.

Devastating events don't always have a destructive ongoing impact on people's lives. In fact research shows that most people recover from negative experiences.(12) This is particularly so if they are supported by close relationships and are able to openly discuss the experience and then come to understand its place in their life. As James and MacKinnon state, 'with good social support, human beings are resilient.'(13)

Including Families and Carers: A Model for Mental Health and Alcohol & Other Drugs Services is a related resource for understanding how services can become more family sensitive and more responsive and inclusive in their work with families.(14)

'Family sensitive policy and practice becomes a process whereby the unit of investigation becomes the family – a mother, a father, a child, an aunty – however family needs to be defined, and thus shift the focus of the investigation from individual case management to working out how the family can function better.' (6)

TRAUMA IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

'The greatest gift you can give someone is to listen, deeply listen. It becomes a form of witnessing which in and of itself can be healing.' (15)

Why is it any different?

Colonisation has had a profound impact on grandparents, parents, uncles, aunties, cousins, Elders and children. Loss of family, language, land, spirituality and culture have impacts on Indigenous people that non-Indigenous people may not realise. It is the responsibility of service providers to make sure we acknowledge this impact on Indigenous communities today, which is why we need to create an environment where Aboriginal and Torres Strait Islander people can make the most of services. When seeing Aboriginal or Torres Strait Islander people in an adult health service remember:

- to be curious, authentic and open, and listen deeply.
- to understand that everyone in the family and community has experienced trauma.
- to be culturally aware and provide culturally appropriate resources.
- that it is necessary for your environment to be culturally safe and informed, i.e. by ensuring there is something in your waiting room that a family can connect with like a flag or poster.
- to collaborate with individuals and families about all the decisions made about them.
- that 'family' has a broad definition for Indigenous people. When an individual is presenting to your service, an extended family and community is connected to them.
- to ask about their child care responsibilities.
- to be curious about similar issues/trauma in families across generations. Ask how families have managed trauma in the past.
- that a high percentage of Aboriginal and Torres Strait Islander people will present with multiple stressors in their life. For example, high levels of anxiety and stress can frequently co-exist with prolonged grief and depression.
- that trauma will continue down the generations until a healing action breaks the cycle. (16) You can be part of this healing.
- to look for stereotypes that might inadvertently influence your thinking.
- that the journey an Aboriginal or Torres Strait Islander person or family has taken to get to your organisation has probably been a long one, with other services involved. Consider what your organisation might do differently to make this appointment really worthwhile.

Guidelines for understanding and responding to trauma, grief and loss in Indigenous communities can be downloaded from http://www.mhfa.com.au/cms/mental-health-first-aid-guidelines-project/#mhfaatsi or contact your local Aboriginal or Torres Strait Islander organisation.

'Traumatic experiences can be dehumanising, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and loss of safety. Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma and disasters that include powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Healing is possible.' (17)

10 common fears for workers	What we know
If I ask about trauma, I might make things worse.	Research shows that if people feel safe, can control what is discussed and the pace of disclosure, they generally want to talk about their traumatic experiences. Talking about trauma gives people a space for healing.
If I ask about trauma I will open the floodgates of emotion. I'm not a counsellor, that's not my role.	You can ask about the effects of trauma without discussing the details of what happened. Take care to remind people they are in charge of how much they say.
My organisation is not funded to do trauma or family work. There is no workplace support for me to do this kind of work.	Talk to your manager about supervision and organisational support, but keep in mind that trauma work might not be that different to what you already do. You may wish to seek additional training or do some reading in the area of trauma responses within your sector.
I am not a trauma expert. What can I do to help?	There is much that you can do. Just being curious and listening deeply can help individuals, families and communities to heal. You might be one of the first people in their life that they have told, who listens and who believes them. This is trauma work.
Involving children might compromise my relationship with the adult client – what if I have to report to Child Protection?	Child safety comes first. Openness and transparency with parents helps them know how information will be used and what your obligations to notify are if children are at risk or are experiencing harm. Except in extreme cases where children need to be removed, child protection services will generally work to support parents to ensure the safety of their children, e.g. refer to child and family support services. Respectfully putting issues 'on the table' is usually more preserving of relationships in the long run.
I don't have the skills to work with children. I don't know how to work with them in a clinical setting.	Most of the time children are aware of the struggles in their family, even if they are not talked about. It can put children at ease to have a space to talk about fears and worries and to know someone can help. As with adults, curiosity, gentle engagement and going at their pace are key ways of working.
What can I say to parents with the child in the room?	Check out sensitive topics with parents before raising them. Ask parents what's OK and not OK to talk about in front of children.
I don't know what is appropriate for each developmental stage with children. It makes identifying trauma difficult.	Having an idea of developmental milestones and signs of trauma will help. Department of Human Services – Child Development and Trauma Guide is a helpful resource.
Working with traumatised individuals or families seems like slow and difficult work.	A lot can happen in a short period. Listening and understanding, giving information and, where necessary, making referrals to a trauma specialist can all be helpful.
Sometimes if I ask about trauma it brings up emotions for me. I have some similar past experience to my clients, which is why I decided to work and make a difference in this sector.	This is a normal and expected reaction. Your own responses may get triggered, and vicarious trauma may also happen from hearing traumatic stories even if you have not had similar past experiences. It is important to have supervision when you are working with traumatised people. After a challenging session you could speak with a co-worker or go for a walk. Remember your work is very valuable and potentially life-changing for those you work with.

BEING MINDFUL OF THE IMPACTS OF TRAUMA

At each stage of an adult client's journey through an organisation there are opportunities to contribute to healing by asking about the effects of trauma in their life, by being inclusive of their family, and by being aware of the potential vulnerability of their children.

<table>
<tr><th></th><th>Individual adult client</th><th>Family/community</th><th>Infant, child and adolescent</th></tr>
<tr><td>Signs of trauma – what to look out for</td><td colspan="2">→ Feeling on edge, agitated
→ Sweating, racing heart
→ Difficulty sleeping, nightmares
→ Loss of appetite
→ Extreme feelings of vulnerability
→ Easily startled
→ Emotional reaction seems disproportionate to current event.
→ Defensiveness, anger, aggression, hate for the world
→ Guilt or shame, numbness, sadness or depression
→ Disconnecting or tuning out
→ Intrusive thoughts, flashbacks
→ Withdrawing from others, avoidance of people or places
→ Chronic physical conditions – eating disorders, migraines, fatigue
→ Difficulties with memory, poor concentration, disorganised
→ Attempted self-soothing – addictive or self-harming behavior
→ Negative sense of self</td><td>→ Family fragmentation
→ Sudden changes in relationships
→ Tense and difficult relationships.
→ Breakdown in communication.
→ High conflict
→ Highly reactive to each other
→ Over protectiveness
→ Disorganisation – lack of routine
→ Confused/unclear roles and responsibilities
→ Social isolation
→ Blaming each other
→ Difficulty adapting to change
→ Unstable housing
→ Mistrust of services</td><td>→ Fear and insecurity
→ Sleep problems, including nightmares
→ Separation anxiety, clingy/demanding behavior
→ Stomach aches and eating problems
→ Frequent highly emotional reactions to small problems
→ Aggression and frequent uncooperativeness
→ Unexpected regressed behavior
→ Changes in relationship with parents
→ Not meeting developmental milestones
→ Having problems at school
→ Difficulties with concentration, learning and making friends
→ Ongoing problem behaviours that can't be effectively managed
→ Behaviour that is too good or overly compliant</td></tr>
<tr><td>Helpful tips for workers</td><td colspan="2">→ Aim to create an environment that is safe and empowering – be respectful, open and transparent with clients.
→ Aim to create an environment where parents feel comfortable to discuss their children's needs and any difficulties they may be having in their parenting role.
→ Use your existing knowledge, skills and strategies, such as acknowledging and validating people's experiences, building safety and monitoring people's distress levels.
→ Attend to cultural safety and demonstrate cultural awareness/sensitivity.
→ Collaborate with client about all the decisions made about them.
→ Hold the family in mind – consider family involvement when appropriate and in consultation with client.
→ Provide information about the possible effects of trauma on the individual, their family (including children), their relationships and their community.
→ It may be harmful to delve deeply into details of traumatic experiences unless you have the skills to manage client reactions. Consider whether secondary consultation and cultural consultation may be needed.
→ Aim to safely talk about the impacts of trauma without asking about the details of traumatic events.
→ If the client wants to talk about the details of trauma, this should be supported but check regularly to assess levels of distress and go at their pace.
→ Using a simple breathing technique may be helpful to manage distress – e.g. breathing in slowly to the count of 5, breathing out slowly to the count of 10.
→ Facilitate referral to specialist services if required.</td><td>Asking appropriate strategic questions of parents and other family members in front of children provides them with both acknowledgement of family struggles and reassurance. You could say to children:
→ We know things are tough at home; I'm going to keep working with mum/dad/other family members to help make things better.

With the children present you could ask mum/dad/other family members:
→ Do you have any ideas about what might help?
→ What would help the kids?

You could engage children in a simple breathing technique by getting them to blow bubbles. Keep paper and pencils or other simple activities for children handy.

If a child discloses abuse, appropriate authorities must be contacted and this is best done in consultation with parents.</td></tr>
<tr><td>Useful questions</td><td>About the Individual
→ What has happened in your life that has contributed to your current difficulties?
→ What do I need to know (about that) for me to help you?
→ What's been the impact on you?
→ How do you cope and what have you found helpful?</td><td>About the Family
→ Who else in your family knows about your current difficulties?
Whether family members know or not you could ask:
→ What is the impact on them?
→ How do they react?
→ How does their reaction affect you?
→ How are family or community relationships affected?</td><td>About the Infant, Child or Adolescent
→ What do you think your children know?
→ What are your children most worried about? How do you know?
→ What are your worries about your children?
→ What do you do that helps your children cope?
→ What or who else could help them?</td></tr>
</table>

CASE EXAMPLES

Intake, assessment and treatment are all opportunities to be more trauma-informed and family sensitive in adult services. The following scenarios illustrate practices to keep in mind.

Scenario 1

A worker is making a visit to a family where the father is suffering anxiety and depression following an acquired brain injury from a car accident. He has been drinking excessively to help him cope. The family has three children. The worker has been supporting the family for some time and she has started to have more in-depth conversations with the mother. The mother has told the worker that the older boy's grades at school have suffered, and he has become argumentative. The younger child has regressed, is clingy and has started to wet the bed. The mother is also concerned about some people the father has recently invited into the home.

The worker can make effective interventions by:

- as far as possible taking a respectful collaborative approach with the mother.
- remembering that changed behaviour in one family member affects all others.
- asking about children's age, wellbeing and developmental milestones. These are a doorway to identifying trauma reactions.
- asking about educational outcomes of children. These may be flags for trauma, particularly where there is significant change.
- providing information about the effects of trauma. Information in itself can be therapeutic.
- acknowledging that she may not have all the skills to deal with the complex trauma in this family and seeking out support and/or referral options.
- asking about care arrangements and supervision of children to ensure their safety.

Scenario 2

An Aboriginal man arrives at a residential withdrawal service for a seven day stay. The alcohol and drug worker knows some history about the client from the referral, which talks about symptoms of depression. The worker is cautious about asking questions regarding his background or family.

Helpful tips the worker could keep in mind:

- Trauma is likely to be an issue and the potential for re-traumatisation is a real concern. It is safe to assume Aboriginal people have experienced community and relational trauma, but knowing their individual story is important. The worker might say to this man, 'Where do you come from?' 'How did you get to be here in the place you are today?' 'I'm interested in hearing what your journey has been like.'
- Because people who have experienced trauma may not see the world as a safe place, safety and trust need to be built with each individual. We might assume our organisation is always safe, but this may not be the way your client experiences it. The worker could ask, 'What could I do to make your stay here as easy as possible?'
- It's important to ask about significant family relationships in this man's life, including any care responsibilities for children. 'Family' may have a broad definition reflecting his collectivist culture. Some questions to ask might be, 'Is there anyone that you would have liked to be here? If they were here, what might they do to help you recover?'
- Consider ways to be more culturally informed. Consider cultural consultation.

Scenario 3

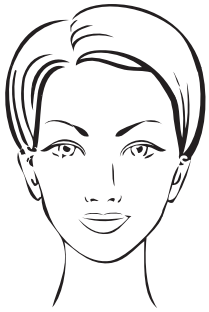
A recently arrived refugee is seeing a counsellor for anxiety; she talks openly about her experience of family violence. She tells the counsellor that she is thinking of leaving her husband and taking her two children. She seems very overwhelmed, scared and in need of immediate help. She is sleep deprived, sweating and shaking a lot and is unsure where to go or how to keep her children safe. The counsellor knows that past sexual abuse is an issue but is unsure if talking about this trauma now will be useful.

Things the worker can do are:

- Firstly, assess for current danger to her and her children.
- Ask specifically about her children's safety and well being.
- Because the mother is in a state of crisis and is most likely managing all she can at the moment, asking about past trauma might be too much. A useful question to ask is, 'How can I help you now? What needs to happen so you can feel safer and more in control now?' The worker could also ask, 'What else do I need to know about you and your life so that I can be of use to you today?' This gives her control over what information about her past she chooses to disclose.
- The mother has taken a risk sharing this information. Although the worker has not directly asked about her trauma history, the client has told the worker about current traumatising experiences. The worker should ask how she is feeling after telling her this. Possible feelings are relief, guilt, embarrassment, shame or fear that she has created more risk for herself or her children. Does she feel she can manage her emotions when she leaves the service?

Relational trauma will only be healed in a context of relationships that are the opposite to traumatising. (18)

Sometimes the language we use and the assumptions we can make about traumatised clients act as a barrier to them feeling heard and acknowledged. Here are some commonly held attitudes that might cause unhelpful responses, as well as some responses that can help healing and recovery.

UNHELPFUL		HELPFUL
What is wrong with this person?!		What happened to this person?
This person is acting out and is just 'attention seeking'.		This person could be showing symptoms of trauma.
Don't ask about it, they'll feel worse. Anyway, it happened so long ago. If they aren't over it now, they never will be.		People can recover from even long-ago trauma. Talking about trauma at the person's own pace is a way to heal.
It didn't happen to them. It happened to a family member. *or* The family and community are permanently damaged.		The trauma of one family member can have deep and lasting effects on others in the family, but families can change and mend relationships. Relationships can harm and relationships can heal.

(This list has been adapted from Klinic Community Health Centre. www.trauma-informed.ca)

FURTHER READING

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OTHER RESOURCES

- Adults Surviving Child Abuse (ASCA) ***www.asca.org.au*** Practice guidelines for the treatment of complex trauma and trauma-informed care
- Australian Child & Adolescent Trauma, Loss & Grief Network ***www.earlytraumagrief.anu.edu.au/***
- Australian Childhood Foundation ***www.childhood.org.au***
- Australian Indigenous Health Info Net ***www.healthinfonet.ecu.edu.au/***
- Calmer classrooms: A guide to working with traumatised children. Child Safety Commissioner ***www.kids.vic.gov.au/downloads/calmer_classrooms.pdf***
- Department of Human Services' Child Development and Trauma Guide assists practitioners to understand and recognize indicators of trauma at different ages ***www.dhs.vic.gov.au***
- Domestic Violence Resource centre Victoria ***www.dvrcv.org.au***
- Mental Health Co-ordinating Council (NSW) ***www.mhcc.org.au*** Resources on trauma-informed care.
- Once Upon a Crime ***http://youtu.be/0WouUsQGTtI*** Concise animated video about the effects of and recovery from single-incident trauma. Organisations can purchase the resource from Western Region Health Centre.
- Putting together the pieces: responding to trauma and substance use. ***www.regen.org.au/traumaresource*** Comprehensive guide to trauma for workers in alcohol and other drug area.
- The Bouverie Centre ***www.bouverie.org.au***

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