

What is trauma-informed care and how can I help implement it in my organisation?

Trauma-informed care is often defined as a set of principles. You can operationalise these according to your organisational values, needs, and service structure. Implementation may happen in different ways depending on your organisation's specific needs.

Core principles



Safety

Throughout the organisation, the staff, and the young people and families they serve, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.



Trustworthiness and transparency

Organisational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among young people, family members, staff, and others involved with the organisations. This involves creating clear expectations with young people about what treatments will involve, who will provide services, and how care will be provided.



Collaboration and mutuality

There is true partnering and levelling of power differences between staff and young people, and among organisational staff, they recognise that healing can happen in relationships through the meaningful sharing of power and decision-making. This involves collaboration between healthcare staff, young people, and families in organisational and treatment planning.



Empowerment

Throughout the organisation, among the young people, and families served, individuals' strengths are recognised, built on, and validated. New skills are developed as needed. Young people's strengths are used to empower them in the development of their treatment.



Voice and choice

The organisation aims to strengthen the experience of choice for young people, family members, and staff. It recognises every person's experience is unique and requires an individualised approach.



Culture, historical and gender issues

The organisation incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served, that are gender responsive, and that incorporate a focus on historical trauma. Within Australian settings, it is particularly important to work in a culturally sensitive way with Aboriginal and Torres Strait Islander young people and families. (Jackson et al, 2017)

(Adapted from Menschner & Maul, 2016 and SAMHSA, 2015)

Jackson A, Frederico M, Tanti C, Black C. Exploring outcomes in a therapeutic service response to the emotional and mental health needs of children who have experienced abuse and neglect in Victoria, Australia. *Child & Family Social Work*. 2009 May;14(2):198-212.

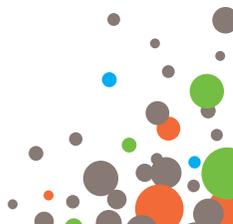
Menschner C, Maul A. In: *Advancing Trauma-Informed Care: Key Ingredients for Successful Trauma-Informed Care Implementation*. 2016 Centre for Healthcare Strategies Inc.; Robert Wood Johnson Foundation.

SAMHSA. SAMHSA's concept of trauma and guidance for a trauma-informed approach in youth settings. Administration SAaMHS; 2015.



The National Centre of Excellence
in Youth Mental Health

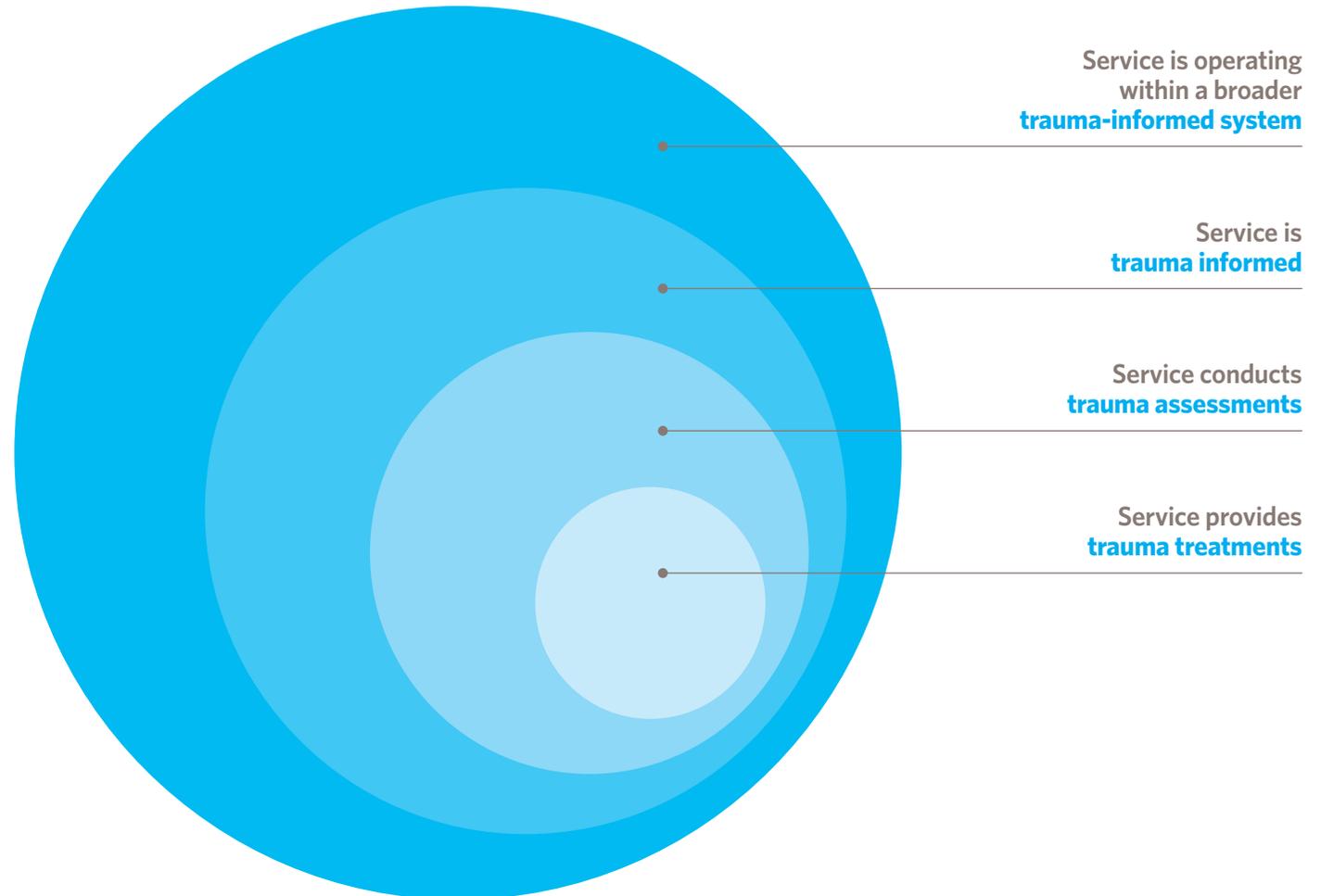
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From principles to practice – implementing trauma-informed care in youth health organisations

Within a youth mental health service environment, trauma-informed care should be only one component of an effective response, which must also include trauma assessment and appropriate treatment. Also consider the broader trauma-informed system where there is good trauma-awareness amongst all partnering agencies.

Bendall, S., Phelps, A., Browne, V., Metcalf, O., Cooper, J., Rose, B., Nurse, J. & Fava, N. Trauma and young people. Moving toward trauma-informed services and systems. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2018.



Talking points for organisations wanting to become more trauma-informed



Universal screening

Universal screening is a brief, efficient, and focused enquiry or assessment where the aim is to detect and identify trauma history or the risk of present or future trauma and should be completed universally. It needs to be consistent, sensitive and a part of an organisational process.

Youth participation

Youth participation is when young people, as active citizens, take part in, express views on, and have decision-making power about how trauma-informed care is implemented in a service.

Trauma assessment

Trauma assessment should happen in an informal and safe way. Recognise that the assessment period needs to be paced appropriately and may take a variable amount of time depending on the needs of the young person.

Formulation

Formulation is derived from the assessment and is the development of a shared understanding between you and the young person about how trauma impacts on their current difficulties.

Treatment

Treatment options should be clearly discussed with young people. Service should offer only the treatments they have capacity and expertise to deliver.

Cultural sensitivity

The implementation of trauma-informed care will differ depending on the cultural heritage of the young people who attend a service. Understand the specific cultural needs of young people, as well the impact of trauma on communities in particular when considering intergenerational trauma.

Aboriginal and Torres Strait Islander young people

Developing partnerships to support effective culturally sensitive practice should be undertaken, especially in consideration of the long standing effect of trauma on Aboriginal and Torres Strait Islander communities. Include young people from indigenous communities in planning trauma informed practice.

Policy

There should be written/visible trauma-informed policies and protocols and the organisation should share its values and vision with all stakeholders.

Training and workforce development

Becoming trained in trauma-informed care is critical. The whole workforce should be targeted including admin, support staff, clinicians, and peer-workers. Ongoing professional development is also essential.

Evaluation and progress monitoring

Evaluation is a critical step to adapting trauma-informed care for your service. Setting up systems that monitor and evaluate progress at the outset is recommended. Young people and their families/carers should be involved in evaluation and progress monitoring.

Governance and leadership

The organisation should identify who will lead trauma-informed processes and ensure that trauma-informed care remains on the agenda with support from strong leadership. Finances and resources need to be considered by leadership.

Environment

Should be physically safe, welcoming, and promote psychological safety. It should be co-designed by young people where possible. Gender-specific safety needs to be considered.

Partnerships

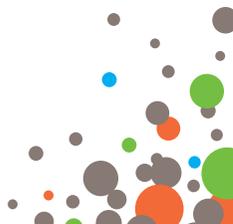
Pathways and referral processes to other organisations should be in place as should strategies to aid communication between services. Discussing trauma-informed care with referral partners is important in ensuring your own organisation is operating from trauma-informed principles.

Supervision

Ensuring all staff have access to regular supervision to support their work is essential.

Documentation and confidentiality

Documentation and confidentiality should always be explicitly discussed both verbally and in written form with young people, especially regarding access and storage to enable engagement and transparency. Young people should know exactly who has access to their records and why.



What is my organisation doing to be trauma-informed?

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- All young people who engage with our organisation are screened for historical and current trauma exposure in a consistent way.
- Our service actively works to avoid re-screening young people for trauma histories to minimise the risk of re-traumatisation.
- Young people and their families/carers with trauma exposure histories are given the opportunity to shape how trauma-informed care is implemented in my service in a safe and supported way by sharing their experiences.
- There are opportunities for families/carers and young people to influence service design and evaluation while also ensuring their wellbeing is protected.
- All staff in our service are conscious that any young person they are interacting with may have a significant trauma history.
- The values of our organisation align with trauma-informed principles.
- Our service recognises that the experiences of young people who have trauma exposure histories and the impact of trauma on their clinical presentations is varied.
- All language used in our organisation is respectful and avoids labelling. All staff are careful to talk about trauma experiences and impacts in a much broader way than focusing on single-incident trauma and post-traumatic stress disorder.
- Young people were involved in the design of the environment in our service to maximise both physical (e.g. well-lit) and psychological safety (e.g. posters explaining confidentiality are visible, rooms are effectively sound-proofed).
- Our organisation takes active steps to promote gender specific safety (e.g. safe spaces, rest rooms).
- We have effective partnerships with other trauma-informed organisations.
- There is an effective structure for ongoing supervision and consultation.
- Our organisation has strategies in place to reduce the likelihood of re-traumatisation.
- Our workforce is aware of the risk of re-traumatisation and knows what to do if this occurs.
- The leadership team within our service actively advocate for trauma-informed care, monitor and improve its implementation and lead by example.
- There is an identified person within our service to champion trauma-informed care and they are supported by our leadership group.
- Our organisation caters for the needs of all cultural groups accessing the service.
- Staff are sensitive in exploring intergenerational trauma issues, particularly with young people from culturally diverse backgrounds.
- All staff in our service are required have completed cultural competence training.
- Our confidentiality policies have been developed to incorporate trauma-informed care principles (e.g. confidentiality regarding documentation and information storage is routinely explained to all young people attending our service)
- All staff have completed training in trauma-informed care regardless of their role in our service (e.g. administrative, clinical, management).
- Trauma-informed care is monitored and evaluated in the organisation.

