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alcohol and drug practice

A COMMUNITY OF PRACTICE

# Trauma Informed Care in Alcohol and Other Drug Services

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**(Access Health & Community, Carrington Health, Link Health & Community)**

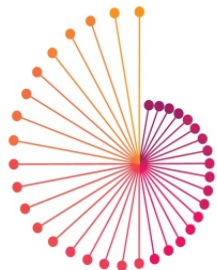


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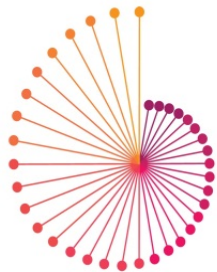
# Trauma Informed Care in AOD Services

1. WHAT IS TRAUMA & COMPLEX TRAUMA?
2. NEUROBIOLOGY OF TRAUMA
3. WHAT IS TRAUMA INFORMED CARE?
4. PRINCIPLES OF TRAUMA INFORMED CARE
5. WHAT DOES TRAUMA INFORMED CARE 'LOOK LIKE'?
6. HOW DO I KNOW IF MY AGENCY IS 'TRAUMA INFORMED'?
7. RESEARCH, THERAPY TOOLS & FURTHER TRAINING
8. DISCUSSION & QUESTIONS



**WHAT IS TRAUMA?**

**WHAT IS COMPLEX TRAUMA?**

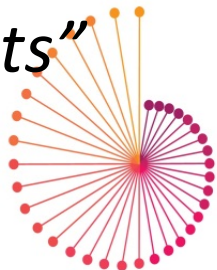


# What is trauma?

- Many different definitions and understandings of 'trauma' and 'traumatic events'
- Recent change to the diagnostic categories of trauma in the DSM-V

*“...exposure to **actual or threatened death, serious injury or sexual violence** in one or more of four ways: (a) directly **experiencing** the event; (b) **witnessing**, in person, the event occurring to others; (c) **learning** that such an event happened to a close family member or friend; and (d) experiencing repeated or **extreme exposure** to aversive details of such events”*

*(DSM-V, American Psychiatric Association)*

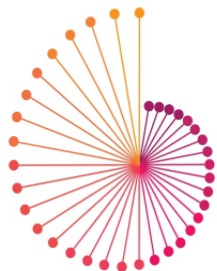


# What is trauma?

*“a **psychological wound** that has occurred due to a person’s **perception of a stressful event**” (Trauma Centre of Australia, 2013)*

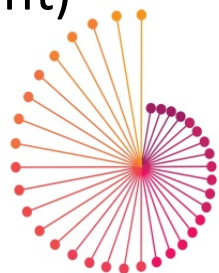
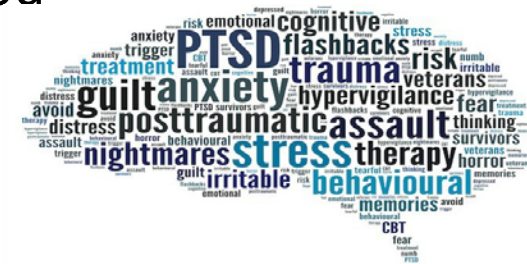
- Trauma occurs when a person classifies an event as a trauma
- Common features of a traumatic event:
  - The situation is **unexpected**
  - The situation is **different from predictable life patterns**
  - The incident **destabilises a person’s control**
  - Involves **physical or emotional threat** to life
  - Exerts **undue strain on mental coping** abilities

(Trauma Centre of Australia)

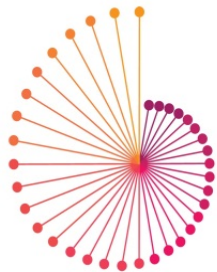


# Trauma vs Complex Trauma

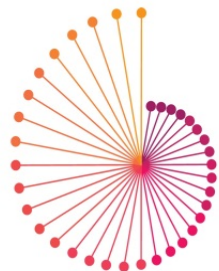
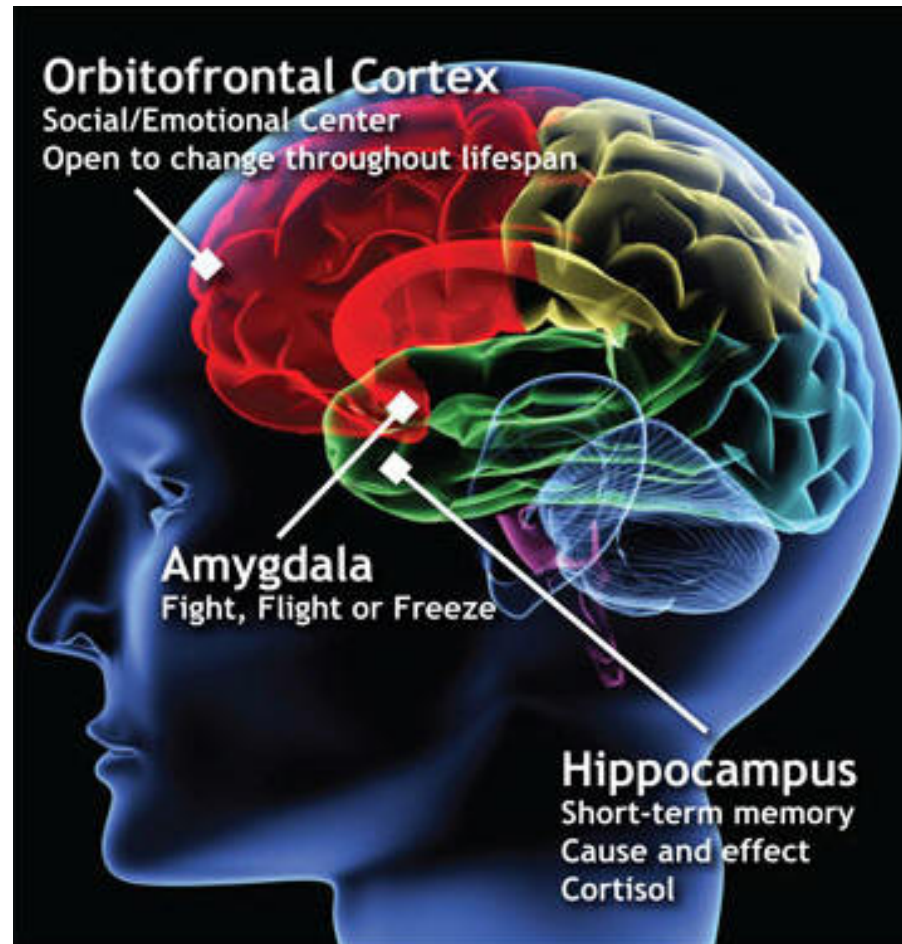
- **Complex trauma** is *repeated, cumulative, interpersonally-related trauma* that can have long-term impacts on the **brain, attachment, emotions, cognitions and behaviour**
- Often (but not always) caused by care-givers and can include:
  - Sexual/physical abuse in childhood or adulthood
  - Emotional abuse or neglect
  - Family violence or other forms of violence
  - Grief/loss (especially complicated grief)
  - Loss of freedom or independence (including incarceration, mandatory detention or involuntary mental health treatment)
  - Severe bullying or harassment
  - Cultural trauma relating to war or genocide



# NEUROBIOLOGY OF TRAUMA



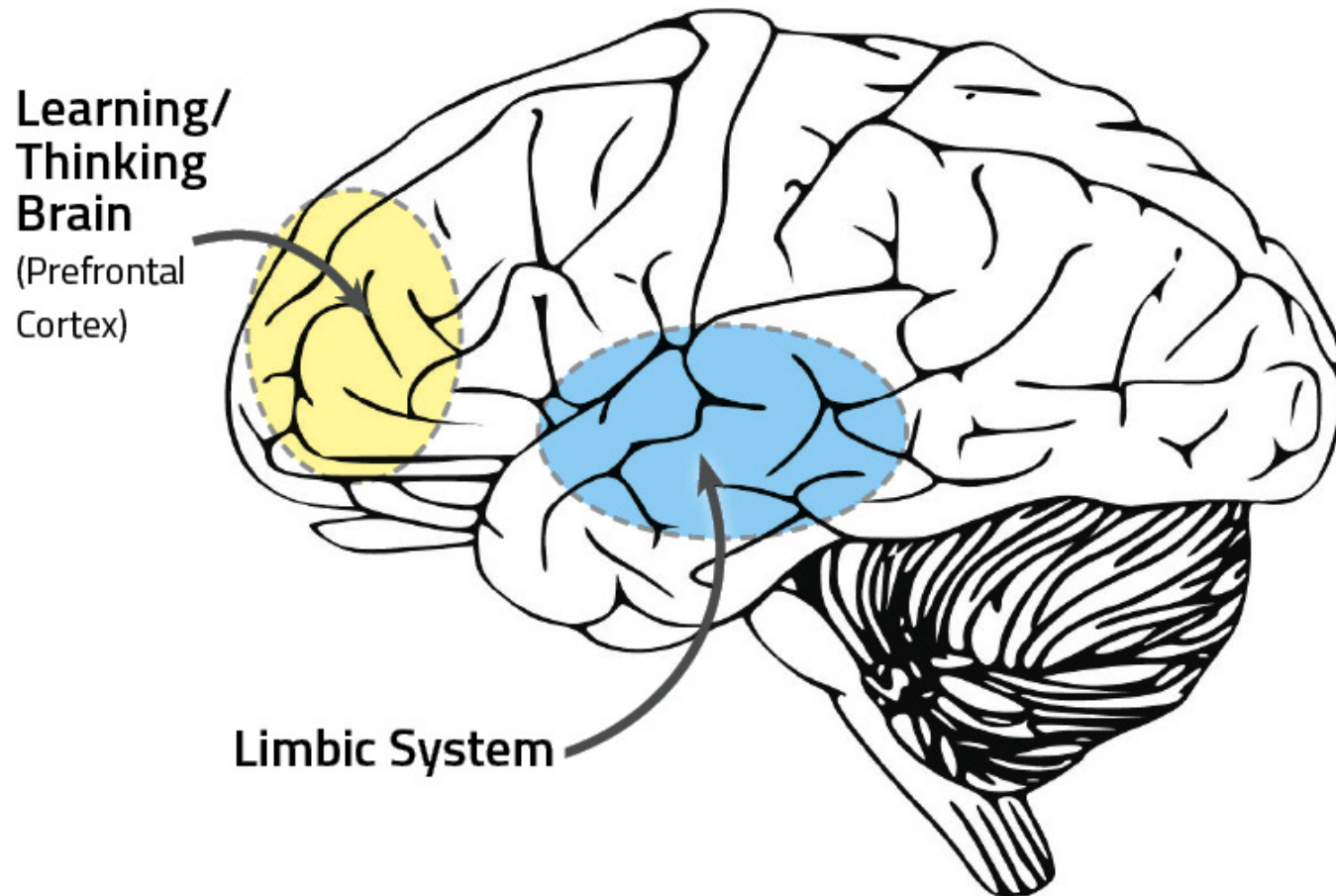
# Neurobiology of Trauma





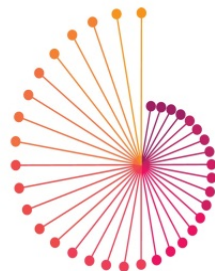
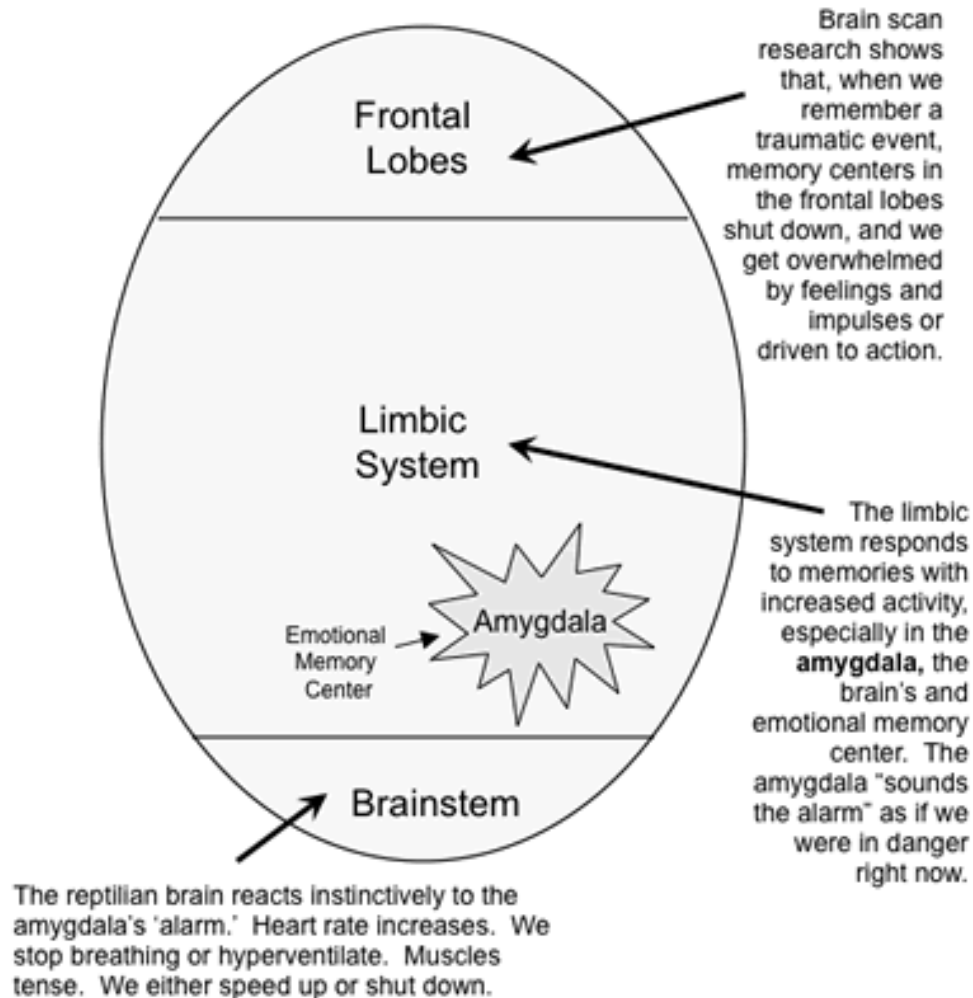
# Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline  
Limbic system / mind and lower brain functions take over



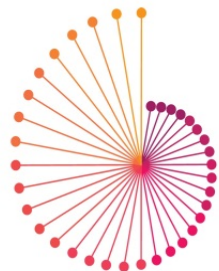
# We remember trauma less in words and more with our feelings and our bodies

[van der Kolk & Fessler, 1995]

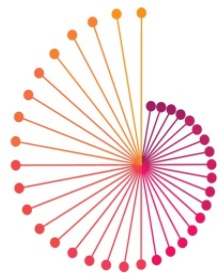
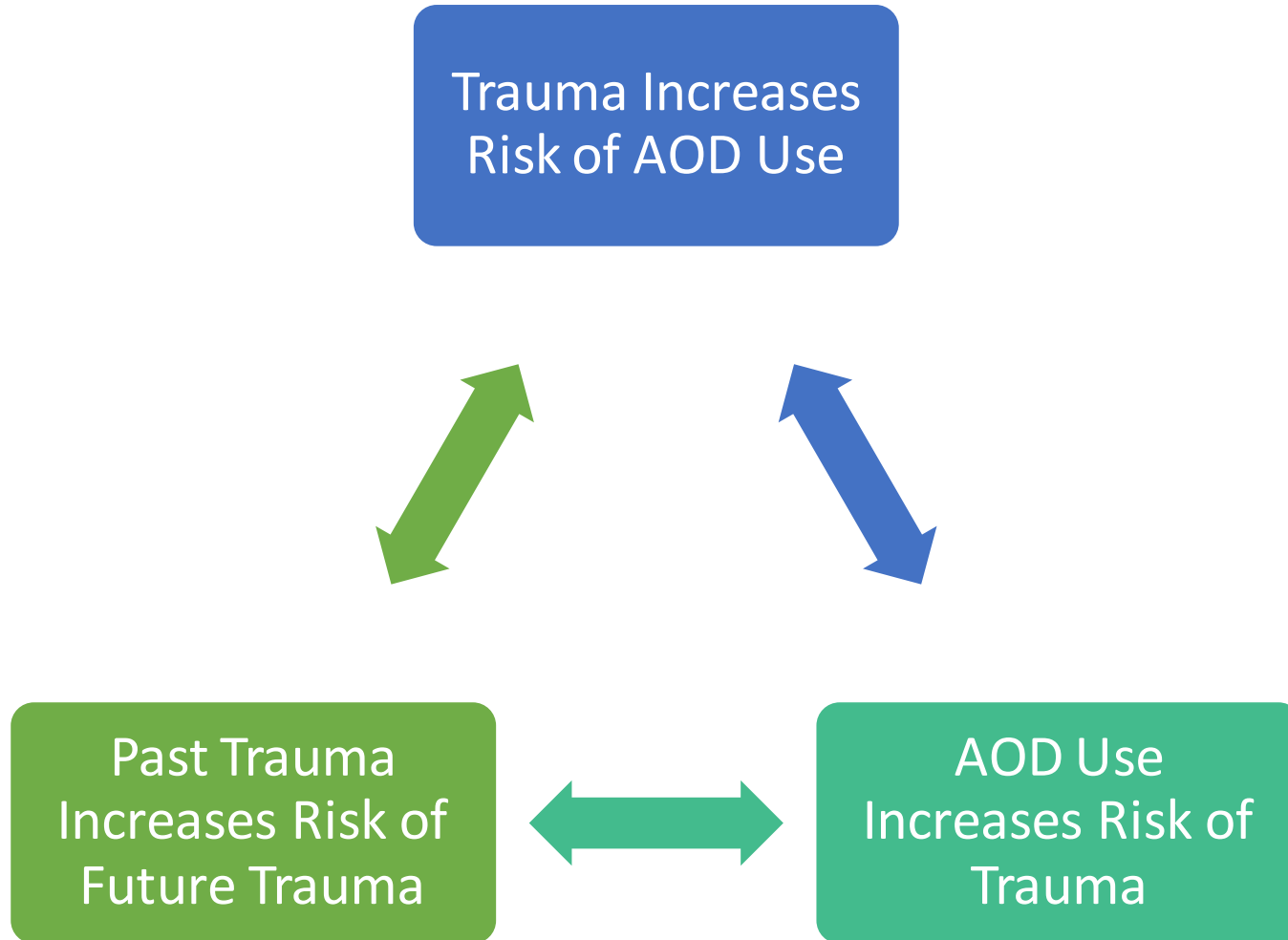


# Why is this Relevant for AOD Services?

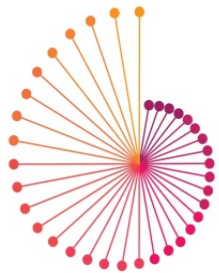
- Around **80% of AOD clients in Australia** report a history of **trauma** (Mills, 2015)
- Substance use can be an (unhelpful) way of coping with trauma symptoms, memories and experiences
- People who use substances are also more likely to be victimised/ experience trauma
- Trauma symptoms may affect AOD treatment & engagement:
  - Flashbacks or dissociation
  - Avoidance
  - Mistrust
  - Hyperarousal / hypervigilance
  - Difficulty with attention/concentration
  - Anger and mood swings
  - Substance use as way of coping



# Relationship between Trauma and AOD



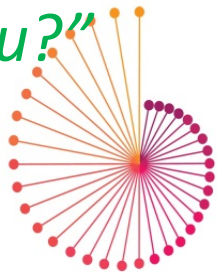
# WHAT IS TRAUMA INFORMED CARE?



# What is 'Trauma Informed Care'?

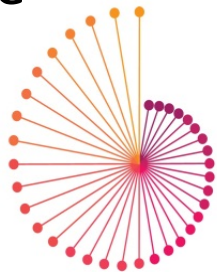
- Recognising that the majority of our clients have current or past experiences of trauma
- Understanding the impact that trauma and complex trauma can have on the brain, health and behaviour (including AOD use)
- Moving to a more responsive, flexible and effective service delivery for people affected by trauma
- Aim to avoid re-traumatising or triggering trauma during service delivery

*"What's wrong with you?" → "What's happened to you?"*



# What is 'Trauma Informed Care'?

- We need to treat all clients as though they have experienced trauma  
(Trauma informed care is great clinical care, even if you haven't experienced trauma!)
- Every person's experience and response to trauma is different
- Health professionals can (and do) inadvertently trigger trauma and worsen a client's mental health during service delivery
- Trauma informed care aims for clinicians and clients of the service to feel safe and empowered



# Trauma Informed Care vs. Trauma Therapy

## Trauma-Informed Care

- An organisation-wide approach to recognising the trauma background of clients
- Avoiding re-traumatisation
- Can be delivered by clinicians and non-clinical staff
- Clients do not have to be ready/able to address trauma itself
- Do not need to know details of the trauma



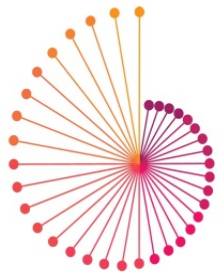
## Trauma-Focussed Therapy

- Specifically targets the treatment and resolution of trauma symptoms through therapy
- May include therapeutic modalities such as EMDR
- Requires specialist clinical training
- Clients must be stable enough to engage in this treatment
- Process the details of the trauma in therapy

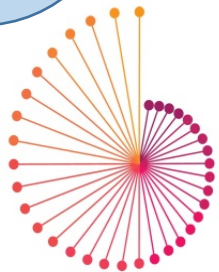


“Trauma-Informed Care is a **strengths-based framework** that is grounded in an understanding of and responsiveness to **the impact of trauma**, that emphasizes physical, psychological, and emotional **safety** for both providers and survivors to rebuild a **sense of control and empowerment.**”

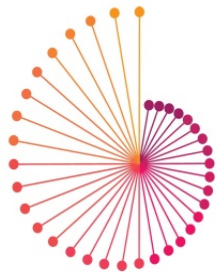
(Hopper et al, 2010)



“Trauma-informed organizations, programs, and services are based on an understanding of the **vulnerabilities or triggers of trauma survivors** that traditional service delivery approaches may exacerbate, so that these **services and programs can be more supportive and avoid re-traumatization.**”  
(SAMHAS)



# PRINCIPLES OF TRAUMA INFORMED CARE

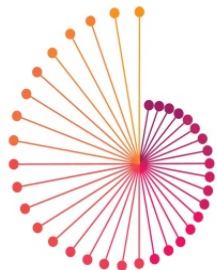


# What Does Trauma Informed Care Involve?

- There is no prescribed set of practices or procedures which make an organisation “trauma informed”
- Helpful to consider five key principles of trauma informed care:
  1. Safety
  2. Trustworthiness
  3. Collaboration
  4. Choice
  5. Empowerment

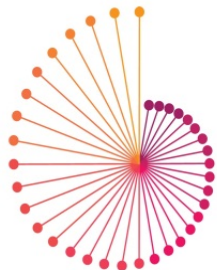
<sup>1</sup> Fallot & Harris, 2009 *Creating Cultures of Trauma-Informed Care (CCTIC): A self-assessment and planning protocol*. Washington, DC: Community Connections.

Blue Knot Foundation (2012). *Practice Guidelines for the Treatment of Complex Trauma and Trauma Informed Care*

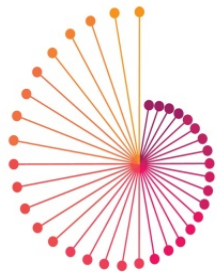


# Core Principles of Trauma Informed Care

1. **Safety** – ensuring the physical and emotional safety of the client through environment, rapport and respect
2. **Trustworthiness** – ensuring that service delivery is transparent, consistent, and has appropriate boundaries so that consumers can trust in the service and clinician
3. **Collaboration** – maximise collaboration and sharing of information and ‘power’ between staff and clients
4. **Choice** – maximising the client’s choice and control over their involvement with the service and its service delivery model
5. **Empowerment** – helping clients to feel empowered and valued through use of a strengths-based model



# WHAT DOES TRAUMA INFORMED CARE 'LOOK LIKE'?



## UNHELPFUL

What is wrong with this person?!



## HELPFUL

What happened to this person?

This person is acting out and is just 'attention seeking'.

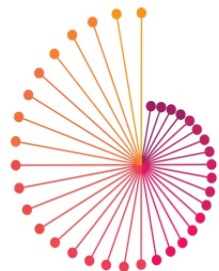


This person could be showing symptoms of trauma.

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.

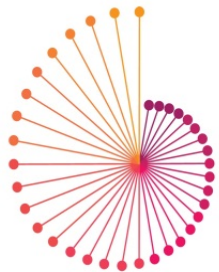


People can recover from even long-ago trauma. Talking about trauma at the person's own pace is a way to heal.



# Safety

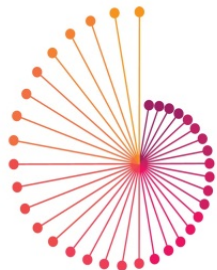
- ☐ The clinic/rooms are **inviting, private and comfortable**
- ☐ **Exits and doors** are visible and clearly sign posted
- ☐ Staff are **responsive, aware, non-judgemental** and **flexible**
- ☐ The service provides **ongoing trauma informed care training** to staff (including **clinicians and admin/reception staff** who interact with clients)
- ☐ Clinicians are supported to access **clinical supervision and debriefing** which includes a focus on trauma
- ☐ The sense of safety for families/children, LGBTIQ, CALD & Aboriginal or Torres Strait Islander clients are considered in the clinic/rooms and waiting room





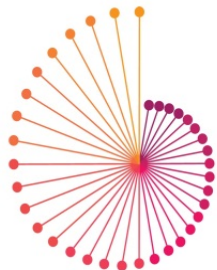
# Trustworthiness

- ☐ Clients provide clear **informed consent** for their treatment and to share information
- ☐ Clinicians and staff set appropriate **professional boundaries** with clients
- ☐ There is a **culture of transparency** between clients and staff (e.g. an open disclosure policy)
- ☐ Staff are **honest with clients** and follow up with what they say they'll do



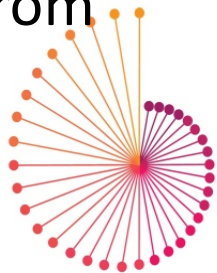
# Choice

- ☐ Clients are not forced or required to give details of their traumatic experiences if they don't want to
- ☐ **Clients are offered choices** wherever possible:
  - ☐ The **sex** of their clinician/worker
  - ☐ **Where they sit** in a consulting room
  - ☐ **What they disclose** about their past/current trauma
  - ☐ Which service/s they access
  - ☐ What level of **lighting** is used in the consulting room
  - ☐ **How they share their story** or work therapeutically (eg. verbally, written, visually)



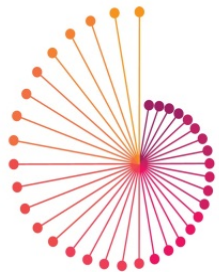
# Collaboration

- ❑ A **consumer advisory group** is actively involved with planning, implementation and evaluation within the service
- ❑ The service supports the notion that the **client is the expert in their own lives**
- ❑ Consumers are involved in the development of **collaborative treatment plans** and **safety plans** which take into account trauma triggers and reactions
- ❑ The client's **dignity of choice** is respected
- ❑ **Consumers are involved** in the service delivery and service development in a meaningful way
- ❑ There is a **Trauma Informed Working Group** & support from senior management

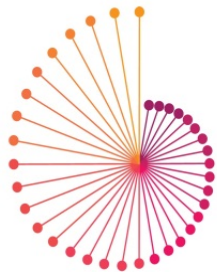


# Empowerment

- ❑ The service uses **strengths based**, rather than deficit focussed, language
- ❑ The service provides the opportunity for clients to express themselves in **non-verbal methods** (eg. art, music, play)
- ❑ Consumers have access to **self-soothing materials** (eg. stress balls) in the clinic spaces
- ❑ The **client is believed** if they disclose a traumatic experience
- ❑ Rules and policies focus on **telling consumers what they *can* do**, instead of what they *cannot* do

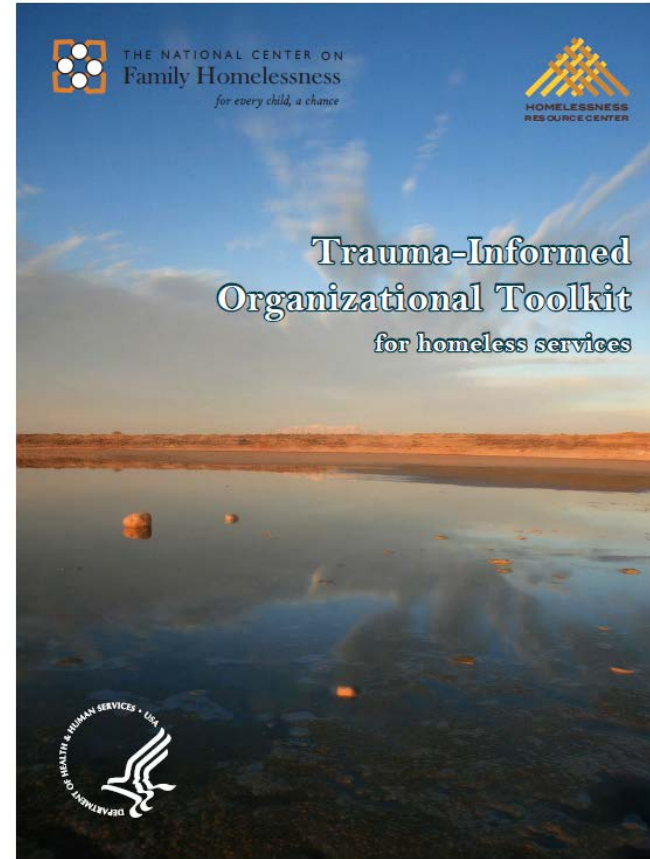


# HOW DO I KNOW IF MY AGENCY IS 'TRAUMA INFORMED'?

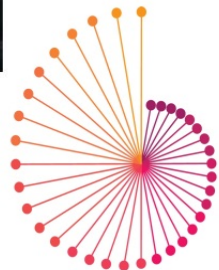


# Is My Service 'Trauma Informed'?

- Reflect on the 5 trauma informed care principles
- Refer to The Blue Knot Foundation *Practice Guidelines for Trauma Informed Care*
- Conduct a trauma-informed care self-assessment with your team or organisation
- Review the results and identify areas for change and improvement



[http://www.air.org/sites/default/files/downloads/report/Trauma-Informed\\_Organizational\\_Toolkit\\_0.pdf](http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf)



# Trauma Informed Care Self-Assessment

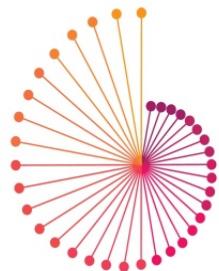
Trauma-Informed Organizational Toolkit

Section I: Trauma-Informed Organizational Self-Assessment

## II. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
1. The program facility has a security system (i.e., alarm system).						
2. Program staff monitors who is coming in and out of the program.						
3. Staff members ask consumers for their definitions of physical safety.						
4. The environment outside the program is well lit.						
5. The common areas within the program are well lit.						
6. Bathrooms are well lit.						
7. Consumers can lock bathroom doors.						
8. Consumers have access to private, locked spaces for their belongings.						

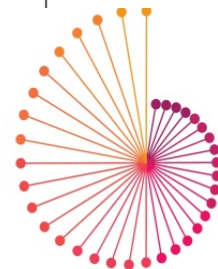
[http://www.air.org/sites/default/files/downloads/report/Trauma-Informed\\_Organizational\\_Toolkit\\_0.pdf](http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf)



# Trauma Informed Care Self-Assessment

B. Staff Supervision, Support and Self-Care	Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
18. Staff members have regular team meetings.						
19. Topics related to trauma are addressed in team meetings.						
20. Topics related to self-care are addressed in team meetings (e.g., vicarious trauma, burn-out, stress-reducing strategies).						
21. Staff members have a regularly scheduled time for individual supervision.						
22. Staff members receive individual supervision from a supervisor who is trained in understanding trauma.						
23. Part of supervision time is used to help staff members understand their own stress reactions.						
24. Part of supervision time is used to help staff members understand how their stress reactions impact their work with consumers.						
25. The program helps staff members debrief after a crisis.						

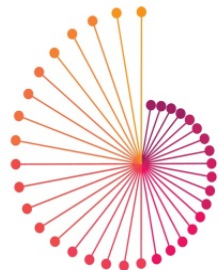
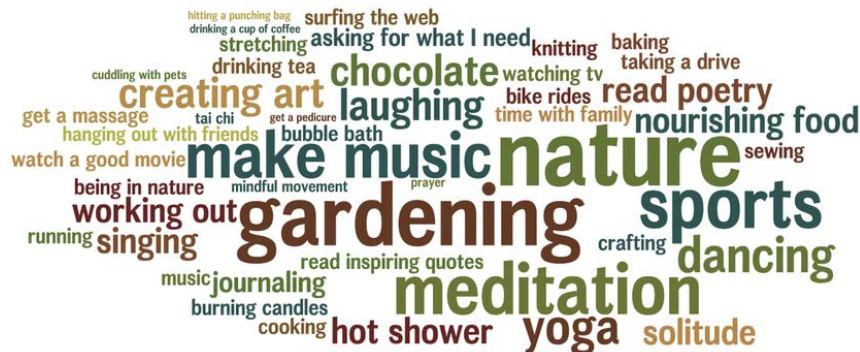
[http://www.air.org/sites/default/files/downloads/report/Trauma-Informed\\_Organizational\\_Toolkit\\_0.pdf](http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf)



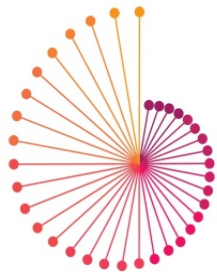


# Trauma Informed Care for Staff

- Need to recognize, acknowledge and respond to vicarious trauma and burnout in staff
- Regular clinical supervision and training provided to all staff
- Using the 'trauma lens' to conceptualise & understand the impact of clients' behaviours and presentations on staff
- 'Advanced self care plans' for staff
- Well-being and self care for staff

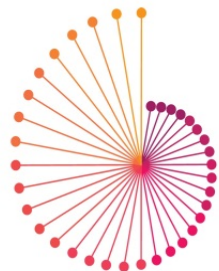


# RESEARCH, THERAPY TOOLS & FURTHER TRAINING



# Trauma Informed Safety Plans

- Consumers are involved in the development of their own safety plans, and **choose** who they are shared with  
*“Let’s make a plan together about keeping you safe and looking after yourself”*
- Safety plans are **strengths based** and **empowering** for the client  
*“What are some of your personal strengths or skills that help you cope when things are tough?”*
- Includes **self-soothing strategies** which the client can choose from/identify (acknowledge what is working already)  
*“What do you find helpful when you’re upset? What helps you get out of ‘survival mode’”*
- Considers a range of triggers & coping strategies across different sensory domains (sight/touch/taste/smell/sound)

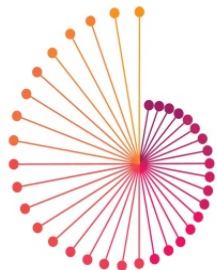


# Trauma Informed Safety Plan

## Things that help me to calm down and feel safe when I'm upset...

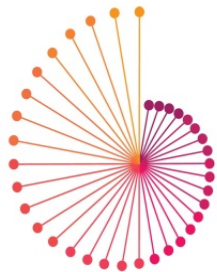
### Touch

- |                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Stress ball                | <input type="checkbox"/> Plasticine or clay         |
| <input type="checkbox"/> Holding ice cubes          | <input type="checkbox"/> Heat pack/hot water bottle |
| <input type="checkbox"/> Drawing/painting           | <input type="checkbox"/> Warm bath or shower        |
| <input type="checkbox"/> Holding a soft toy/blanket | <input type="checkbox"/> Head or hand massage       |
| <input type="checkbox"/> Being wrapped in a blanket | <input type="checkbox"/> A hug                      |
| <input type="checkbox"/> Holding something heavy    | <input type="checkbox"/> Cold bath or shower        |
| <input type="checkbox"/> Other (please describe)    |                                                     |



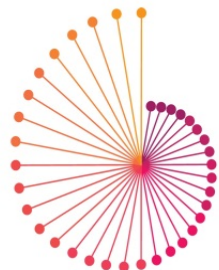
## Things that upset me...

- |                          |                           |                          |                                 |
|--------------------------|---------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Being touched             | <input type="checkbox"/> | Feeling tired                   |
| <input type="checkbox"/> | Darkness                  | <input type="checkbox"/> | Being hungry                    |
| <input type="checkbox"/> | Bright lights             | <input type="checkbox"/> | Certain smells (_____)          |
| <input type="checkbox"/> | Too many people           | <input type="checkbox"/> | Certain sounds (_____)          |
| <input type="checkbox"/> | Being on my own           | <input type="checkbox"/> | Not being listened to           |
| <input type="checkbox"/> | Loud noises               | <input type="checkbox"/> | Being forced to talk            |
| <input type="checkbox"/> | Silence                   | <input type="checkbox"/> | Small rooms or spaces           |
| <input type="checkbox"/> | Bedroom door open         | <input type="checkbox"/> | Large rooms or open space       |
| <input type="checkbox"/> | Bedroom door closed       | <input type="checkbox"/> | Being around men                |
| <input type="checkbox"/> | Yelling                   | <input type="checkbox"/> | Being around women              |
| <input type="checkbox"/> | Yelling                   | <input type="checkbox"/> | Being around children or babies |
| <input type="checkbox"/> | Time of year (_____)      | <input type="checkbox"/> | Seeing others angry/upset       |
| <input type="checkbox"/> | Time of day (_____)       | <input type="checkbox"/> | Anniversaries (_____)           |
| <input type="checkbox"/> | Having arguments          | <input type="checkbox"/> | Not having visitors             |
| <input type="checkbox"/> | Other (please list below) |                          |                                 |



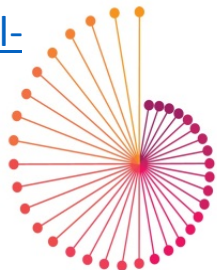
# Therapy Tools & Resources for Trauma & Trauma Informed Care

- **Psychoeducation ‘flip chart’: Neurobiology of Trauma (Janina Fisher)**
  - <http://www.openleaves.com.au/products/Psychoeducational-Aids-for-Working-with-Psychological-Trauma-%252d-FLIP-CHART.html>
- **‘Choosing Strengths’ Cards**
  - <http://innovativeresources.org/resources/card-sets/choosing-strengths/>
- **‘Picture This’ Cards**
  - <http://innovativeresources.org/resources/card-sets/picture-this/>
- **‘Shadows and Deeper Shadows’ Cards**
  - <http://innovativeresources.org/resources/card-sets/shadows-and-deeper-shadows/>
- **‘Safe Coping Skills’ Cards (Seeking Safety Program)**
  - [http://www.treatment-innovations.org/store/c6/Client\\_items.html](http://www.treatment-innovations.org/store/c6/Client_items.html)
- **Art therapy tools:** mindfulness colouring books, plasticine, paint, clay
- **Stress balls & ‘fidget toys’**
- **Sensory items** (different smells or textures, rocking chairs, etc)
- **Soft toys or weighted blankets/toys**



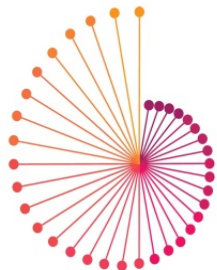
# Trauma Informed Care Guidelines

- **The Blue Knot Foundation – Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care**
  - <http://www.blueknot.org.au/ABOUT-US/Our-Documents/Practice-Guidelines>
- **Bouverie Centre – Guidelines for Trauma Informed Family Sensitive Practice**
  - [http://www.bouverie.org.au/images/uploads/Bouverie\\_Centre\\_Guidelines\\_for\\_trauma-informed\\_family\\_sensitive\\_practice\\_in\\_adult\\_health\\_services.pdf](http://www.bouverie.org.au/images/uploads/Bouverie_Centre_Guidelines_for_trauma-informed_family_sensitive_practice_in_adult_health_services.pdf)
- **Trauma Informed Organisational Toolkit (American Institute of Research)**
  - <http://www.air.org/resource/trauma-informed-organizational-toolkit>
  - <http://www.air.org/resource/trauma-informed-organizational-capacity-scale>
- **Dept of Health & Humans Services (VIC) – Trauma Informed Care**
  - <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/trauma-informed-care>
- **SAMHSA (Substance Abuse & Mental Health Services Administration)**
  - <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>



# The Blue Knot Foundation

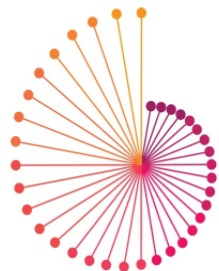
- **Trauma training and workshops**
  - <http://www.blueknot.org.au/Training-Services>
- **Resources and fact sheets on trauma informed care**
  - Health professionals, managers, GPs, family & friends
  - <http://www.blueknot.org.au/Resources/Fact-Sheets>
- ***Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service***
  - <http://www.blueknot.org.au/ABOUT-US/Our-Documents/Practice-Guidelines>





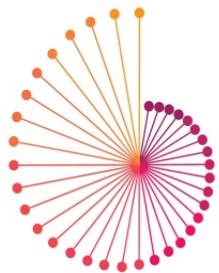
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- **Creating Cultures of Trauma-Informed Care (CCTIC) (2009).** *A self-assessment and planning protocol.* Falloot & Harris, Washington, DC: Community Connections.
- **Trauma-Informed Organisational Toolkit (2009)** Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. Rockville, Centre for Mental Health Services, SAMHSA, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.
- **Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance Use Disorder and PTSD** (2013). Najavits and Hien. [http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2013\\_compr\\_lit\\_rev\\_ptsd\\_sud\\_final\\_version.pdf](http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2013_compr_lit_rev_ptsd_sud_final_version.pdf)
- **Effectiveness of Seeking Safety for Co-Occurring Posttraumatic Stress Disorder and Substance Use** (Lenz, Henesy & Callender). [http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2016\\_lenz\\_et\\_al\\_meta-analysis\\_of\\_ss.pdf](http://www.treatment-innovations.org/uploads/2/5/5/5/25555853/2016_lenz_et_al_meta-analysis_of_ss.pdf)



# Discussion & Questions

- How trauma-informed is your practice?
- How trauma-informed is your AOD service?
- How trauma-informed is your broader organisation?
- How trauma-informed is the intake and assessment process?
- How trauma-informed is the AOD sector?
- What are the barriers to implementing trauma informed care in AOD services?
- How can you practice more trauma informed care?



# Questions & Contact

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