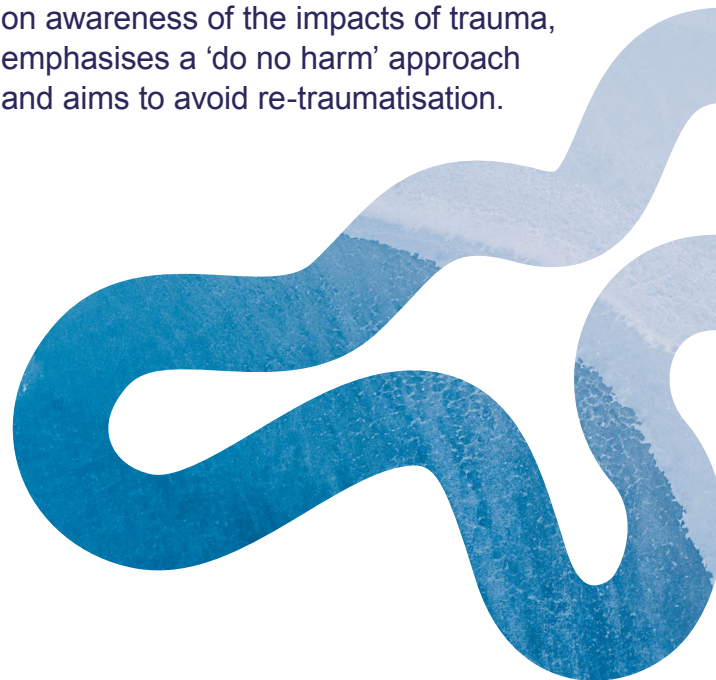


Having Conversations About Trauma – Services

Blue Knot Foundation fact sheet about how to have safe conversations about trauma for service providers

- Trauma occurs when the experience or perception of extreme threat overwhelms our capacity to cope.
- Trauma activates the physiological ‘survival’ responses of ‘fight’ / ‘flight’ and / or ‘freeze’ over which we have no conscious control.
- Agitation (hyperarousal) and ‘spacing out’ (hypoarousal) are both trauma responses.
- Dissociative responses (‘spacing out’; ‘shutting down’) are common in children as children can rarely ‘fight’ or ‘flee’.
- Trauma responses are innate and ‘cannot be helped’. People who struggle with the impacts of trauma are not ‘weak’: trauma is not about ‘will power’.
- While people can and do recover from trauma, they can’t simply ‘move on’ and ‘focus on the positive’. These suggestions are usually unhelpful.
- People who have not recovered from (‘resolved’) their trauma can be ‘easily’ triggered’. This is challenging both for the person affected and for those around them.
- All services need to respond to clients with an understanding of the nature of trauma and its impacts.
- Trauma-informed practice applies across the full spectrum of service-delivery. See the Blue Knot Guidelines at <https://professionals.blueknot.org.au/resources/publications/practice-guidelines/>
- Trauma-informed practice recognises that many problems, disorders and conditions are trauma-related. It rests on awareness of the impacts of trauma, emphasises a ‘do no harm’ approach and aims to avoid re-traumatisation.



- The key principles of trauma-informed practice are safety, trustworthiness, choice, collaboration and empowerment; they should be embedded in all activities at all levels of service-delivery (Fallot & Harris, 2009; Jennings, 2004).
- Trauma-informed practice helps us engage in positive interactions; research establishes that positive interactions promote recovery.
- Positive experiences of relationships foster general well-being, including with all sorts of service providers.
- Trauma-informed practice benefits clients, staff and organisations.
- Trauma 'survival' responses map to distinct regions of the brain. Basic knowledge of the brain helps us understand the effects of trauma; this can increase empathy and self-compassion.
- Trauma can be either 'single incident' (PTSD) or 'complex' (cumulative, underlying and often interpersonally generated) trauma. Complex trauma is more prevalent, and more extensive in its effects (Courtois & Ford, 2009; van der Kolk, 2009).
- Childhood trauma in all its forms is complex trauma. It can also occur without abuse (e.g. when care-givers have their own unresolved trauma).
- Children adopt coping strategies to deal with early overwhelming experiences. They are initially self-protective but they lose their protective function over time and actively erode health in adulthood if the trauma is not resolved (ACE Study, 1999, 2010).
- Understanding the 'challenging' coping strategies and behaviours developed originally to protect the child can help increase empathy.
- It is possible for trauma, including the effects of childhood trauma in adults, to be resolved. When adults heal from early life trauma, it has positive effects on their children and prevents trauma being transmitted to the next generation (Siegel, 2003).
- Your own awareness, conduct and self-care affect your interactions with clients. Your well-being is important for you to deliver services which are trauma-informed (Jennings, 2004; Fallot & Harris, 2009).



- Mutually rewarding, safe courteous and respectful interactions enhance staff well-being and assist trauma recovery.
- Staff well-being, to which organisational, team and individual elements contribute, fosters empathy, makes destabilising interactions and clients less likely, and reduces the risk of vicarious trauma.
- Trauma-informed practice focuses not only on what the service offers, but on the way in which it is provided.
- Remember that a trauma-informed approach tries to 'do no harm'. Be sensitive to possible triggers your client may have and attune to how you offer support to them and not just what the support is.
- Ensure that the context for your conversation is as soothing and reassuring as it can be.
- Be aware that a client who seems unengaged and unresponsive (hypoaroused) may be as overwhelmed as a client who is insistent and argumentative (hyperaroused). Don't continue to engage in either instance as doing so can re-traumatise the person.

How should service providers relate to a service user they know of suspect has a lived experience of trauma?

- A trauma-informed approach makes speaking and interacting with clients impacted by unresolved trauma easier and safer.
- If you have any concerns, gently ask the person if they are 'okay'. Having a conversation rather than being intrusive helps people affected by trauma to engage around it.
- Asking if a client is 'okay; can seem challenging if you are concerned that the person will be triggered or upset. See our 'What if?' section in 'Talking about Trauma: Guide to Conversations and Screening of Health and Other Service Providers'. <https://professionals.blueknot.org.au/resources/publications/talking-about-trauma-series/>
- Attune to the non-verbal elements of communication e.g. body posture and facial expressions as well as to speech.
- If the person is very distressed, try to calmly withdraw from your conversation. Only try to re-engage when they are calmer and more able to 'hear'. Use our: 'Tips to reduce distress' in Talking about Trauma: Guide to conversations and Screening for health and Other Service Providers'. <https://professionals.blueknot.org.au/resources/publications/talking-about-trauma-series/>
- All service providers, staff and service settings need to be trauma-informed.
- Attend to your own self-care at all times. The Blue Knot Helpline and Redress Support Service provides support to callers including service providers as needed. It operates 9.00-5.00 seven days AEST (i.e including weekends) on 1300 657 380.

To read the full paper Talking about Trauma; Guide to Conversations and Screening for Health and Other Service Providers' <https://professionals.blueknot.org.au/resources/publications/talking-about-trauma-series/>