



Family &
Community
Services

**New England Case Management
and
Behaviour Support Conference
20th and 21st September 2016**

Taking Time : A Trauma Informed Framework for Supporting People with Intellectual Disability



Project Partners



Family &
Community
Services



Project Team

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Project Aims

- Reduce trauma and re-traumatisation; and facilitate healing from past trauma
- Strengthen reflection on practice and self-care approaches
- Improve capacity of the broader system to provide appropriate supports
- Enhance quality of life
- Facilitate an inclusive, compassionate & responsive society



Project Components

1. Taking Time - A **Literature Review**: Background for a Trauma-Informed Practice Framework for Supporting People with Intellectual Disability
2. Taking Time : A Trauma Informed **Framework** for Supporting People with Intellectual Disability
3. Taking Time **Implementation Plan**

Project Consultation

- **Staff** from ADHC and Non-Government sector
- **Governance Group**
 - ADHC Central Office, DEC, NSW Health Diagnostic Assessment Service, NSW Community Services, NSW Corrections, Mental Health Coordinating Council and NSW Council for Intellectual Disability
- **Consultation Group**
 - ADHC, Health, DEC, non-government and private agencies
- **People with intellectual disability** and their families/carers

Why a disability-specific Framework?

- Trauma experience is not always considered
- Increased risk of exposure to traumatic experiences
- Particular factors to consider
- Existing frameworks don't reflect the disability context
- Highlight the importance of trauma informed support for people with intellectual disability and guide practice.

What is Trauma?

- Involves experiences that are life threatening and/or have the potential to cause serious injury, e.g. natural disasters, car accidents, house fires.
- A persons capacity to cope with the threat is overwhelmed
- Often a single incident, short in duration involving a discrete crisis
- Usually have less stigma associated
- Often generate positive community responses

Australian Childhood Foundation, 2010, p. 13

- Produce discrete conditional behavioural and biological responses to reminders of the trauma, i.e. PTSD.



What is Complex Trauma?

- Involves interpersonal threat, violence and violation
- Generally includes multiple incidents and is therefore longer in duration
- Almost always associated with stigma and sense of shame experienced by its victims
- Community responses are often not helpful, further blaming and disempowering the targets of the violence.
- Feelings of disconnection from the support of others.

Australian Childhood Foundation, 2010, p. 13



What is Developmental Trauma?

- Occurs during the child's development
- Impact is fast to manifest and leaves deeper tracks of damage due to:
 - malleability of the developing brain
 - The trauma often being perpetrated by adults who are supposed to protect and not harm
- These experiences of interpersonal violence or neglect undermines the very resource that can help the child recover – their stability and predictability of their connections with others.



What is Vicarious Trauma?

- A transformation in a worker/carer as a result of supporting a person who has been traumatised.
- A cumulative effect that can impact on many aspects of the person's life.
- May consist of short term reactions or long-term effects that continue after the work has finished.
- Effects may parallel those of the trauma survivor.
- Can lead to a diagnosis of PTSD in DSM-5

MHCC, 2013, p.65

What is Trauma-informed Practice (TIP)?

- A program, organisation, or system that:
 - realises the widespread impact of trauma and understands potential paths for recovery;
 - Recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and
 - Responds by fully integrating knowledge about the trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.

(SAMHSA, 2014, p.9)

TIP is not about the treatment of trauma or the symptoms, but rather a recognition that trauma experiences are a possibility for anyone (Kezelman & Stavropoulos, 2012).

Why Trauma-informed Practice?

- Trauma happens
- Trauma can affect the mind and body
- Time will tell
- Counting the cost
- Some people are more at risk than others
- Some organisations are more at risk than others
- We don't always understand

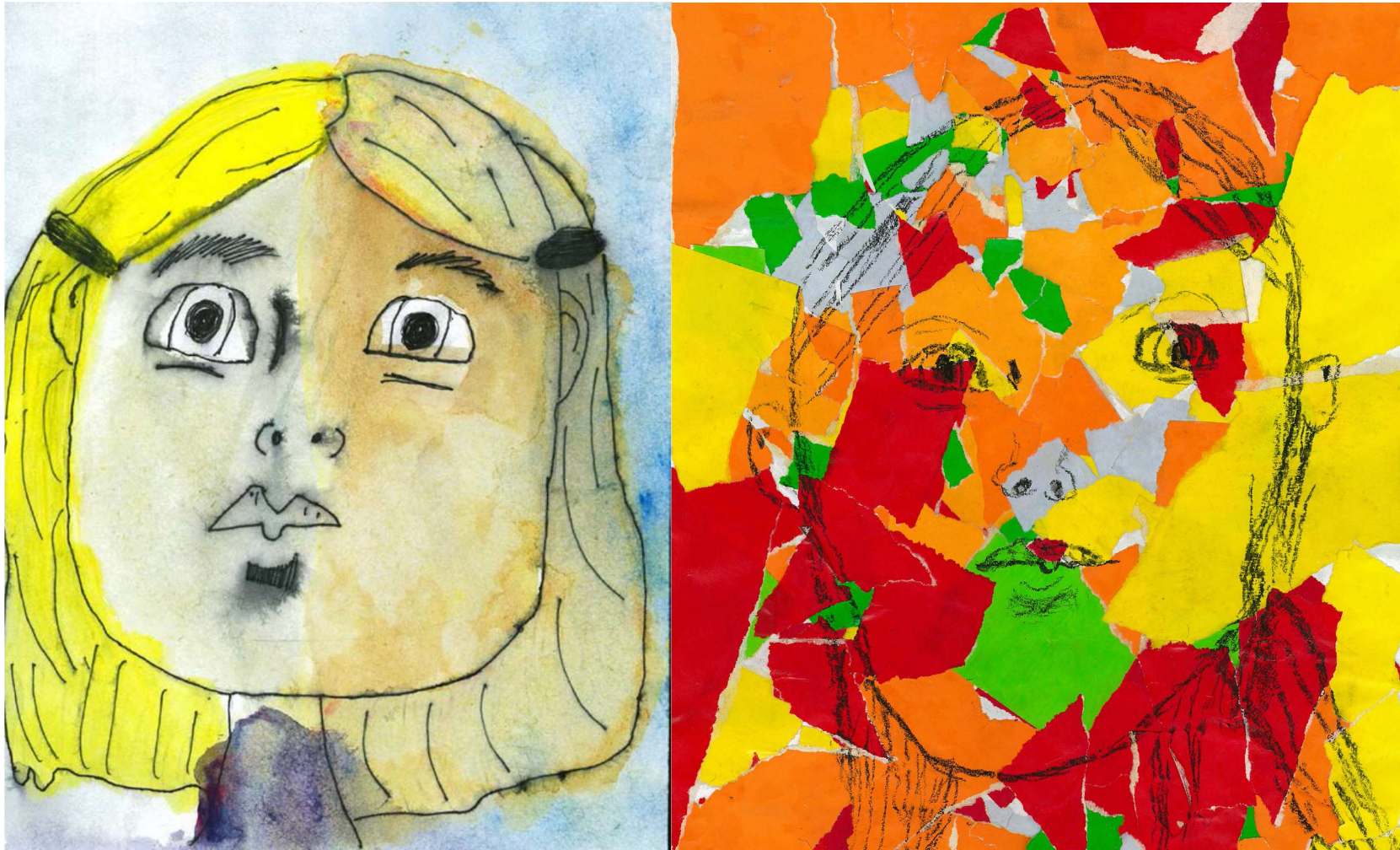
Why Trauma-informed Practice?

- Square peg, round hole
- Never assume
- We can make things better or worse
- Trauma can increase tenfold
- No-one is immune, including us
- Time can heal, although not on its own
- We know more now than we did about how to help

The Intersection of Trauma and Disability



The Intersection of Trauma and Disability



Voices of People with Disability

“Ask me”

“Understand me”

“See me”

“Hear me”

“Stay with me”

“Hug me”

“Talk with me”

“Take time with me”

“Play with me”

“Comfort me”

“Trust me”

“Respect me”

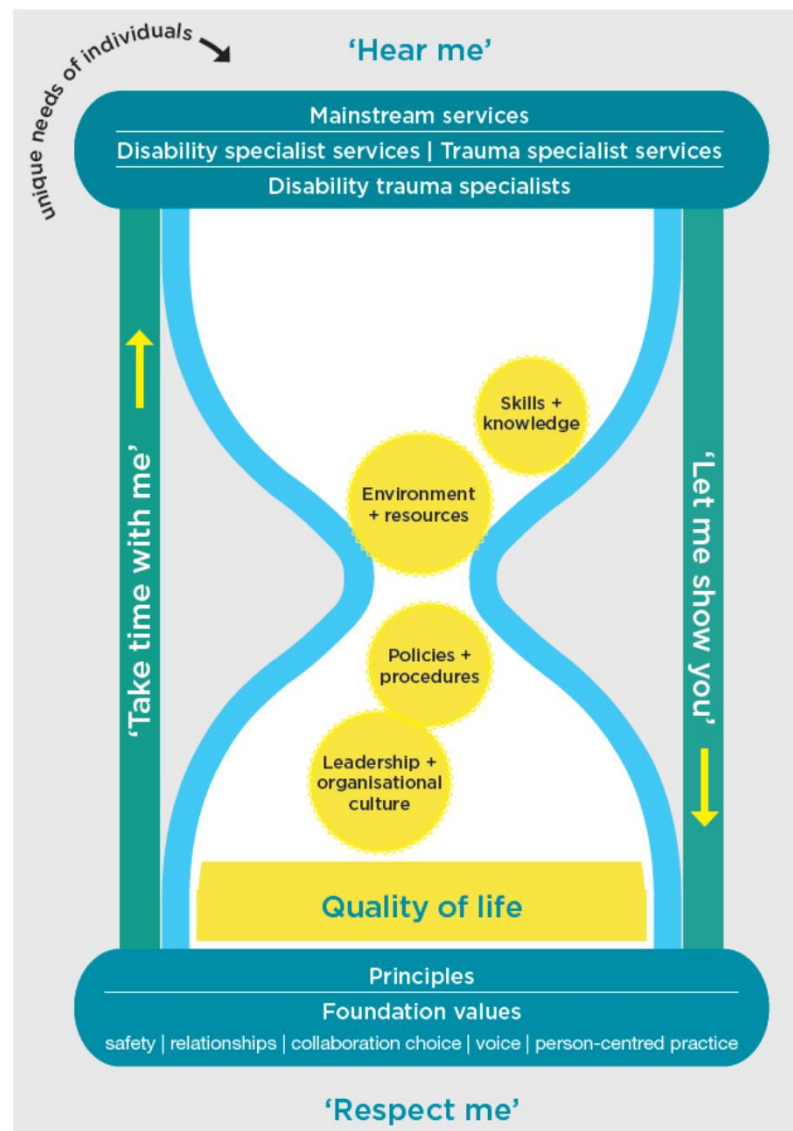
“Don’t hurt me”

“Let me be”

“Let me show you”

“Let me help you”

The Taking Time Framework



What's in the Framework?

- (i) Introduction and Background
- (ii) The Framework
- (iii) What Informed this Framework?
- (iv) The Framework in Action
- (v) Appendices - a series of organisational and practice tools

Key Elements

- Foundational Values
- Guiding Principles
- Knowledge & Skills
- Environment & Resources
- Policies & Procedures
- Leadership & Organisational Culture

Trauma-Informed Practice: Foundational Values

- **Safety:** Ensuring physical and emotional safety
- **Relationships - Trustworthiness:** Maximising trustworthiness through relationships, task clarity, consistency and interpersonal boundaries
- **Collaboration:** Maximising collaboration and sharing power
- **Choice:** Maximising choice and control
- **Voice:** Prioritising the person's voice being heard and heeded.
- **Person-centred practice:** "Quality of Life Domains"

Important considerations for Trauma-informed Practice

- Knowledge
- The importance of language
- Environment and resources
- Policies and procedures

Important considerations for Trauma-informed Practice

- Leadership and organisational culture
- Different levels: service and systems
- Development of specific tools to support reflection on TIP and to implement processes for assessing TIP and working towards it's implementation

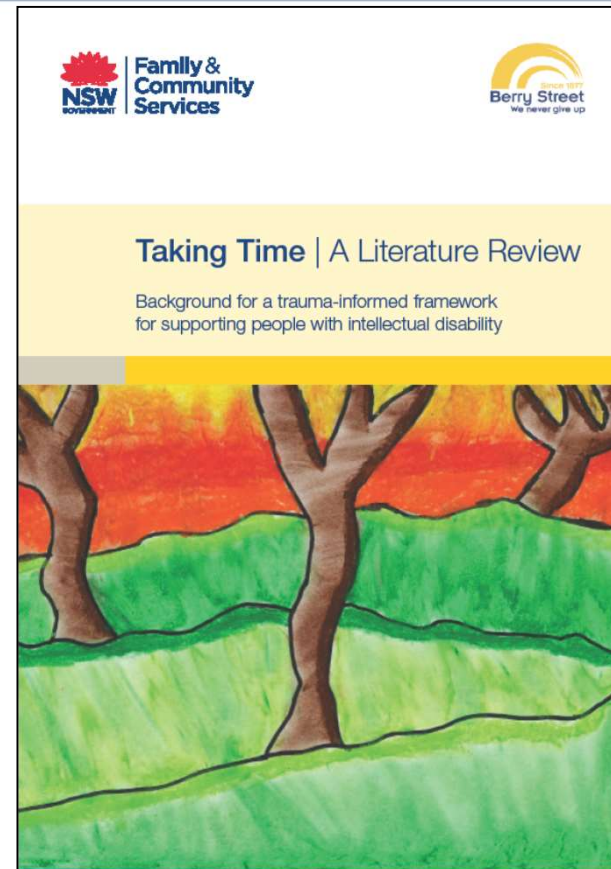
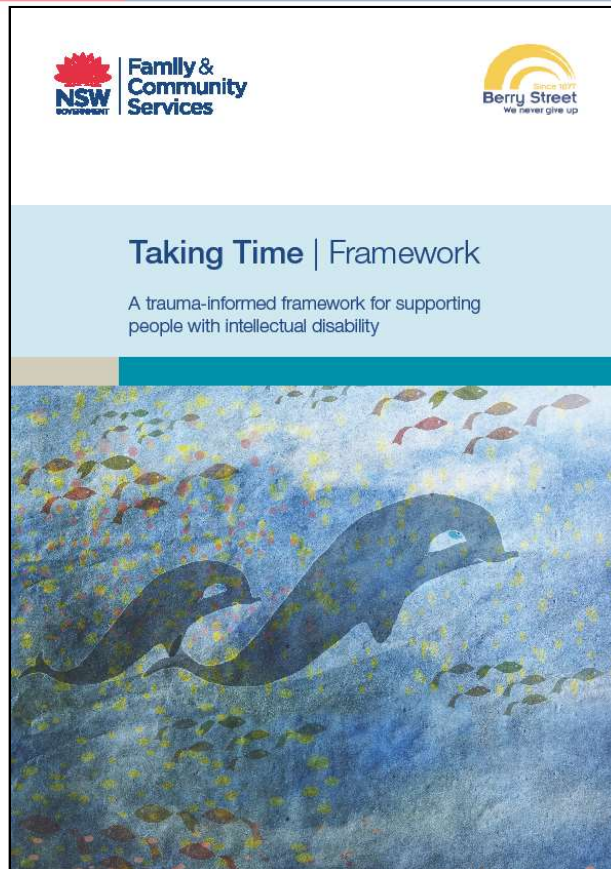
Principles

Taking Time to understand and embrace each person's **goals and aspirations**, their **unique strengths and support needs** including communication, problem-solving and other cognitive processes.

Principles

Understanding and recognising trauma and its impacts including the potential relationship between trauma and behavioural difficulties that may be experienced by the person in their efforts to survive and adapt

Taking Time Framework Resources!



http://www.adhc.nsw.gov.au/sp/delivering_disability_services/behaviour_support_services

References

Australian Childhood Foundation (2010). *Making space for learning: trauma informed practice in schools*. Australian Childhood Foundation, Victoria. (www.childhood.org.au)

Kezelman, C. & Stavropoulos, P. (2012). *The last frontier: Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*. Kirribilli, Australia: Adults Surviving Child Abuse. Retrieved from http://www.recoveryonpurpose.com/upload/ASCA_Practice%20Guidelines%20for%20the%20Treatment%20of%20Complex%20Trauma.pdf

Mental Health Coordination Council (MHCC) (2013). *Trauma-informed care and practice: Towards a cultural shift in policy reform across mental health and human services in Australia, a national strategic direction, position paper and recommendations of the National Trauma-Informed Care and Practice Advisory Working Group*. Retrieved from http://www.mhcc.org.au/media/32045/ticp_awg_position_paper_v_44_final_07_11_13.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Van Der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35, 5, 401-409.

YouTube (2011). "3. Toxic Stress Derails Healthy Development", Center on the Developing Child at Harvard University. Retrieved from <https://youtu.be/rVwFkcOZHJw>



THANK YOU!