

What is trauma and trauma-informed practice?

Firstly, what is trauma?

Trauma used to be thought of as something that happens to us (an event). We now know that trauma is the impact those events have on the brains and bodies of people. Neuroscience has

SAMHSA offers an internationally recognised definition of trauma which is:

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Secondary and vicarious trauma

People can experience the symptoms of trauma when working with those who have experienced trauma. This may be through hearing stories or reading case files. It can also happen when caring for or parenting (includes corporate parenting) those who have experienced trauma.

Organisational, institutional & system trauma

Institutional trauma and institutional betrayal refer to the trauma and abuse that can occur within an institution, such as abuse within residential homes, within schools, within nursery homes, within prisons and so on. This includes failure to prevent, acknowledge or respond supportively to these abuses. It comes with a huge host of additional considerations, such as the violations of expectations, of safety, of trust and of protection, as well as a huge connection to the abuse of power and authority.

System trauma generally refers to the trauma that can be created and reinforced by the systems themselves, for example a child who has multiple foster care moves, or a court system which is trauma-inducing, or re-traumatising experiences such as seclusion or the use of restraint or institutional racism.

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Preventing Secondary Traumatic Stress in Staff

Working with children who have experienced trauma puts both clinical and non-clinical staff at risk of secondary traumatic stress. Defined as the "emotional duress that results when an individual hears about the firsthand trauma experiences of another," secondary traumatic stress can lead to chronic fatigue, disturbing thoughts, poor concentration, emotional detachment and exhaustion, avoidance, absenteeism, and physical illness. Clinicians and other front-line staff experiencing these symptoms may struggle to provide high-quality care to children and may experience burnout, leading to staff turnover — which can create a negative feedback loop that intensifies similar feelings in remaining employees.

Many in the "helping professions" may have their own personal trauma histories, which may be exacerbated by working with others who have experienced trauma. Non-clinical staff may also have trauma histories, which can especially be true when the care facility is located in a community that experiences high rates of adversity and trauma (e.g., poverty, violence, discrimination) because non-clinical staff often live in the neighbourhood.

Preventing secondary traumatic stress can increase staff morale, allow staff to function optimally, and reduce the expense of frequently hiring and training new employees. Strategies to prevent secondary traumatic stress in staff include: v

- Providing trainings that raise awareness of secondary traumatic stress;
- Offering opportunities for staff to explore their own trauma histories;
- Supporting reflective supervision, where supervisor and staff meet regularly to address feelings regarding child interactions;
- Encouraging and incentivising physical activity, yoga, and meditation; and
- Allowing “mental health days” for staff.

<https://traumatransformed.org/documents/TIS-Ingredients.pdf>

What is Supervision and why do we do it?

| | Focus of Activity | Type of Activity |
|----|---|--------------------------------------|
| 1 | To provide a regular space for the supervisees to reflect upon the content and process of their work | Developmental |
| 2 | To develop understanding and skills within the work | Developmental |
| 3 | To receive information and another perspective concerning one's work | Developmental/Supportive |
| 4 | To receive both content and process feedback | Developmental/Supportive |
| 5 | To be validated and supported both as a person and as a worker | Supportive |
| 6 | To ensure that as a person and as a worker one is not left to carry unnecessarily difficulties, problems and projections alone | Supportive |
| 7 | To have space to explore and express personal distress, disquiet, transference or counter-transference that may be brought up by the work | Performance/Supportive |
| 8 | To plan and utilise their personal and professional resources better | Performance/Developmental/Supportive |
| 9 | To be pro-active rather than re-active | Performance/Developmental |
| 10 | To ensure quality of work | Performance |