Trauma-informed social work: Practice and research opportunities

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Associate Professor Lou Harms
Department of Social Work, The University of Melbourne
louisekh@unimelb.edu.au
Last year

• What informs ‘trauma-informed’ care?
  – Psychodynamic, PTSD, neurobiological, narrative and BTT approaches

• The theoretical diversity – and the questions that arise within each theoretical approach
This year

• Theorising trauma-informed care – from social work perspectives

• Researching trauma-informed care – an imperative for social workers
‘Trauma-informed’ + ‘social work’

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<th>Database</th>
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Theorising trauma-informed social work practice
'It is not the situation but how that situation is experienced that induces trauma'

(Steele & Kuban, 2011)
Trauma-informed care

• ‘Trauma informed care should be distinguished from trauma-specific treatment. The latter involves specialized treatments that some individuals also may need, to address complex trauma-related consequences. Trauma informed care, in contrast, is not highly specialized and can be provided in multiple settings by committed professionals who understand trauma without the expertise to offer trauma-specific treatment, which can be offered as needed by designated staff or through referral’. (Hodas 2006 p. 6)
Trauma-informed care

‘Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors and that creates opportunities for survivors to rebuild a sense of control and empowerment’ (Hopper et al., 2010, p. 82)
Essential Elements of a Trauma-Informed Child Welfare System
(Wilson in Pence, 2011)

1. Maximize the child’s sense of safety (with a special attention on the role of trauma triggers or reminders).

2. Conduct a comprehensive assessment of the child’s trauma experiences and the impact on the child’s development and behaviour to guide services when appropriate.

3. Assist children in reducing overwhelming emotion.

4. Address any impact of trauma and subsequent changes in the child’s behaviour, development, and relationships.
Essential Elements of a Trauma-Informed Child Welfare System
(Wilson in Pence, 2011)

5. Help children make new meaning of their trauma history and current experiences.
6. Coordinate services with other agencies.
7. How and when to apply the right evidence based treatments.
8. Support and promote positive and stable relationships in the life of the child.
9. Provide support and guidance to child’s family and caregivers.
10. Recognize many of the adults caregivers you interact with are trauma victims as well (recent and childhood trauma).

11. Manage professional and personal stress.
Principles of trauma intervention

**Mass trauma**  
(Norris & Stevens, 2007)

- Safety
- Calmness
- Efficacy
- Hope
- Connectedness

**Trauma-informed care**  
(Fallot, 2006)

- Safety
- Trustworthiness
- Empowerment
- Choice
- Collaboration
Trauma-informed care and human rights

• The ‘intersection of traumatic experience with structural oppression, power differentials and the disproportionate distribution of material and social capital’ (University at Buffalo 2009)
Politicized, trauma-informed intervention
(McKenzie-Mohr, Coates & McLeod 2012)

• ‘When structural causes of social problems are ignored, difficulties are framed solely as private problems that are not inherently political, and fragmented services for individuals, rather than social change efforts, are the result’ (McKenzie-Mohr, Coates & McLeod 2012, p. 139)
Affirmation field of interventions
(McKenzie-Mohr, Coates & McLeod 2012)

**Detachment**

**Strengths**

- **Quadrant IV**
  - Eg ‘Just say no!’
  - ‘You can do it!’

- **Quadrant III**
  - Eg labelling and diagnosis
  - ‘patient/client’ status, youth in passive role

**Empowerment**

- **Quadrant 1**
  - Eg Focus on competencies, both individual and collective.
  - Resilience

- **Quadrant II**
  - Eg Choices in deficit reduction approaches
  - Participation in treatment choices

**Deficits**
# Contextual field of interventions
(McKenzie-Mohr, Coates & McLeod 2012)

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<tr>
<th>Quadrant IV</th>
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<td>Eg. Food banks, shelters for those who are homeless, foster care, charities, prison</td>
<td>Eg. community development, affordable housing policy, recreational opportunities, high quality schools, health services</td>
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<th>Quadrant III</th>
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<td>Eg. crisis work, therapy, medications, symptom containment, case management</td>
<td>Eg. Choices in deficit reduction approaches, participation in treatment choices</td>
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Conservation of Resources and disaster
(Hobfoll 2012)

• ‘individuals strive to obtain, retain, foster, and protect those things they centrally value’

Principle 1: The primacy of resource loss
• “resource loss is disproportionately more salient than resource gain’

Principle 2: Resource investment
• ‘People must invest resources in order to protect against resource loss, recover from losses, and gain resources’
Conservation of Resources
(Hobfoll, Ennis & Kay 2000)

A ‘caravan’ of resource losses and gains
1. Object resources
2. Condition resources
3. Personal resources
4. Energy resources

The notion of ‘caravan passageways’
Developing a social work research strategy
Researching ...

• People and their lived experiences

• Interventions – their complexities and their impact

• The impact of trauma work on social workers
Research tends to be ...

• Qualitative

• Significant for practice

• Individual rather than team based

• Small-scale
How do you get started?

1. Know your motivations
2. Think about your stakeholders
3. Explore funding and resource opportunities
4. Establish your key words and ideas
5. Know your paradigm
6. Form a question
7. Consider your methods
8. Think about ethics
Know your motivations

- What is your agenda?
- What is your motivation?
- What do you want to know?
- What do you want to change?
Think about your stakeholders

• Who must you work with?

• Who could you work with?

• Establishing protocols and participation
Explore your resources

• Your own resources

• Other people

• Grants – ARC, NHMRC, small seeding grants
Establish your key words

- Population?
- Place?
- Phenomenon/phenomena?

- Who, what, where, when, why and how?
Check the literature

• Search by keywords
• Search by authors – find your heroes
• Search by Journals
• Follow their bibliographies
• Read for different things – eg method, findings etc
• Be a critical consumer of research
Consider your methods

- Retrospective or prospective?
- File audit
- Interview
- Survey
- On-line
- Focus group
- Literature review
- Etc ...
Useful web resources

• Australian Child and Adolescent Trauma, Loss and Grief Network (ANU)

• Institute on Trauma and Trauma-Informed Care, School of Social Work, University at Buffalo, The State University of New York

• The National Institute for Trauma and Loss in Children (TLC)
References


