



TRAUMA AND HOMELESSNESS
WORKER GUIDEBOOK

ACKNOWLEDGEMENTS

This guidebook is based on the work of the Trauma and Homelessness Initiative, a collaboration between the Australian Centre for Posttraumatic Mental Health, and four agencies providing services to people who are homeless or who are at risk of homelessness: Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.

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This guidebook draws on the experiences of over 100 people experiencing long-term homelessness. They shared their time and in many cases their most painful and distressing experiences with the researchers in order to contribute to a deeper understanding of how trauma impacts homelessness. The guidebook has also drawn on the practice wisdom and experience of workers from the participating agencies.

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INTRODUCTION

This guidebook has been prepared to support service providers working with people who have experienced trauma and homelessness. It is based on the Trauma and Homelessness Initiative (THI), a program of research conducted by the Australian Centre for Posttraumatic Mental Health in collaboration with four agencies in Melbourne, Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.



The THI is one of the largest Australian studies examining trauma, homelessness and mental health experiences. The THI involved qualitative and quantitative research, and drew upon the experiences of people experiencing homelessness, as well as their workers.

This guidebook is aimed primarily at frontline workers who provide support to people who are homeless or at risk of homelessness, but it has application to a variety of service contexts. It provides practical guidance in providing trauma-informed care.

This book doesn't provide guidance about all aspects of working with complex issues and needs. Whilst trauma-informed practice can guide many aspects of service provision, it is important to retain current and relevant practices relating to specific issues like substance intoxication and withdrawal, management of psychiatric conditions and aggressive behaviour, and how to assist in crises or emergencies.



TRAUMA AND HOMELESSNESS OVERVIEW



TRAUMA IS A RELATIVELY COMMON OCCURRENCE

Up to 57% of Australians face a traumatic event at some time in their life. Traumatic events typically involve a serious threat to life or the physical integrity of a person. Trauma involves experiences like being physically or sexually assaulted, war, torture and natural disaster, or witnessing death or serious injury.

People experiencing homelessness experience much higher rates of trauma than most Australians. The THI researchers investigated both single incident (Type I) and prolonged or repeated (Type II) trauma. The research found that all participants had been exposed to a Type I traumatic event, and over half experienced Type II, or prolonged or repeated trauma. The average number of traumatic experiences reported by participants was 21. Of particular importance, the research found that multiple experiences of Type I trauma led to complex mental health outcomes, similar to those following Type II trauma experiences.

THE EFFECTS OF TRAUMA CAN BE DEVASTATING TO PEOPLE'S LIVES

The THI research found that trauma has significant impacts on mental health. Seventy-three per cent of participants in the research met criteria for posttraumatic stress disorder (PTSD), and 88% met criteria for any current mental health diagnosis. Difficulties like depression, alcohol and substance use problems, and psychotic disorders were all significantly over-represented amongst the research participants when compared to the community. Rates of comorbid mental health problems – where people met criteria for more than one diagnosis – were also very high.



The average
number of
traumatic
experiences...
was **21**

DIAGNOSES DO NOT DESCRIBE THE FULL IMPACT OF TRAUMA

Participants in the THI research described their experiences of complex trauma-related problems such as difficulties regulating their emotions, difficulties maintaining social relationships, taking risks that involved putting themselves in danger, experiencing suicidal ideation, having dissociative experiences (feeling out of touch with reality), and holding negative views of themselves and the world.

This description of the impacts of trauma only tells part of the story – what is missing are the strengths and resources of trauma survivors

Services that work with people experiencing homelessness recognise that comprehensive approaches are required to address complex psychosocial needs. The THI research has identified the impacts of trauma as powerful barriers to recovery, but effective supports and treatments do help people to recover from trauma. Homelessness service providers are in a unique position to support people to develop resilience and psychosocial stability.



UNDERSTANDING THE IMPACT OF TRAUMA



In this section, you will find information about trauma, how it affects people, some of the problems associated with trauma, and how people cope with symptoms and recover. This is important information to convey to the people you work with.

The effects of trauma can vary. There are many different types of traumatic experience, and reactions, responses and coping strategies vary greatly from person to person. It is worth bearing in mind that not all difficult or unpleasant experiences are necessarily traumatic. In speaking with someone about trauma and its effects, it is important not to give people the impression that all difficult experiences lead to being 'traumatised'.

At the same time, it is important to acknowledge that all difficult experiences can impact on mental health and wellbeing.

Understanding the difficult and distressing impacts of trauma is important, but this needs to be balanced with attention to the resources, skills and supports that people draw on to cope. There are some common reactions across different types of traumatic experiences. Being familiar with some of the consequences of trauma can help people increase their awareness of the impacts of trauma, and recognise that their reactions are understandable.

COMMON EFFECTS OF TRAUMA EXPOSURE

- **Reliving the event** – through unwanted and intrusive memories, vivid nightmares and flashbacks, and intense reactions (like feelings and physical sensations) when reminded of the trauma.
- **Feeling wound up and on edge** – having difficulty sleeping or concentrating, feeling angry and irritable, taking risks, being easily startled and constantly on the lookout for danger.
- **Avoiding reminders of the trauma** – like activities, places, people and thoughts that bring back memories of the trauma.
- **Negative feelings and thoughts** – feeling afraid, angry, guilty, ashamed, or flat; loss of interest in day-to-day activities; and feeling isolated and cut off from friends and family.

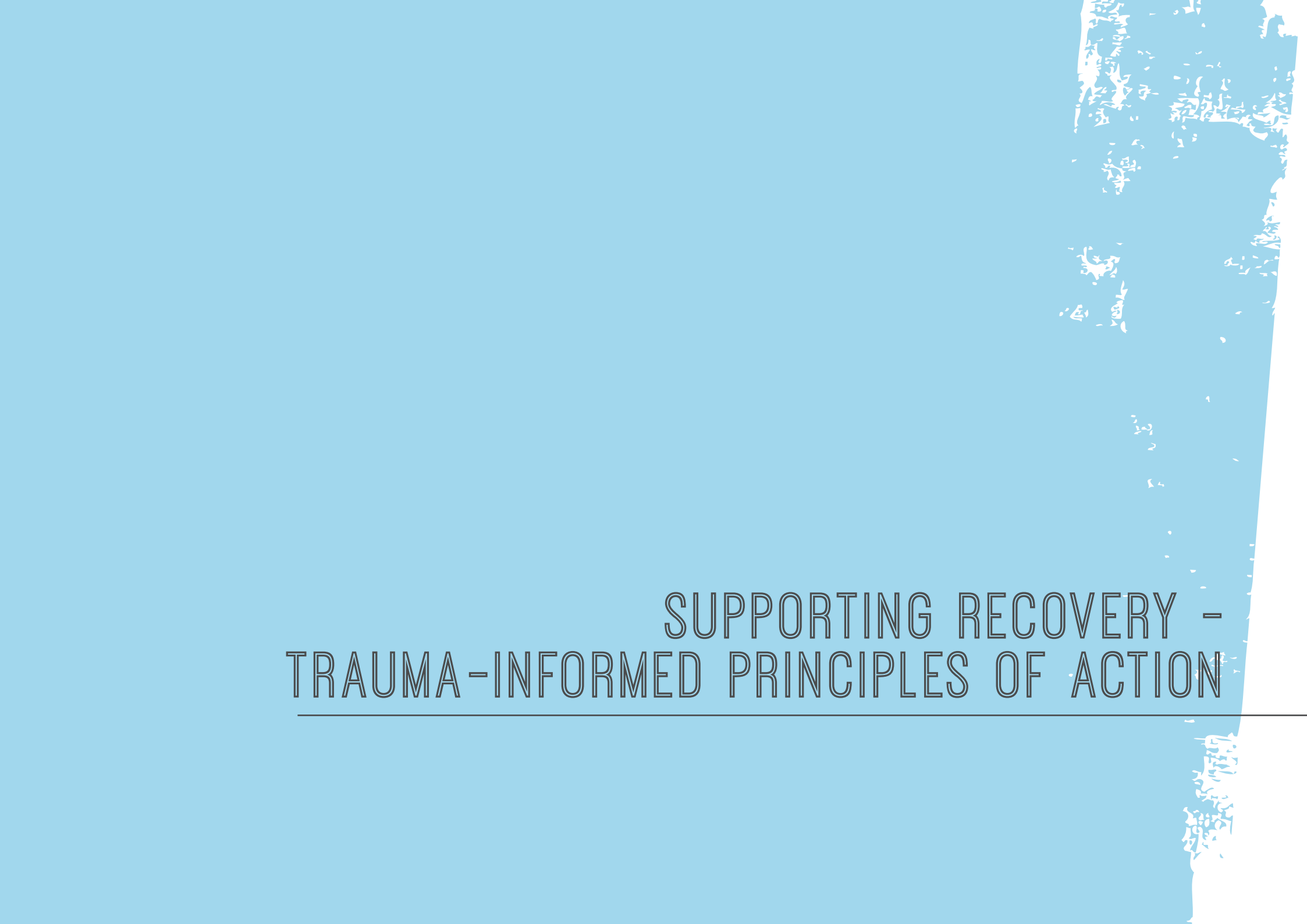
Repeated trauma and trauma occurring early in life can lead to more pervasive and complex outcomes such as:

- **Difficulty managing emotions** – including recognising emotions, having extreme emotional reactions such as anger, shame or despair, having difficulties in changing feelings, and taking a long time for unpleasant feelings to settle.
- **Impulsive, self-destructive behaviour** – like excessive risk taking, or having frequent thoughts of suicide and self-harm.
- **Difficulties with relationships** – like having difficulty trusting people, feeling hostile and separate from others, and having difficulty establishing or maintaining safe relationships.

ON RELATIONSHIPS

I don't trust anyone...
I feel like there's just no point, because they're just going to hurt me anyway.....





SUPPORTING RECOVERY - TRAUMA-INFORMED PRINCIPLES OF ACTION

This section describes some universal principles for promoting resilience and recovery from trauma. These principles are grounded in both trauma-informed practice and in what we know helps people recover from mental health conditions. These principles can inform your practice in supporting people who have experienced recent as well as past trauma.

Promote safety

Promoting safety involves helping a person identify and reduce the exposure to ongoing threats of harm. Safety relates to basic needs: for physical and interpersonal safety; for emotional comfort; having access to food, water, shelter, financial and material assistance; and access to medical care. Promoting safety involves providing accurate information about how to access these resources.

Promoting safety also means helping people to manage safety in their current and future environments. This means balancing respect for the person's understanding of what safety means within their environment with a responsibility to increase awareness and support skills to manage safety issues. Any factors that may impact on a person's vulnerability such as health, mobility and age-related issues, or cognitive problems, should be taken into account when helping people assess their safety needs.

Promote hope and recovery

This principle reminds us that people can and do recover from trauma. Conveying hope empathically requires understanding the challenges to recovery – like the fundamental lack of access to resources, and living in unsafe and chaotic environments. Social disadvantage, homelessness and compromised mental health serve to impede recovery from trauma, and trauma exposure contributes to social disadvantage, mental illness, and long-term homelessness.

Promoting hope means reinforcing that help is available and that workers are engaged with being part of recovery. You can convey hope by:

- being non-judgemental and by modelling tolerance and acceptance
- supporting active engagement with recovery goals, skills and supports
- approaching challenging behaviours as “a person's best efforts to solve problems”
- being available to work through issues that interfere with service access
- being available to work on recovery skills (like the ones in this book)

Promote calm

Promoting calm means fostering a sense of predictability, stability and comfort for people who are distressed or overwhelmed by their experiences or circumstances.

Promoting calm means:

- providing an environment which limits (as much as is possible) involvement in stressful and highly emotive situations
- providing an environment which limits exposure to distressing sights, sounds and other reminders of trauma, or risk
- providing a calm, friendly and compassionate response even if people's behaviours or responses are challenging

A calming response might involve allowing someone to share their experiences and discuss their responses and reactions, without forcing them to talk. You can also reinforce the idea that there is no right or wrong way to feel, think or respond.

Promote connectedness

Social networks play a critical role in promoting resilience and recovery. This principle promotes connections between people who have experienced trauma and their friends, family and significant others (including important services).

Connectedness may mean:

- helping to establish, develop or enhance networks and connections with important community and social resources
- reinforcing help-seeking behaviour by attending to immediate needs and concerns promptly

Relationships between service providers and service users are often central to recovery. These relationships are supported by being clear about roles, boundaries and limits, and by being respectful of diversity.

ON UNHELPFUL WAYS OF VIEWING SELF

I'm not good
enough ...
that I'm pathetic and
worthless, that I'm a freak,
that I'll amount to nothing,
that this is what my life is
meant to be like



Promote self-efficacy

Experiencing trauma and living in unsafe environments can lead to difficulties with problem solving, following things through, recognising strengths, and marshalling resources. Promotion of self-efficacy is compatible with a strong person-centred approach to assisting people with decision making processes: setting goals, prioritising problems, developing skills, seeking information, resources and solutions.

Promotion of self-efficacy supports people to meet their own needs, manage their own lives, and establish their own recovery and resilience. Promotion of self-efficacy conveys an expectation that people are able to determine their own needs for help and support.

Focus on strengths and resources

Trauma screening and assessment can be important in understanding how trauma affects people's lives. It's just as important to focus on skills, resources and strengths – as this communicates a powerful expectation that people cope, recover, and are able to move past difficult and traumatic experiences.

Focus on developing and enhancing skills

A key message of this guidebook is that improving skills for psychosocial stability helps people recover from trauma.

Whilst these foundational skills are often taken for granted, for many people, traumatic experiences can erode their natural coping skills and resources, and prevent the learning of new responses.

By focussing on psychosocial stability skills that can be learnt, rehearsed and strengthened, you can make a meaningful and sustainable contribution to recovery

FOCUS ON YOUR OWN SELF-CARE

It's important to take a 'do as I do' approach to your own self-care – know the expectations and limitations of your role, work on your own skills, and make sure you can access important trauma-informed supports via supervision and consultation with colleagues.

ON TAKING RISKS

Hanging out with the wrong people, going into the wrong areas, not really thinking about it; thinking, what's the worst that can happen? When I've actually thought about it, it's a really stupid idea...I think it is connected to what I've been through when I was younger because it, it just makes me so desensitised to everything.

TALKING ABOUT TRAUMA

Talking is an opportunity to help

Engaging with trauma involves more than bearing witness to a person's traumatic experiences. Each opportunity to talk provides opportunities to:

- listen empathically, and form an alliance
- provide information and psychoeducation
- normalise exposure to trauma, normalise reactions and responses to trauma, and convey a realistic sense of hope and potential for recovery
- start a conversation about strengths, supports and what resources are available now, and in the future
- help develop awareness about coping strategies, and allow consideration of how useful and/or sustainable current coping strategies are
- identify links (similarities and differences) between past experiences and current difficulties

Is it safe to open up trauma experiences?

A frequent concern in talking about trauma relates to the consequences of discussing the details. There might be concerns about the person reliving their traumatic experience as if it was actually happening again (having a flashback), about them feeling out of control, or about them engaging in risky behaviours or substance use after talking. There may also be a concern that talking about trauma could act as a reminder of a worker's own experiences of trauma.

Do no harm

An important principle in providing support is to 'do no harm'. Whilst there is no doubt that talking about a traumatic experience can sometimes be a distressing and confronting experience, it can also be a positive experience – one of feeling heard and understood, one of putting a traumatic experience into perspective, and hopefully feeling more in control of a past event by sharing it in a safe environment, with a supportive person.

Important considerations – guiding disclosure safely

There are a number of important considerations for when and how to talk about trauma.

There are different levels of disclosure of traumatic experiences. Letting someone know that a traumatic experience happened is not the same as discussing this experience in detail.

Whilst it may be important for someone to let you know they have had a traumatic experience, it might not be necessary for them to go into detail about what happened in order for you to understand them. Therapeutic responses to trauma often do involve telling the story, but this doesn't mean every disclosure needs to be detailed.

This is especially important when time is short, when the environment doesn't allow for safe reflection and containment, or when there is little likelihood of an ongoing engagement with the person.

It is important to help people make an informed choice about when, why, and how to share their experiences of trauma.



WHAT WORDS OR PHRASES
WORK FOR YOU?

Workers play an important role in providing safe boundaries for disclosure. Workers can be up-front about the level of detail necessary by providing the following advice (for example):

“I’m aware that telling someone about a difficult or traumatic experience can be pretty unsettling. You are in control of what we talk about now. It might feel like it’s enough to let me know the type of experience you had without going into detail. This will help me understand your experience, without risking you feeling overwhelmed.”

Alternatively:

“For lots of people, it can be difficult to talk about their experiences in detail. It is enough for us to understand what kind of experiences you have lived through. It might be more valuable to spend our time thinking about what helps you cope; but it is completely up to you.”

So you have agreed to talk about trauma

For some people, sharing their experience of trauma is an important step in recovery. They might express a need to share the details of their experiences, and this may be an opportunity to engage with the person, and start to provide some assistance around trauma. Importantly, a worker needs to ensure there is adequate time, a safe physical space (private, quiet), and a plan for managing any reactions or consequences of disclosure.

If this is the first time a person has shared their experiences, it is likely that this preparation will be more important. Even if the trauma has been discussed in detail before, any disclosure can be unsettling, and attempts should be made to check in on how the person is faring after disclosure, and what they can do to manage any unpleasant or unhelpful reactions.

In the following table, we have provided a summary of the considerations to bear in mind when approaching disclosure.

The table breaks up 'talking' about trauma into three levels – one where the action is primarily to provide containment and normalise not 'needing to talk', the second where the action is to support limited 'categorical' disclosure (i.e. what type of trauma happened without details), and the third where the action is to support disclosure. Without prescribing when and where these actions should be followed, it is helpful to think about the factors in the table, and what level of disclosure best fits the situation.

DECISION MAKING GUIDE FOR MANAGING TRAUMA DISCLOSURE

Please note: Your service's usual service approaches for managing immediate need and risk should come first. If people present in significant crisis, with pressing needs for practical assistance, with active psychosis or suicidality, it is not recommended that workers pursue the following actions.

BEFORE YOU DO THIS

THINK ABOUT THESE

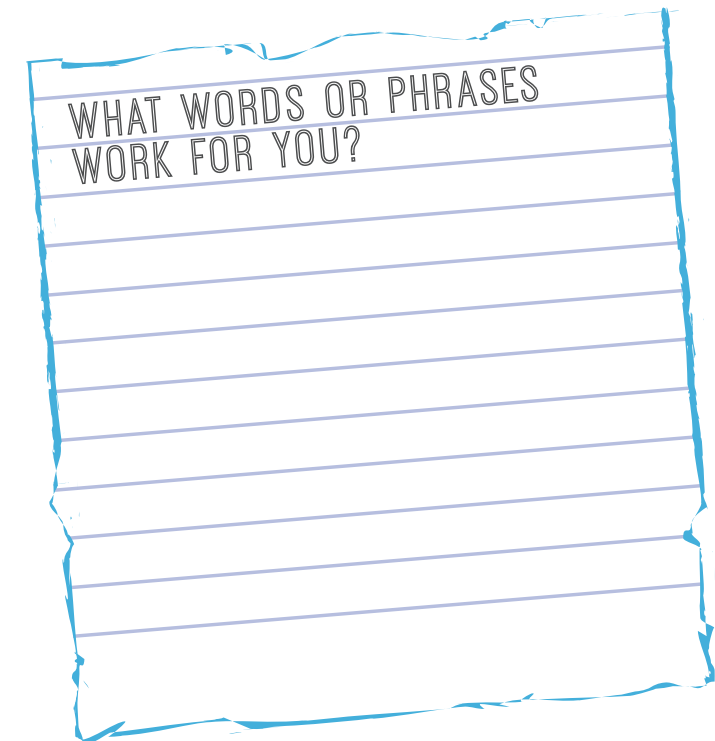
	Service user's desire to disclose trauma	Psychosocial stability
ACTION 1 Provide information and attempt to contain disclosure, (i.e., support categorical disclosure), advise about potential consequences of disclosure without adequate support, reinforce the general impact of trauma, and importance of working towards recovery gently.	Service user is hesitant to disclose experiences, they might hint at difficulties in the past or recently, but are not engaging with you readily. Trauma may be largely peripheral to the reason they have come for help	Service user has difficulties with stability of mood and behaviour, has fewer skills and strategies to manage how they feel, or has a recent history of risky behaviour when distressed
ACTION 2 Support limited disclosure, carefully assessing the impact of disclosure. Provide opportunity for some discussion to help make sense of the trauma, and provide general psycho-education about linkages between recovery activities and trauma reactions.	Service user is willing or wanting to discuss experiences without detail, they may make explicit mention of past or recent difficulties, and the impacts of trauma may be directly or indirectly related to the reason they are seeking assistance	Service user has demonstrated skills and strategies to manage distress and can regulate mood and behaviour
ACTION 3 Allow as much disclosure and discussion as the person wishes, help them to make sense of the trauma, and discuss how planning for the future may mean more focussed work on responding to their trauma experiences.	Service user is actively seeking opportunity to discuss in detail their past or recent difficulties. Their trauma, or the impact of their trauma, is related to their need for assistance	Service user has good capacity to regulate mood and behaviour and has a range of skills and strategies to manage any distress

Environmental safety	Context of intervention (brief to involved)	Worker experience with trauma interventions	Organisational capacity to support trauma work
Service user has an unsafe living environment and few social and/or agency resources available to provide additional support	You have a short window of opportunity to work with the service user, and a low likelihood of having an opportunity to follow up	You have less experience with talking about trauma, and don't have ready access to trauma-related expertise and support in your service	In your service there are few other services, supports or referrals readily available
Service user has some social support, and adequate safety in their environment	You have at least 15 minutes and a safe space to privately talk, you may also have the opportunity to follow up	You have some experience in talking about trauma, and have support available that is related to understanding and managing trauma	You have additional services, supports or referrals available within your service
Service user has a largely safe environment, and a good level of support	You have more than 15 minutes available in an appropriately private space, you also have a high likelihood of being able to follow up	You are experienced in managing difficult material and are well supported in trauma work within your service	Your service has the capacity to provide additional services or make appropriate referrals

It is a good idea to discuss a person's desire to talk about their experiences, including how well they have coped with disclosure in the past, and the safety implications of disclosing. You may also need to consider the resources that support you in doing this type of work – do you feel equipped and supported to help people manage trauma, is there sufficient time and space in your work?

The following statements, prompts and questions might be helpful ways of exploring the factors in the table with the person.

- Most people have had difficult and traumatic experiences, which still impact their lives today and can make getting on with important things like finding and maintaining stable housing more difficult. If it's OK with you, we can spend a bit of time trying to understand whether this is something that is affecting you.
- Can we talk about whether now is a good time and place to start working on your trauma experiences? I'm interested in how being reminded of your trauma affects you – what it does to your feelings, your thoughts and your actions. Does thinking about or talking about past experiences ever leave you feeling unsafe?
- Is it possible that talking about your traumatic experiences is going to make it really hard for you to cope with what is going on around you when you leave here today?
- Does it feel right to let me know about what you have experienced? Is there a better person to talk about this with?
- If you are interested in working on the impact that difficult and traumatic experiences have had in your life, there are a few things we can do together that won't take too long – does that sound like something you'd like to try?
- There are a number of ways in which we might be able to help you make sense of and manage the impacts of any traumatic experiences you may have had.
- Is it OK for us to flag this as important and come back to it when we have the time and space to really tackle your experiences and figure out what we might be able to do to help?





SKILLS FOR SUPPORTING RECOVERY FROM TRAUMA



There are two broad approaches to offering a support structure to people who have been affected by trauma. The first approach is to provide services in a trauma-informed manner. Trauma-informed practice covers a wide range of attitudes and approaches for both agencies and individual workers, although in this guidebook we have focussed on trauma-informed principles that have the greatest bearing on the work of frontline staff.

The second approach for responding to trauma is to provide trauma-specific services. Trauma-specific services are often thought of as those supports that directly target trauma reactions, responses and symptoms. Trauma-specific services seek to lessen the impact of trauma reactions – usually within the framework of counselling interventions, and with an explicit focus on developing capacities and skills for psychosocial stability and recovery. Whilst there is ample evidence of the effectiveness of trauma-specific services, there are often significant barriers to accessing these types of services. These barriers include not knowing where to find assistance, minimal availability of services, concerns about whether the help will be effective, and negative past experiences of getting help.

Whilst there are important distinctions between trauma-informed care and trauma-specific approaches, they support each other and both play a role in recovery. This guidebook strongly encourages agencies and workers to consider how elements of effective trauma-specific services might be included when responding to issues of homelessness.

This guidebook contains a range of activities and supports for lessening the impact of trauma, by assisting people to build greater safety and psychosocial stability. The activities are drawn from evidence-informed cognitive and behavioural approaches to supporting people in the aftermath of trauma exposure. The activities in this book reduce ongoing distress and promote recovery for people affected by trauma. The activities are not 'therapy', they are a flexible and adaptable set of brief interventions that target areas of common difficulty for people who have been affected by trauma. The activities focus on developing and enhancing skills relating to:

1. **PROBLEM-SOLVING**
2. **MANAGING EMOTIONS**
3. **HELPFUL THINKING**
4. **SOCIAL CONNECTIONS**

These activities can be engaged in as 'quick skills' sessions, that might take 5 to 10 minutes to complete, or if more time is available (or you have several opportunities to catch up), you can spend longer rehearsing the skill within session and making a plan to put skills into practice in the real world.

Like the decision making guide for 'talking about trauma', these skills can be broken up into 3 levels: 5 minute, 15 minute, and longer sessions. You and the person you are supporting can decide what approach best fits their needs and the time and space you have available. There is a guide to working out which level might work best further along in this book.

MAKING A START

Regardless of how long you have to work with a person, it can be helpful to have a structure to follow. Try to include a little of each of the following in your sessions/work.

- Develop a safe therapeutic connection, being empathic and respectful of boundaries.
- Provide an opportunity for the person's experiences to be heard.
- Provide hopeful information (for example, about how it is understandable that trauma affects people, and that people can and do recover from trauma).
- Gain an understanding of how the person is coping with difficult and stressful situations, and provide some additional skills and strategies that they could use.

Important: As control and safety are critical for people who have been affected by trauma, it is recommended that you always offer these activities as choices from a menu. It is important to make it OK to opt out of these activities, and to never give the impression that accessing services is dependent on discussing trauma.

A good place to start looking at coping might be to ask:

- What sort of difficulties seem to be getting in your way at the moment?
- How have you coped with difficult situations or issues in the past?
- Can we spend some time thinking about how we can add to the helpful ways you have to cope?
- Are there any ways of coping that you think might have outlived their usefulness or need a bit of attention?

PRACTICE TIP:

Trauma-informed practice prioritises existing strengths and skills. More often than not, people cope with trauma reactions in the best way they know how. It's a good idea to spend some time exploring the person's strengths, resources and coping skills. Are these flexible and adaptable (now and in the future)? You might find that some coping strategies are not working so well – perhaps they were important ways to cope in the past but are no longer as effective. Examples of this might be avoidance – staying away from anything that reminds the person of their trauma experiences, or using substances to dampen down emotional responses.

Some considerations in working out priorities

- **Safety** – Are there practical and physical safety issues which take priority?
- **Timing** – Is the trauma recent? Are the reactions and responses associated with the trauma intense and frequent at the moment? Does the person feel ready to start thinking about how they are responding to their trauma experiences?
- **Fallout** – What is the person's experience with thinking and talking about their trauma? Has it put them at increased risk (such as putting self at risk of harm, using substances, having dissociative experiences that are unsafe – like losing touch with what is going on in the here and now)?

Difficult experiences are a good place to start

The next step in prioritising assistance is to find an example of a difficult or distressing current experience that can be worked on. It can be useful to focus attention on the most pressing needs – those problems that seem to be getting worse over time or that interfere with getting things done. It's helpful to check that the person relates these 'here and now' difficulties to their trauma.

Examples of difficult experiences that could be linked to trauma include:

- intrusive reminders of the trauma itself (memories and flashbacks)
- overwhelming emotions like fear, panic, anger, sadness, in certain situations
- thoughts and beliefs that make situations feel even harder than they need to (like thinking that the world is an unfair and dangerous place, that people cannot be trusted, or that the person is to blame for their traumatic experiences)
- difficulties solving problems – like feeling overwhelmed by problems, not being able to think of solutions, keeping on using solutions that don't work
- feelings of being unconnected and not supported – feeling isolated from important supports, not being able to connect or actively avoiding social support due to difficulties with trust or intimacy.

PRACTICE TIP:

If safety is a concern, it is still possible to make use of the skills components of this guidebook. You might introduce the skills as ways of dealing with general life stresses and difficult situations without making explicit links to trauma experiences. As we have chosen 'foundational' psychosocial stability skills, they can be applied to virtually any situation, problem or experience.

Linking difficult experiences with recovery

The next step is to provide a summary of the difficulties and a rationale for how spending some time on developing ways to respond can be useful in the here and now, and also make a contribution over time to recovery.

For example:

“It sounds as if the way you feel when you are reminded of your trauma – the intense feelings and images that keep going through your head – get in the way of following through with important things. If you like, we could spend some time thinking of ways you can manage these reactions. This might make difficult situations easier to cope with, and over time help with feeling more in control. Would that be OK?”

ON DISSOCIATION

Something affects my mood to a point where it intensifies, and once it hits a certain threshold,
I just shut down and I just stop responding.

PROBLEM-SOLVING

Following trauma, people can experience difficulties with tackling life's challenges. Changes in attention and concentration skills, difficulties with organising resources and supports, and lack of time and space to work through things can all impact on a person's ability to solve practical problems. This section introduces a simple set of steps to support a person's problem-solving skills.

Steps in teaching problem-solving skills

Step 1. Provide a rationale for why problems are more difficult to deal with for people who have experienced trauma and homelessness

It's usually best to find your own words to express a rationale, but here is an example that might be helpful.

"People who have lived through traumatic experiences and homelessness often have lots of problems to deal with, and can feel overwhelmed. Trauma can really impact on how well we can manage difficult problems and see our way through to a solution. It can be helpful to spend some time thinking about solutions – is that something you would like to do now? If not, there might be other ways we can usefully spend some time today, or if you'd prefer to come back to this, we're always available down the track."

Step 2. Help put the problem and the desired outcome into words

It is helpful to talk about whether the problem is something you can usefully spend time helping the person to manage:

- Is the problem within the person's control?
- Do they want to look at alternative ways of managing the problem?
- Is this a relatively straightforward place to start?

PRACTICE TIP:

There are a few steps in problem-solving and it is recommended that as much as possible you follow these steps in assisting someone with problem-solving so that what is taken away from the interaction is the development or enhancement of a skill, rather than just an agreed-upon solution to one or more problems.

WHAT WORDS OR PHRASES
WORK FOR YOU?

Step 3. Brainstorm solutions

The focus here is on generating lots of possible solutions before thinking about what might work best. Working from existing skills and solutions is always a good start.

- How has the person managed problems like this in the past?
- How would they like to see the problem resolved?
- Is the person aware of other solutions that work well for other people?
- Would the person be willing to hear how other people you have supported have managed similar problems?

Step 4. Pick a solution, be realistic, and plan for success

This may involve looking at pros and cons of the different solutions from Step 3; it may involve looking for small but significant steps towards a solution; and it may involve thinking about several flexible solutions. This step also involves setting some concrete steps for achieving success – what will you do, when, and with who. It might be helpful to think about what might get in the way of success.

PRACTICE TIP:

If you have an opportunity to see the person again – seek permission to follow up assertively and see how the solution to the problems worked out.

MANAGING EMOTIONS

Skills for managing emotions are strategies for managing unpleasant, distressing and risky feelings. This section covers a quick intervention for identifying and managing these reactions. Whenever we look at supporting the development or enhancement of a skill, it's useful to practise the skill with the person – to ensure that the skill will actually have the desired effect.

Steps in helping people manage emotions

Step 1: Provide a rationale

It's usually best to find your own words to express a rationale, but here is an example that might be helpful.

“People who have lived through difficult and traumatic experiences are often left with powerful and distressing feelings. For many people these feelings occur when they are reminded of aspects of what happened to them. These feelings can make the world feel more dangerous and frightening, and can impact on your mood, your physical health, your relationships, and also get in the way of getting things done. Strong emotional reactions are a normal response to trauma, but when they keep going or get worse, it can be helpful to work on some ways to feel calmer and more in control.”

Step 2. Help the person identify their triggers, and how they experience these reactions

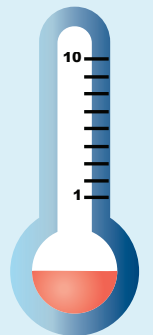
The following questions might be helpful in identifying where emotional reactions are causing difficulties.

- What kind of strong, distressing reactions have you noticed in your feelings over the last few weeks?
- What is going on when they happen – what's going on for you, in your head, in your body; what's happening in the world around you?
- Are there particular things or situations that trigger these reactions?
- How distressing are these reactions for you?

WHAT WORDS OR PHRASES
WORK FOR YOU?

PRACTICE TIP:

It's helpful to use a 1-10 scale here to get a sense of what the most difficult situations or reactions are, and also to help the person determine if a new strategy has been helpful in lessening the impact in future situations.



Step 3. Explore current coping skills and strategies

Trauma-informed care recognises that the way people manage the impacts of trauma represents their best possible attempts at dealing with difficult and stressful situations. It is important to convey a non-judgemental attitude about what people are doing to cope, whilst still leaving the door open to adding to or improving coping strategies.

- How do you typically manage these situations, or manage the way you feel?
- How well is that strategy working?
- Do you want to keep using these strategies?
- Are there ways of dealing with things that aren't working out too well (like using alcohol or substances too much or too often)?
- Would you like to think about working on some new ways to manage these reactions?

Step 4. Provide choice about alternative coping skills

There are a large number of practical and effective strategies for managing emotional reactions, and some work better for some people and not so well for others. It's a good start to provide choice to the person you are working with, to consider what skills or strategies fit with the person's typical ways of managing, and what your practice wisdom tells you might be a helpful addition to the person's toolkit.

It's also helpful to think about why the strategies might help – do they help to lower physiological arousal? Do they help the person feel more in control by doing something active? Do they serve as distractions from feelings? Do they help people express what they are feeling?

PRACTICE TIP:

You can introduce these skills quickly – in 5 minutes or so, or if you have longer to spend with the person, see the section below, “a planned approach to managing emotional reactions”.

Calming skills

Calming skills are practical, easy to use strategies which you can introduce whether or not you have a lot of time with the person – they include things such as:

- Controlled breathing (also called breathing retraining; diaphragmatic breathing).
- Positive self-talk (thoughts that are supportive, are grounded in the here and now and focus on strengths and capabilities).
- Meditation techniques (from a range of different disciplines – they help people feel at peace and tolerate difficult thoughts and feelings).
- Physical self-care – staying hydrated, getting enough to eat, and managing energy levels through the day.
- Sleep hygiene (interrupted sleep can be an important maintaining factor for physiological arousal and difficulties concentrating).
- Exercise, like walking, stretching, yoga (exercise can have a direct effect on unpleasant emotions, lowering someone’s baseline level of physiological arousal and making them more resilient to triggers and stresses).
- Doing positive, meaningful or important activities (whether it’s having a break over a coffee or tea, listening to music, watching television or a movie, or going to an important appointment). Such activities reinforce the importance and rewards of staying actively engaged with life. Activity scheduling is a particularly good way of managing low mood.
- Muscle relaxation exercises (a range of quick exercises are available that involve tensing and relaxing muscle groups to reduce tension and increase a sense of control).
- Mindfulness strategies (drawn from Acceptance and Commitment Therapy, these exercises teach people to gain perspective, learn to tolerate or accept difficult thoughts and feelings, and reduce their impact).
- Taking time out (particularly for dealing with stressful or triggering situations, although it’s important to stress that time out is temporary, and avoidance is not usually a good strategy in the medium to long term).
- Expressing feelings (writing, drawing and other ways of putting experiences into perspective).
- Reconnecting or engaging with important spiritual or cultural practices.

WHAT CALMING SKILLS
DO YOU FIND EFFECTIVE
IN YOUR WORK?

Two examples of calming skills are controlled breathing and grounding exercises. There are lots of versions of these exercises, so feel free to use a version that feels right for you and the people you work with. Below are examples you can try.

Controlled breathing

Most people tend to take quick, shallow breaths (or hyperventilate) when they are feeling anxious or distressed. Unless you are in a really dangerous situation, you probably don't need to breathe like this as it sends a signal to our bodies to prepare for danger. It can really help to get some control over our breathing when we can't directly get control over the way we feel.

- Take a normal breath in through your nose with your mouth closed.
- Breathe out slowly through your nose or mouth and very slowly say (out loud or in your head) a word like "calm" or "relax".
- Count to four slowly, and then take another breath.
- Practise this a few times a day, taking 15-20 breaths like this.

Grounding exercise

It's not unusual for difficult and stressful situations to make people feel "unreal" or disconnected from what is going on around them. This can be a risky thing to have happen, because it makes it difficult for us to stay connected with the here and now. We may have learnt this as a way of coping with unbearable situations, but like lots of reactions, it can outlive its usefulness.

1. It can help to sit down to do this exercise – or to hold onto something solid.
2. Really feel the sensation of being connected to the floor, the chair, the wall.
3. Take a moment to notice three things you can feel – like the feeling of your clothes on your skin; the sensation of your chair under your legs.
4. Take a moment to notice three things you can see – what is going on around you in the here and now.
5. Take a moment to notice three things you can hear around you now.
6. Remind yourself where you are and what you are doing.

PRACTICE TIP:

There are a large number of brief interventions to manage feelings that are drawn from a range of therapeutic modalities, including mindfulness and expressive therapies. In thinking about what strategy you might be able to offer, it's good to focus on brief strategies, and it's helpful if they can be flexibly used and not dependent on particular situations (like safe or private spaces) or particular people (like having a worker assist with using them).

A planned approach to managing emotional reactions

If you have more time to spend with a person (15 minutes or more), you can discuss a planned approach for managing difficult situations. This approach looks at predictable stressors and difficult situations that a person faces, and comes up with strategies for coping differently before, during, and after exposure to that trigger. For many people, there are stressors and triggers that are 'reliable', for example, attending busy environments like shopping centres and feeling overwhelmed.

'Before' skills

This might include basic self-care, and taking care of hydration, food and sleep needs before an anticipated difficult situation. It can also involve preparing for the situation by using helpful self-talk, for example:

"This is going to be hard, but I can cope, I've dealt with situations like this before, just because it feels like something bad is going to happen doesn't mean it will."

The aim of preparing for a difficult situation is to try to strengthen the person's coping ability as much as possible so they have some capacity to tolerate extra distress and discomfort without feeling out of control. This helps reduce the chance that they will use an unhelpful coping strategy (like excessive alcohol or drug use), or escape the situation without getting their needs met (like leaving the shopping centre before they have done what they went there to do).

'During' skills

Brief, calming exercises like controlled breathing, using helpful self-talk, and grounding exercises that don't require the person to stop what they are doing or leave a situation completely (although 'time out' might be useful).

'After' skills

Attending to emotions following a difficult or stressful event helps people develop a greater sense of control over unpleasant and distressing reactions. Over time, the ability to 'return to baseline' contributes to a person's sense of control over their trauma reminders and triggers, and can help to break down the belief that any reminder of their trauma is re-traumatising.

The table below gives an example of a 'Managing Emotions' plan that includes strategies to use before, during, and after a difficult situation.

WHAT'S THE SITUATION? **Feeling stressed about waiting in line**

Before the situation

Self-care: make sure I'm hydrated and have eaten something; get some exercise to lower stress levels

During the situation

Practise controlled breathing or a grounding exercise; use some helpful self-talk

After the situation

Plan something rewarding or enjoyable, give myself praise for how I dealt with things

Step 5. Write down or record your plan to manage reactions

It can take some time to develop a plan for managing difficult situations using the before-during-after approach, so this might be a step to do when you have 15 minutes or several opportunities to catch up. Making and reviewing a plan can be supported by using the "My Plan for Managing Trauma" worksheet at the end of this guidebook.

PRACTICE TIPS:

It's a good idea to go over and rehearse the skills with the person if it's practical to do so – this is a useful way to bed the skill down, and increases the likelihood that they will use it in the future.

With each of these skills it's important to convey that the effect might not be immediate, but practising the skill over time will improve its effectiveness, and any improvement in mood can lead to a greater sense of control.

HELPFUL THINKING

Thinking in ways that are realistic and helpful is an important skill in regulating our moods and our responses to stressful and difficult situations. Trauma tends to affect the way people think about themselves, other people, and the world. These thoughts tend to be very strongly held – things like, “The world is a dangerous place”, “People can’t be trusted”, and “I’m to blame for what has happened to me”.

Helpful versus unhelpful thoughts

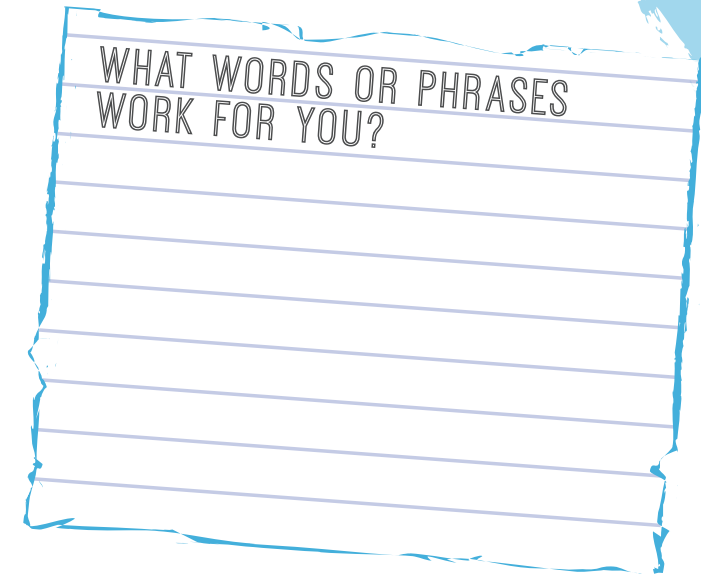
Introducing the concept of helpful thinking isn’t about doing ‘therapy’ with someone – it’s about looking at the here and now effects of the way we think about ourselves and the world. It’s important to note that helpful thinking isn’t just about encouraging ‘positive thinking’, which is usually simplistic and inaccurate. Negative thoughts may in fact be accurate (at least partly). Typically, unhelpful thoughts are exaggerated, focus on negative outcomes, and tend to make people feel stuck.

Introducing helpful thinking is about looking at whether our thoughts make things seem worse or harder (unhelpful thoughts), or more manageable and less painful (helpful thoughts).

Step 1. Provide a rationale

A rationale for ‘thinking about thinking’ can help here. You might want to find your own words, but here’s a suggestion of what might be helpful to say.

“People who have been affected by trauma often find that they think about themselves, other people, and what is going on in the world differently. Often their thoughts can make situations feel worse, or make it harder to move on with life. A person might think things like, “bad things always happen to me”, and this might mean they don’t notice the good things in life. If this is something that is affecting you, we could spend some time thinking about some more helpful ways to look at things.”



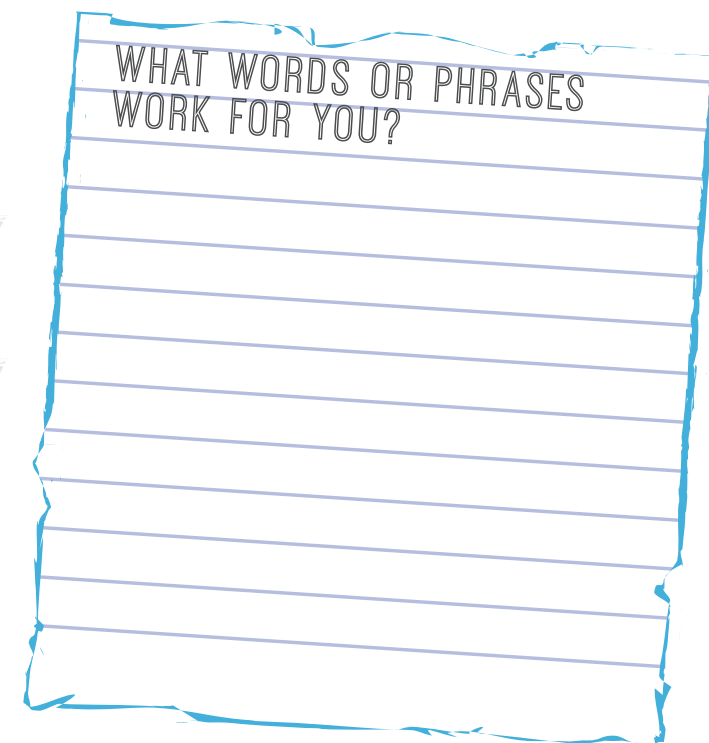
Step 2. Help identify the main 'culprits'

These are the thoughts that bother the person the most, are the most painful, or tend to get in the way of getting things done. It can be really useful here to link unhelpful thoughts with distressing or painful emotions – questions that can help include:

“When you are feeling most distressed, what kinds of things are going through your head? I know it might feel real, but is this a helpful way of thinking for you?”

“If someone else was in your situation, what kind of things do you think they might be saying to themselves when they are struggling? Do you think they might find things easier if they didn't have these thoughts running around in their head?”

It might also be helpful to illustrate with a few examples how this process works for people by identifying the links between common unhelpful thoughts and the outcomes.



Examples of usual thoughts and usual responses, as well as new thoughts and responses.

Usual thought	Usual response	New thought	New response
The world is dangerous. People are dangerous. I'm not safe. I've got to escape.	Scared, anxious, mistrustful, feeling like fleeing situations, or avoiding people or places	Most of the time I can make myself safer. Most people aren't all bad.	Hopeful, actively engaged in the future, thinking about who and when to trust
This is reminding me of something bad. I can't bear this.	Overwhelmed, anxious, vulnerable	This feels similar, but I know the situation is different. I can get through this if I... What I am doing is too important to run away from.	Safe
I can't cope; I'm terrible at dealing with situations or problems like this.	Hopelessness, helplessness, incompetence	I got myself here today and that says I'm coping OK. The more I stick with doing important things the better I get at coping. I'm asking for help, and that's OK.	Less helpless, less hopelessness, more engaged with the here and now, more likely to seek help
I'm weak for reacting the way I do.	Low self-esteem	Most people react to trauma; my reaction says more about the trauma than it does about me, and I can change these reactions.	Reassured, ready to look at managing emotions

Step 3. Help identify more helpful alternative thoughts

Here, the focus is on arriving at more adaptive, realistic and less distressing ways of looking at things. The following questions are a good place to start to look for helpful alternative thoughts.

- What is another way of thinking about the situation that is less distressing?
- If you had a friend who was going through a similar situation, what would you want to say to them about what was going on?

Step 4. Plan to use the helpful thoughts

Identify some opportunities to use the helpful thoughts – places and times where old ways of thinking are likely to make things seem more difficult. If you have time, add these thoughts to your managing trauma plan and if you have a chance, review whether these thoughts have been helpful.

PRACTICE TIPS:

Sometimes people have difficulty coming up with alternatives. If this is the case, you may need to be more suggestive/proactive in providing some alternative helpful thoughts. Matching the language style and ensuring the new thought is understandable and culturally appropriate is important here.

Some ways of assessing whether new thoughts have been helpful include:

- Getting a person to rate the impact of using new thoughts on their feelings (My old thought used to make me feel overwhelmed: a 9/10, the new thought means this feeling is now a 6/10).
- Looking at the outcomes of using the new thoughts (I didn't panic and leave the situation; I didn't get as strong an urge to use alcohol or substances).

BUILDING CONNECTIONS

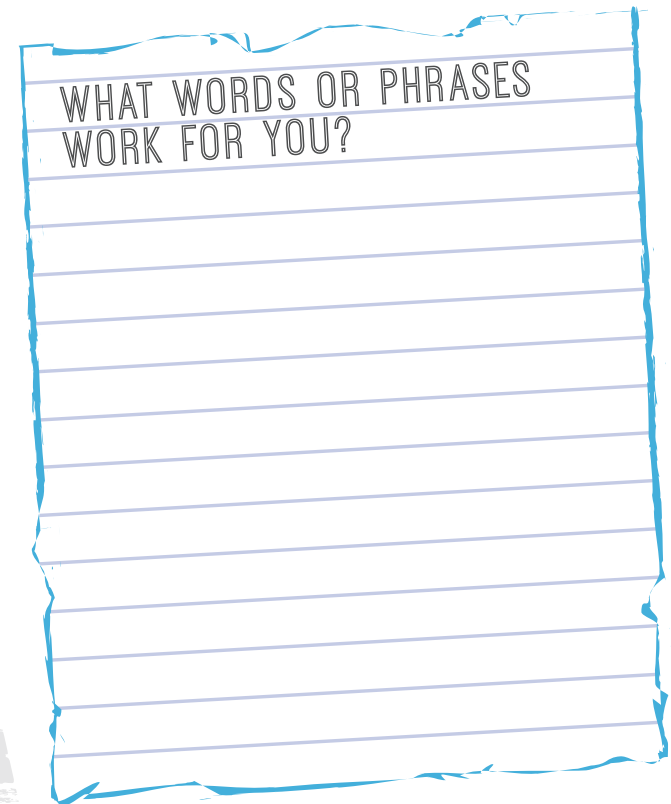
Being socially connected and supported is one of the most powerful predictors of a positive outcome following exposure to trauma. Homelessness is associated with many losses, including dislocation from community and social networks, loss of family and friends, and loss of opportunities to develop or maintain social connections. The Trauma and Homelessness Initiative research found that social disadvantage and social isolation were significant issues for participants in the research. Ninety-three per cent of participants reported having difficulty maintaining social relationships. Helping develop greater social connections, and rebuilding or establishing important relationships and supports is a valuable way to support recovery. It is important to note that difficulties in establishing safety and trust in relationships can impact on people’s capacity to engage with workers, and this might be usefully explored, for example, by asking about difficulties with previous relationships, and then asking what might help your “working relationship” avoid any pitfalls.

Steps in building connections

Step 1. Provide a rationale for thinking about social support

As with the other skill activities, it’s important to be able to provide a rationale for taking time to think about enhancing social connections. This activity can be daunting for people with significant social isolation and social exclusion, but social connection is a critical factor for recovery. You can find your own words to express this, but an example might be:

People who have had difficult and traumatic experiences can feel isolated and alone, and they have to cope with what they have experienced without enough support. Social support and connections help people recover from traumatic experiences. This might include friends, family, and anyone else who is important to you. Social support isn’t just about talking; it can be about getting practical help, getting important things done, or just spending time with someone without feeling like you have to talk. Can we spend some time thinking about who is important to you, and whether you feel like you have enough support around you?



Step 2. Develop a social connections map

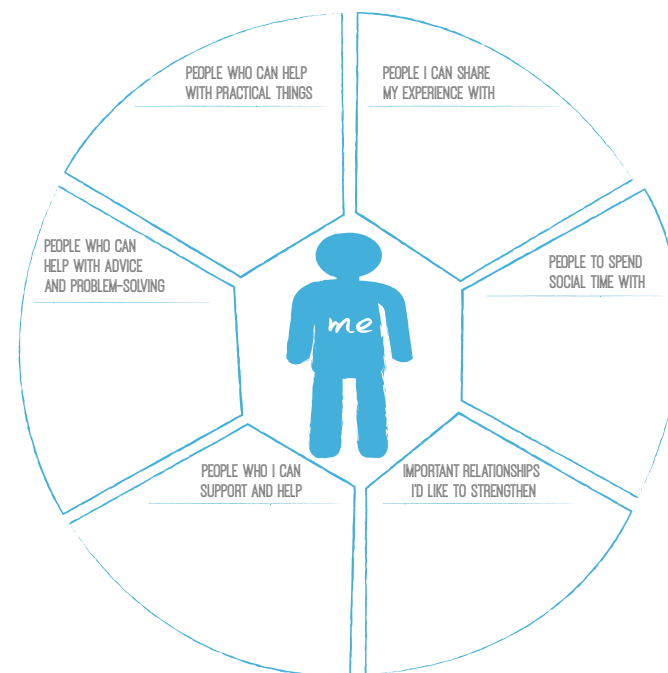
The following diagram outlines some of the important types of social support. It can be a guide to help people think about what types of social resources they need to feel connected and supported. You can find a larger version of this worksheet at the back of this book that you can photocopy.

This process can be thought of as a type of brainstorming. Some useful questions to ask might include:

- What kinds of supports do you need?
- Who are your most important social connections right now?
- Who do you find it easy to share with – thoughts and feelings, and what is going on for you at the moment?
- Who is a safe support for you – who do you feel you can get support from without feeling in debt to?
- When is a good time to reach out for support?

You and the person you are helping can use the spaces between the spokes to write down the important people, services and other supports under the categories:

- People who can help me with practical things
- People I can share my experiences with – people I can talk to
- People who can help me with advice and problem-solving
- People to spend social time with
- People who I can support and help (an important part of feeling connected)
- Important relationships I'd like to strengthen



Step 3. Make a concrete plan for building connections

This involves making a concrete plan for accessing social supports – the who, where and when. You can help brainstorm some practical ways of asking for help and support. For example, it's usually helpful for people to be up-front about what they are hoping to get out of their social supports, things like, "I'd just like to talk/vent", "I'd like you to help me with ...", "I just want to hang out and feel normal".

If you have time, add these important social supports to the map on the handout at the end of this book. Ideally, it is helpful to make a time to catch up again and check in on progress. You may want to:

- Brainstorm alternative sources of support
- Look at the ways in which the person asked for support, or followed up offers of support
- Look at whether there were barriers to being able to access social support – like access to transport or financial constraints.

ON HOW TO BE HELPED

"Well, in general we need compassion and understanding. We need people to accept that ... our situations are compromised through a range of circumstances not all of our own making ... and that we can't run before we walk."

"You've got to be very sensitive, I think, if you are dealing with homeless people because there is a lot of serious issues there that contribute to homelessness, and um, yeah, I think that the workers should be kind of adept at a few different areas."

A DECISION MAKING GUIDE TO PLANNING SUPPORT ACTIVITIES

Please note: Your service's usual service approaches for managing immediate need and risk should come first. If someone presents in significant crisis, with pressing needs for practical assistance, or with active psychosis or suicidality, it is not recommended that workers pursue the following actions. Use your judgement and check in frequently with the person you are supporting.

IF YOU HAVE 5 MINUTES TO HELP

Try to limit your provision of information to brief psychoeducation and normalisation of trauma reactions:

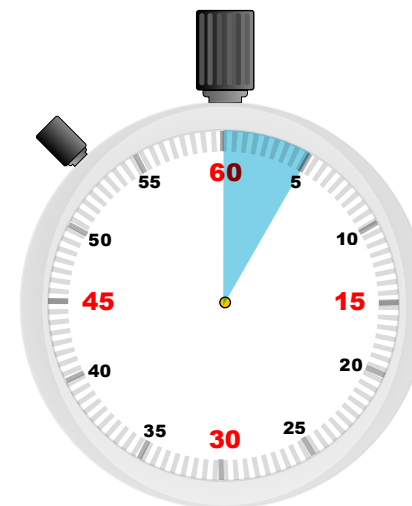
- Trauma is common.
- How trauma can affect people (in brief).
- The link between trauma and unpleasant and unhelpful reactions and responses.

Explore supports and resources and provide information about what is available.

Briefly provide opportunities to practise skills:

- Breathing retraining
- Grounding skills
- Healthy activities and self-care tips.

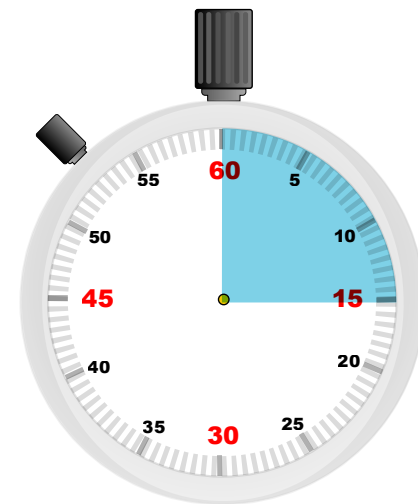
These activities are not necessarily based on an assessment of trauma or symptoms, but offered as useful ways of managing a range of difficult situations.



IF YOU HAVE 15 MINUTES TO HELP

Brief interventions can be safely carried out in around 15 minutes with the majority of people presenting for assistance:

- Obtain a brief understanding of the person's trauma experiences and current difficulties with trauma symptoms in order to choose which interventions to use.
- Interventions can be more involved and include a combination of normalisation, psychoeducation, skill identification and rehearsal, or resource and support organisation (i.e., any of the skill activities).
- You may need some preparation and supervision or mentoring to be able to confidently carry out these interventions, although you do not require a clinical background or training.



IF YOU HAVE MORE THAN 15 MINUTES TO HELP

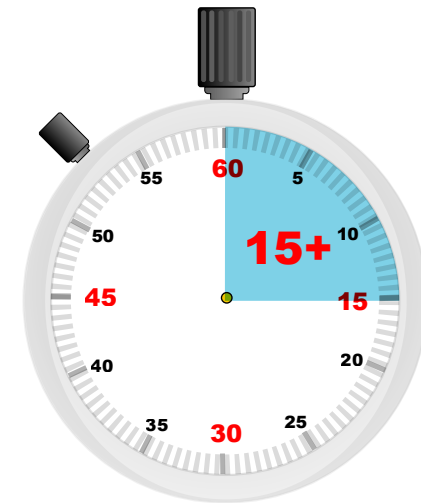
When you have longer than 15 minutes to spend with someone, or you have multiple opportunistic or planned times to catch up, you can spend more time working through the activities in this book. These activities should preferably be delivered by a single worker, but if a person is seen over a number of sessions or catch-ups, it is possible for the follow-up to be provided by a different worker.

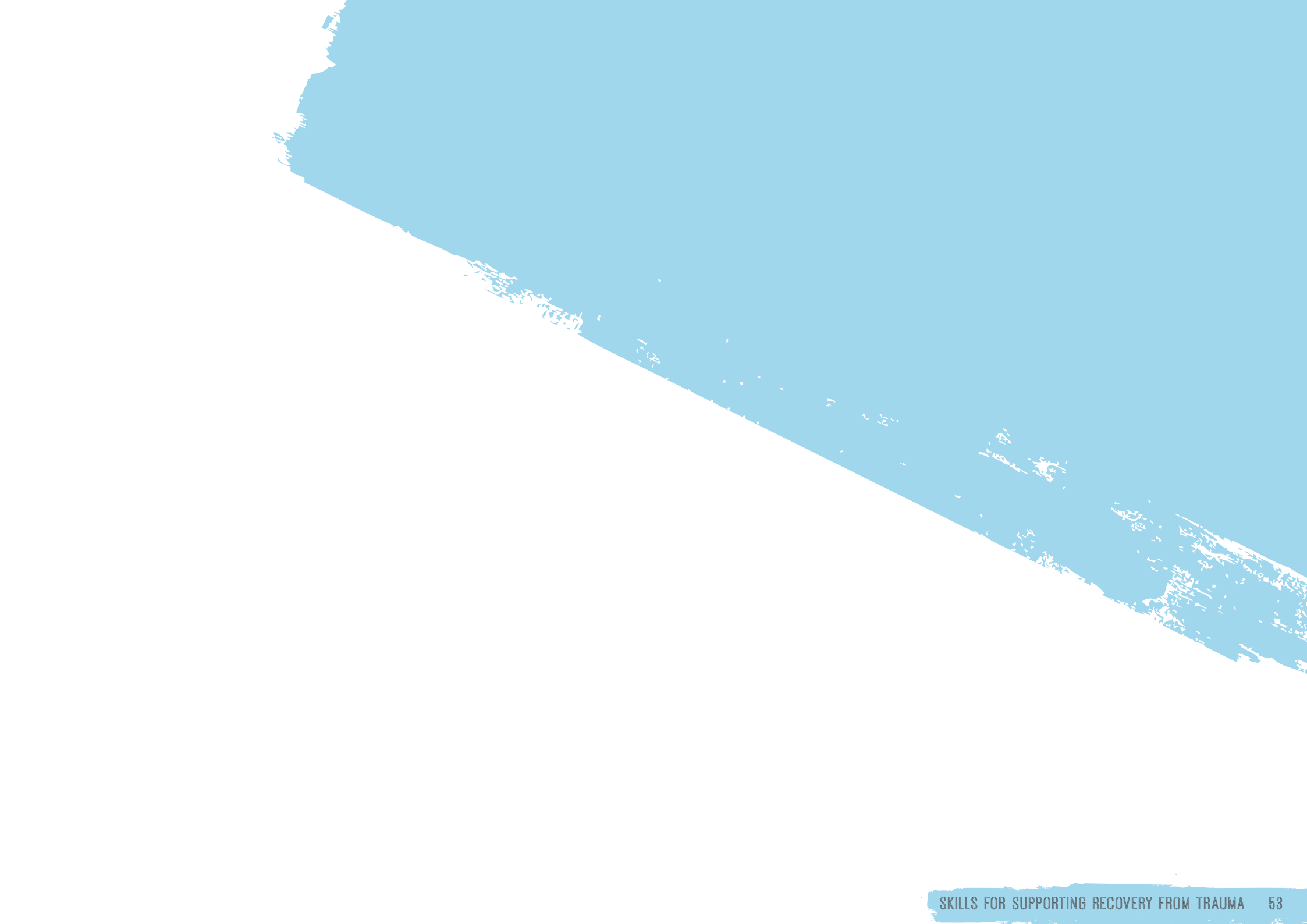
These activities will have more impact if you use a plan–do–review structure. This means making use of the managing trauma plan at the end of this book to really capture what you work on in the session, and giving the person their own copy of the work you have done together.

The 15 minutes plus session draws on the same activities as the 15 minute session, but you might spend more time:

- talking about trauma reactions, providing information about trauma, how it affects people and what supports recovery (including what services are available for more formal supports and treatments)
- working on a number of difficult experiences and challenging situations and planning for how to cope with these situations, using all the activity types in this book
- exploring and reinforcing existing safe ways of coping with situations and reactions linked to trauma
- discussing safety and timing for addressing trauma symptoms and related issues.

As much as possible, it is helpful to rehearse these skills and strategies a few times in the session, and reflect on how things went in a subsequent catch-up.







SUPPORTING YOUR WORK IN TRAUMA



Workers who support people with high levels of exposure to trauma can be impacted by the work. These impacts can range from the emotional toll of sharing people's most difficult and harrowing experiences, to the stresses of managing busy and demanding service environments, and, in some cases, to being reminded of personal experiences of trauma. Looking after yourself is important to prevent burnout.

Burnout is often described as feeling exhausted and overwhelmed, feeling cynical and detached from work, and having a sense of ineffectiveness and lack of accomplishment.

Work factors that are related to burnout include being overloaded, having limited support, and experiencing role conflict and ambiguity. Additionally, burnout is associated with lack of work satisfaction, lack of support from supervisors, and being a younger or less experienced worker.

The good news is that rates of burnout or 'secondary traumatisation' amongst those working with people who have experienced trauma are actually quite low. It is possible to work with people who have experienced trauma without being negatively impacted. Well-supported and appropriately trained workers can provide effective services in environments that are characterised by high numbers of trauma-affected service users.

Importantly, organisational support and sensible worker self-care can prevent burnout, particularly if workers can access trauma-specific training and supervision.

The following page summarises key behaviours that support the delivery of sustainable trauma-informed support and services.

Supporting work with trauma – Literacy, Skills, Supervision, Reflection, Role Clarity and Self-Care.


What can an agency do?

- Provide clear policies and procedures that are consistent with trauma-informed care. Build services that provide safe, predictable experiences for service users.
- Provide adequate training and ongoing professional development – especially trauma literacy, mental health literacy, and knowledge of the service system.
- Support the establishment and development of skills to support psychosocial stability, resilience and recovery.
- Provide opportunities for team reflection and service planning.
- Provide adequate opportunities for supervision and consultation that is trauma-informed and consistent with your team's needs and the characteristics of your service.
- Provide clear role expectations and communicate the boundaries of the service and your expectations of workers.
- Actively support staff self-care and resilience.
- Monitor and manage staff wellbeing.

What can a worker do?

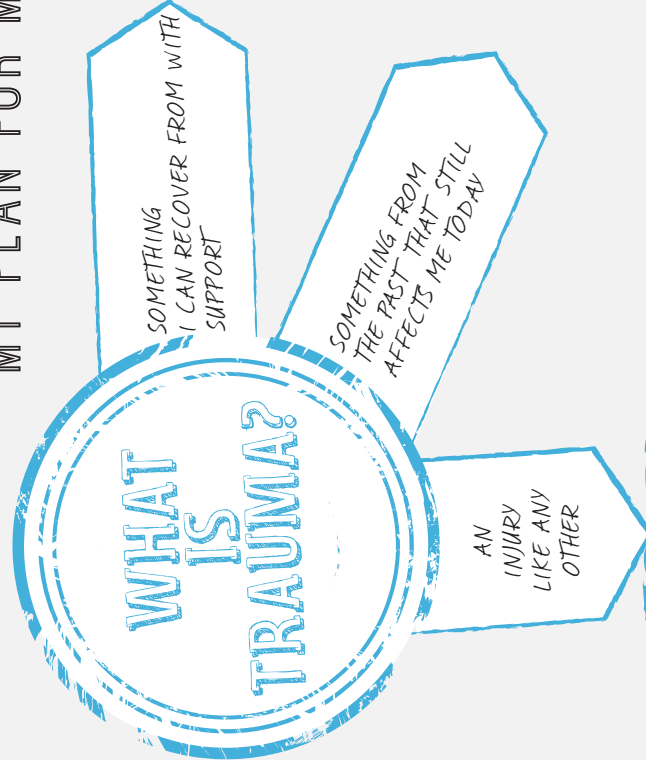
- Advocate to have consistent trauma-informed care principles applied within your service or program. Get involved in the development and evaluation of policies and procedures.
- Make use of available training and professional development opportunities – keep your trauma and mental health literacy and service system knowledge current.
- Seek opportunities to develop, practise and reflect on your skills. Model skills for your colleagues, and draw on the experience and wisdom of teams.
- Engage with reflective practice – make use of your designated spaces to reflect on practice, on how consistent and trauma-informed your service is, and on how well-established practices, policies and procedures are working to meet the needs of your service users.
- Make use of supervision, peer supervision, and opportunities to consult. Make use of opportunities to monitor your own practice, and the practice of your team. Access expert consultation where available.
- Understand the expectations of your role, and the boundaries around what is expected of you. Don't go beyond what you can sustainably do.
- Take an active "do as I do" approach to your own resilience and wellbeing. Engage in monitoring your wellbeing at work. Make use of the supports and resources that are available to process your work.

WORKSHEETS:
MY PLAN FOR MANAGING TRAUMA
MY SOCIAL SUPPORT MAP



These two worksheets can be photocopied and used to record the outcomes of the activities in this guidebook and facilitate structured follow-up (even with different workers or across agencies). They are a way of remembering new or important information, strategies and supports for coping with trauma. You may not use all sections of the worksheets – but a good place to start is to identify what is already working to cope with trauma-related reactions, and to identify existing sources of immediate social support. It might take some time to ‘complete’ both the trauma plan and the social support map, but making a start means you have a record of what you have worked on. These worksheets can also be a reminder for the person you are working with that there might be some different things you may be able to help with in the future.

MY PLAN FOR MANAGING TRAUMA



BEWARE!

Situations to be careful in

PREPARE!

Things that help me cope

REPAIR!

What helps me mend

FOLLOW UP

I'd like to learn more about:

I'd like to do more:

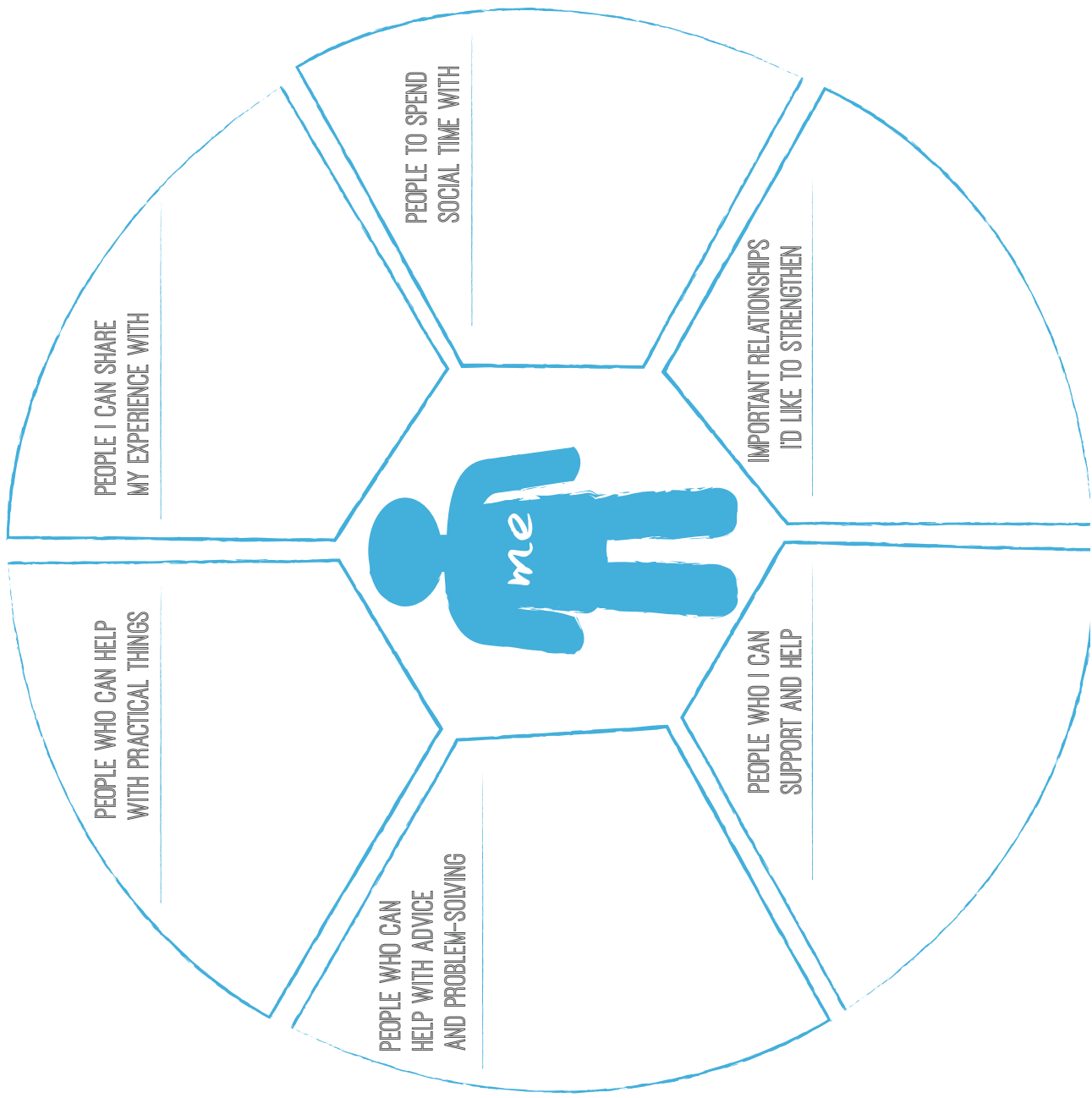
I'd like to do less:

I'd like to follow this up next time I see my worker:

THINGS I CAN TELL MYSELF THAT WORK

MY IMPORTANT CONTACTS

MY SOCIAL SUPPORT MAP



MAKING IT HAPPEN - MY PLAN

