Metro South Health

Addiction and Mental Health Services

# Therapy Capability Framework

## Trauma Informed Care

*We care about you*

Queensland Government

contents:



## Foreword

The Therapy Capability Framework and the promotion of evidence-informed therapies have been developing over many years at MSAMHS. The final development of the current four frameworks has been funded by the MHAOD Branch and marks a significant step in the process of helping staff to engage with consumers and carers to support their recovery. It places people with a lived experience at the centre and supports their engagement at all levels.

The Frameworks aim to strengthen a culture of consistently providing high quality evidence-informed and recovery-focused therapies. To remain high quality, the frameworks promote a process of review and adaptation so that therapy approaches remain influenced by the most recent evidence and stay relevant for consumers and their carers.

Using the Frameworks will support our practice and provision of services to the community by way of professional development, supervision, focussed organisational support, research and service development.

I know and see your commitment to best practice and hope these Frameworks offer additional support for you to continue providing exceptional care, evoking hope for recovery with our consumers and their carers and offer avenues for your own training and quality supervision.

**Geoff Lau**
Director of Therapies and Allied Health, Metro South Addiction and Mental Health Services

## Therapeutic Pillars, explained

The Therapeutic Pillars represent specific therapies and interventions and guide targeted areas of health provision offered at MSAMHS. Development of the Therapeutic Pillars

has been informed by international and Australian guidelines, from discussions and completion of surveys with mental health practitioners, and from consultation with consumers and carers of our service.

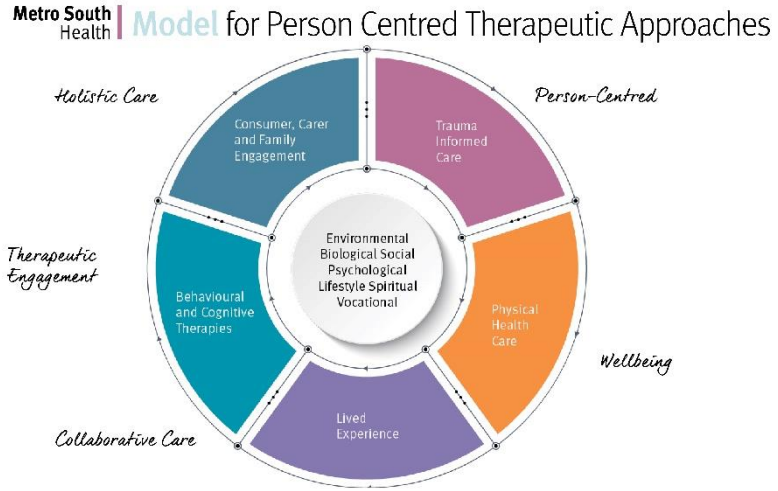
**The function of the Pillars is to:**

- Highlight endorsed areas of practice that promote recovery and organisational responsibility to invest in staff knowledge and practice
- Improve consumer and carer access to Evidence-Based Practice (EBP) and recovery-oriented services
- Promote appropriate formulation of consumer needs to positively influence the direction of care based on EBP and consumer desires in line with the organisation's values
- Ensure each consumer is seen contextually as a person, not just through the perspective of illness or symptomatology
- Reduce variable access to care making interventions, supports and therapies equally accessible to all consumers and carers: No wrong door policy.

**The Therapeutic Pillars are:**

Consumer, Carer and Family Engagement: Active engagement of consumers, families and carers in their therapeutic process over the duration of care.
Physical Health Care: Whole-of-person care focusing on mental and physical quality of life and wellbeing.
Cognitive and Behavioural Therapies: Understanding and addressing thought processes that govern behaviour and emotions.
Trauma Informed Care: Sensitivity and consideration to the impact of trauma and the importance of considering trauma when understanding a consumer's or carer's presentation.
Lived Experience: Acknowledging and learning from the experiences of people with a lived experience of mental illness and the therapeutic benefits of a peer lived experience workforce.

As can be seen in this diagram the Pillars fit between our broader practice principles of Therapeutic Engagement, Holistic Care and Collaborative Care and the more specific Environmental, Biological, Social, Psychological and Lifestyle health determinants we consider when working with consumers. Our Person-centred approach values the therapeutic use of shared experiences and personal understanding of mental health issues to assist consumers in their individual recovery journey.




It is important to note the Pillars do not denote all areas of intervention, practice and therapy being offered at MSAMHS, but rather highlights areas of practice that will be emphasised through education and training, as well as through supervision, research and service development.

While these Pillars have been separated into different domains to provide detailed guidance and support for practice, it is intended that they be used together for a robust, broad formulation that informs the direction of care and services. As such, these Pillars are interrelated and will have features of overlap and correspondence, e.g. working with a consumer who has experienced trauma will require consideration of their broader context including lived experience, family relations and supports, their physical health and possible substance use, as well as maladaptive cognitions and behaviours, thus incorporating all Pillars when working with consumers and carers.

**The desired outcome** *of services utilising these Pillars will be a well-supported and knowledgeable multidisciplinary workforce in the provision of responsive, effective and recovery-oriented evidence-based services that are equally accessible for all consumers and carers.*

## Purpose of the Therapy Capability Frameworks

The purpose of the Capability Frameworks is to detail specific practice features within each of the MSAMHS Therapeutic Pillars. The Capability Frameworks have four levels of practice detailing different capabilities, which staff can use as a guide for self-reflection and self-development. This Framework assists planning for learning and supports confident practice of Trauma-Informed Care (TIC) interventions, and promotes supervision and, most importantly, consumer and carer access to evidence-based mental health and addiction services. It is not intended for use as a performance management tool and is not in any way aligned with the Health Practitioner/Nursing or other employment classification levels.

At a service wide level, the Frameworks can support identification of:

- Capability gaps to create learning and development opportunities for staff.
- Expectation for all admin staff to be *Foundation* and clinical/peer front-line staff to be *Practice-informed* across the Therapeutic Pillars as a minimum standard of practice when working with consumers and their carers.
- Best practice through promotion of supervision, use of EBP, research and evaluation of therapies, interventions and support services offered at MSAMHS.
- Quality and safety and consumer outcomes data aligned with staff capability data to inform decision-making.

(Lau, Meredith, Bennett, Crompton, & Dark, 2017)

The frameworks are intended for all MSAMHS staff. While frontline clinical and peer staff are encouraged to work towards being Practice-informed across all Pillars, administrative staff will be supported to be at Foundation level. It is not intended for every frontline staff to work towards becoming Practitioners or Advanced Practitioners across all Pillars. Identifying those staff at a more experienced level can be helpful to support other staff with supervision, mentoring and training. Additionally, noting levels of staff can be a guide for services within the organisation, particularly in decision making for training and supporting sustainability of supervisors.

While some disciplines may champion certain Therapeutic Pillars, as with Social Work and the CCFE Pillar, the intention is for all disciplines to have equal access to training and supervision and therefore use all frameworks within their scope of practice. It is important to ensure that the Therapy Capability Frameworks are designed to **strengthen the professional background and perspectives** of our administration, allied health, medical, nursing and peer lived experience workforce.

**The desired outcome** *of using these frameworks will be to assist staff to confidently respond and provide services that are evidence-based and recovery-oriented within their scope of practice and to provide clear pathways for referral, education, training and supervision in these areas of practice.*

Terminology used in this Framework:
The concept of family can mean different things to different people and the roles people have within families changes over their lifespan. For this reason, the term ‘carer’ is used and refers to someone who is providing care for someone they have an emotional or family attachment to.

## Summary of Capability Levels

Foundation level: this level incorporates awareness of MSAMHS service guidelines and the fundamentals for working with consumers and their carers. It involves a general awareness of other levels in the framework and as such is aware of a range of services offered within your team and how referrals can be actioned with support from more experienced staff. All entry-level staff who have completed online training will be at this level. Administration staff are encouraged to aim to be at this level across all Therapeutic Pillars.

Practice-informed level: this level incorporates basic understanding of the Therapeutic Pillar principles including how to provide basic interventions to enhance regular practice. Also included is how to assess and review outcomes as well as engage in supervision, self-reflective practice and further own understanding and education around the intervention. Practice in this area will always be accompanied by supervision and there is no requirement to provide "therapy" at this level. All clinical/peer/frontline staff are encouraged to aim to be at this level across all Therapeutic Pillars.

Practitioner level: at this level, staff will have good knowledge and experience in the principles, theory and application of the intervention specific to particular populations. Formal training in this intervention has been completed along with ongoing supervision of practice and engagement in supervision of less experienced staff. Staff at this level will have contributed to research or service development around this intervention.

Advanced Practitioner level: staff at this level will have a detailed and comprehensive knowledge of theory, contemporary interventions, skills, strategies and practice emerging from recent scientific research. Staff will provide consultation and leadership to MSAMHS for promotion of the intervention including contributing to development of protocols of supervision, staff training, research design and evaluation for the promotion of EBP.

## Our Metro South Community

It is acknowledged that we work with individuals within our community who are marginalised, discriminated against and who have poorer life expectancy and physical health outcomes when compared with the general population. Within this community again are individuals who experience additional hardship including environmental and political circumstances that contribute to their overall picture of life challenges, recovery journey and resilience. Overarchingly, there is a need to further our cultural competence and sensitivity of practice when working with consumers.

**Aboriginal and Torres Strait Islander Consumers:** It is estimated that the life expectancy of Aboriginal and Torres Strait Islander people is lower than the general population by 10.6 years in males and 9.5 years in females. Non-communicable and preventable diseases account for an estimated 70% of this health gap. Some of these diseases include cardiovascular disease at 23%, diabetes at 12%, mental disorders at 12% and chronic respiratory disease at 9% (Markwick, Ansari, Sullivan, Parsons, & McNeil, 2014).

Added to recognition of health disparity between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people, a sensitivity is needed along with an acknowledgement of the ongoing health inequalities that have resulted from the trauma experienced due to Australia's colonisation by Europeans (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2019; Merritt, 2011). Further to the recognition of systemic discrimination is the concept of barriers to help seeking, as help seeking has been shown to be lower in Aboriginal and Torres Strait Islander people (Coates, Saleeba & Howe, 2018). When considering this, it becomes essential that services are aware of these barriers and seek to actively dismantle them in order to fully service all consumers equally. Barriers of note include experience of racism and discrimination, lack of trust in mainstream services, negative past experiences, low mental health and addiction literacy, holding mental health and addiction stigma and shame, and lack of culturally appropriate services (Coates et al., 2018).

*Key considerations for MSAMHS* are therefore:

- Acknowledgement of potential trauma and its impact on presentation
- Consideration of the local community the consumer comes from
- Whole person perspective including physical, mental and spiritual wellbeing (Parker & Milroy, 2019).
- Consideration of Aboriginal and Torres Strait Islander concepts of health and methods of health care that are mindful of diversity and identity
- Not limiting health care to diagnosis or limiting care with the perspective of 'personal responsibility" rather than seeing a broader contextual causation and maintenance of poor health and good health (Markwick et al., 2014).
- Referral to Aboriginal or Torres Strait Islander support staff
- Culturally aware staff who understand the impact of intergenerational trauma, the separation from culture, spirituality, language, and social injustice (Gilbert, 1995)
- Respond to barriers to help seeking.

**Cultural Diversity:** Cultural beliefs about what constitutes mental illness and how to respond to it affects how individuals from a culturally and linguistically diverse background seek help and whether they will choose to access mental health services (Cross & Bloomer, 2010). Although there are considerable research and data gaps in this area, evidence indicates that individuals from a culturally and linguistically diverse background have lower rates of mental health service utilisation when compared to the Australian-born population (Minas Kakuma, Too, Vayani, Oranpeleng, Prasad-Ildes, Turner, Procter, & Oehm, 2013; Colucci, Too, & Minas, 2017).

Some barriers for people in accessing mental health services include lack of knowledge about mental health services, language barriers, stigma of mental illness, concerns about confidentiality, cultural beliefs about mental health symptoms, negative experiences of using mental health services, concerns about not being understood or respected or cultural needs not being met (Minas, et al., 2013).

There are a range of factors contributing to an increased risk of mental health problems in people from culturally and linguistically diverse backgrounds, including: loss of family and social connections, discrimination, stresses of migration and adjusting to a new country, exposure to trauma before or during migration and a range of other social determinants (Baker, Procter, & Ferguson, 2016).

When working with people from culturally and linguistically diverse backgrounds it is important to address the barriers that prevent people from accessing mental health services and to identify the range of risk and protective factors that influence mental health and wellbeing. Mental health clinicians who work in culturally responsive ways seek to understand the illness experience of culturally and linguistically diverse consumers and work collaboratively with consumers and their family to respond to cultural needs (Cross & Bloomer, 2010).

*Key considerations for MSAMHS* are therefore:

- Respect for the cultural values and needs of the consumer and their family to support good therapeutic alliance and communication.
- Understanding what is culturally normative for the individual with respect to their cultural reference group and their own individual baseline.
- Understanding the challenges associated with using interpreters. Seek to offer interpreters even when an individual has a conversational level of English language proficiency. Ask about dialect and gender preferences.
- Explaining confidentiality and roles and responsibilities in a way that individuals can understand.
- Understanding an individual's cultural/ethnic/racial/spiritual/language identity (or identities).

- Understanding of the individual's level of acculturation with the host country.
- Understanding the cultural meanings of health and mental health and addiction and an individual's explanation of their illness or distress.
- Understanding the psychosocial environment and level of functioning with respect to cultural norms.
- Understanding of the unique circumstances of the individual and the impact and implications of these circumstances i.e. trauma, residency stress, citizenship, and refugee status.
- Understanding that cultural differences between an individual and the clinician can influence communication, language, interpretation of responses and behaviours, relationship and rapport building.
- Facilitate referral to transcultural mental health services and other culturally appropriate treatment or psychosocial support services.

**Diverse Sexuality and Gender:** There are clear disparities in health outcomes within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and/or Asexual (LGBTQIA+) consumer community when compared with cisgender heterosexual community members. Members of this community are disproportionally affected by depression and anxiety in part due to experiences of gender and sexuality based discrimination (Briggs, Hayes, & Changaris, 2018).

Suicide attempt rates in the transgender population are worryingly high, around 11 times higher than in the general population, and LGBTQIA+ people aged 18-27 are five times more likely to attempt suicide in their lifetime (National LGBTI Health Alliance, n.d). As such, services need to be knowledgeable and inclusive of diverse gender and sexual identities. Some barriers to help seeking include overt and covert discrimination and a lack of LGBTIQA+ sensitive practice (Narang, Sarai, Aldrin, & Lippmann, 2019). This includes, but is not limited to, assumptions regarding gender, and not respecting name, dress, and pronouns when communicating with consumers. Additionally, the lack of acknowledgement of the impacts of familial and social rejection and exclusion, bullying and violence, historical social trauma and disrespecting identity can act as barriers to engagement (Klein & Golub, 2016).

Key considerations for MSAMHS are therefore:

- Tailoring interventions to meet the needs of LGBTQIA+ consumers.
- Linking consumers with peer groups and LGBTQIA+ services, whether face-to-face, online, or by telephone.
- Understanding the importance of safe spaces for the LGBTQIA+ community.
- Gaining a better understanding of contemporary research and standards of sensitive practice specific to LGBTQIA+ consumers.
- Understanding the challenges LGBTQIA+ consumers face with regards to social and familial relationships, including rejection.
- Understanding of how stigma, discrimination and marginalisation can impact on mental health, addiction, and physical health outcomes - including perceived or actual exclusion from support services.
- Understanding intersectionality in the context of LGBTQIA+ consumers.
- Understanding the impact of domestic and family violence on LGBTQIA+ consumers.
- Acknowledgement of struggles including prejudice, social stress, social exclusion, homophobia and transphobia, bullying, abuse and violence.
- Acknowledgement of how individuals and services can exclude LGBTQIA+ consumers.

## What is Trauma-informed Care (TIC) Intervention and Practice?

Trauma-informed Care (TIC) refers to a range of interventions, practices and scientific perspectives that acknowledge the rates of individuals who are affected by trauma in our community, understands how trauma impacts on their lives and their mental health support needs and emphasises the importance of considering trauma when understanding a consumer's presentation. TIC also prioritises the wellbeing and health of the workforce by acknowledging and supporting staff experiencing vicarious and secondary trauma in the workplace.

**MSAMHS supports TIC practices as key to recovery for consumers affected by psychological trauma.** This means staff are supported to prioritise a consumer's broader life context, recognise signs of trauma and consider if a consumer's presentation is an adaptation to traumatic experiences. Staff are also supported to respond by providing safe, collaborative, strengths-focused services that empower consumers, and to be mindful of systems or processes within a service that may lead to re-traumatisation.

This Framework refers to TIC strategies and practices that normalise responses to trauma by understanding people through the lens of "what happened to you and how did you cope, rather than what is wrong with you". Practices range from using trauma-informed language, showing compassion, empathy and validating and normalising a consumer's experience, prioritising the management of physiological arousal, understanding and helping to identify patterns of responses at a neurological level, reconnection to positive relational resources and support with social skills development. TIC extends to more complex interventions to normalise coping skills and understands that some coping has changed from adaptive to maladaptive as a response to threat, promoting identity formation and empowerment and specific trauma focused therapies. It also includes supporting staff to manage vicarious and secondary trauma exposure.

Overarchingly, TIC informs awareness and understanding of the degree to which traumatic events can impact on how consumers and staff flourish, learn, engage socially, and strengthen their mental and physical health.

This TIC Capability framework assists staff to be aware of and incorporate into regular practice TIC principles according to their capability and professional scope of practice. The Framework provides staff with a greater awareness of TIC and its application for working with individuals with mental health issues and/or addictions, along with capabilities to identify, refer, support, educate and provide care to individuals in an inclusive, recovery-focussed and non-judgemental way.

| **Domain 1: Knowledge and Skills** | | | |
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| Knowledge refers to the theoretical and practical awareness and understanding of the use of TIC strategies. Skills within this domain reflect the proficiency in delivering TIC strategies in a collaborative, consumer-focused, evidence-based, recovery-oriented and effective manner as an adjunct to professional scope of practice. | | | |
| Foundation Staff | Practice Informed Staff | Practitioner | Advanced Practitioner |
| **Knowledge**<br>Aware of the 5 principles of TIC.<br><br>Aware of the prevalence of psychological trauma and how likely it is to come into contact with people exposed to trauma, including consumers and staff.<br><br>Aware of understanding someone better through the lens of "what happened to you and how did you cope", rather than "what is wrong with you".<br><br>Aware of risks of re-traumatisation and ways MSAMHS can trigger people adversely who have been exposed to trauma.<br><br>Basic understanding of how trauma may influence how someone perceives you, how it can impact on how they engage with services, and how their behaviours today may be influenced by past traumatic experiences. | **Knowledge**:<br>Knowledge of TI approaches and how to respond appropriately to trauma disclosure including appropriate use of documentation and referral pathways.<br><br>Knowledge that people choose to disclose for different reasons, in different ways and some may ask for support while others may not.<br><br>Knowledge that TIC acknowledges the person's lived experience of trauma as unique to that individual and an understanding that TIC approaches do not have to discuss details of the consumer's specific trauma, should the consumer not wish to disclose.<br><br>Knowledge of the association between trauma and the chronic stress response on both mental and physical health (refer also to the Physical Health Care framework).<br><br>Knowledge of non-verbal aspects of communication, how this can help to identify triggers, and help people feel safe.<br><br>Knowledge of the degree to which traumatic events can impact on how people flourish, learn, engage socially, | **Knowledge**<br>Good knowledge of how older and younger people, those from culturally diverse backgrounds, those with intellectual disabilities can be more vulnerable (e.g. difficulties with access to services and information and continuing trauma exposure).<br><br>Knowledge of the developmental impact of complex trauma on children, links to communication disorders and the importance of the carer system when working with children who have complex trauma. More specifically being able to adopt a therapy modality that considers the age of the consumer.<br><br>More in depth understanding of trauma prevalence, and the neurobiology of the brain and the physiology of the body including mechanisms underlying trauma such as pattern matching related to trigger responses.<br><br>Good knowledge of the mechanisms underlying more complex traumatic responses such as difficulties with memory processing and functioning and dissociation.<br><br>Good knowledge of the phase-based approach to trauma recovery: safety and stabilisation; processing; and reconnection and integration.<br><br>Good knowledge of the different effects of stress on the brain including 'hyperarousal' and 'hypoarousal' and how these would manifest differently, including knowledge of the precision regulation system and relevant resources. | **Knowledge**<br>High-level understanding of organisational TIC practice and trauma-focused clinical interventions and how the two are aligned but distinct.<br><br>In-depth knowledge of trauma theory along with contemporary interventions, skills, strategies and practice emerging from recent scientific research.<br><br>In-depth knowledge of the concept of posttraumatic growth, resilience and focusing on existing strengths and resources with both consumers and staff exposed to trauma.<br><br>Has completed training in at least one evidence-based trauma-focused clinical therapy.<br><br>Has good critical understanding of facilitating a trauma-informed organisation as a TIC leader in the community.<br><br>**Skills**<br>Provide high-level consultation and intervention to colleagues/teams for consumer's experiencing |

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| Aware that not all traumatic experiences result in someone feeling traumatised.<br><br>Has completed the foundation level TIC online training module – see training section of this document.<br><br>**Skills**<br>Demonstrated ability to speak up to senior staff when observing a practice/environmental factor that is not trauma-informed (TI).<br><br>Actively promotes a sense of safety with consumers and colleagues.<br><br>Actively practices self-care, understand the signs of vicarious and secondary trauma.<br><br>Actively encourages use of TI Acknowledgement to Country statements in the workplace. | and on their mental and physical health and life chances.<br><br>Has completed the 4-hour basic trauma skills: safety and stabilisation workshop.<br><br>Knowledge of how physical environments can impact on consumers who have experienced trauma.<br><br>**Skills**<br>Demonstrated ability to offer individualised flexible care plans and approaches.<br><br>Able to complete a TI formulation in collaboration with consumers and carers with supervision from more experienced staff.<br><br>Provide appropriate and tailored psychoeducation at the right time on Sympathetic Nervous System activation, Neurobiological effects of trauma, dissociation and heightened threat perception (how individuals impacted by trauma are primed to see danger, aggressions, threat) and the Window Of Tolerance.<br><br>Can identify when a Consumer's or colleague's needs are beyond their own scope of practice and seeks appropriate guidance. | Good knowledge and demonstrated competency in adopting evidence-based protocols to support consumers to manage nightmares and flashbacks.<br><br>Understands the issues of shame and criticism as it specifically relates to trauma and how these emotions can be triggered by services via language and non-verbal communication.<br><br>Has successfully completed formal training in mindfulness approaches, including introducing mindfulness with consumers as part of a safety and stabilisation stage of support.<br><br>Good knowledge of how the physical environment of health services can impact on consumers.<br><br>**Skills**<br>Can explain the phase-based approach to trauma recovery to consumers, carers and other stakeholders in a way that is reassuring, fosters hope and is practical and relevant to the consumer's situation.<br><br>Actively asks about trauma and responds confidently using focused EBP trauma specific strategies, tailoring interventions to the consumer's needs and current situation e.g. culture, SES, age, IQ, readiness for change.<br>Consideration is given to:<br>• Factors impacting on the person's recovery (substance use, avoidance, financial, work pressures)<br>• Focus on establishing autonomy and mastery of skills – recognition of resilience and strengths and promote a sense of hopefulness about recovery<br>• Supporting the establishment of good social connections and supports<br>• Build on adaptive protective factors<br>• Normalise consumer distress, explore ways of coping, recognise increases in distress or dissociation. | complex trauma related difficulties. Highly experienced with the understanding a consumer's trauma related risk level, response to engagement with services and at times, difficulties associated with graduation from care.<br><br>Is involved in critical incident reviews to provide advice on TIC perspectives.<br><br>Leads promotion and guidance on TIC strategies such as appropriate use of language/physical environment considerations at an organisational level.<br><br>Provides consultation to other staff around longer-term support for consumers with more complex care needs i.e. linkages with external service providers, therapists etc.<br><br>Leads by example and ensures consumer safety and emergency plans (e.g. PAIP) including a focus on safety and stabilization strategies that assist consumers to regain control, ensuring plans remain current and accessible. Looks for opportunities to encourage the same from colleagues and assists others. |

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| | Engage with consumers to identify triggers.<br><br>Ability to help consumers to assess current circumstances that are continually/currently traumatic (e.g. ongoing DV situations).<br><br>Support consumers to become aware of the impact of trauma on their physical health. Also, to support carers at risk of carer fatigue (refer also to Consumer, Carer and Family Engagement Framework).<br><br>Support consumers to note how they apply adaptive and maladaptive ways of coping to survive – non-judgementally normalise coping strategies with a focus on exploring adaptive coping.<br><br>Use referral pathways and support consumers to access relevant and appropriate services and supports for recovery, including internal and external services, information and resources.<br><br>Demonstrate a willingness to ask about and compassionately listen to details of trauma, appropriately respond by supporting the consumer to manage and reduce any distress and respond to their immediate needs within scope of practice. | Ability to screen for dissociative responses in both community and inpatient settings and talking to consumers about dissociative responses and emotional numbing.<br><br>Practiced in promoting the use of external aids and prompts to counteract memory difficulties, which are often experienced by consumers with active signs of traumatic stress. Encourages colleagues to do the same.<br><br>Ability to use and interpret appropriate research supported trauma-focused screening tools and assessments.<br><br>Actively use referral and collaboration with other services to improve overall quality and extent of care for consumers.<br><br>Looks for and engages in opportunities in the workplace to promote TIC and prioritisation of a trauma aware organisation e.g. trauma focus in a consumer's formulation where indicated, suggesting a TIC strategy and team approach to care planning, or change to the physical environment that promotes feelings of safety and limits triggers, encouraging discussion in MDTR and other clinical meetings about trauma, as well as Window of Tolerance discussion for consumers, etc. to support a broad TIC practice approach.<br><br>Demonstrated ability to recognise the effects of both complex trauma and PTSD related trauma (and how they are distinct but can occur co-morbidly) as well as formulate and tailor individualised care plans.<br><br>Provides support to the organisation and team on making physical environment changes that are TI and promote safety and consideration of a consumer's trauma experiences. | Engages in opportunities to promote and provide education and information to external agencies about TIC (e.g., NGOs, GPs, QAS, QPS, private practitioners).<br><br>Leads evaluation of individual and group therapy programs.<br><br>Proficient in skills to communicate and train staff on TIC strategies and therapy.<br><br>Proficient in the application of TIC therapies and strategies.<br><br>Provide consultation to MSAMHS for promotion of TIC, protocols of TIC supervision and develop and review training for support of staff to use EBP on TIC.<br><br>Provides advice to MSAMHS regarding opportunities to be a TIC leader and develop linkages with partners/stakeholders (e.g., Metro South Health, medical departments, PHN, universities). |

| **Domain 2: Autonomy and Supervision** | | | |
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| Autonomy refers to the staff member's capacity to undertake a range of procedures, actions and processes regarding TIC interventions in a manner that is safe, effective and in line with therapy governance practices. Supervision denotes the staff member's level of engagement in receiving and providing supervision on TIC interventions. | | | |
| Foundation Staff | Practice informed Staff | Practitioner | Advanced Practitioner |
| Aware there may be many factors influencing a consumer's presentation and considers how they may benefit from service wide/available care options.<br><br>Ask for guidance from more senior staff around issues relating to consumer presentations including formulation and evaluation of consumer needs to better support recovery.<br><br>Seeks support from line manager and discipline supervisor around issues relating to TIC for consumers. | TIC practice is supported by observation/supervision of interventions and formulation i.e. Participation in regular individual and/or group supervision on TIC.<br><br>Supported in supervision to measure outcomes of TIC based interventions and review these outcomes with self-reflection.<br><br>Seeks support from more experienced staff on the application of TIC components of practice.<br><br>Provides support to consumers to manage safety and minimise risk when providing interventions.<br><br>Promotes discussion around TIC at a team meeting level.<br><br>Staff actively work to recognise effects of stress and access support from colleagues, supervisor and line manager for issues of self-care. | Independently manages more comprehensive practice, tailoring TIC to a consumer's needs including those with more complex care needs.<br><br>Independently manages appropriate collaborative & ethical boundaries when practicing TIC.<br><br>Guided by and provide guidance to multidisciplinary teams on TIC.<br><br>Provide and receive regular ongoing individual/and or group supervision on TIC.<br><br>Participates in delivering manualised TIC group and individual interventions/training with supervision.<br><br>At a team level, identify the impact of vicarious trauma exposure and promote the expectation of support for staff.<br><br>Identifies opportunities to promote staff wellness initiatives and other strategies that promote staff health and wellbeing (e.g. TI approach to debriefing, psychological buddy system). | Provides consultation, supervision and direct intervention around very complex care needs.<br><br>Engages with leaders to promote organisational focus on the value of TIC (including the cost-effectiveness of TIC) and in doing so, influence system change, organisational culture, staff education, staff access to supervision, and guidelines for TIC practice.<br><br>Promotes, at an organisational level, the importance of quality supervision and professional support for staff in the management of vicarious and secondary trauma. Actively identifies gaps in the organisation or staff in need of additional support.<br><br>Engages in and provides regular TIC supervision.<br><br>Leads review and identification of supervision needs for staff on TIC.<br><br>Leads promotion of TIC and supports MSAMHS to make available TIC and therapies to consumers who need this service. |

| **Domain 3: Research and Evidence-Based Practice** | | | |
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| This domain refers to the staff member's involvement in research on TIC interventions in the service setting. Evidence-Based Practice role includes the level of participation in and/or facilitation of formal and informal evidence-based TIC professional development and training. | | | |
| Foundation Staff | Practice informed Staff | Practitioner | Advanced Practitioner |
| Accesses informal mentoring at work from senior staff about general concepts of TIC.<br><br>Knowledge of and follows organisational guidelines that promote the use of TIC for consumer recovery.<br><br><u>Clinical and Peer staff only</u><br>Recruits consumers to current service-based research opportunities and participates in quality improvement initiatives related to TIC. | Has commenced developing knowledge of TIC including reading relevant research and practice principles.<br><br>Understands the links of using TIC to positive consumer and organisation outcomes and understands where these interventions may be best applied according to EBP.<br><br>Basic understanding of limitations of interventions. | Has completed formal training/professional development on TIC.<br><br>Knowledge of and self-directed learning in TIC including scientifically supported education on interventions and assessments.<br><br>Participates in TIC intervention review, including peer supervision, journal clubs, and program evaluation.<br><br>Supports more skilled therapists in promoting training and running research opportunities within MSAMHS on TIC.<br><br>Promotion of TIC EBP at a team level e.g. in case reviews and operational meetings. | Has completed professional development to an advanced level on TIC. Confidently draws on this training and new research and adapts these in the context of providing interventions.<br><br>Identifies TIC training and education needs of others within the organization.<br><br>Identifies TIC research opportunities at an organisational level including opportunities to partner with other agencies/stakeholders.<br><br>Leads research design, implementation and evaluation along with the interpretation of this TIC research data for relevant quality improvement activities. |

| **Specific TIC resources** | |
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| Name | **Link** |
| Trauma-informed Care and practice | https://www.blueknot.org.au/Resources/Information/Trauma-Informed-Care-and-Practice |
| Impacts of Trauma | https://www.blueknot.org.au/Resources/Information/Impacts-and-healing/Impacts |
| Resilience and Recovery | https://www.blueknot.org.au/Resources/Information/Impacts-and-healing/Resilience-and-Recovery |
| Trauma and Memory | https://www.blueknot.org.au/resources/publications/trauma-and-memory |
| Self-Care for Providers | https://www.istss.org/treating-trauma/self-care-for-providers.aspx |
| What is Traumatic Stress | https://www.istss.org/public-resources/what-is-traumatic-stress.aspx |

| **Training** |
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| Foundation and Practice Informed |
| Online Learning<br><br>• MSAMHS Family and Carer Inclusive Practice Course One<br>• MSAMHS Sensory Approaches<br>• MSAMHS : Introduction to Deafness and Mental Health<br>• MSAMHS : Introduction to Deafness and Mental Health Level 2<br>• MSAMHS Single Session Therapy for Acute Services<br>• MSAMHS Introduction to Trauma, Becoming Trauma Informed<br>• MSH Person-Centred Care - Reflective Practice eLearning Module<br><br>Face to Face Learning<br>• Mental Health First Aid<br>• Youth Mental Health First Aid<br><br>For dates contact ResearchandLearningNetworkMSAMHS@health.qld.gov.au |

| General resources | |
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| | |
| **Name** | **Link** |
| A national framework for recovery-oriented mental health services: Guide for practitioners and providers | https://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf |
| A national framework for recovery-oriented mental health services: Policy and theory | https://www.health.gov.au/internet/main/publishing.nsf/Content/51A6107C8A3B0187CA2582E4007A5591/$File/recovpol.pdf |
| From individual to families: a client-centred framework for involving families | https://www.bouverie.org.au/images/uploads/Bouverie_Centre_Framework.pdf |
| Champions for Change report – Working together with families, carers and friends as partners in mental health recovery (2015) | https://bsphn.org.au/wp-content/uploads/2017/12/Champions-for-Change-Report-FINAL.pdf |
| Family Sensitive Practice – working with families and carers as key partners in consumer recovery | https://qheps.health.qld.gov.au/metrosouthmentalhealth/html/fci_capability |

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| Planetree Person-centred Care | https://www.planetree.org |
| Information Sharing | https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444635/info_sharing.pdf |
| Mental health statement of rights and responsibilities | https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-rights2 |
| Independent Patient Rights Advisers – Fact Sheet | https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444920/role-of-ipras-fact.pdf |
| Clinical Supervision Guidelines for Mental Health Services: | https://www.health.qld.gov.au/__data/assets/pdf_file/0026/371627/superguide_2009.pdf |
| Visit the Research and Learning Sharepoint page for process and procedures, update, latest research news and other helpful information. | https://healthqld.sharepoint.com/sites/mshhs01-amhs/researchandlearning/research/Pages/default.aspx |
| Allied Health Translating Research Into Practice (TRIP) | https://www.health.qld.gov.au/clinical-practice/database-tools/translating-research-into-practice |

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