

Trauma-Informed Care and Practice

A guide to working well with
Aboriginal and Torres Strait
Islander peoples

We would like to acknowledge the Traditional Custodians of the Turrbal, Jagera, Yuggera, Yugumbeh, and Bundjalung lands on which this document has been developed. We pay our respects to the Elders past, present and future.

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For more information, contact:

The Way Forward Addiction and Mental Health
Services, Metro South Health, PO Box 6046,
Upper Mount Gravatt, QLD 4122, email [Ed_](mailto:Ed_mhsmetrosouth@health.qld.gov.au)
[mhsmetrosouth@health.qld.gov.au](mailto:Ed_mhsmetrosouth@health.qld.gov.au), Ph: 3156
9800 for The Way Forward, Addiction and Mental
Health Services, Metro South Health.

An electronic version of this document is
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A Trauma-Informed approach services to normalise symptoms and behaviours that have traditionally been pathologised¹ (p70). This approach asks, “What has happened to you?” rather than, “What is wrong with you”?

A trauma-informed organisation understands the risk of, and works to prevent, re-traumatisation through the replication of events or dynamics that caused the original trauma/s.

This document is designed for the following purposes:

- To work towards providing an appropriate service approach for Aboriginal and Torres Strait Islander peoples, with specific consideration of the context of transgenerational trauma and the current impacts of this.
- To create an opportunity for reflection and learning with regards to interactions between all MSAMHS staff, our consumers, their families, carers and support people.
- To create an opportunity for reflective practice in supervision.
- To use as a tool for reflection and development planning in Performance and Coaching Sessions.
- To inform assessment, therapeutic intervention and treatment planning.
- A contents page was not included in this document because it is important to absorb and reflect on the whole document. Please complete the reflection questions below.

Reflection questions

How much do you know about transgenerational trauma? (Rate from 0 – 10)



How much do you know about trauma-informed care practices? (Rate from 0 – 10)



Please list at least one key learning you hope to gain from this training package.

1. _____
2. _____
3. _____
4. _____

¹Bloom, S. (1997). Creating sanctuary: towards the evolution of safe communities.



Foreword by Professor Judy Atkinson

The word trauma is derived from the Greek word wound. In understanding trauma as wounds which may impact on physical, mental, emotional, social, cultural and spiritual wellbeing, we see the wounding as something that can be healed.

Traumatic wounding may come from single or multiple injuries. Trauma from a single injury, such as a car accident or a natural disaster may result in post-traumatic distress. Trauma from multiple wounds, more particularly interpersonal harm such as domestic or family violence, sexual exploitation and assault, may result in complex trauma. Neuroscience now shows that harm of children may result in neuro-developmental trauma.

People accessing Addiction and Mental Health Services, Metro South Health may have multiple unresolved traumas from adverse childhood experiences. Hence, Trauma-Informed Care and Practice within and across the organisation is vital.

The core values of a Trauma-Informed care and practice were developed through the Trauma-Informed Care Project under the Way Forward - an Indigenous Approach to Wellbeing. These core values are based on the knowledge that experiences of trauma can be mapped across generations of Aboriginal and Torres Strait Islander families and communities.

The Trauma-Informed Care Project therefore recognises the importance of understanding trauma and its impact within all alcohol and mental health services.

Working with people who have experienced trauma requires establishing physical, emotional and spiritual safety both within the workplace, and in delivery of services. All clients must be respected for the stories they bring to therapeutic processes, for it is these stories that will help workers make sense of the lives of those they are working with.

People who access Addiction and Mental Health Services, Metro South Health will help contribute to governance across the service sector, by their contribution to promoting an inclusive approach to services for, not just an individual, but their families and community.

The Trauma-Informed Care guidelines specific to Aboriginal and Torres Strait Islander needs are vital as Queensland Health improves its addiction and mental health services, because most people who present to such services with trauma-related problems have multiple unresolved complex trauma needing healing services.

Through the development and delivery of a Trauma-Informed service model that is responsive to the severe, diverse and complex woundedness of clients, outcomes for those clients will improve. By working with the local Aboriginal and Torres Strait Islander communities for healing that woundedness, skills specific to building resiliency and wellbeing will grow, not just within the health sector workforce, but within the community.

In understanding substance misuse and mental illness as an outcome of trauma, the workforce sector, clients, and community will all deepen their awareness of the damaging outcomes of trauma in the life of an individual or a social group. This will result in commitment to not just improved therapeutic approaches, but prevention of those early life experiences that contribute to traumatic wounding.

The Trauma-Informed Care Project under the Way Forward - an Indigenous Approach to Wellbeing provides a benchmark for other essential services.

Definitions of terms and types of Trauma

Organisation: Metro South Addiction and Mental Health Service and its employees.

Facilitated Access: Providing support and assistance either practically or emotionally to an individual to make it possible for them to access necessary services.

Strengths-based approach: Working with Aboriginal and Torres Strait Islander People in a way that focuses on and draws from their identified strengths to help them make wanted changes rather than focusing on ‘fixing’ or ‘removing’ the symptoms of disease or dysfunction.

Equity: The process of being fair and just by assisting people in getting what they need to live a fulfilling life. Unlike the concept of equality, equity accepts that not everyone has the same needs nor starts from the same place.

Social and Emotional Wellbeing: Social and emotional wellbeing is a holistic concept based on connections to country, culture, community, family, spirit and physical and mental health².

Transgenerational Trauma: Transgenerational trauma is the transference of emotional, physical, or social pain from one person to their descendants; this includes epigenetic transfer³.

Intergenerational Trauma: The transmission of historical oppression and its negative consequences between generations. There is evidence of the impact of intergenerational trauma on the health and wellbeing and the health and social disparities facing Aboriginal peoples in Canada and other countries⁴.

Complex Trauma: A psychological disorder thought to occur as a result of repetitive, prolonged trauma involving sustained abuse or abandonment by a caregiver or caregiver system with an uneven power dynamic, includes exposure to “ethnic cleansing” practices⁵.

Vicarious Trauma: Vicarious trauma is described as a transformation in a therapist (or other worker) because of working with clients’ traumatic experiences⁶.

² (Aboriginal & Torres Strait Islander Health Performance Framework 2014 report, <https://www.pmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-1-health-status-and-outcomes/118-social-and-emotional-wellbeing.html>)

³ <https://exploringyourmind.com/what-is-transgenerational-trauma/>

⁴ https://www.ucalgary.ca/wethurston/files/wethurston/Report_InterventionToAddressIntergenerationalTrauma.pdf

⁵ Cook, A., et. al., (2005) Complex Trauma in Children and Adolescents, *Psychiatric Annals*, 35:5, pp-398

⁶ <https://aifs.gov.au/publications/feeling-heavy/what-vicarious-trauma>

What is Trauma-Informed Care and Practice?

Trauma-Informed care and practice (TICP) recognises and acknowledges trauma and its prevalence in mental health presentations and is sensitive to its dynamics in all aspects of service delivery. There is recognition of the neurological, biological, psychological and social impacts of trauma, and services foster an organisational culture that is personal, holistic, creative and therapeutic.

The system understands the impact of trauma on an individual's development and their capacity to cope. The strengths of the individual are recognised, and trauma survivors are empowered to take back control of their lives. A sense of physical, emotional, psychological and spiritual safety within the organisation is created for both the service providers and their clients. Service providers are encouraged to move from the role of caretakers to collaborators in their work with clients⁷

Often, when people first present to mental health services they are in crisis and the intensity of their symptoms may be overwhelming. It is easy to get lost in the intensity of the event and lose sight of the predisposing and precipitating factors relating to the event. We treat the symptoms and lose sight of the person and their experiences and stories. TICP reminds us to look at where the person has come from and to ask first and foremost, "What has happened to you?"

Why is Aboriginal & Torres Strait Islander Mental Health different?

As reported in the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021*, mental illness is the biggest contributor to the burden of disease for Indigenous Queenslanders. It is noted that specific actions will be required to work toward eliminating the gap in mental health outcomes for Indigenous Queenslanders. One of these recommended actions was the development of culturally capable mental health services, via the implementation of Trauma-Informed models of care.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023* also recommends the establishment of trauma-informed care and improving the cultural capability of services. The need for a different and specific approach to managing mental health for our Indigenous peoples was highlighted, citing current poor outcomes as evidence that existing systems have not been effective for Indigenous people.



⁷ <http://www.mhcc.org.au/sector-development/recovery-and-practice-approaches/trauma-informed-care-and-practice.aspx>

Social and Emotional Wellbeing Model

The national framework identified the holistic concept of social and emotional wellbeing (SEWB) as the foundation of Aboriginal and Torres Strait Islanders physical and mental health. The seven key factors of SEWB are: connection to body, connection to mind and emotions, connection to family and kinship, connection to the community, connection to culture, connection to country, and connection to spirit, spirituality, and ancestors.

These factors are interrelated and stem from the 'self', while also being heavily influenced by external determinants such as political, historical, and social. (Refer to Diagram 1 below).

However, it is essential to recognise that SEWB is distinct from mental health, and it is possible to have both positive and negative SEWB at the same time.

Diagram 1. A Model of Social and Emotional Wellbeing



Understanding the origins of trauma in Aboriginal and Torres Strait Islander clients

Aboriginal and Torres Strait Islander peoples have a shared history of trauma because of colonisation^{8,9}. With every generation that this trauma is left unaddressed, the pain is then carried forward by Indigenous families and communities. It can be linked to poor health and negative social outcomes.

When addressing trauma in the Aboriginal and Torres Strait Islander population, it is important to recognise the presence of intergenerational trauma, transgenerational trauma, and individual experience of traumatic events. Due to being collectivist cultures, it is reasonable to consider Collective Trauma when assessing and treating Aboriginal and Torres Strait Islander consumers.

Systems must provide assistance, acknowledge this trauma and offer services in a culturally secure, trauma-informed way. If this is not prioritised, Indigenous families and communities will continue to have increasingly poor health and ongoing negative social outcomes¹⁰.

Collective Trauma and its impacts

The experience of collective trauma is recognised in Indigenous communities around the world and can be applied to Australian Indigenous communities¹¹. Collective (or social) trauma explains the impact of traumatic events shared by a group of people, including whole communities on their collective and individual social, emotional and psychological wellbeing. This concept provides a framework for understanding the patterns of experience articulated by Aboriginal and Torres Strait Islander peoples affected by colonisation and its flow-on effects in Australia.

Erikson¹² proposed the following signs and symptoms of collective trauma:

- Deep mistrust of self, others, even family
- Fear and anticipation of betrayal
- Shame and humiliation
- Cultural genocide, losing traditional values, desecrating land and institutions
- Violence against women
- Self-directed violence (suicide, risk-taking behaviour)
- Substance abuse
- Unremitting grief
- Intergenerational conflict (role diffusion, sexual abuse, other boundary violations)
- Dependency - hostile or pathological
- Leadership vacuum
- A conspiracy of silence - overall attitude of secrecy

⁸ Atkinson, J. (2002). *Trauma Trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia*. North Melbourne: Spinifex Press.

⁹ Atkinson, C. (2008). *The Violence Continuum: Australian Aboriginal male violence and generational post-traumatic stress*, unpublished PhD thesis. Charles Darwin University, Darwin.

¹⁰ Weatherburn, D. (2014). *Arresting incarceration: Pathways out of Indigenous imprisonment*. Aboriginal Studies Press.

¹¹ Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australasian Psychiatry*, 17(1 suppl), S28-S32.

¹² Erikson, K. T. (1976). Loss of communality at Buffalo Creek. *American Journal of Psychiatry* 133(3), 302-305.

Aboriginal and Torres Strait Islander experience of mental health systems

In Queensland, Aboriginal and Torres Strait Islander People make up less than five percent of the population, however are more than 30% more likely than non-Indigenous Queenslanders to be hospitalised for mental health treatment. Aboriginal and Torres Strait Islander youth (0-14 years) are 6.7 times more likely than their non-Indigenous peers to be hospitalised for disorders due to substance misuse.

Quote from a Community Member (2017):

“We came to Mental Health but the place, you know, it scared the girl. I could see in her eyes she wasn’t coming back. She ended up in Juvenile Detention when she was 15. I thought it was my fault, you know? But then I looked back and saw where she came from, and where her parents came from and their parents...it’s like a river or a waterfall, it starts somewhere and flows down. That’s where it started for her, back a few generations, and no one understood or helped.”

The experience of childhood trauma is the single most predictive factor of an individual becoming known to mental health and addiction services.

The more severe and prolonged the trauma, the more severe and debilitating the mental and physical consequences are on the person¹³.

Aboriginal and Torres Strait Islander People are 50% more likely to enter inpatient mental health units involuntarily and once in these services, are 50% more likely than non-Indigenous patients to be placed in seclusion.

The Mental Health Coordinating Council’s (MHCC)¹⁴ position paper on mental health services and Trauma-Informed care and practice reported “Australia’s mental health and human service systems have, generally speaking, a poor record in recognising the relationship between trauma and the development of mental health conditions, co-existing difficulties and complex psychosocial problems, and responding appropriately to them”.

Atkinson, Nelson, Brooks, Atkinson and Ryan¹⁵ identified effective strategies to strengthen and support the mental health and wellbeing of Indigenous Australians that required a focus on recovery and healing from trauma. Despite the above recommendations there has been little movement to-date in the Government sector to implement a Trauma-Informed care and practice framework.

¹³ Middleton, W, foreword to Adults Surviving Child Abuse 2012, Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, Adults Surviving Child Abuse: Authors: Kezelman C A & Stavropoulos PA

¹⁴ Mental Health Coordinating Council (MHCC) 2013, Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations of the national Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC), Kezelman, C (Adults Surviving Child Abuse, ASCA).

¹⁵ Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing Individual and Community Transgenerational Trauma. In P. Dudgeon, H. Milroy & R. Walker (Eds.), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (pp. 289-306). Barton, ACT: Commonwealth of Australia.

Trauma and recovery

Understanding the origins of trauma, acknowledging its impact on people's lives and viewing it as a mechanism for reflection and change challenges the assumptions and limitations perceived to be inherent in the experience of trauma. **Calling a person a trauma survivor empowers and provides opportunity to break up 'personality' and reshape or recreate self-perspective** versus being called a trauma victim, which disempowers and views the person as being helpless or damaged.

A Trauma-Informed approach normalises symptoms and behaviours that have traditionally been pathologised.

This approach asks “What has happened to you?”

rather than “What is wrong with you?”,

and empowers the individual to learn about themselves and the nature of their trauma, which allows people to take responsibility for their own recovery.

Core values for Trauma-Informed Services in MSAMHS

Consultation occurred with Addiction and Mental Health Services staff across disciplines and roles including administration and clinical staff from various sites. The key themes that emerged from this consultation aligned well with existing literature and research into Trauma-Informed Care and Practice that have identified fundamental principles and values in relation to practice^{16 17 18}

Each of the criteria for meeting the seven core values for delivering Trauma-Informed Services are outlined below. Meeting all these criteria is essential to delivering robust and effective services for Aboriginal or Torres Strait Islander Community.



¹⁶ Guiding Principles of Trauma-Informed Care samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html Spring 2014, Volume 22, Number 2

¹⁷ Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. *Pennsylvania Office of Mental Health and Substance Abuse Services*, 1-77.

¹⁸ Mental Health Coordinating Council (MHCC) 2013, Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations of the national Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC), Kezelman, C (Adults Surviving Child Abuse, ASCA).

VALUE	ACTIONS
Respect	<ul style="list-style-type: none"> • The organisation does not stigmatise Mental Health • The organisation demonstrates respect for Aboriginal and Torres Strait Islander peoples in all interactions • The organisation’s environment indicates a level of high regard and respect for Aboriginal and Torres Strait Islander peoples • The organisation provides a personalised and individualised service • The organisation allows Aboriginal and Torres Strait Islander peoples to direct their care and treatment • The organisation is flexible in its delivery of services to Aboriginal and Torres Strait Islander peoples
Safety	<ul style="list-style-type: none"> • The organisation recognises and adheres to a Social and Emotional Wellbeing model of service delivery for its Aboriginal and Torres Strait Islander peoples • Appropriate cultural supervision and learning is available for all members of the organisations’ staff • Suitable and sustainable referral pathways for Aboriginal and Torres Strait Islander peoples are identified by the organisation • The physical environment of the organisation reflects an acceptance of and openness to Aboriginal and Torres Strait Islander peoples • The organisation acknowledges and demonstrates an understanding of the traumatic history of colonisation and the impact of transgenerational trauma • The organisation provides a culturally safe and secure environment for Aboriginal and Torres Strait Islander peoples who have experienced complex trauma • The organisation recognises the importance of the front-end engagement of the Indigenous Addiction and Mental Health workforce and their ongoing contribution to the care and treatment of Aboriginal and Torres Strait Islander peoples
Recognition and Acknowledgement of the Impact of Trauma	<ul style="list-style-type: none"> • The organisation does not re-traumatise its staff or consumers by its processes • The organisation provides training, education, research opportunities and ongoing professional development on the impact of trauma on holistic health outcomes • The organisation acknowledges its staffs’ experience of vicarious trauma and has processes in place to support staff self-care and reduce the impact of this trauma • The organisation provides trauma-specific supervision to the workforce

VALUE	ACTIONS
Flexibility	<ul style="list-style-type: none"> • The organisation offers facilitated access to its services for those peoples who find it difficult to engage due to their mental illness or other factors • The organisation offers engagement and re engagement on the Aboriginal and Torres Strait Islander peoples terms • The organisation is flexible to the needs of the individual in the moment and uses Key Performance Indicators and outcome measures to create a person centred and culturally sensitive therapeutic environment
Empowerment	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander peoples lead their engagement with the organisation • The organisation applies a strengths-based approach to its work with Aboriginal and Torres Strait Islander peoples • Aboriginal and Torres Strait Islander peoples meet with an Aboriginal and Torres Strait Islander Mental Health Worker upon their entry to the service • The organisation has visible Aboriginal and Torres Strait Islander leadership and staffing at all levels of the organisation
Inclusiveness (Family & Community)	<ul style="list-style-type: none"> • The organisation identifies appropriate stakeholders and engages with them to support Aboriginal and Torres Strait Islander peoples • The organisation utilises Advanced Health Directives to support the involvement of family and community • The organisation supports and promotes open communication between all levels of stakeholders
Equity	<ul style="list-style-type: none"> • The organisation is accessible to Aboriginal and Torres Strait Islander peoples and takes into consideration the inherent barriers to accessing services. This may including having clinic locations that are poorly accessible by public transport or foot, having limited numbers of Aboriginal and Torres Strait Islander staff at the front end of the service to welcome and support the community, and limiting availability to conventional government office settings • The organisation employs strategies to bridge the gaps in achieving equity • The organisation mandates that all relevant staff ask and record responses to the question: Are you of Aboriginal or Torres Strait Islander origin?

For more information Addiction and Mental Health Services ph:3156 9800

Case Study: Ben's Story

Having identified the values that this organisation is working towards, let's look at Ben's journey through the mental health system.

Ben is a 26-year-old Aboriginal man with a history of psychosis and suicidal and homicidal thoughts in the context of significant illicit and prescription drug misuse. He has had multiple presentations to Health and Hospital Services, both general and mental health on both voluntary and involuntary bases. Ben's family is actively involved in his life and during the last two years he has remained living with family in various locations across the South East.

Firstly, Ben's story will be told as it happened and then it will be retold with revisions which highlight changes in practice that would be likely to occur as part of a trauma-informed care approach.

It is at this stage that Ben's story has the potential to diverge. With the application of a trauma-informed approach, it would be reasonable to predict that Ben would have a more positive experience of the mental health system, ideally as a voluntary client, and would be able to stay engaged long enough to receive the treatment required. His treatment would then be supported by his family and key community organisations as negotiated by the trauma-informed staff involved in his treatment and discharge planning. The subsequent outcome would then be decreased risk of relapse and better relationships established.

While there is no guarantee that every Indigenous client would experience a full recovery and positive outcome, we can reasonably expect that adopting the core principles of Trauma-Informed Care for Aboriginal and Torres Strait Islander clients would increase the chances of these clients having a more positive and less traumatizing experience.

*Refer to Appendix 1

What comes next?

Being Trauma-Informed is just the beginning. The end goal for any service once it starts to become Trauma-Informed should be to become trauma integrated. This is achieved through a three-stage approach:

1. The organisation becomes Trauma-Informed:
 - a. The organisation realises the impact of trauma;
 - b. The organisation recognises the signs and symptoms of trauma at all levels including consumers, families and carers, and staff; and
 - c. The organisation actively seeks to resist re-traumatisation of anyone involved with the organisation.
2. The organisation adopts Trauma Specific Intervention/Treatment Programs that recognise the following:
 - a. There are evidence-based and best practice treatment models that facilitate recovery from trauma.
 - b. These Trauma Specific Treatments directly address the impact of trauma on an individual's life and facilitate trauma recovery; and
 - c. Trauma Specific Interventions need to be delivered in the context of a relational approach that is based upon the empowerment of the survivor.
 - d. cannot be facilitated in an environment that is not Trauma-Informed

3. The organisation becomes Trauma Integrated:
 - a. The organisation delivers trauma specific interventions and treatment in a Trauma-Informed setting. A shared vision and goals that reflect a TICP approach are adopted. The ongoing evolution of these systems relies on the transformation of organisational cultures, philosophies and understandings over time through implementing culturally sensitive and Trauma-Informed approaches to care within structures, processes, behaviours, policies and procedures.

Self-care considerations

Trauma stories are difficult to listen to and staff will need to practice self-care through supervision and peer support and be mindful of the trauma that they can also carry.

To be Trauma-Informed we need to allow ourselves to perceive another's life experiences and to understand that they in turn see and perceive our experiences. We need to see ourselves from the outside and others from the inside. We need to bear in mind that for a client to be able to tell their story they need a safe place to do so. We need to know that every staff member within an organisation, by acting in ways that are Trauma-Informed, holds the key to creating this place.



Reflection questions

How much do you know about transgenerational trauma? (Rate from 0 – 10)

0 1 2 3 4 5 6 7 8 9 10

How much do you know about trauma-informed care practices? (Rate from 0 – 10)

0 1 2 3 4 5 6 7 8 9 10

Please list at least one key learning you have gained from this training package.

1. _____

2. _____

What is an identifiable strength of your own practice?

What is an area of your practice you would like to improve?

Planning future development regarding trauma-informed care and practice:

What other information would I like to learn re. TIC?

How can my line manager/supervisor support these goals?



For more information contact:

Way Forward

Phone: 07 3176 4707

Email: WayForward@health.qld.gov.au

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