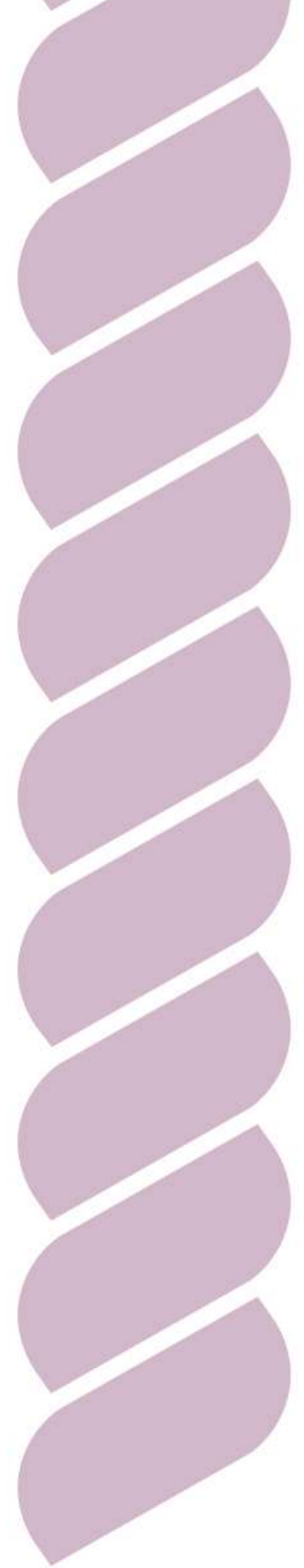


Trauma-informed care

Literature scan
Section two

May 2018



**Te Pou o te
Whakaaro Nui**

About this document

This publication is extrapolated from the *Trauma-Informed Care: Literature Scan* (Te Pou o te Whakaaro Nui, 2018) [ADD LINK](#)

In 2018, Te Pou o te Whakaaro Nui conducted a literature scan to better understand evidence-based approaches to trauma-informed service delivery and workforce responsiveness, and factors supporting implementation. This scan was intended to inform a national approach to trauma-informed care and help identify future **intersectoral work**. **In New Zealand, it is important to consider the unique context of Māori as tāngata whenua** and include historical and intergenerational trauma.

The terms *trauma-informed approach* and *trauma-informed care* are used interchangeably in the literature and used in multiple ways. The terms are also used interchangeably in this review to describe a trauma-informed approach and trauma-informed care as a framework, delivery approach, or model of service delivery.

The literature scan described why using a trauma-informed approach is important, what it involves, and how organisations can implement it. The report has three sections.

- Section one: includes definitions of trauma, the prevalence of traumatic events, and the potential impact on people and the health workforce.
- Section two: describes the benefits, key principles and elements of a trauma-informed approach.
- Section three: considers evidence on factors supporting the successful implementation of a trauma-informed approach.

This publication is section two of the literature scan. The reference list can also be accessed in the full publication.

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Section 2: What is a trauma-informed approach?

A trauma-informed approach recognises and understands trauma can negatively affect whānau, groups, organisations and communities, as well as individuals. **People’s experience and behaviour** in response to traumatic events (their own or others) can be improved if systematically addressed through prevention, treatment, and achieving wellbeing.

The benefits, key principles and elements of a trauma-informed approach are discussed in this section. Different approaches are presented including an ecological approach and emerging approaches in New Zealand. Some specific examples used in prisons and mental health services are provided.

Principles of a trauma-informed approach

A trauma-informed approach is based on a set of principles, rather than a prescribed set of practices or procedures. It is about creating an organisational culture that embodies general principles or core values (SAMHSA, 2014; Trauma Informed Oregon, 2017). The six principles used by SAMHSA (2015) outlined in Table 1 are representative of principles evident in the literature. These principles include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and understanding cultural, historical and gender issues.

Table 1. *Principles of a Trauma-Informed Approach (SAMHSA, 2015)*

Principle	Description
1. Safety	Looking after the physical and psychological safety of the organisation, workers, and people accessing services.
2. Trustworthiness and transparency	Organisational operations and decisions are transparent and have the goal of building and maintaining the trust of workers and people accessing services.
3. Peer support	People who have experienced trauma and healing are key people in establishing safety and hope, building trust, and enhancing collaboration to promote achieving wellbeing.
4. Collaboration and mutuality	The organisation acknowledges everyone has a role to play in a trauma-informed approach by levelling power differences among all staff, and between workers and people accessing services. This recognises that healing happens in the context of relationships and the meaningful sharing of knowledge, power, and decision-making.
5. Empowerment, voice and choice	Throughout the organisation and among workers and people accessing services, people’s strengths and experiences are recognised, built on, validated, and new skills developed as necessary. The organisation aims to strengthen the experience of choice and recognise every person's experience is unique and requires an individualised approach.

Principle	Description
6. Cultural, historical, and gender issues	The organisation actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age and geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognises and addresses historical trauma.

The draft refreshed *Let's get real* framework¹ (Ministry of Health and Te Pou o te Whakaaro Nui, 2018) includes several principles outlined in Table 1 (see Appendix B in full document), and the need for workers to **demonstrate an understanding of the impact of trauma and loss on people's wellbeing**. Changes related to trauma-informed care in the current draft refreshed *Let's get real* framework include:

- the provision of a definition of trauma-informed care
- many of the principles and elements of trauma-informed care are reflected in the values and attitudes, such as trustworthiness, choice, collaboration, empowerment and safety
- recognition of individual, collective and historical intergenerational trauma for Māori people, and worker wellbeing
- the addition of indicators related to trauma-informed care to some Real Skills, such as those focused on working with people with experience mental health problems and addiction, Māori people, **whānau**; and maintaining professional and personal development.

Working in a trauma-informed way means taking a multi-level approach that considers processes and systems, the organisation, and individuals. Incorporating a trauma-informed approach into services shapes the whole environment and creates relationships that build trust and a sense of empowerment (Leitch, 2017).

¹ Currently being finalised and will be published mid-2018.

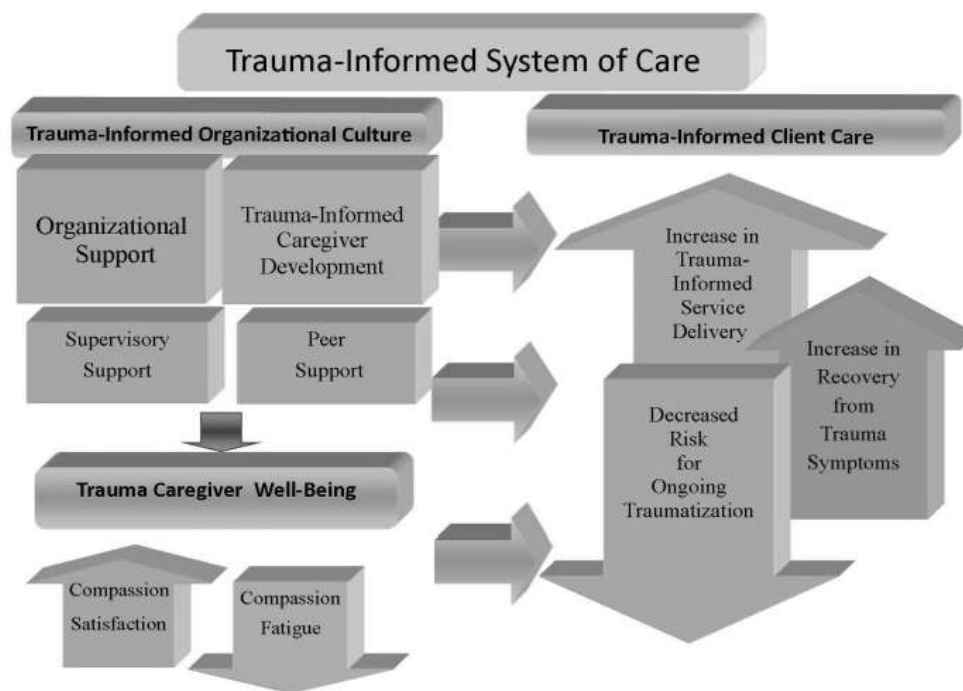


Figure 1. Trauma-informed system of care (Handran, 2013, p. 111).

Figure 1 is a representation of the various components of a trauma-informed system of care, demonstrating how the organisational culture and worker wellbeing aspects need to be in place in the provision of support.

Key elements of a trauma-informed approach

Along with a set of principles, four key elements for a trauma-informed approach are outlined below (Cieslak et al., 2014; Isobel & Edwards, 2017).

1. Realisation of the widespread impact of trauma on people, families, groups, organisations, and communities; and an understanding of pathways to wellbeing.
2. Recognition of the signs and symptoms of trauma through understanding the profound neurological, biological, psychological, and social effects of trauma and violence on people; coupled with an ability to recognise the signs and symptoms of trauma in people accessing services, staff, and others.
3. Responding by integrating trauma knowledge into policies, procedures, programmes, and practice.
4. Avoiding the re-traumatisation of people accessing services, and the workforce. Trauma-informed care acknowledges the need for services to address the safety and wellbeing of staff who may experience indirect trauma or organisational or hierarchical disempowerment.

New Zealand research indicates trauma-informed care needs to include an additional element. In order to fully engage with the impacts of colonisation on the wellbeing of Māori people, the impact of historical trauma events and their contribution to negative health disparities experienced by many whānau (extended family), hapū (sub-tribes), and iwi (tribes), needs to be included (Pihama et al., 2014; Te Atawhai o Te Ao - He Kokonga Whare,

2016). Traditional narratives to support cultural healing **influence Māori hauora (wellbeing)** (Wirihana & Smith, 2014).

At the heart of hauora are cultural protocols of whānau, whānaungatanga (familial relations and relations of care) and kanohi kitea (being present and with family), which are key social relationships **within Māoridom. These form intergenerational safety nets.** (Reid et al., 2014, p. 60)

Generational wellbeing and acknowledging the importance of ancestry through knowledge and discussion of whakapapa, can be valuable practices in relation to healing from trauma for Māori people (Wirihana & Smith, 2014).

Resilience

Trauma-informed care is a strengths-based model of care (Leitch, 2017). How a traumatic event is experienced, and the impact of the response, is linked to risk and protective factors (SAMHSA, 2015). There is a danger in over-focussing on negative risk factors and neglecting resilience and protective factors (Leitch, 2017). Any approach used needs to enhance the resiliency of people accessing services, to help reduce stress and the possibility of re-traumatisation (Leitch, 2017). The building of resiliency involves the complex interplay between various factors that allow people and populations to overcome, to some degree, the adversity they have experienced (Carswell et al., 2017).

Trauma-informed approach continuum

Different approaches have been used internationally by organisations and services to implement trauma-informed care. These approaches create a continuum of worker and organisational care, covering four stages of complexity (Mieseler & Myers, 2013; Wall et al., 2016).

1. **Trauma aware:** where staff understand trauma and how individuals may have behavioural presentations in response to traumatic experiences.
2. **Trauma sensitive:** where an organisation's work practice can operationalise some concepts of a trauma-informed approach.
3. **Trauma responsive:** where the individual and organisational response enables changes in behaviour and strengthens resilience and protective factors.

Trauma-informed: where the culture of the whole system reflects a trauma-informed approach in all work practices and settings.

Working within a trauma-informed model of care has been described as supporting services to move from a 'caretaker to a collaborator role' (Fallot & Harris, 2009). This means designing services to accommodate the unique vulnerabilities of people who have experienced trauma, and allowing for their wider participation in care planning (Butler, Critelli, & Rinfrette, 2011).

Benefits of a trauma-informed approach

The benefits of using a trauma-informed approach, based on a review of US studies (Sweeney, Clement, Filson, & Kennedy, 2016), include:

- reduced seclusion use
- reduced post-traumatic stress symptoms and mental health issues
- increased coping skills
- improved physical health
- shorter inpatient stays.

Other benefits (Mental Health Coordinating Council, 2017) include:

- **better outcomes than ‘treatment as usual’ for many symptoms, including a decrease in psychiatric symptoms and substance use** (Cocozza, Jackson, & Hennigan, 2005; Kammerer, n.d.)
- improved daily functioning and decreased trauma symptoms (Morrissey, Jackson, & Ellis, 2005)
- decreased use of intensive services, such as hospitalisation and crisis intervention (Community Connections, 2002)
- improved staff morale, fewer negative events, and more effective services (Community Connections, 2002).

Ecological approach to traumatic experiences

The importance of taking an ecological approach to trauma in New Zealand has been highlighted (Adamson, 2005). An ecological approach considers an individual's cultural context and other factors that may directly or indirectly shape trauma responses (Hoshmand, 2007). Ecological approaches are already well utilised locally. For example, in social work practice an ecological approach is used as a theoretical framework. Figure 2 represents the cross-cutting factors that could influence cultural attitudes, behaviours, resources, and opportunities for a trauma-informed approach.

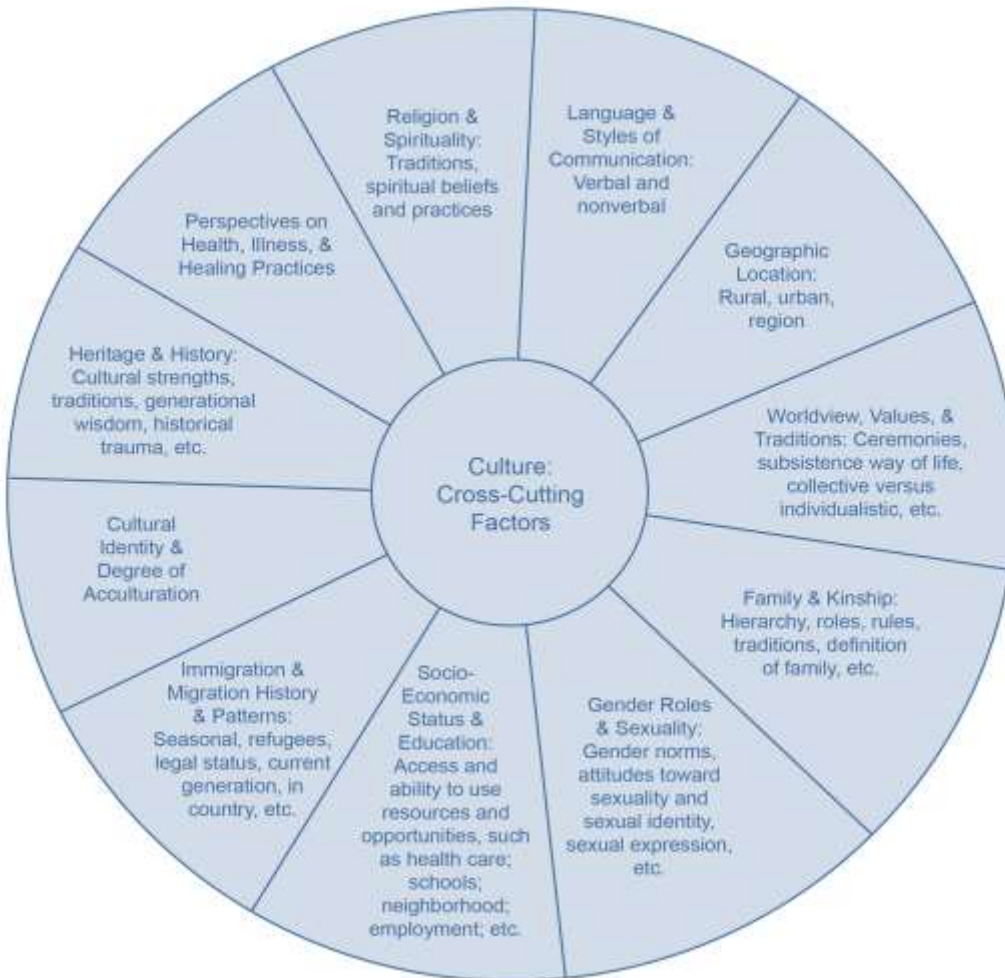


Figure 2. Ecological approach to traumatic experiences (SAMHSA, 2014, p. 26)

New Zealand trauma-informed approaches

While not consistently applied, a trauma-informed approach is not new to most organisations providing mental health and addiction services in New Zealand. Trauma-informed approaches are beginning to be implemented.

Principles included within local approaches to trauma-informed care need to be contextualised and culturally safe (Pihama et al., 2017). Pihama and colleagues discuss factors important to cultural safety, including the principle of indigeneity and recognition of Māori worldviews. Indigeneity is a key principle in quality service provision for Māori people (Durie, 2003).

Recent work includes the Oranga Tamariki Ministry for Vulnerable Children (2017) evidence-based, theoretical perspectives for the development of systems, policies and practices to support children and whānau. This paper informs a New Zealand context with some key messages for a Te Ao Māori perspective when working with Māori children and whānau, see Table 2.

Table 2. *Key Messages for a Te Ao Māori Perspective when Working with Māori Children and Whānau*

Key factor	Key message
Te Tiriti o Waitangi	<ul style="list-style-type: none"> Trauma and resilience occur within a cultural framework, and it is paramount Te Tiriti o Waitangi² relationships are clearly understood by those working across the cultural border. Te Tiriti o Waitangi obligations to work in a bi-culturally informed way with mokopuna and whānau Māori.
Responsive cultural frameworks and models	<ul style="list-style-type: none"> The experiences of Māori people, and their perspectives, are diverse, and therefore require responsive cultural frameworks and models of practice. Understanding trauma and healing from tāngata whenua and tauwi diverse cultural perspectives is pivotal in supporting the wellbeing of all children.
Trauma experiences	<ul style="list-style-type: none"> As evidenced by Māori concepts such as tapu and mana, there are different cultural interpretations of, and influences on, how a child experiences trauma.
Historical trauma	<ul style="list-style-type: none"> For tāngata whenua³ who have experienced the trauma of colonisation, both collective and individual resilience is affected across generations, resulting in further vulnerability for mokopuna and influences the resilience of the collective: whānau, hapū and iwi.

Source: Adapted from Oranga Tamariki Ministry for Vulnerable Children (2017).

These approaches are working to uphold Te Tiriti o Waitangi principles, obligations and relationships when working with Māori children and whānau. However, there appear to be gaps in the New Zealand context for a similar approach for adult mental health and addiction services. A recently published framework developed by

² Treaty of Waitangi.

³ Indigenous people.

the Ministry of Social Development, *Family Violence, Sexual Violence and Violence within Whānau: workforce capability framework* (2017), is specific to that sector, but may inform a wider trauma-informed approach. The purpose of this framework is to provide the workforce with a common understanding of family and sexual violence and is underpinned by universal principles for prevention, restoration, and transformation as illustrated in Figure 3.

Underpinning the principles of aroha, whanaungatanga, rangatiratanga, ūkaipō, manakitanga and kaitiakitanga, are six domains around which the framework is organised.

1. Understanding people's experiences of family violence, sexual violence and violence within whānau.
2. Upholding the dignity, values and beliefs of people and their diverse cultural identities.
3. Enabling disclosures and response to help seeking.
4. Using collective action to create safety for victims.
5. Using collective action to sustain safe behaviours of perpetrators.
6. Working as part of an integrated team.

The Whare Tapa Whā model also remains a relevant concept, representing four interconnected aspects of spiritual, social, physical and whānau wellbeing (Durie, 1995). This framework for understanding wellbeing is relevant for all people, but particularly so for Māori people (Mark, 2012), and may help put a trauma-informed approach into a meaningful context.

Further work on trauma-informed care is progressing. **He Oranga Ngākau**, based at Waikato University, aims to **contribute to Māori models of health by exploring kaupapa Māori trauma-informed care practice principles**. This research will inform the development of a framework to **support both Māori and non-Māori practitioners working with whānau** who have experienced trauma (Te Kotahi Research Institute, 2017). In the context of developing a unique local approach to trauma-informed care, the results of this study due to be released this year, will be important.

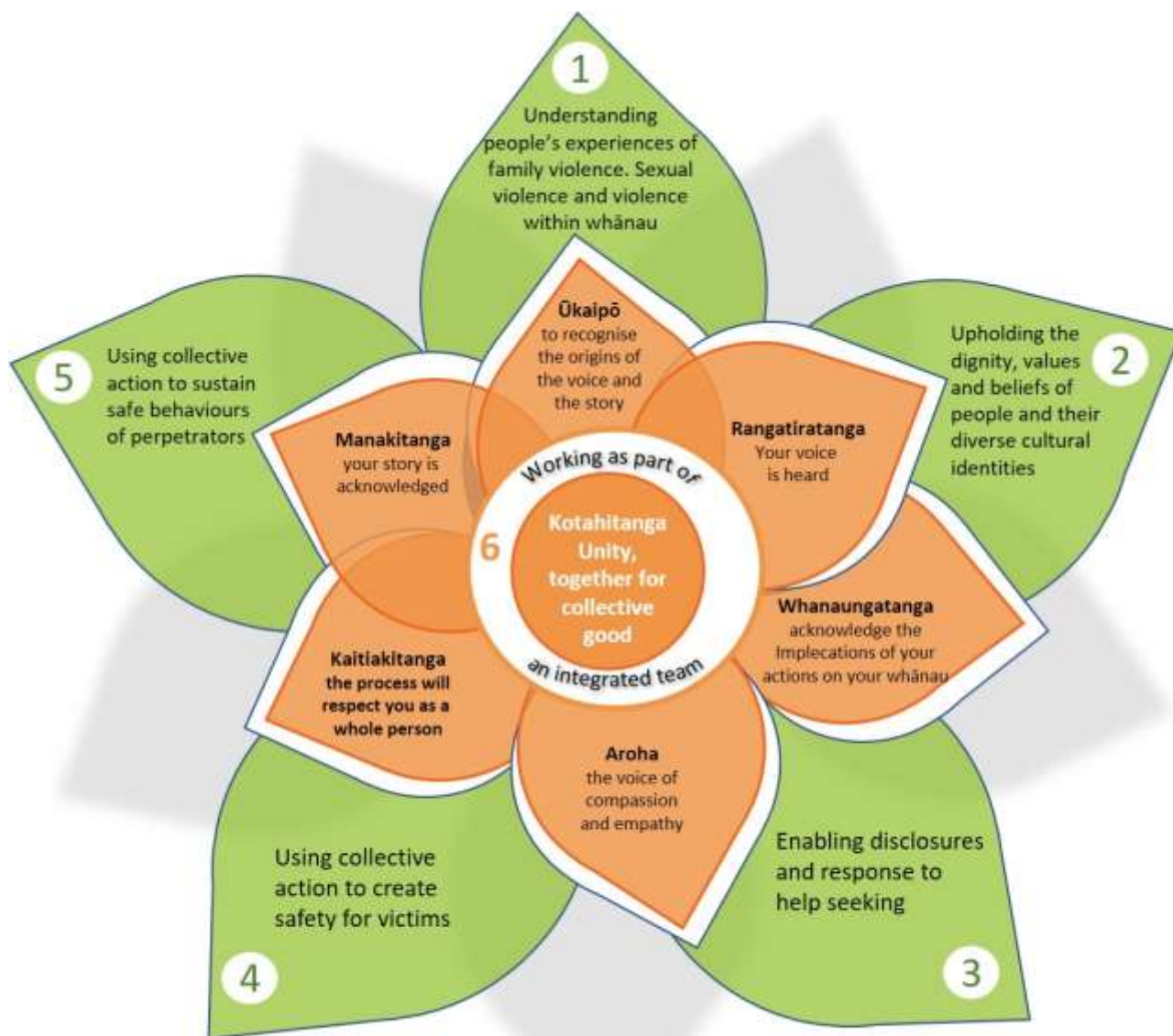


Figure 3. Principles underpinning workforce capability framework for family violence, sexual violence and violence within whānau (Ministry of Social Development, 2017, p. 5).

Prison

A new programme for women managed by the New Zealand Department of Corrections, based on the work of Professor Tracey McIntosh (Ngāi Tūhoe), is an example of an implemented trauma-informed approach. The programme is focused on stopping the intergenerational transfer of social inequality. The department manages around 750 women in prison and 6,000 in the community (over half are Māori), and have recognised the effect of trauma on women in prison (Department of Corrections, 2017a). Corrections has a new evidence-based programme Wahine – E rere ana ki te pae hou: Women’s Strategy which aims to make treatment and management more specific to women to help address issues such as trauma and victimisation, mental health issues, unhealthy relationships, parenting difficulties, stress, and financial pressures. The focus is on giving

women the treatment, encouragement, counselling, skills and support they need to shape better futures for themselves, their children, and whānau (Department of Corrections, 2017b).

Mental health services

Within New Zealand's mental health inpatient services, work has been undertaken to support least restrictive practices and the elimination of seclusion, restraint and other restrictive practices. This work has been supported by the *Six Core Strategies*[®], which include:

- leadership towards organisational change
- using data to inform practice
- workforce development
- use of seclusion and restraint reduction tools
- service user or consumer roles in inpatient units
- debriefing techniques.

A strong component of the *Six Core Strategies*[®] is ensuring services provide trauma-informed care, and the workforce uses strategies to support this approach. To support quality improvement within services, the *Six Core Strategies*[®] Checklist – NZ Adaption was created (Te Pou o te Whakaaro Nui, 2013). Research examining implementation of the *Six Core Strategies*[®] within services found clinical leaders introduced practical policy changes to reduce seclusion, which in turn allowed staff to interpret and respond to changes in ways meaningful to them (Webster, 2013). Ultimately these dual processes influenced the daily interactions of staff with people accessing services and led to reduced seclusion and restraint.

Summary

A trauma-informed approach is a strengths-based model of service delivery which focuses on individuals' strengths and competencies.

Key elements of a trauma-informed approach include recognition of the widespread impact of trauma on people; understanding the neurological, biological, psychological and social effects of trauma on individuals and populations; the ability to recognise the signs and symptoms of trauma; and the integration of this knowledge into organisational policies, procedures, programmes and practices. In New Zealand, the impact of historical traumatic events and their contribution to the resultant **health disparities experienced by Māori people** is also important.

Key principles underpinning trauma-informed approaches include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and an awareness of cultural, historical and gender issues. Many of these principles are embedded into the *Six Core Strategies*[®] framework for reducing coercive practices within mental health services (Te Pou o te Whakaaro Nui, 2013). Principles are also embedded in *Let's get real* (Ministry of Health and Te Pou o te Whakaaro Nui, 2018), which describes the knowledge, skills, values and attitudes required of people working with people with experience of mental health issues and addiction.

A trauma-informed approach not only applies to people who access mental health and addiction services but includes the wellbeing of workers. The prevention of secondary trauma and building resiliency are essential factors needed for worker wellbeing.

