

# embedding trauma informed care into practice

**Better Chances Forum**

**19 June 2024**



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# The landscape

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for healing
- **recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system
- **responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

SAMHSA 2012



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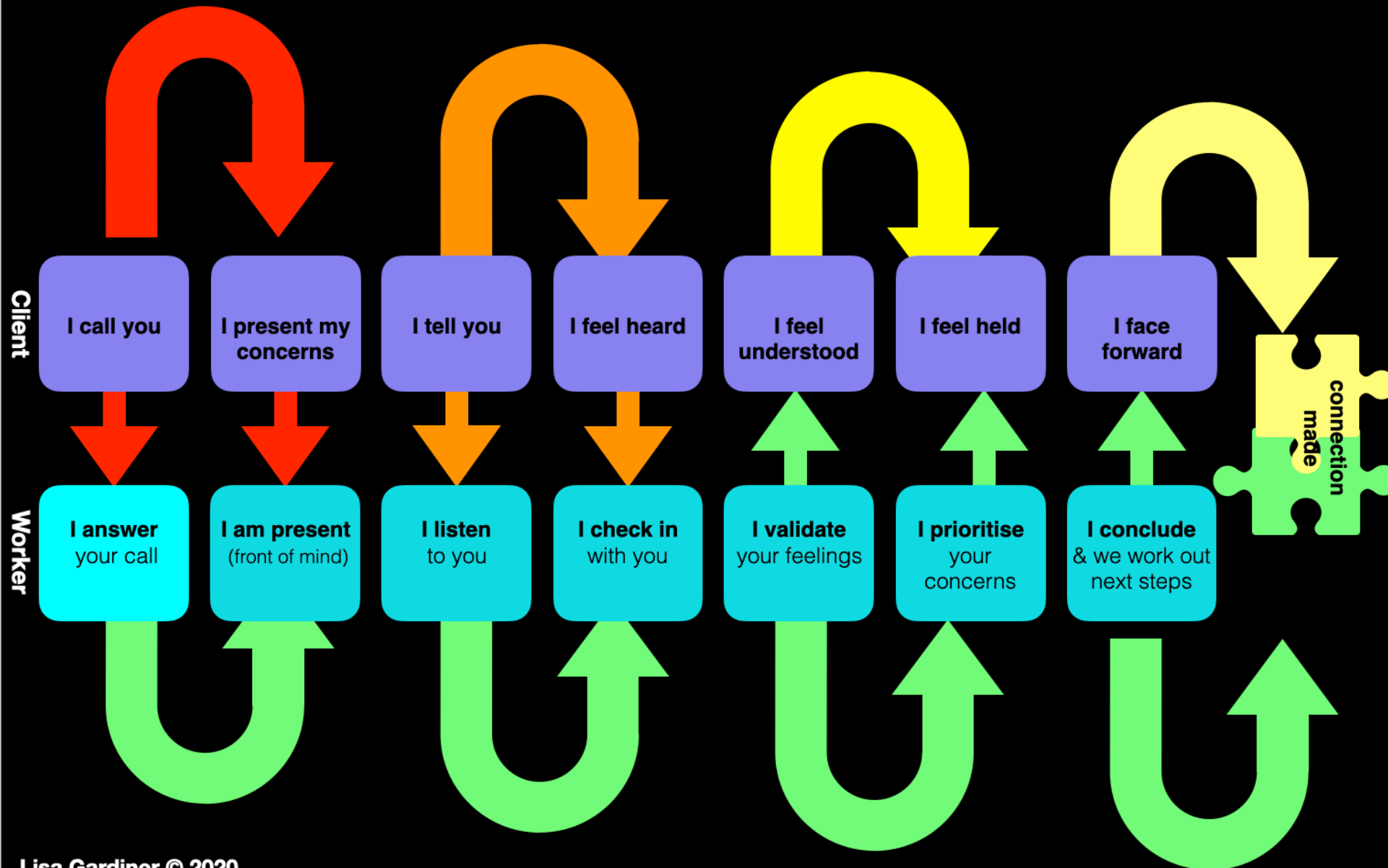
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Being trauma aware does not mean that you must assume everyone has a history of trauma.

Anticipate the possibility from your initial contact and interactions, intake processes, and screening and assessment procedures.



# What the intake process looks like in practice?



“Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness” - Peter Levine



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# What we hold inside

The characteristics of the trauma and the subsequent traumatic **stress reactions** can dramatically influence how individuals respond to the **environment, relationships, interventions,** and **treatment services.**

The same characteristics can also **shape the assumptions** that can be made about the world.



# World View

- their view of others - sense of safety
  - their future - hopefulness, fear of a foreshortened future
  - themselves - feeling resilient, feeling incompetent in regulating emotions
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- these effects may be observable or subtle.



When you don't feel safe in a relationship, your focus shifts from connection to protection.



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# Service provision - safety in practice

Safety at 3 levels:

- That nothing bad is going to happen to you (literal safety)
- That you feel safe (cognitive / psychological safety)
- That your body feels safe (physiological safety) "visceral sense" or "felt sense" of safety.



# Control, Choice, and Autonomy

- What information would be helpful for us to know about what happened to you?
- Where/when would you like us to call you?
- How would you like to be addressed?
- Of the services I've described, which seem to match your present concerns and needs?
- From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?



- Secure Base Phenomenon
  - Safety (feeling secure and safe)
  - (Curiosity) Exploration – learning and growing

•Responsivity (Availability)

•Sense of Belonging (Affiliation)

•Collaboration (Co-operation)

•Reciprocity (Give and take)

•Attunement (Sensitivity)



‘Together we can find solutions...’



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If children feel safe, they can take risks,  
ask questions, make mistakes, learn to  
trust, share their feelings, and grow.

Alfie Kohn

quotefancy



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	<b>Attachment</b>	<b>Regulation</b>	<b>Affiliation</b>	<b>Attunement</b>	<b>Tolerance</b>	<b>Respect</b>
<b>Sensory Integration</b>	Hand massages Smiling Eye Contact Baking	Walking Art Dance				Music in specific common areas
<b>Self-Regulation</b>	Tone	Preventative 'Dosing' Music - iPod DVD Player transition to sleep	Dance Specialised school	Validating	Choice / shared decision making Camps	Validating concerns, injustices etc
<b>Relational</b>	Daily Greetings Dyadic 1:1 engagement Initiating conversations (school, HW)	Transition to sleep engagement ritual	Re-engaged with biological mother Sibling contact Cooking Daily Positives	Reflecting to Zoe her body language Act of kindness	Reflection post incident	Welcome post 'absence' Explicit modeling by foster carer House meetings
<b>Cognitive</b>		Collaborative Decision-making				Collaborative Decision-making with TL

