New ways of thinking about children and trauma

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Host (00:01):

Welcome to Mental Health in Practise, a podcast by MHPN, bringing you insights and experiences from professionals across Australia's health and mental health sector.

(00:19):

What is trauma-informed care?

(00:21):

For me, trauma-informed care is about an approach to working with someone that looks at what has happened to them rather than what's happening for them in this moment.

(00:29):

It's about creating safety and working with someone, not doing something for them or to them.

(00:36):

Trauma-informed care is being able to think about and anticipate the mental health difficulties that someone who's experienced trauma might be likely to have in the future.

Michelle Roberts (00:48):

As you can hear, people have different definitions of what trauma-informed care is and how it plays out in our practice. Welcome to Mental Health in Practice, a podcast from the Mental Health Professionals Network. My name's Michelle Roberts and I'm a psychologist, and I'm joined today by Sarah Eagland, who works as a social worker with Royal Far West. In our previous episode, Sarah and I explored how our understanding of children's experiences of disaster has evolved, why children who historically been overlooked in disaster recovery and the key principles that support children's recovery. In this episode,

we turn our attention to what trauma-responsive care looks like in practice and how practitioners can enable collaborative care that moves from trauma-informed to trauma-responsive. Sarah, we've been asked to explore what it looks like to account for and respond to trauma. And this always raises a point of difference for me.

(01:49):

I tend not to use the term trauma as freely as some, especially not in the disaster context, probably because my starting point is that trauma's a diagnosis and it's not inevitability linked to the experience of a disaster. My professional likes actively intervening to not land in the realm of trauma, though I think that there's so much preventive and early intervention work that we can do that will help mitigate that likelihood of that ongoing mental ill health that we talk about when we talk about trauma. Yes, disasters can be overwhelming, out of control, and so confronting us to cause harm to mental health and wellbeing, but I like to hold in mind that there is a lot that we now know we can do that can move us away from the trajectory of permanent harm and mental ill health. So we've talked about how individual responses are and needs are.

(02:49):

We've talked about families and their needs and responses. We've talked about school communities, and we could equally be talking about footy clubs and other collectives there. And then we look at the broader community and also the organisation and systems that do this work that people have an interface within their recovery journey. So when we're talking about trauma, trauma-informed, trauma responsive, I'm thinking of understanding the challenging events that can impact individuals, families, communities, and systems and that which can destabilise all of those things. And what practices can we adopt that promote and restore safety, trust, predictability, choice, collaboration, empowerment, that are culturally aware and respectful? And so I sort of distil then down to the seven guiding principles that are the foundations of my practice stance and what I aim for when I'm working with individuals, families, communities, and collectives in a disaster context. So if I go back through my seven guiding principles, and you'll see how much they align with Hobfoll, is promoting and restoring safety.

(04:06):

The second is trust because people lose trust in systems, in predictability of the world, in each other. To bring a measure of predictability, we talk about returning to routine and wanting normal, but in fact, it'll be a new normal. There may be new routines, but just the predictability of some routine is really soothing and calming and helping with regulation that there be choice. And this is a big one when we're thinking about very young children and school-aged children and young people, because often choice isn't a big part of their life. And a sense of agency is something that we want to advocate for because we know that having that sense of control and agency is also empowering and is also likely to assist with recovery, that this is often a collaborative process, and you've talked about being guided by what the individual or the community are identifying as their need, but it's also about being the expert companion, to use a term from Richard Tedeschi's work around post-traumatic growth, where we've done this work with lots of people.

(05:18):

We sort of have a professional lived experience. We can channel what other people have found useful. We can share that with newly impacted families and children. And it's almost like we're a conduit, but

we're empowering the person as we walk alongside them. We're not being the expert doing a top-down, and this is what you need to do now, and this is what you need to do. It's about building that agency and collaboration for empowerment and the culturally aware. We speak to that frequently, but it's also being respectful of cultural variations and needs, and that can be the culture of the family as well as ethnicity and other cultural practices. So forming a strong understanding of your why will inform your how, and it's guided by the people that you are serving. I think I've just said everything that you've been giving case examples for, but using a different way of framing it. Does it feel comfortable for you, what I've said?

Sarah Eagland (06:18):

Absolutely, yes. I love those principles. And that's why I was so grateful to connect with you early on in this work because your wisdom has really guided what we've done as well. So thank you. And I really love that walking alongside, and it was one of the best moments when one of the schools said, "You are part of our team. You are not an external coming in. You are walking alongside us in this." And that's exactly how we wanted to position. And so important to have really clear idea of the why so that then you can be infinitely flexible in how.

Michelle Roberts (06:52):

Yeah, I think that's true. And so when we speak to trauma-informed, really trauma-informed is just the very first step because being trauma responsive is probably putting into practice the awareness and the respect and the practice stance that best matches the circumstance of disaster. And I spoke earlier about a beginning point being one of strength-based and shoring up and empowerment and agency along the way. What are your thoughts about trauma-informed and trauma-responsive?

Sarah Eagland (07:29):

I think sometimes people can get caught up in definitions and feel that it's something separate and complicated. But I think what I found helpful, and I think the team has also found helpful, is making it very simple. What does this really mean in practice? It means listening. It means doing everything you can to create safety. Having a culture of psychological safety within the team, but also when you are then working as a team with schools and families, it's keeping those same principles in mind. So being aware that this is really complex, challenging work. There is no wrong, right answer. You really need to hear perspectives and value perspectives from everybody. And I think it's those little things that then will create a trauma-informed and trauma-aware response.

Michelle Roberts (08:13):

You very mindfully looked at strategies for your team around their own wellbeing, and you built an organisational framework for looking after the wellbeing of your team while they did this very, what can be draining work. You have to be so alert and aware of the feelings and the thoughts that are around you and the people that you're working with and the distress and the fear that they are experiencing. Can you run us through what you very mindfully established as good practice around wellbeing and self-care informing your team and the way they worked?

Sarah Eagland (08:52):

I mean, this is a fabulous area to work in, and I think particularly the strength of community amongst all the agencies working here, but it also is really complex. It is challenging. We had also members of our team who experienced the disaster directly, members that continue to live in those communities, so various levels of challenge through that. And I think that's why from the very beginning really wanted to make sure that we had an organization's responsibility that we then shared with the team for their wellbeing. I think historically it's been seen as an individual issue, and if you don't cope or you get burnt out, then that's an individual problem for you to solve individually. But we really found that having a shared approach, putting in place some very clear organisational things that would help, and a few that really made a difference. One was having an individual wellbeing plan that we developed with each team member, and it would look at what the challenge and the highlights of their role are, what the personal warning signs might be when they are feeling that their wellbeing's impacted, what their wellbeing priorities are for the next few months, how they would look after themselves in the different context of our delivery when they're working away from home, when they were working on telehealth, and then obviously supervision to regularly review and look at those.

(10:07):

And I think that really sent a strong measure that it wasn't tokenistic, that we were really interested in wellbeing, and we would keep asking and we would keep exploring. And then depending on what was coming back, look at the quality improvement that might help support that. And it might be as something as having a really clear role or having training so that you feel you have the skills to do this complex work. Because as I mentioned earlier, being asked to help when you're not quite sure how best to do that is really stressful. And then we would also have regular debriefs with an external facilitator, and that was a really good opportunity to look at what worked well, what could we do differently, what do we need to change, and also share the personal impact of the work. Does anyone need extra support, further individual debriefs?

(10:50):

So that was something that was very, very helpful too, that culture of psychological safety. And it wasn't something we just spoke about once and then assumed. And it was interesting, I read that the research shows that managers assume that psychological safety is more prevalent than it is. So it's really something that has to be nurtured to explain what it is, how are we going to keep doing this? And just a very collaborative multidisciplinary work as well, because rather than being isolated in our roles, it was really important to connect and to share the challenges and to take care of each other really. And we also used some measures to measure it as well. So things like the professional quality life scale, things like that, just help give a bit of an objective take on where you're at and how you're feeling at this point in time.

Michelle Roberts (11:37):

I have a funny story to tell about using the quality of life scale. I used it with a group of principals when we were talking about stress management in the workplace and specific to critical incident management for principals. And none of them could actually do the scale, fill it in, because they were finding it so hard to concentrate and their stress levels were so high that we had to actually step through step by step and chunk the information for them. So we can't underestimate the destabilising effect of really

high levels of stress have on our ability to process information. And there's a whole other podcast that could be done in terms of communication around highly stressful events and when you are in the high stress states and yet you are leading a response and recovery. I see that you've identified that in organising your team to be as safe as possible, you've skilled them up and reminded them about their own self-care.

(12:41):

You've acknowledged the organisational responsibility for providing the supports they need to do their work in a safe way and to be checking in. You spoke about role clarity, and role clarity is something I've been really conscious about in doing any sort of really challenging work that's not your BAU. And I first learned about the importance of that after the Port Arthur Massacre when one of the police officers that was responsible for responding as the massacre was unfolding spoke at a conference and his message was the most important thing he needed for people to know going forward after their experience was that if you don't know what you're meant to be doing, you're really vulnerable and at risk because you'll always be questioning, have I done the right thing? And so having a measure of confidence about what is it you're meant to be doing, are you able to do it?

(13:36):

Do you have the sufficient knowledge and skills to do it is a way of being protective for our staff and for ourselves. So that means that we're looking at knowledge and training. It means we're promoting skills development and that there's ongoing supervision and mentoring and that nothing is static. There's no one and done in this at all, that you are always having to come back and check in and remeasure and think about that happened and I used this strategy. It sort of worked, but maybe there's something else that I can learn from a colleague or I can ask someone about or I can do some additional reading about. And the notion of working collaboratively with other agencies, disasters tend to be collective events. We've already said that. And good response and recovery is also best done when it's a collaborative collective approach, a wraparound those that have been impacted to assist them in their recovery in their journey.

(14:38):

I really hold very dearly the whole wellbeing of our workers when we do this work and want to remind people about, again, you mentioned Emerging Minds earlier. I've done a lot of work with Emerging Minds around disasters, and I'm particularly proud of a section that we worked on, which was a guide for wellbeing for practitioners working in this space. So if you're not familiar with the Emerging Minds Disaster Practice Guide, find it and then go to the wellbeing content because it'll get you thinking about how best you can do this work in a way that is self-protective and organizationally protective, and keep on checking back in and getting ideas of how you can look after yourself when you're doing the work. So we're coming to the end of our podcast. And Sarah, I'm really interested to know if you had to distil your pearls of wisdom from working in this space and I was to ask you what's changed your practice or what advice would you give to people who are looking to work in a disaster space? What would you say?

Sarah Eagland (15:51):

I think probably the biggest thing I've learned is it's okay to say I don't know and to ask for help. And we are in a world that's constantly changing and the things you learn when you do your professional

qualification, they're not going to support you in this new crazy world. But it's okay to say, I'm not sure about this. At the same time, remembering what you are sure of and what you do know so you do recognise your skills. But I think reaching out is something that I've really, really valued and think is so important to keep quality. And also then to not just thinking something works because you feel it works, but actually asking the kids, asking families, "How was that? Is there anything that would improve it?" So I think that is something I've really learned. And also it so helped my wellbeing, having the support of this network of wise and brilliant people around me. Yeah, that's what I think is my biggest learning in this area.

Michelle Roberts (16:49):

So really our practice should be mirroring that collective approach. The community of practice is so important. I think if I think of my answer to that question, I think about what changed my practice. I know that my journey in working in disasters started with Ash Wednesday, and it started because I was directly working with children where I could see their disaster had impaired their concentration and attention and behaviour. I was a teacher at that space before I was a psychologist. And I kept on saying, "This is more than just the kids being tough and difficult. It's because of the fires." And it was really hard for people to hear that. They just couldn't take on board that the losses in learning, the heightened behaviour, the constant vigilance, the anxiety was a response to that event and not just the kids being difficult as some people felt was an easier answer.

(17:53):

But this is a rapidly evolving area of knowledge. And over the 40 years that I've worked in this space, I've seen things that we thought were the answer, be challenged and tested and thrown out as not good practice and new things coming in. So if I was to speak with someone who was about to respond to their first disaster and to go into a community to walk alongside them in their recovery, I would be saying, keep y our reading up. Have your conversations with people who have been doing this work for a number of years. Be open to testing ideas. Listen to the people who you are there to serve, and especially advocate and work alongside the littlest people in our communities because they have the high vulnerability, they also have the greatest need, and we could make the greatest impact in the work that we do when we work with our youngest ones.

(18:52):

So to distil my advice, I'd say be informed and stay up to date. Make a conscious decision if you are the right person to do this work because you are going into a chaotic workspace. It's not like your lovely practice that you might do day in, day out where it's measured and controlled and you can know what to expect. This is really chaotic. Chaotic in the impact, chaotic in the recovery, and you have to be able to ground and centre yourself and regulate yourself to do this work and to bear witness and tolerate high emotions effectively. Be infant and child-centric because it's here that you can buffer, mitigate, strengthen, and help repair the loss of trust and build foundational and fundamental supports for lifelong wellbeing. That prevention is always better than cure. It's not all about trauma, it's the journey, not the destination. To be an advocate, to empower, amplify good practice and child voice and believe that you can make a positive difference.

(19:58):

And come back to stay up with the literature, especially the dissenting voices. To keep an open mind and look for evidence that is infant, child, or young person focused. Don't be tempted to use adult frameworks for children. Always look for the child-specific information. Sarah, did you want to add anything?

Sarah Eagland (20:16):

Yes, I love those. Absolutely. And thinking about what you mentioned about advocacy, I think it's been really important in this work context to really share what we learn about what works, but also share what we heard from the children, remembering what I said about their invisibility, and they've been invisible for a long time, so they really haven't had much opportunity to share the impact on them. So when we have heard from children directly about the devastating impact on them and their development, their education, we've really tried to share that. And another element of advocacy I think is so important in this context, which the children actually get more strongly than anyone, is the link between the climate change and the increasing frequency and intensity of disasters. And I think the most important part of any trauma-informed response is actually let's stop the trauma in the first place.

(21:06):

We don't want to have to keep coming in and to support after the event. So very strongly, closely connected to this area of work is advocacy to support climate action, to minimise the impact on our changing environment and the disasters. And one of the examples of how Royal Far West did that, we partnered with UNICEF Australia to create a film that was then shared at COP28 to highlight the frequency of disaster in Australia, how this is affecting children's childhood, and how you can help. So that's really been a consistent theme throughout this work is sharing what we know and trying to advocate for change so that we don't have to keep doing this work.

Michelle Roberts (21:46):

Thank you so much, Sarah, for your generosity in sharing your learning journey. And thanks for listening to the Mental Health in Practise podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests or access related resources, visit this episode's landing page. We'd love your feedback and you'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank you very much, and thank you for your commitment to multidisciplinary care and lifelong learning.

Sarah Eagland (22:17):

Thanks, Michelle.

Michelle Roberts (22:18):

Thank you.

Host (22:20):