



How can trauma-informed principles shape the way we work together?

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Host (00:01):

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

Carla Jones (00:17):

Welcome to Mental Health in Practice, a podcast from the Mental Health Professionals Network. In this episode, we'll be exploring trauma-informed approaches to supporting workplace culture. My name is Carla Jones, and I use she/her pronouns, and I'm a registered psychologist and psychosexual therapist. Today, I'm joined by Den Abreu, they use they/them pronouns, who works as a CEO and principal psychologist of Haven Psychology Centre in Meanjin, Brisbane, and who also happens to be my boss. Hello, Den.

Den Abreu (00:48):

Hi, Carla. That's so weird to hear you saying my boss.

Carla Jones (00:54):

It was weird to introduce you as something other than my boss. You wear many other hats. Do you want to share some of the other hats that you wear?

Den Abreu (01:03):

So in addition to being the CEO of Haven Psychology, I'm also a counselling psychologist, a psychosexual therapist. I'm also a board approved supervisor and supervise those who are registered, not only under the Psychology Board of Australia, but across the AHPRA.

Carla Jones (01:20):



Transcript



So today we're going to be talking about trauma-informed approaches in the workplace, and I guess the goal is to bring some different perspectives to the listeners today. So I'm going to bring a perspective of myself as a practitioner and an employee, and Den, you to bring the perspective of an employer in leadership and from that organisational perspective. So our goal today is that together we'll unpack some of the challenges in putting trauma-informed principles into practice and what they can look like when we embed this into everyday work culture. So Den, I'm going to throw to you and ask you, why do you think this is an important conversation to be having right now?

Den Abreu (02:04):

I think when we think about trauma-informed practice or trauma-informed principles, we tend to think more externally towards clients, towards stakeholders, the others. But I actually think it needs to begin at your workplace with your colleagues, and it actually needs to be embedded in the principles of the organisation. And especially when we consider the 1st of July of 2026, so just last month, it's now legislation that persons or people conducting businesses or undertakings. So if you run a business that has a contract model, say for instance, even though your colleagues may not be your employees, you are still responsible for psychosocial workplace hazards. You are still responsible for what's called positive duty. And with positive duty, that is actually the term being used is the elimination of discrimination, particularly around sexual harassment. Typically, we think of sexual harassment as gender-based, but when we think about the diverse people that we work alongside for our trans, gender-diverse, non-binary colleagues, say for instance, sexual discrimination may not be as obvious as what it might be when we're talking about the assumptions of, let's say, a stereotypical wolf whistle as you're walking along or that sort of thing.

(03:40):

It might be someone who is genuinely interested in what does being gender diverse actually mean, but not having the language and how and when to talk about it respectfully, consensually, that sort of thing. And so it can actually be through good intent, but the impact on the person has significance. So when we talk about intent versus impact or capacity versus capability, I think this is one of the biggest reasons. And if we think about HR in general, when I'm talking about as an employer or a team leader in a bigger organisation or department head or whatever, and we go HR, we're thinking human resources, we actually need to start thinking human rights as well.

Carla Jones (04:28):

Yeah, that's so true. I loved you introducing some of the organisational considerations, but also touching on, and I guess from my perspective as an employee, and a friend of mine actually put this to me the other day, how can you help people as your job if you are trying to put out fires in the workplace kind of behind the scenes? And so having trauma-informed practice behind the scenes means that I actually have more capacity to go out and do my job and interact with clients in a way where I can be much more trauma-informed with them because I am quite regulated when I show up to work.

Den Abreu (05:10):

100%. And if we're not regulated, how can we be expected to help others regulate?



Transcript



Carla Jones (05:17):

And I guess that comes down to the culture in the workplace, being backed by trauma-informed principles is a little bit more sustainable and means that when I go home at the end of the day, I'm not completely drained as well, which is nice.

Den Abreu (05:34):

Oh, I hope so. I hope that's the reality for you as well, as well as the ideal.

Carla Jones (05:40):

Yeah, more often than not, absolutely. Absolutely. But obviously it's something that we need to always be mindful of and always be working on.

Den Abreu (05:48):

Yeah. And I think you raise a really valid point there, Carla, when you say more often than not, because life is going to happen and there are going to be circumstances as much as we do try and apply trauma-informed principles, each and every one of us are just human at the end of the day, and life is going to impact work, work is going to impact life, the different parts of us are going to be popping off. And I think in those instances, it's about having grace with each other and respecting the boundaries and the balances and being able to have the way of just showing up at work that is good enough. If it means that Den's in a feral mood today, Den's going to be locking themselves away in the room so that I'm not leaking out everywhere and impacting the team there because absolutely culture is so collaborative and it really needs to be top down as well as bottom-up.

Carla Jones (06:56):

On that, I think so important that we take a whole of organisation approach to this. It's not just you in management or me as an employee, but it's also our admin staff or anyone who comes in and fixes our air conditioning from time to time. It's anyone who walks in the building.

Den Abreu (07:16):

Yeah, it's that collective care, right?

Carla Jones (07:18):

Yeah. Well, it's being mindful of everyone in our space and how we're treating everyone in our sweet little space. So we've maybe talked about why this is an important conversation to be having and even who this can apply to, but what do we actually mean by a trauma-informed approach and why is this the right lens when we're talking about workplace culture?

Den Abreu (07:40):

Let me start off by explaining, I guess, what we're talking about when we're talking about trauma-informed care or trauma-informed principles. So there's six principles that we think about, and if we think about safety, it's the emotional as well as the physical experience, it's the environment, that sort



Transcript



of thing. And if we think about trust, it's not just about as mental health professionals, it's not just about the client in the room in that particular session, it's the whole service. Is it sensitive to the needs of the people that we are serving? Are we being culturally responsive as well? Are we going to do the things that we say we're going to do? When we think about choice, is there choice? So I know when I first started learning how to be a psychologist back in undergrad days and we would have our counselling unit and the phrase was, "Tell me more about this." And we know with our clients, our colleagues, choice means having choice.

(08:47):

It's like, "I know I haven't earned the right yet to ask you about this."

Carla Jones (08:53):

I have the choice to say, "No, thank you. Please don't." Or it comes with an element of permission of, "If you feel okay to tell me about something, would you mind sharing with me?"

Den Abreu (09:03):

Yeah. When we talk about choice for team members, it is being able to offer as much as we can, like the opportunities to have input, which is choice. But also the next one, if we think about collaboration, and I think this is where a lot of organisations fall down is the collaboration. So with clients, we're collaborating on treatment plans, say for instance, or we're collaborating with the other health professionals on the team. And here we're talking about when we are looking at implementing new policies or procedures. And when we think about collaboration, it's doing with rather than doing to or doing for. And when we were looking at creating all of these new policies and procedures, say for instance, it then went to the team once it was drafted, what do we think about this? What can be different? What can we do differently? Here's the basics.

(10:08):

It then has to go to legal, but it also has to be ethical. So we're also collaborating with other people. It might be accountants, it might be the legal team, it might be the professional guidance team because HR says, "Yep, you can fire that person on the spot." But ethically, what about the clients? Ethically, what about continuity of care, that sort of thing? So just because we can doesn't mean we should. And that takes us to the next one, which is empowerment. How do we empower our team, our colleagues? And again, like you were saying before, it doesn't matter whether it's the clinical team or the administrative team or any other team that you might have, IT, say for instance, how do we power our colleagues to make decisions and know that they have all of the information that they need to make those decisions?

(11:01):

And how much of a key focus is it as well to provide that? It's like how do we justify? How do we ethically defend our decision making? And it's enabling that.

Carla Jones (11:13):

I was going to say, when I think about empowerment, I guess the zone of proximal development is taking those steps and being encouraged to, "Yes, you can work with that client, but let's make sure



Transcript



you've got this training and come and see me for supervision on that." There's always, I guess, the safety net to catch you, but you're being empowered to try something new or different or challenging should you wish.

Den Abreu (11:39):

And I think that also goes really neatly to the sixth principle, understanding the cultural, the historical points in society around gender and just socially diverse groups, culturally and racially marginalised people, First Nations peoples, how we respond to diversity. How is it actually embedded in our organisational governance, in our clinical governance, in our people and culture governance? How is it experienced by our clients or their family? How do we involve their family? How do we work with people who may have chronic illnesses or chronic disabilities? How do we keep diversity at the forefront?

Carla Jones (12:27):

So I guess you've just listed all of the principles of trauma informed care, and that's the way that we practice with our clients as well. So list them back with me so I don't forget any. So we have safety, trust, collaboration, empowerment.

Den Abreu (12:45):

Choice.

Carla Jones (12:46):

Yes, choice.

Den Abreu (12:47):

Choice and understanding the cultural and historical impacts in society. So this is where we do that anti-oppression, decolonizing of mental health stuff here.

Carla Jones (13:00):

And I guess the thing that I've noticed is that people can often conflate trauma-informed care and trauma-focused care. And in fact, myself and a few colleagues devised a webinar about this exact topic to be a piece of information for clinicians. But obviously in this context, when we're talking about the workplace, it's really important to know the distinctions as well. So trauma-informed principles are what we've just discussed, as opposed to trauma-focused care, which is where we might be going a little bit deeper and trying to treat the trauma. So seeing trauma is actually our core focus in the clinical room, for example, and creating a treatment plan to address that trauma. In my instance, I'm an EMDR practitioner and I do schema therapy as well, so that could look like drawing up a clinical landscape and sitting with a client and working out what traumas we should address and what would feel comfortable for them in terms of desensitisation or what their goals are so far as reducing the impact of their trauma.

(14:08):



Transcript



And that's not something we would do in the workplace that I think would be quite inappropriate to do with my colleagues or in supervision or to each other. That wouldn't be the goal. We can support each other and be mindful of trauma in the workplace, but we're not going in with any plan to change or address someone's trauma in the workplace.

Den Abreu (14:30):

Yeah. From the leadership lens, I tend to use the term professionalism is not neutral, and that has a variety of main concepts. If I think about the leadership lens, so professionalism isn't neutral, employee handbooks or contracts, they're written at high-end things. But if we're talking about, say for instance, behaviour, if we're talking about conduct or performance, for instance, it's really important that we understand the hats we're wearing because quite often when we're working in small organisations, whether it's private practice or community organisations, you might have one person who's wearing two or three hats, and it may not even be a leader. It might be an admin person who's also the coffee runner, who's also doing all of these other things. If we think about, in mental health especially, we are mental health clinicians because we care about people, and usually we have our own little backstory of how we came into this profession.

(15:36):

And when we are working with the communities that we also have membership in, that can accumulate. So some of that moral injury type stuff, the vicarious trauma, our admin people who get the trauma dumps on the telephone or in person or have to read a particular email, how do we support them? Because they're not clients. And like you said, we're not doing trauma-focused therapy with them, but what we can do is view the organisation as the client, the systems as the client, and you can do trauma-focused preparation. So these are those policies and procedures that talk to what to do if. So ethical decision-making frameworks, risk assessments, what if this, then this, that sort of thing. And we can do that with our colleagues, and that's a really beautiful collaborative process that we can implement. And I think as well, if we are thinking about trauma-informed, that is the basics, that's the sort of lay of the land, so to speak.

(16:43):

The trauma-focused is the person, and it's about integration, healing, all of those sorts of things. So if we've got a rupture in the therapeutic relationship, we do need to repair that. If we have a rupture in team culture or in conduct, the organisation needs to repair that. There's a gap in the system. So whilst you might have team members who are really, really disgruntled, really dissatisfied, and they don't necessarily have access to what they are trying to say, it is up to us as leaders to hear what's not being said or what they are trying to say. So Den, you suck. That's the zinger to hear. Absolutely. But if we take that down a notch, because it's very easy to blame the person in front of you for not performing, but take it back to your system. Why is Den sucking? And that may be because we go to the trust principle, Den's not doing the things that they said they would do, or it's our voices haven't been heard here.

(17:48):

There hasn't been enough collaboration process here. I don't feel I'm able to work with this other person. And then we're talking about safety in the environment. We're talking about psychosocial



Transcript



safeties and all of those sorts of things. And so whilst typically we talk about trauma-informed and trauma-focused in a clinical setting, I think it can absolutely apply in systemic processes.

Carla Jones (18:12):

So we've talked about some trauma-informed approaches and we've walked through the principles, but knowing them and using them can be two very different things. Before we get into what this can look like in practice, let's unpack some of the barriers. Why aren't we always doing trauma-informed care or why might people find this a difficult thing to do in their businesses or organisations?

Den Abreu (18:39):

I think this goes back to the heart of human rights and human resources or what I call haven hearts, because if we talk to identity-affirming workplaces or identity-affirming clinical care, and we're talking about trauma responsiveness or trauma focus and cultural responsiveness, we're mental health professionals for a reason. And sometimes what we intend isn't how it's perceived. And it could also be, and in fact, I'm currently doing a three-webinar series for the Australian Association of Psychologists around HR and professional leadership and ethical HR and supervision inside employment, et cetera, and unpacking that because as psychologists, unless you're doing maybe business psychology or you have gone down the org psychology pathway, we're not trained to be business owners. We aren't trained to be leaders. And what we are trained is to listen to the person in front of us and that unconditional positive regard. And that sometimes actually gets in the way of behaving in an appropriate bounded way because yes, leadership means business management and it might be around finances, but it's also that HR component, again, human resources and human rights.

(20:04):

So navigating what the organisation needs with individual needs or team needs.

Carla Jones (20:10):

I think that's something I've noticed in other workplaces when there's been some really consistent expectations on the team. And the fear has been from organisational leaders that if we allow some choice or we allow some flexibility, perhaps some of the demands of the business won't get met. So actually we're not going to let our employees work from home say, or have the option to work from home if they want, or we aren't going to let our employees. I mean, I've called in a preemptive sick day before when I've known, oh, I don't think tomorrow I'm going to have such a good day, or today might be a very big day for me, so actually can we just move some things around tomorrow? I know a lot of workplaces that wouldn't be an okay question to ask. So having some flexibility can be really a nerve-wracking thing for, I think, leaders and business owners to give to their employees.

Den Abreu (21:11):

And I think if we go back to those trauma-informed principles of choice, like how flexible can we be, it's about not just asking for feedback, but actually listening to the feedback, implementing the feedback, because especially when we think about people who have different processing speeds or different neurodivergent needs and -



Transcript



Carla Jones (21:39):

Communication styles.

Den Abreu (21:42):

Yeah, exactly. If we're not hearing other voices, the clinicians don't grow, the team don't grow, the business doesn't grow, and your clients won't grow. And you've heard me say, Carla, and it's very explicit here at Haven, our priority is actually our team, and we know that our clients will get the best quality care almost as a side effect of that.

Carla Jones (22:08):

I'm actually curious, does that feel risky giving that over to the team or I guess that style of leadership where you focus on your team's wellbeing so that your team can provide for their clients? It doesn't happen everywhere. So yes, I wonder if that feels risky or scary in some kind of way.

Den Abreu (22:29):

The bigger risk for me is actually not what if they take advantage. The bigger risk for me is what are we going to lose out on because we're not trusting our team? Like we say with our clients, the clients are the expert in the room, right? They're the expert in their life. Our team are the experts in the business. We follow their lead.

Carla Jones (22:55):

So no risk at all is what I'm hearing. No risk at all at doing trauma-informed principles in your workplace.

Den Abreu (23:01):

No, because it's scarier for me not to have that.

Carla Jones (23:04):

Okay. So we've talked about some of those barriers. How do we navigate some of the challenges and translate trauma-informed principles into a way a workplace can actually operate?

Den Abreu (23:17):

So what we've developed here at Haven is a three model frame. So HR Without Harm, so HR being human resources as well as human rights. So HR Without Harm, it tells us where to go on the decision-making pathway. Haven Hearts tells us who and what we shouldn't be overlooking. And the Haven Professionalism is not neutral leadership lens helps us to review, reflect, adjust, focus, and rebalance our systems.

Carla Jones (23:50):

If I'm thinking even just very practically and bringing it down to some of the small things that I can contribute because you're talking at the big organisational level, so I'll just add in a few things that I can think of how this sort of manifests on a day-to-day colleague level. The things that we might do around



Transcript



the office, one of the major things, and it's probably something I didn't do in other workplaces before I came here, is we check and see if someone wants a hug or if someone's feeling a bit upset, how can we help? Would you like a hug? Would you like some space? Would you like a glass of water? Would you like your door open, your door closed? Started as a bit of an unspoken rule around the office around if your door is open, it's knock and come on in.

(24:30):

If the door is closed, you can send me a Teams message, but generally speaking, don't come in. And if your door is just slightly ajar, it's somewhere in between usually. Often it's, "I'm not really up for being distracted, but you're welcome to come in and talk to me still." Or in my case, sometimes it's, "I've got a bit of a headache and I'm having a lie down, but please come in and distract me or ask me questions." So there's permission in all of that and lots of invitations to people to come and be a part of the team however they want to in any given moment.

Den Abreu (25:04):

And I think when you're talking about that, I think about from a leadership perspective, having check-ins with the team. I know when I do a check-in or supervision, I'm always going to ask, "How do you need feedback today? How do you need me to show up for you today?" And responding to, not just in general, "This is how my clinician and I or my colleague and I, this is our regular vibes, but because on that morning I just found out that I have to pay a \$300 bill in two weeks time, and that sucks because I was going to fill up petrol with half of that or whatever it might be." And so it can still be direct feedback, but it's the delivery. It's a little more cushioned or maybe it's just delivered a different day, that sort of thing.

Carla Jones (25:59):

Den is saying this well, knowing that I only accept gentle feedback. I have a major preference for that, and I'm glad it was a question that I was asked when we started supervision. Okay, so a few little practical examples there, but obviously acknowledging that with trauma-informed practice, so much of this comes down to asking your own teams. So that's probably my big piece of advice, I guess, is everyone should take what we say with a grain of salt and go and ask your own teams what they want and need and what makes them tick. But I guess maybe in our context and putting some of the principles into place and thinking about some of the ways that we do it, when we invest in trauma-informed care in the workplace, what difference can this approach make to the culture in a workplace? Maybe to the staff, maybe to the organisation, maybe even to our clients.

Den Abreu (26:59):

If we are not doing trauma-informed, and I'm going to use some numbers here. So I attended a webinar a couple of weeks ago now that quoted a study which was released earlier this year, so it was from Safe Work Australia. So the stats, a workplace environment that's not necessarily safe for you, 43% more sick days per month, 72% higher performance loss, and this equates roughly to \$1,900 per employee per year. That's at a cost to employers. Workers who have severe depression that is resulting or exacerbated by workplace, 20 times more sick days per month and a 270% higher performance loss than those without depression. And if we're looking at that, whatever we can do to manage the impact of trauma-



Transcript



informed care, culturally responsive workplaces, ethically designed systems, it's priceless to do four simple steps.

Carla Jones (28:15):

And you've obviously shared from the statistics and from that organisational level, but as an employee, it's also nice to show up to work and not want to take sick days or not feel unwell, or by extension of that, not feel like I have to let my clients down. It feels good to come into work and know that, as it often is on a Monday morning, that I might be a little bit of a troll until I've looked at some emails and prepared some notes, and then I might be a little bit more human, and to have the people around me know and acknowledge that and be okay that I'm not the world's happiest, brightest person on a Monday morning or a Friday morning sometimes or a Wednesday morning or a Tuesday morning. The stats that you've read out have a real human impact on the people in the organisation, and that is do I want to turn up to work?

(29:08):

Can I be regulated and in the right frame of mind to support my clients today? And that is also priceless.

Den Abreu (29:16):

Absolutely. I think having a team who have good enough job satisfaction, good enough attitudes, because again, professionalism is not neutral, so revisit where you learn what professionalism means and how is that defined in your business and does it suit your business? Because I think for us at Haven, the fact that we aren't as professional as what other psychology private practices are is actually one of the leading things that we hear as leaders.

Carla Jones (29:52):

I want to clarify as well, we are incredibly professional. It's just I'm not wearing shoes right now and very rarely do around the office. But I promise we are professional.

Den Abreu (30:02):

Yeah, we are professional. I think, again, because it's explicit for us what that means. So I actually don't care if my team can't spell properly. That's what spell check is for. That's what grammar is for, right? Because I've got a neurodivergent team. They might type faster or speak faster or may have dyslexia or dyscalculia. I don't care if my team have tattoos that are visible. I don't care if my team have hair colours that are not necessarily natural. I don't care if you have facial piercings and you can still be a professional.

Carla Jones (30:41):

Den, I want to pivot now and I want to just ask you, what's one piece of advice you'd give to your younger professional self?

Den Abreu (30:49):



Transcript



The one thing that I would tell my younger self is to trust myself. Let the haters hate. In the words of Brené Brown, if they're not in the arena, don't listen to them. Because like I said, Haven turned seven last month, when I was first talking about starting Haven, people were like, "Den, you're not going to be open in a year. When things don't work out, come contact us for a job. You've got these lofty ideals and that's not good business." What ended up happening with the new registration standards was you now need to be identity affirming. You now need to be exceptionally sensitive to socially and culturally and racially marginalised people. You need to understand the history of queerness. You need to understand the impact of how we've treated the First Nations people. We were doing this from the day we opened our doors five years ago.

(31:51):

We were already opening the doors with that frame in mind. So trust yourself. And just because you are a person of colour, just because you were bullied and fat shamed and all of those sorts of things, just because you aren't palatable for a lot of people, you don't present as professional and they will try and shut you down in every way. Your people need you. Back yourself. The future generation of health professionals need someone who is going to go, "But why are we doing that? Because it doesn't make sense. Why are we doing it this way when it's based on colonialism?" That's what I would say is keep asking why, trust in yourself because the next generation needs this. And the ripple effects of, not just the team at Haven, but all the presentations that I do, all the conferences I speak at internationally, locally, across Australia, et cetera, they're all the people that we are actually affecting.

(32:57):

And I can't think of a better legacy for anyone than to go to sleep at night knowing that you've made a difference in someone somehow in some way.

Carla Jones (33:09):

Back yourself is sensational advice. I think if I were to tell my younger professional self something, which feels funny because I still feel like I am my younger professional self, so I wonder what I'll say in a few years time. But when focusing on trauma informed care in the workplace or even just in trauma informed practice, I think I've always been like a bit of a bullet of gate and wanting to do everything right immediately and implement all of the principles and show everyone that I can do really great trauma informed care. And I think I would tell myself to slow it down, be more curious with client care, but also with my colleagues and extending myself to sit in spaces that feel uncomfortable and noticing what I can do to make those around me feel more comfortable, even if it's not perhaps what I'm exactly used to or something that I did at other workplaces or anything to that effect.

Den Abreu (34:11):

So you've been with Haven for five years from your provisional days, you're now a board approved supervisor in training. It has been such an honour and privilege watching you come from that young baby psych, as you used to call yourself.

Carla Jones (34:28):

I still call myself.



Transcript



Den Abreu (34:31):

And seeing you just grow in confidence and grow in certainty and get to this place where you're soaring and thriving and doing podcasts. And thank you so much for being who you are and just showing up so authentically and trusting us with your career development. It's just been such a blessing to see all of this.

Carla Jones (34:57):

Oh, thank you. That's very sweet and almost too much gushing for me to handle. So we might call it a day there. Thank you so much for listening to Mental Health in Practice, a podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests, myself or Den, or access related resources, visit this episode's landing page. We'd also love your feedback. 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 for your commitment to multidisciplinary care and lifelong learning.

Host (35:36):

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