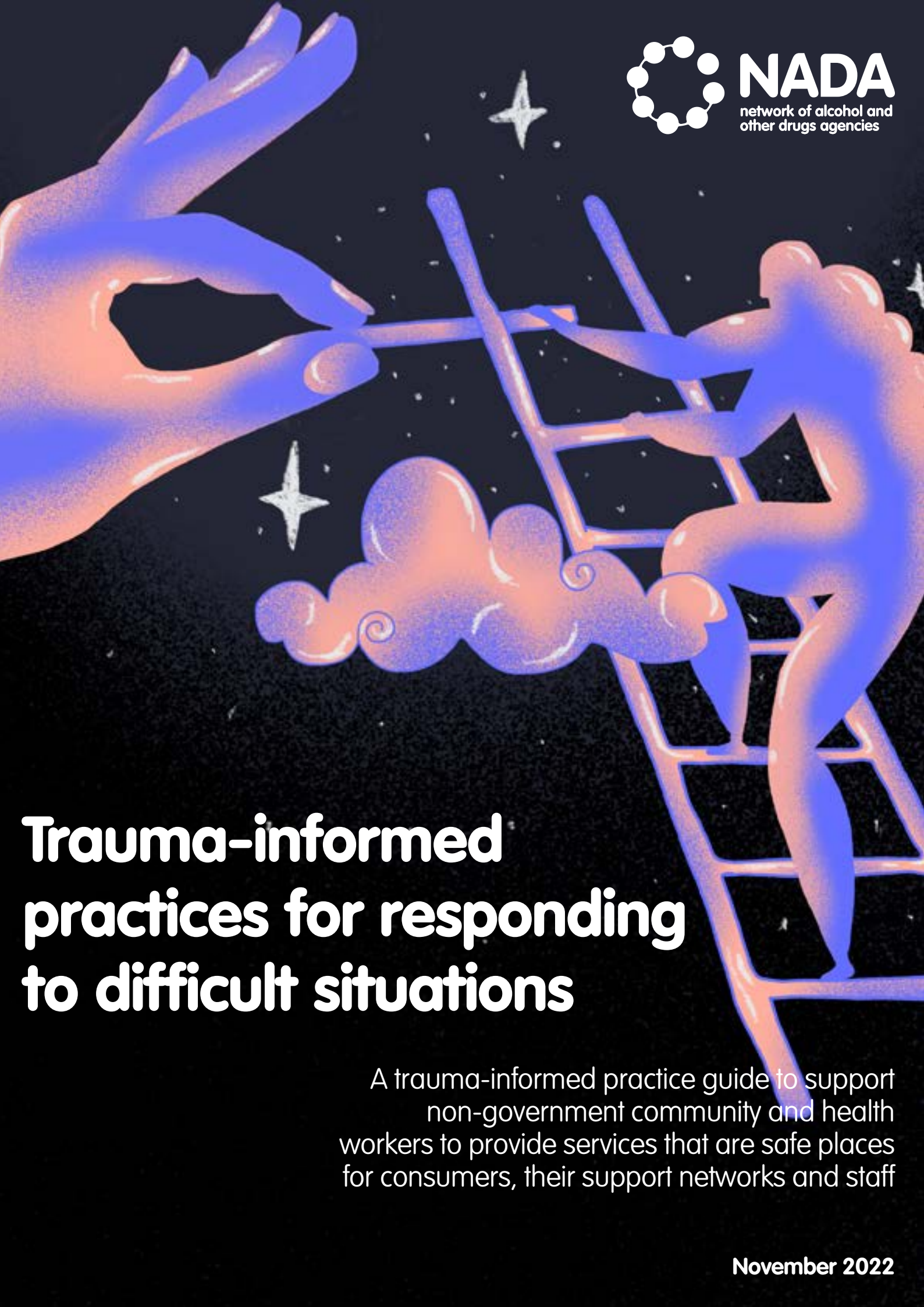

NADA
network of alcohol and other drugs agencies

Trauma-informed practices for responding to difficult situations

A trauma-informed practice guide to support non-government community and health workers to provide services that are safe places for consumers, their support networks and staff

November 2022

Acknowledgement of country

NADA proudly acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia. Our office stands on the land of the Gadigal people of the Eora Nation.

We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.

We look to celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise. We pay our respects to Elders past, present and future.

About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

NADA has award-level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

NADA is supported by:

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A note on language used in this resource

Language is a powerful tool. As a peak body, NADA understands that its work presents both an opportunity and a responsibility to shape how we, as a sector, and community, discuss alcohol and other drugs and the people who use them. NADA is committed to using language and imagery that aligns with the needs and preferences of the people and communities we work with and for, and that demonstrates respect for the agency, dignity and worth of all people. To this end, we prioritise using the terms 'person' and 'people' where possible in this guide, as opposed to clients, consumers or service users. See the Language matters guide and Section 6 of this resource for further practice tips and guidance about use of language.

Contents

1: Introduction and overview

1.1 About this resource

This trauma-informed practice guide aims to support frontline workers across the non-government sector to provide safe and inclusive service environments for people accessing services, their support networks and staff. It provides service providers with information and practical tips for preventing and responding to difficult situations using a trauma-informed, person-centred and strengths-based approach.

Difficult situations, in the context of service delivery, can occur when a person accessing a service presents with behaviours that appear 'challenging'. For example, the person receiving treatment may present as agitated, angry or aggressive. These behaviours that appear 'challenging' are most often due to people feeling frustrated, anxious, threatened or confused; alternatively, they may be in a situation that triggers memories of past trauma.[1]

This resource outlines the impacts of trauma and how trauma can affect a person's responses to situations and their engagement with services. It also outlines trauma-informed practices that are crucial for building safe services and minimising the chance of difficult situations occurring.[2]

Language is a powerful tool and this practice guide reframes the language and concepts used to describe 'challenging' behaviours and difficult situations. This is an important component of trauma-informed care and preventing and responding to difficult situations.[3] Using person-centred language that focuses on the person and not their behaviour shows respect for a person's agency, dignity and worth, and enhances collaborative partnerships with consumers and their support networks. For example, instead of seeing a person as 'challenging' or 'aggressive' (and therefore in need of management), see them as a person who is 'experiencing a challenge' (and therefore in need of support).

This practice guide is informed by research and current practice guidelines. It is not intended to cover all facets of trauma-informed care, working in specific program settings, or with the many diverse groups of people accessing non-government services. This would require a document of much greater length. It is also not intended to replace organisations' existing policies and procedures. Rather, it provides an overview of essential trauma-informed practice tips and information for frontline workers to prevent and respond to difficult situations and build safe and inclusive service environments.

1.2 Beyond this practice guide

For further important considerations, practice guidance, training and information related to this topic, see Section 4 of this resource and NADA's online Resources page.

2. Understanding trauma and its effects

'I am always looking over my shoulder, hyper alert of everyone around me and this makes me feel anxious and stressed and I talk faster and can look tense and angry—but I'm not angry —I'm really anxious. To best help me, you need to understand how my past and what's happened to me has effected who I am today—how I function and act' (Maree, consumer representative).

Understanding and adequately responding to what happens when people are exposed to overwhelming experiences is a basic requirement of a healthy society. [4] The effects of even severe early trauma can be resolved, and its negative intergenerational impacts can be intercepted. People can and do recover, but for this to occur, health and community services need to reflect on current research and put into practice trauma-informed approaches.[5]

2.1 Understanding trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by a person as physically or emotionally harmful, or life threatening, and which has lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual wellbeing.[6]

The individual's experience of this event, or series of events/circumstances, helps to determine whether it is a traumatic event. What is traumatic for one individual may not be for another. For example, a child removed from a violent home environment experiences this event differently to their sibling.[7] When a person experiences a traumatic event or series of events, it exceeds their capacity to cope with it, leaving them feeling vulnerable and challenging their belief that the world is safe.[8]

Trauma is very common and can include experiences of natural disasters, such as floods, fires or drought.[9] Other traumatic experiences include child abuse, neglect, physical, emotional or psychological abuse, sexual assault, neglect, family separation (particularly forced separation), domestic and family violence and exploitation.

2.2 Understanding complex trauma

Complex trauma refers to the cumulative experience of repeated traumatic interpersonal experiences, and is especially common. Complex trauma can be a consequence of events in childhood, as an adult or both. Complex trauma resulting from extreme and repeated adverse childhood events is not only particularly common, but far more prevalent than currently acknowledged. The effects of complex trauma are pervasive and, if left unresolved, can negatively affect mental and physical health across a person's lifespan. People accessing health and community services have often experienced one or more traumatic events, particularly those who experience mental health and alcohol and other drug issues, homelessness or incarceration.[10]

2.3 Understanding intergenerational trauma

Complex trauma can carry over from one generation to another and this is referred to as intergenerational or transgenerational trauma. This is attributed to the impact of collective trauma—suffered by individuals, their families and communities—on the emotions and coping strategies of survivors. If survivors of this trauma do not have the opportunity to heal, it is transferred to the next generation.[11]

One example of this is the ongoing intergenerational trauma experienced by the Stolen Generations and their descendants.[12] The ongoing effects of colonisation, dispossession, racism and the trauma experienced by the Stolen Generations are the basis of transgenerational trauma for Australia's First Nations peoples.

2.4 Understanding the experience and effects of trauma

Trauma can have lasting adverse effects on an individual's functioning, wellbeing and ability to cope. People's experiences of trauma are unique—some experiences are traumatic for certain people and not for others. The impacts of trauma can depend on age, cultural background, previous experiences of trauma, how long the trauma lasts, how often it happens and how extreme it is.[13] For some people, effects will include the development of post-traumatic stress disorder (PTSD) symptoms and for others, trauma can lead to more subtle changes in their behaviour, actions or thinking.

Trauma changes brain chemistry as well as structure, and these effects can impact a person's functioning and wellbeing. When a person experiences a traumatic event or series of events, their brain doesn't function as it usually does—their brain shifts into survival mode and all their mental and physical energy is directed towards dealing with the immediate threat until it's gone. For a lot of people, when the threat has gone, their brain stops being in survival mode, but for some people their initial trauma response stays, and this can impact the way they think, act and feel for a long time after.

When experiencing a trauma response, the brain can't tell the difference between the actual traumatic event and the memory of it. In this state, a person can perceive things that trigger memories of traumatic events as threats themselves. Trauma can cause a person to remain in a state of hypervigilance, suppressing a person's memory and impulse control and trapping them in a constant state of strong emotional reactivity. This might manifest as intrusive thoughts or memories, flashbacks or nightmares, or a constant feeling of being on edge.

People who have experienced trauma are more likely to have heightened emotional responses in situations where they feel unsafe, unsure or challenged. Such situations can trigger traumatic memories, causing a person to experience severe emotional distress and other symptoms.

Understanding the impact of trauma

Bessel van der Kolk is considered one of the pioneers in the trauma field. His description of the impact of trauma, given in an interview with Isabel Pastor Guzman in 2019, can assist in better understanding the effects of trauma:[14]

'When something life-threatening happens to you, you secrete stress hormones that are supposed to mobilise you for fighting back. If you are held down and prevented from restoring your safety and control, these stress hormones may begin to work against you and disrupt the workings of your mind, instead of activating your muscles to move. Basically, our stress hormones are meant to help us move, or fight back, and get out of the situation. If they keep being secreted, they keep you in a state of hyperarousal or put you in a state of helpless collapse. When this happens over time, the filtering system of the brain is changed so you become hypersensitive to certain sounds. You have difficulty filtering irrelevant information. Gradually, you start feeling threat everywhere. Instead of being focused on what is going on right now, your mind stays on the alert for threat, while you basically feel helpless to do anything about it.

The amygdala (the 'smoke detector' of the brain) tends to continually fire, telling you "You're in danger," and your anterior cingulate, which is supposed to filter out irrelevant information, doesn't function very well, so things that other people see as simply unpleasant or irritating, are perceived as a threat to your very existence. The medial prefrontal cortex (the watchtower of your mind, meant to help you to calmly survey what is going on and provide you with a feeling of "I know what I'm doing") tends to get deactivated as well, so you get trapped in your reactions without having much control over them.'

Watch this video from Dovetail Qld to learn more about how trauma impacts the brain:[15]

Trauma and the Brain is an educational video for workers. It outlines 'normal' or healthy development' of the key areas of the brain and how the brain may be impacted if someone experiences trauma (especially in the context of childhood development).

Find out more:

- What is intergenerational trauma: Healing Foundation
- Impacts of trauma and coping strategies: Blue Knot Foundation
- The effect of trauma on the brain development of children: The Australian Institute of Family Studies
- How the body keeps the score: an interview with Dr Bessel van der Kolk: Brain World

3. Trauma-informed care

'Trauma-informed care is being treated with kindness—human kindness is what's most important.' (Tony, consumer)

3.1 Core principles of trauma-informed care

Trauma-informed care is essential when delivering services and can be implemented in any service setting. In a trauma-informed service, every person has a responsibility to practice in ways that are trauma informed:

'To provide trauma-informed services, all staff of an organisation, from the receptionist to the direct care workers, to the board of directors, must understand how violence impacts the lives of the people being served, so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatisation.' [16]

Trauma-informed care and practices focus on a person's strengths and individual needs. They incorporate a thorough understanding of the prevalence and impact of trauma and are designed to avoid re-traumatising those who are accessing services.[17] These approaches promote safety and recognise the social, interpersonal, personal and environmental dimensions of safety. Trauma-informed services are not specifically designed to treat symptoms of trauma, but they are informed about, and sensitive to, trauma-related issues present in people accessing services.[18]

Trauma-informed care places the person and worker in a partnership. It requires engaging people with compassion, empathy, kindness and respect. Trauma-informed practice is fundamentally underpinned by a shift from asking 'What's wrong with you?' to 'What happened to you?'. This shift helps you to consider a person's behaviour, however challenging it may appear, to be a response to an experience rather than something that is an inherent flaw.

People can overcome traumatic experiences when they are provided appropriate supports and intervention.[19] To become trauma informed you need to first connect with these core principles of trauma-informed care that should be embedded in all practice: [20]

Key principles	In practice
Safety staff and the people they serve feel physically and psychologically safe	• Entry and common areas are welcoming and well lit • Privacy is maintained by having private areas for personal discussion • What makes a person feel safe is explored with anyone accessing the service
Trustworthiness and transparency Organisatonal operations and decisions are transparent and aimed at building trust	• People accessing a service are given a clear outline of any service processes or what happens in individual or group sessions ahead of time • There is consistency of approach among staff • People engaged in a service are kept informed about any changes to service provision, timetables or activities
Choice People engaged in your service are involved in all aspects of their care, and are given choice throughout	• People accessing a service are given clarity about their rights and responsibilities, and these are available to them throughout their involvement with a service • In individual or group sessions, people are engaged in discussion about what kinds of approaches they respond to best with choice about how they receive information • Engaging people involved in a service to provide feedback on how interventions are delivered
Collaboration Sharing the power with people, particularly in relation to the services and support they are accessing	• People have clearly defined roles in planning and evaluating services • Where challenges are identified, people accessing your service are involved in finding the solutions • Care planning needs to engage and involve the person accessing your service and be reviewed with them regularly to ensure it remains current
Empowerment An emphasis on a strengths-based approach that focuses on skills building	• Support people to identify and engage their strengths • Create an atmosphere that validates each contact you have with a person accessing your service • Explore apparent 'unhelpful' behaviours as ways of coping or surviving and tap into the strengths that could be adapted to more useful strategies
Culture, historical and gender issues Being responsive to the racial, ethnic, cultural and gender needs of people engaged in your service	• The organisation incorporates policies, protocols and processes that are responsive to the racial, ethnic and cultural needs of people accessing the service, that are gender responsive and that incorporate a focus on historical trauma

3.2 Strengths-based practice

One of the core principles of trauma-informed care is focusing on the individual's strengths. Working from a strengths-based perspective means identifying positives within individuals and working on building their support network and connections in their environment. Strengths can be physical, emotional, social and psychological. They may not be apparent to the person accessing your service at first, but simply seeking support is considered a strength.

The strengths-based approach is compatible with resilience theory, which is underpinned by the principle that despite adversity people often do well and thrive.[21] It also encompasses broader ideas such as empowerment and wellness.[22] Survival is the ultimate test of resilience and having survived trauma is an indication that a person has inner resources, no matter how removed they feel from them.

Applying a strengths-based approach in practice

A strengths-based approach is a crucial part of trauma-informed care because it ensures the focus isn't only on a person's history of traumatic experiences and their impacts. Instead, it steers the worker to look at a person's strengths and growth. It empowers people as experts in their own lives. Strengths range from personal values and personal characteristics to positive relationships.

To reveal and reinforce the strengths of people engaging in your service, some questions you might ask are:

- What did it take for you to be here today?
- What is working well for you?
- What have you tried, and what has been helpful in making changes?
- Can you think of things you have done to help things go well?
- Tell me about what other people are contributing to things going well for you.

Standard	What to focus on	How to apply it
1. Goal oriented	**People setting goals they would like to achieve in their lives**	**Work together to identify what the person would like to achieve by engaging in your program/service:** 'What is one thing you would like to work towards while you are here?'
2. Assess the strengths	**Rather than problems or deficits, unearth the personal resources**	**Step back from focusing on what a person is not doing and highlight what they are doing:** 'Even with all that is going on for you, you made it here—that took some courage.'
3. Link to resources	**Linking people to resources (e.g., people, groups, services) that might assist**	**In every space and community there are potential resources that might support someone:** 'Are there things/people you used to enjoy connecting with? What would it be like to explore things that are in your community now.'
4. Apply the right methods	**Specific methods (solution-focused therapy, strengths-based case management) are applied and match the stage a person is at when engaging in the service**	**Several therapeutic approaches are considered strengths-based e.g., narrative therapy, solution-focused therapy and family inclusive practice:** 'What might it be like to put energy into growing your story of courage, exploring the things you are doing right now to challenge the dominant story of struggle?'
5. Emphasis on positive relationships	**Increasing experiences of hope through positive relationships and connection with community and culture**	**Strengthening their relationships and connection:** 'Did you know there's a great neighbourhood centre that does some cultural programs you might be interested in—shall we give them a call?'
6. Meaningful choice	**A collaborative stance, where people are experts in their own lives, is key**	**The role of the AOD worker is to provide information and options so that people can make informed choices about their care:** 'Are you aware of the different kinds of programs we offer—can I talk to you about them so we can look at what might suit your situation best?'

‘3.3 Person-centred/person-led practice

‘Personalise the service delivery. People come to services with a unique situation, even though the way the service responds is often according to a categorised template, for the client their situation is nuanced and complex. In dealing with these more intricate situations ensuring the client knows that they are respected may help mitigate the frustrations at the bureaucratic process when anything is attempting to be actioned. This respect is best conveyed by the worker remembering any personal details that give the client identity, beyond what is in the file notes.’ (Alex, consumer representative)

Another important component of trauma-informed care is focusing on individual needs—being person-centred/person-led. Person-centred practices focus on what matters to the people receiving support, their families and networks.[24] Person-centred care seeks to place consumers at the centre of their care, but decisions can still ultimately be made by the worker/practitioners. Person-led is unambiguous, placing the consumer in the driver’s seat, directing their individual journey based on their needs and choices with support from families/carers, clinicians and service providers.[25]

Person-led approaches require that workers and services focus on the individual by:

- respecting where the individual is at now, their journey, dreams and goals
- matching the services and support with the person’s needs
- working in partnership with the individual, families and carers to ascertain the person’s capacities and strengths.[26]

3.4 Holistic and integrated care and cross-sector collaboration

As trauma can affect many aspects of a person’s life, coordination across systems is essential—collaboration across sectors and systems should include the full range of human services.[27]

A holistic approach means providing support that looks at the whole person, not just one specific need—it considers their physical, emotional, social and spiritual wellbeing.[28] Trauma-informed care maintains a holistic view of people accessing services, and facilitates communication and referrals across service providers and systems.[29]

People with significant trauma histories often present with various needs, crossing different service sectors.[30] Providing holistic and integrated care requires strong community partnerships with other service providers and groups. Integrated and collaborative practice is vital for best practice as no one organisation is generally able to provide all required services.

Points to consider for effective cross-sector collaboration:

- Is there a system of communication in place with other partner agencies working with people accessing your service for making trauma-informed decisions?
- Are collaborative partners trauma-informed?
- How does the organisation identify community providers and referral agencies that have experience delivering evidence-based trauma services?
- What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?

Find out more:

- Strengths-based approach: Practice framework and practice handbook: UK Department of Health & Social Care 2019
- https://info.nicic.gov/sites/default/files/Strength-Based%20Approach.pdf
- Youth AOD Toolbox: strengths-based approach: YSAS and The Centre for Youth AOD Practice Development
- Transforming ‘Person-Centred’ to ‘Person-Led’ Approaches: National Mental Health Consumer and Carer Forum

3.5 Person-centred language

'Mind your language. How you speak and the words used can perpetuate stigma. None of us are perfect and we will make mistakes with our language, but we can learn from them.' (Kevin, consumer representative)

Language is a powerful tool and a vital component of trauma-informed care and best-practice response to delivering safe and inclusive services. The language we use and the stories we tell have great significance to all involved.[31] It is especially helpful to be mindful of the language we use when talking about people who are accessing our services. The words we use influence our attitudes and beliefs, functioning to reinforce existing attitudes or facilitate the development of new views. Words reflect and communicate our conceptions and viewpoints to others and impact those around us. What we say and how we say it can affect a person's sense of self and make them feel included or excluded.[32]

Changing the language and concepts used to describe 'challenging' behaviours or responses to 'challenging' behaviours can empower people and reinforces a person-centred approach. Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language that makes it an important practice tool; a tool to empower clients and fight stigma.

Using person-centred language focuses on the person and not their behaviour. For example, rather than thinking of the person's behaviour as 'challenging' (and therefore in need of management), we should see the person as experiencing a challenge (and therefore in need of support).[33]

Replacing the term 'aggression' with 'heightened emotional state' or 'experiencing heightened distress' encourages the use of interpersonal skills rather than defensive or coercive reactions when engaging with people accessing your service. Reacting defensively can cause people accessing services to feel isolated and unsafe and therefore using interpersonal skills engages with people in partnership to prevent difficult situations and provide safe and inclusive services.

Person-centred language shows respect for a person's agency, dignity and worth. These considerations extend to people's support networks, including families, carers, significant others and children.

Try this	Instead of
Sonia is experiencing a challenge	**Sonia's behaviour is challenging**
Heightened emotional state	**Aggression/aggressive**
Distressed	**Challenging or aggressive**
It can sometimes be challenging for me to work with Sonia	**Sonia has challenging behaviours**

It is important to note this resource is not suggesting that you will never experience someone accessing your service who is aggressive or violent. A very small proportion of service users can be involved in incidences, but overwhelmingly the majority of people accessing services are not aggressive or violent.[34]

Find out more:

The Language matters guide is a person-centred language guide that aims to reduce stigma and discrimination experienced by people who use alcohol and other drugs and/or who are accessing treatment and services

The Recovery oriented language guide: quick reference is a useful resource when talking or writing about mental health

www.transhub.org.au/language and Trans-Affirming-Language-Guide_2020.pdf explain key terms and offer examples of language that can help build safer, more inclusive environments for trans and gender-diverse communities

The PWDA-disability language guide offers best-practice advice when talking about and reporting on disability

4. Trauma-informed care and responding to difficult situations

"Services that are not trauma-informed can lead people to feel trapped and isolated—it can be triggering for people trying to get support. Creating a safe and non-judgemental place for people is important." (Fabian, consumer representative)

Tips for best-practice trauma-informed care

People with lived experience of accessing NGO services were consulted with in the development of this resource, many of whom provided invaluable insights and practical wisdom. The following are what they consider to be important tips for best-practice trauma-informed care and responding to difficult situations:

- Be honest and transparent with the client to develop ongoing trust and honesty about how they can be supported.
- Greet them, work cooperatively with them, and accept that as an individual they have their own needs and goals.
- Ensure all service users are provided with simple language and specific information (in a variety of formats) about rights and responsibilities.
- Practice an empathetic, 'whole-person-centred' approach. Be patient. Don't forget what it feels/felt like to be on the client's side of the desk/exchange.
- Deploy peers—the peer workforce—into all areas of service development and delivery.
- Show cultural awareness and sensitivity. Having cultural awareness and, ideally, even competence to engage and interact according to the client's cultural practices goes a long way towards building successful, enlightening and mutually beneficial relationships between workers and consumers.
- Personalise the service delivery.
- Utilise patience, don't rush the process and use a conscientiously empathetic approach. Understand and practice personal and professional boundaries so a response to a difficult situation won't compromise the workers.
- Everyone is an individual—what works for one person may not work for the next. Being person-centred allows workers to get to know the whole person, which enhances engagement and better outcomes.
- People have different abilities and needs (e.g., mental, emotional and financial) so meet them where they're at.
- Mind your language—how you speak and the words used can perpetuate stigma. None of us are perfect and we will make mistakes, but we can learn from them.
- Listen fully and actively. Question the attitudes and beliefs of others, look at what is presented, not what you think is presented.
- Don't tell someone that they should do this or that—just give them choices and let the person make a decision. Be aware of time. Time kept waiting can be frustrating and not knowing what is happening ads to the frustration.

4.1 About difficult situations

Difficult situations in the context of delivering frontline non-government services can occur when a person accessing a service presents with behaviours that can be 'challenging'. These behaviours could include the person becoming agitated, aggressive or verbally abusive towards workers or other services users. To prevent and respond to difficult situations it is important to understand why they happen.

Factors influencing behaviours that can be 'challenging' for service providers

There are many factors and situations that can contribute to a person exhibiting behaviours that others find challenging and which can lead to situations that workers find difficult to respond to. The person displaying the behaviour may be attempting to have their needs met, concerns heard, or they want their fears regarding their family member to be recognised. The behaviour may also be a result of:

- fear, anxiety or paranoia
- a communication misunderstanding
- a reaction to an inappropriate or stressful environment
- lack of stimulation
- frustration
- stressful situations, including financial and interpersonal problems
- feelings of disappointment, powerlessness, hurt, resentment or confusion
- triggered memories of past trauma.

4.2 Preventing and reducing the likelihood of a difficult situation

'It's a case of being conscientious about a friendly welcome, remembering that the client is likely stressed, allowing them the time and space to unpack and talk about their problem, rather than compounding the distress by making the client feel "less than".' (Alex, consumer representative)

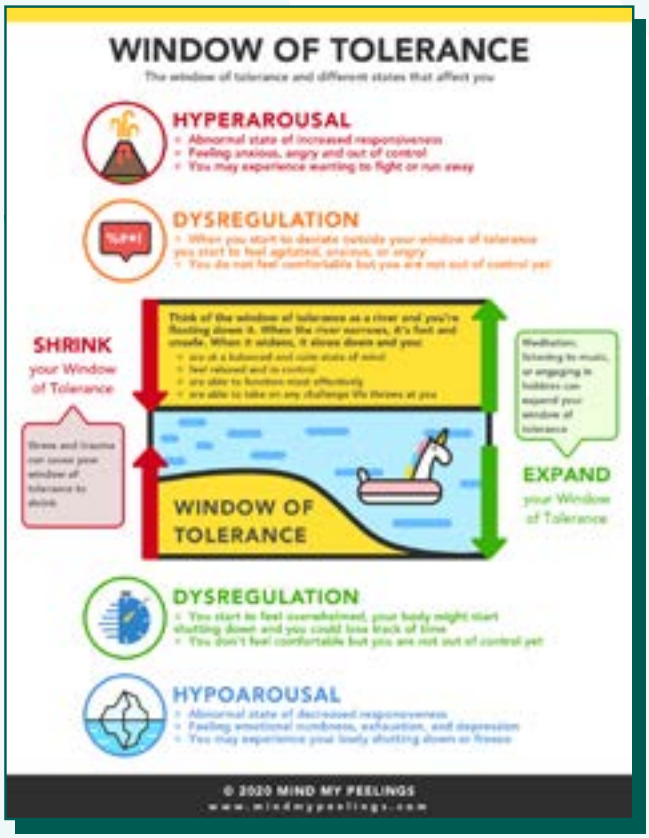
Adopting a trauma-informed approach can prevent the occurrence of difficult situations and is vital for best-practice responses to deliver safe and inclusive service environments.[35,36] Trauma-informed care enhances rapport between workers and people accessing services, and focuses on collaborative relationships that are crucial for building safe services.[37] It means that services have an awareness and sensitivity to people's presentation and support needs in the context of their trauma history.

Trauma-informed care in practice

A trauma-informed system uses trauma-informed care as a 'universal precaution' and presumes that every person seeking support in a treatment setting has been exposed to trauma.[38] It employs actions, relational approaches and language that makes people feel safe, offers choice and is collaborative. This approach also takes into account that staff providing the service may have experienced trauma themselves.

When delivering trauma-informed care, practitioners can keep in mind the following goals:

1. Identify trauma-related symptoms
2. Promote safety, autonomy and collaboration
3. Work from a place of patience and compassion
4. Help the person accessing the service develop new coping skills to widen their 'window of tolerance'.



Note. The image above depicts the window of tolerance and characteristics of 'hyper' and 'hypo' arousal.[39]

4.3 Identifying trauma-related symptoms

Identifying trauma-related symptoms empowers workers to respond early when a person accessing their service is experiencing a trauma response. This promotes an atmosphere of compassion and respect, protects service providers and builds a more healing system of care.[40] Trauma-related symptoms can be identified through observation, as well as in conversation (during the intake process as well as during ongoing work with the person).

Trauma related symptoms can look like:

- anxious movements or fidgeting
- crying
- signs of agitation such as pacing or clenched fists
- a raised voice or erratic movements
- angry or challenging responses
- unexpected or 'out of character' reactions
- decreased responsiveness or looking 'spaced out'.

In conversation, practitioners can consider asking trauma-specific questions such as:

- 'Are there any situations that you find overwhelming or triggering?'
- 'Are you currently safe at home or in your living situation?'
- 'What are strategies that you have used in the past that you have found helpful?'
- 'What is the best way for me to support you if you become distressed?'

A person's self-assessment of their mental wellbeing and emotional responses is of huge value and can inform understanding of their needs. Remember: we are all experts of our own inner world.

4.4 Promoting safety, autonomy and collaboration

A safe service experience is consistent, respectful, not stigmatising, and as individualised as possible.[41] When someone accessing your service is experiencing high levels of stress, their executive function is affected. This can affect their memory and they can struggle to remember instructions or be unable to give complete answers to questions or advocate for themselves. If they are experiencing dysregulation, this can impact their ability to respond to questions or understand information given. Therefore, reflecting on your services assessment process and the person's experience of accessing your service is important to create a safe service experience.

Some questions to consider:

- How are people welcomed and oriented into the service? Is the intake/assessment process too rigid and repetitive or rushed?[42]
- Are processes and procedures such that the person can understand them? Are clear explanations given to the person accessing the service, or might they feel confused and trapped? Try not to use jargon or acronyms, be accurate, explain each step and why it is necessary—before it happens if possible.
- Are your intake and assessment questions inclusive of all people? Do you allow people to self-describe their gender where this information is required, rather than assume? Is the language used in your intake process inclusive of gender and sexuality diverse people?
- Are there aspects of the intake process that might retraumatise a person accessing the service?[43]
- What language do staff use when carrying out the intake assessment or orientating someone to your service? Is it person-centred?
- Is your service overly regulated? Are their program rules or requirements that are overly punitive? Review your services rules and procedures and if regulations are necessary consider how your service can better work with people regarding requirements. Involve people accessing your service in developing these procedures.
- Are staff members attentive to signs of discomfort or unease, and if a person exhibits these signs, are they given a chance to take a break or express their discomfort? How do staff respond in these situations?
- Are questions or conversations about negative events balanced by questions and conversations about strengths and protective factors? Creating a rhythm of calming and activating questions can help regulate the nervous system.[44] Workers can learn to track patterns of stress and calming by noticing sensory details such as breathing, muscle tension in the face and body, posture and gestures. This can help guide when it is time to take a break or move to a less overwhelming question.
- Have staff members been educated on trauma-related symptoms and are they aware of appropriate responses that can be used to encourage a person to return to their 'window of tolerance'?[45]
- Do staff ask questions in ways that feel respectful and non-invasive? For example: begin questions with 'Are you comfortable telling me…?' or 'What do you think about…?'

When considering autonomy and collaboration, think about:

- asking what type of contact a person prefers (phone call, email, text) and at what times
- involving people accessing services in evaluating those services and processes
- people's unique needs. Environments that may feel safe for some may feel overwhelming or threatening for others. Each person's needs should be considered unique and staff can approach treatment episodes by asking a person, "What would make this more comfortable for you?"
- communicating clear respect for a person's life experiences and preferences
- avoiding involuntary or potentially coercive aspects of treatment whenever possible
- conducting procedures transparently and giving enough time to ask questions
- recognising each person's strengths and validating the learning of new skills
- maximising choice in every service interaction
- developing a case/treatment plan and goals in collaboration with the person accessing treatment.

4.5 Working from a place of compassion

Working with compassion requires framing responses as 'adaptations' instead of 'symptoms'.[46] This means seeing individuals as survivors rather than difficult or resistant to treatment or resistant to engaging in support. Connecting with a person's resilience can function as a protective factor and can inform treatment as well as increase a person's engagement with a service provider. A trauma-informed approach recognises each individual's adaptations and acquired skills. It means working with each individual as they consider how certain adaptations may not be working well and which new responses and skills they can incorporate.

When using a lens of compassion to understand a person's behaviour it helps shift the narrative from unhelpful to helpful. For example, moving from understanding a person's behaviour as 'manipulative' to 'this person is trying their best to get their needs met. It is my job to acknowledge their needs and teach different adaptations that will be useful.'

4.6 Assisting people develop new coping skills

The case plan / treatment plan put in place can include teaching grounding strategies, promoting resilience and encouraging people to recognise their own strengths.[47] Learning to regulate intense emotions and widening the 'window of tolerance' is incredibly empowering and, over time, individuals can learn how to recognise when they are dysregulated and develop coping skills to respond in those situations.

Useful self-regulation tools include, but are not limited to:

- progressive muscle tensing and relaxation
- distracting the mind by redirecting attention to a less triggering subject
- music
- moving to a quiet and safe space
- changing the environment
- movement such as shaking or stretching
- deep breathing or grounding exercises

People will have different preferences for how they self-regulate and what works for them, and it is essential that service providers do not take a one-size-fits-all approach.

4.7 Trauma-informed physical environments

One aspect of safety in trauma-informed care is the physical environment in which services are delivered. People who have experienced prior trauma may be more likely to feel unsafe in service environments.[48] An environment that feels safe is best for both people accessing the service and staff. Recognising the likelihood of a traumatic history in the lives of people accessing services is the first step in facilitating safety in the physical environment.[49]

Providing a trauma-informed environment includes creating a physical and sensory space that is accessible, welcoming, inclusive and healing, and attends to potential trauma reminders. Warm and welcoming surroundings create a sense of serenity for clients.[50] Creating a trauma-informed environment is responsive to the people and communities being welcomed, with attention given to respect, empowerment and transparency.

Considering the physical environment of the service is important and creating a safe space for people is a foundational element of trauma-informed care. Not all services have had an opportunity to plan and custom-build an environment where they can welcome people for support—instead, service staff should work creatively to adapt and shape spaces as best they can. Even small changes can make a big difference. A consideration when it comes to being trauma informed may be to explore a building's history and explore with people accessing the service what they feel when they are in various parts of the service. Transforming the physical environmental by introducing lighting, furnishings, plants and wall art can help service users and improve the look and feel of the service space.

Regularly review and audit your service regarding trauma-informed practice and the physical environment. Audits should involve people accessing your service to gain their feedback and advice.

Use these tools to assist you:

- Agency environmental component of trauma informed care
- MHCC Trauma-informed care and practice organisational toolkit

Consider the following to create a trauma-informed physical environment of your service:

Is the physical space adding additional stress to people accessing your service?

A reception or common area that is busy and noisy can be overwhelming for people, particularly when they are in a hypervigilant state. Where possible, create common areas that are calm and inviting by scheduling fewer people in waiting areas. Reducing excess ambient noise from televisions or radios in waiting areas can also be helpful. Playing relaxing music can create a calming atmosphere but consider the volume level and genre of music. Similarly, lighting, furnishings, plants and wall art are all things that can improve the look and feel of your service's physical space.

Having an accessible service is important for people to feel safe and included. For example, does your service include the following:

- Handrails and ramps for people with a disability?
- A space (wherever possible) that is child-friendly with books and activities children can do while their parent or carer is accessing your service?
- Youth-friendly posters, music, magazines and colour if your service is a youth service?
- Rainbow flags in the waiting area to indicate safety for the gender and sexuality diverse community?
- Aboriginal artwork or any type of signalling to the Aboriginal community that your service is safe for them?

Does the layout of furniture and rooms highlight perceived power imbalances between you and the people accessing your service?

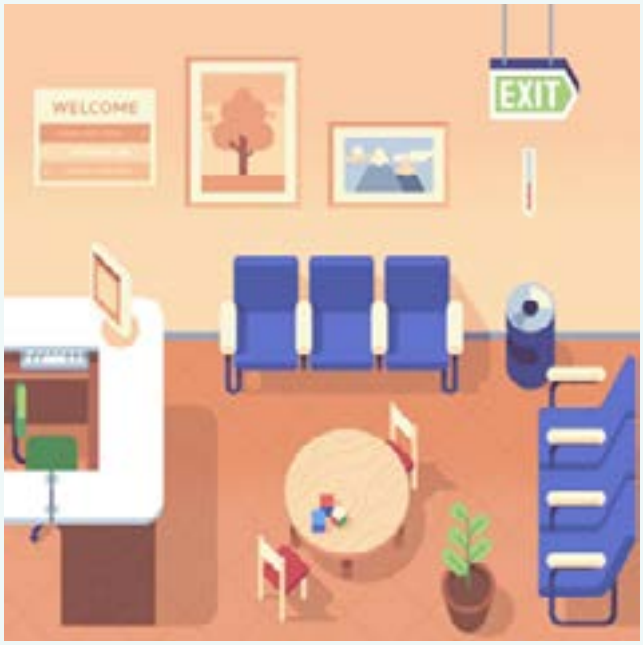
Rather than sitting behind a desk, for instance, position similar chairs around a small coffee table so the person accessing your service can choose their chair. Asking the person if they would like the door left open or closed can be very important.

How is the space promoting psychological as well as physical safety?

Some services have artworks designed by people engaged by the service in their common spaces, which sends a message to visitors that they are valued. Plants and natural light can be soothing if people need to wait for an appointment. The choice of artwork, posters or colour can signal to people accessing a service whether they are being welcomed—sensitivity to culture, good sign posting that helps with orientation to a service and the presence of peers to personally welcome people can increase feelings of safety.

Are there opportunities in the physical space to promote wellness and regulation?

Quiet spaces are helpful for people if they need time-out and space. Sensory gardens, even on a small scale, can be an effective place for exploring emotional regulation skills.



Room 1 Non-trauma-informed space

Room 2 Trauma-informed space: Has clearly marked exit sign, light painted walls, children's table and plants.

4.8 Creating a culturally safe service environment

It is vital to consider the effects of intergenerational trauma when working with Aboriginal and Torres Strait Islander people and communities. The impact of colonisation on First Nations people continues to directly and significantly contribute to the health and social inequalities experienced by Aboriginal and Torres Strait Islander people today. Mistrust may be a barrier to engagement with non-Aboriginal services.[51]

In all settings, engaging clients with compassion and respect is crucial for enabling change, regardless of the intervention, but practices must also be culturally relevant and consider the social context of racial, economic and gender disparities.[52] Engagement difficulties can be mitigated by recognising and addressing the legacy of complex trauma, and this is likely to enrich intervention effects.[53]

Creating a trauma-informed service envrionment means taking culture into account to best provide care to the diverse populations in our systems. Interventions need to be delivered in culturally meaningful ways—respect for cultural differences is important.[54]

Cultural competency involves more than gaining factual knowledge about the different populations we serve; it also includes examining and changing our attitudes toward people accessing our services. Cultural safety refers to an environment that is free from assault, challenge or denial of a person's identity, of who they are, and what they need. Shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening are key components.[55] Cultural humility requires the provider to engage in continual self-reflection and to acknowledge 'privilege' if it is relevant. The provider must be able to overcome the natural tendency to view one's own beliefs and values as superior and, instead, be open to the beliefs and values of the client.[56]

Some points to consider for creating culturally safe and inclusive services:

- Workers and services need to be flexible, open and culturally sensitive to the needs of people seeking treatment. For example, for some culturally and linguistically diverse (CALD) cultures, talking about certain subjects with a member of another gender or a younger person might be inappropriate. Let the person know that you understand that they may have concerns about appropriate gender and age relations and try to offer the person some options.
- CALD communities, particularly newly arrived groups, may be unfamiliar with health services in Australia. Make time to patiently explain the service and procedures on more than one occasion.
- Use suitable materials and resources, both in terms of language and also social demographics such as age and gender. Aim to provide resources (including the service's principles and treatments offered) in major community languages or in easy-to-read formats.
- Increase the peer workforce and ensure diversity of peer workers. For example, include people from gender and sexuality diverse communities, Aboriginal and Torres Strait Islander people, people from CALD communities, older people and people with disabilities.

Find out more:

- Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people – in a non-Aboriginal setting, by Raechel Wallace and Julaine Allan
- Framework for mental health in multicultural Australia: Towards culturally inclusive service delivery
- https://www.embracementalhealth.org.au/service-providers/framework-landing
- https://nada.org.au/wp-content/uploads/2021/10/NADA-access-equity-2021.pdf

4.9 Responding to difficult situations

'Often staff, when frustrated or scared, turn to power when really we need to turn to empathy and compassion. The hardest people to love are the ones who need it the most.' (Manager, Health and Community Service)

It is a natural human response to experience your own feelings of worry, hopelessness or frustration when responding to a person whose behaviours you find challenging. Self-awareness is important in difficult situations and continually reflecting on how you're feeling, your reactions and responses will assist your engagement with the person. There should also be an ongoing acknowledgement of the inherent power imbalance between the person accessing your service and you as a staff member.

At times, negative staff attitudes can be a factor when difficult situations escalate. It's important not to take the difficult situation personally, or internalise what the person is saying or how they're saying it. It is not about you the worker—the person accessing your service is experiencing distress and heightened emotions and an effective response relies on compassion, empathy and respect for the person.

Reflective questions for practitioners to consider when faced with a difficult situation:

- Is my perception of the situation the same as that of others around me?
- Is there any positive aspect of this situation that can assist me respond?
- Could I be misinterpreting the situation?
- Do I have this in perspective? Is anyone in danger of being hurt?
- Am I taking things too personally?
- What am I reacting to?
- What else could be going on for the person accessing our service?

'Utilise patience, don't rush the process. Use a conscientiously empathetic approach and practice personal and professional boundaries, so a response to a difficult situation won't compromise the person accessing the service or the workers.' (Alex, consumer representative)

When a person accessing your service presents as distressed or in a heightened emotional state and you are responding to a difficult situation, a good first step for responding in a trauma-informed way is to ask the person: 'I can see this is difficult. What can I do to help you?' They might need some time to think, be alone, or they might just need you to listen. But giving them options regarding the situation allows them to exercise personal agency and can help.

Always listen with empathy. This is a primary skill in moving a tense situation to a better place. Empathic listening can be divided into a few basic skills:

- Give your undivided attention
- Validate feelings
- Tolerate silences
- Be accepting and non-judgmental
- Reflect the communication.

Giving your full and genuine attention communicates respect and validation. Focus on the thoughts behind the feelings. For example:

- Do not ask: 'Tell me how you feel.'
- Instead ask: 'Help me understand what you need' and 'What has helped you in the past?'

Answering challenging questions can result in a power struggle. If the person challenges you or a situation, redirect their attention to the issue at hand. Ignore the challenge, not the person. For example:

- Person accessing service: 'I was feeling sick and the other worker didn't even ask me what was happening. Why are they such an idiot?'
- You: 'That would have been hard. Can you please tell me again when your symptoms started?'

The more spaces and situations you make 'safe' for people accessing your service, the less stress they'll experience, and this will help to prevent or reduce the likelihood of a difficult situation occurring.

Strategies for responding to difficult situations:

- Remain calm and respectful.
- Use a low, calm tone of voice and a slow pace.
- Empathetic listening. Don't interrupt or intervene too quickly or try and debate a point with the person. Allow them the chance to tell you their concerns and 'let off steam'.
- Use active listening skills (eye contact, nodding of head, open body position).
- Acknowledge their distress or heightened emotional state. e.g., 'I can see this is difficult, what can I do to help you?'
- Paraphrase and summarise what they are saying, picking out any key points and saying them aloud.
- Ensure the person understands what you are saying. Avoid using jargon.

Points to reflect on and consider

- Identify the specific situation that occurred, including triggers.
- Identify the responses to the difficult situation that were effective and any steps taken that were ineffective.
- Brainstorm solutions to overcome and change the steps that were ineffective.
- Identify any additional training for the organisation that may be needed to decrease the likelihood of difficult situations happening in future. If training needs are identified, determine how the effectiveness of the training will be evaluated.
- Identify how the overall service's responses could be improved to prevent and, if needed, better respond to a difficult situation if it occurs in the future.
- Following the review, develop an action plan that involves all staff so that future responses and practice can be adapted.

4.10 Reflection and review if a difficult situation occurs

'Training and education are important to enhance the way we [workers] respond to difficult situations, but they are not enough on their own. The whole organisation, from the very top, needs to be invested to make lasting improvements in service delivery.' (Team Leader, NGO Service provider)

If a difficult situation occurs in your service it is important that time is taken afterwards to reflect on what has occurred and ensure that the physical, emotional and psychological needs of staff and all people accessing the service are attended to. Services should reflect and review their responses to the situation in an open-minded manner, with the aim of enhancing the whole organisation's current practices for responding to difficult situations (not assigning individual blame on a worker or person).

Embedding trauma-informed care and best practice responses to prevent and respond to difficult situations requires the whole organisation to understand and invest in this approach for it to be effective at the frontline practice level. From policy and procedures through to support structures for workers, there needs to be agreement throughout the entire organisation.

Reviewing practices used to respond to difficult situations and implementing new approaches is a process that requires planning, coordination and review. All staff should be involved in assessing and evaluating the current strengths and challenges of their service regarding how difficult situations are responded to. Staff should have the space to discuss challenges, frustrations and success stories, and people receiving the services and their support networks should be included in the process. From these discussions a plan for building the organisation's practices can be developed.

Continuous improvement is a practice that all organisations should engage in. It requires organisations to have processes in place to evaluate their practices, seek feedback from stakeholders—including workers, people accessing the service and their networks, and other service providers—and implement any necessary changes. Organisations should have a plan for implementing continuous improvement, including regular audits of their work practices and gaining feedback from people accessing the service about their ideas and views on the organisation's current practices.

Find out more:

- Organisational change: NCETA workforce development 'TIPS'
- Tools for transformation: Becoming accessible, culturally responsive and trauma-informed organisations
- Trauma-informed environments: Basic principles for creating safe, supportive environments

Stage 1: Unfreezing

Investing time at the start of a change program to prepare and support workers is anessential step to minimise reluctance to change and ensure successful implementation of new work practices.

Issues to be addressed at the unfreezing stage include:

- Acknowledging current work practices
- Supporting workers' readiness for change
- Providing suffi cient organisational resources for change
- Providing professional development (e.g., education, training) for new work practices
- Managing uncertainty associated with change.

Stage 2: Changing

Strategies to assist the transition from old to new work practices include:

- Conducting trials of change
- Engaging in ongoing monitoring and evaluation
- Supporting workers to change their behaviour (e.g., support, feedback, rewards, professional development).

Stage 3: Confirming and supporting

Strategies to ensure new behaviours become standard work practice include:

- Continuing to offer workplace support for the new work practices
- Continuing with monitoring and evaluation of change – including making required modifications to the new work practices.

Note. The steps above describe effective organisational change.[57]

5. Worker wellbeing

'Unfortunately there is a slippery slope when it comes to burnout, empathy fatigue and a dismissive attitude.' (Alex, consumer representative)

Adopting trauma-informed care practices means acknowledging that staff supporting people who have experienced trauma will be impacted. The attributes that staff bring to their work across the non-government sector include empathy, care and engagement. Having these attributes means that witnessing painful human experiences can have an effect if good wellbeing and support practices are not in place and used. Learning to recognise symptoms of secondary or vicarious trauma, implementing self-care strategies and having access to organisational support is crucial.

5.1 Worker wellbeing practices

When workers are feeling 'burnt out' or 'fatigued' this can affect the way they respond to a person accessing a service who is distressed or experiencing a challenge. They are more likely to feel increased stress, disapproval or frustration, and may respond in a way that is more defensive or adversarial. Looking after worker wellbeing is crucial when providing frontline services.

Remember, you can't pour from an empty cup.

Solid self-care strategies are key for taking care of worker health. But what works for one person may not work for another. For some people, yoga and meditation are useful— others may prefer to watch funny movies or exercise. What is most important, however, is finding self-care strategies that work best for each individual.

NADA's ABCs of self-care recommends that workers:

- build awareness of how they react to stress (as everyone is different) and monitor for signs that work is taking a toll so they can seek help early
- strive for balance in their work and in other areas of their life. To assess current self-care practice and identify any imbalances refer to the NADA self-care check
- Develop a connection to self, to others and to something larger, whatever that means for the individual. Intentionally engaging in practices that reconnect us to our beliefs, values and ethics is an important part of cultivating meaning and feeling sustained in our work.

5.2 Workplace practices to promote wellbeing

It cannot be solely the workers' responsibility to look after their own wellbeing. Workplaces have a responsibility to ensure their staff are supported and have access to self-care and wellbeing strategies. Workplaces can do this by ensuring effective supervision and self-care are key parts of a supportive organisational culture.

A few strategies that can be employed by organisations to enhance worker self-care include:

- peer supervision
- external supervision
- training and professional development
- team-building exercises and leisure activities
- access to a robust Employee Assistance Program.

Find out more:

- https://nada.org.au/resources/worker-wellbeing/ Worker Wellbeing: NADA's resourcehttps://vimeo.com/277787561
- 'The Zone of Fabulousness': Vikki Reynolds talks about resisting burnout and justice-doing in an unjust society
- TEN - The essential network for professionals: Black Dog Institute has a large suite of information to help manage burnout and maintain good mental health.

6. Resources, information and support services

This section provides a selection of information, resources and support services that relate to working in the non-government health and community services sector. It is by no means an exhaustive list. However, many of the websites listed here provide further useful links to an expansive array of support documents and other resources.

Aboriginal and Torres Strait Islander communities

Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) is a network comprising representatives of Aboriginal residential rehabilitation services across Australia. Website: www.adarrn.org.au

AbSec is the peak organisation for Aboriginal children and families in NSW. They work to empower Aboriginal children, young people, families and communities impacted by the child protection system, as well as support a quality Aboriginal community-controlled child and family sector to deliver much-needed support to Aboriginal communities across the state. Website: www.absec.org.au

Australian Indigenous Health Infonet provides a comprehensive web resource for working effectively with Indigenous Australians and provides information, training resources, projects, latest news and links. Website: www.healthinfonet.ecu.edu.au

Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people—in a non-Aboriginal setting A NADA guide created by Raechel Wallace and Julaine Allan. It's accessible here

Alcohol and other drugs

Alcohol and Drug Information Service (ADIS) is a 24-hour helpline that provides alcohol and drug-related information, support, crisis counselling and referral to NSW services. Website: https://yourroom.health.nsw.gov.au/getting-help/Pages/adis.aspx

Network of Alcohol and other Drug Agencies (NADA) is the peak body for the non-government alcohol and other drugs sector in NSW and provides a range of free resources, practice guides, online learning modules and more. Website: www.nada.org.au

NSW Users and AIDS Association (NUAA) is the peak drug user organisation in NSW. It is a not-for-profit organisation advocating for people who use drugs, particularly those who inject drugs. NUAA provides education, practical support, information and advocacy to users of illicit drugs and their friends and allies. Website: www.nuaa.org.au

CALD communities

Embrace Multicultural Mental Health (the Embrace Project) is run by Mental Health Australia and provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds. Website: www.embracementalhealth.org.au

Immigrant Women's Speakout Association NSW is the peak advocacy, information/referral and research body representing the ideas and issues of immigrant and refugee women in NSW. Speakout is a community-based organisation, managed by women of non-English speaking background. There are a number of resources available via the website, including training opportunities. Website: www.speakout.org.au

The Transcultural Mental Health Centre (TMHC) is a state-wide service that works with people from culturally and linguistically diverse communities, health professionals and partner organisations across NSW to support good mental health. Website: www.dhi.health.nsw.gov.au/transcultural-mental-health-centre

Children, youth and families

Emerging Minds develops mental health policy, interventions, in-person and online training, programs and resources in response to the needs of professionals, children and their families. They partner with family members, national and international organisations to implement evidence-based practice in the Australian context. Their resources are freely available. Website: www.emergingminds.com.au

Youth Action is the peak body representing young people and the services that support them in NSW. They advocate for positive change on issues affecting these groups and have a range of information and resources to support those working with young people. Website: www.youthaction.org.au

Family and domestic violence

Domestic Violence NSW (DVNSW) is the peak state-wide representative body for a range of specialist domestic and family violence services. Website: www.dvnsw.org.au

Domestic Violence Website Includes information regarding FDV including telephone referral lines, tips and apps that can be downloaded, providing information for those experiencing FDV and/or those who have experienced it. Website: www.domesticviolence.nsw.gov.au

No to Violence (includes Men's Referral Service) works with men who use family violence, and the sector that supports them to change their abusive and violent behaviour. They provide support and resources for people who work with men who use violence. Website: www.ntv.org.au/

Gender and sexuality diverse communities

ACON provides a range of programs and services, tailored resources and information for sexuality and gender diverse communities. Website: www.acon.org.au

Australian GLBTIQ Multicultural Council (AGMC) is the national peak body for lesbian, gay, bisexual, trans, intersex, queer individuals and community groups of multicultural and multifaith backgrounds. Website: www.agmc.org.au

The Gender Centre Inc. is the peak state-wide multidisciplinary centre providing a broad range of specialised services and downloadable resources for the Transgender & Gender Diverse Community, parents and loved ones, doctors, professionals and employers. Website: www.gendercentre.org.au

Language guides and resources

AOD Language matters guide provides workers with guidelines and examples of person-centred, non-stigmatising language that can be used in relation those who consume AOD and seek support for AOD use. Website: Language matters – NADA

PWDA Language Guide offers best practice advice to assist all people, particularly media outlets, when talking about and reporting on disability. Website: PWDA-disability language guide

TransHub, Trans-affirming language guide explains key terms and offers examples of language that can help us build safer, more inclusive environments for trans and gender diverse communities. Website: www.transhub.org.au/language and Trans-Affirming-Language-Guide_2020. pdf

Mental health

Beyond Blue is an independent, not-for-profit organisation that provides information and support for anxiety, depression and suicide prevention for everyone in Australia and to reduce the associated stigma. They offer support via a 24-hour/7-day-a-week helpline and also offer web chat services. Website: www.beyondblue.org.au

Headspace provides support to young people with mental health, physical health (including sexual health), alcohol and other drug services, as well as work and study support. They have a range of resources, practice guides and information available to community and health workers. Website: www.headspace.org.au

Mental Health Coordinating Council (MHCC) is the peak body for community mental health organisations in NSW. MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services for the community. MHCC provides a range of training and education through its Learning and Development Unit. Website: www.mhcc.org.au

Older people

Benevolent Society offers integrated support services for children, young people, families, people with disability, older Australians and carers. They have a range of resources for working with older people, developed in partnership with the National Ageing Research. Website: www.benevolent.org.au

Seniors Rights Service is a community organisation providing free and confidential advice, information and resources, aged care advocacy and support, and legal advice to seniors across New South Wales. Website: www.seniorsrightsservice.org.au

People with disabilities

Agency for Clinical Innovation (ACE) screening and assessment tool is a brief set of questions that was developed to be administered by frontline AOD clinicians to clients. You can download the screening tool and user guide here. It will take you through how to administer it, score and explore pathways for additional support you may need to consider. If a person screens for possible cognitive impairment, you can then you can use the Brief Executive Function Assessment Tool (BEAT) that was developed specifically for people accessing AOD treatment.

Disability Advocacy Resource Unit (DARU) is a dedicated resource unit funded to work with disability advocacy organisations to promote and protect the rights of people with disability. They develop and distribute resources and provide training opportunities. Website: www.daru.org.au

People with Disability Australia (PWDA) is a national peak organisation and advocacy organisation for people with disability. Website: www.pwd.org.au

Social services

Homelessness NSW (HNSW) is a not-for-profit organisation that operates as a peak agency for its member organisations to end homelessness across NSW. Our members include small, locally based community organisations, multi-service agencies with a regional reach and large state-wide service providers. We provide extensive information and education about the causes of homelessness and the diverse program and service delivery approaches that are taken to tackle it. Website: www.homelessnessnsw.org.au

NSW Council of Social Service (NCOSS) is the peak body for the social services sector in NSW. With over 400 members and a wider network of organisations and individuals who share its values, NCOSS advocates to alleviate poverty and disadvantage in NSW. NCOSS works with and for people experiencing poverty and disadvantage, and those organisations that support them, to achieve positive change in NSW. Website: www.ncoss.org.au

Yfoundations is the NSW peak body representing young people at risk of and experiencing homelessness. They provide information, resources and practice advice for working with young people experiencing homelessness. Website: www.yfoundations.org.au

Strengths-based practice

Building on personal strengths: Check out the stories on the Flourish website that explore how people have connected with their strengths such as music, art, community groups and support networks. Website: www.flourishaustralia.org.au

Strengths-based practice framework: Use this publication to guide your practice, the practice of your team or supervision. It includes the development of a practice framework for strengths-based social work with adults.

Youth AOD learning hub: Access these free eLearning courses for your continued development in youth AOD practice with specific topic areas focused on strengths and resilience building.

Trauma-informed care

Blue Knot Foundation provides information and support for anyone who is affected by complex trauma. It provides a helpline and support services for adults surviving child abuse. It also provides resources, practice guides and training for people working with survivors of trauma. Website: www.blueknot.org.au

National Institute for the Clinical Application of Behavioural Medicine Website: https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) supports refugees to recover from their experiences and build a new life in Australia. STARTTS is committed to assisting and resourcing people and organisations to provide appropriate and culturally sensitive services to refugee survivors of torture and trauma. Website: www.startts.org.au

Worker wellbeing

NADA provides worker wellbeing resources that outline practical wellbeing and self-care tips. Website: Worker wellbeing - NADA

Black Dog Institute has a large suite of information to help manage burnout and maintain good mental health. Website: Black Dog Institute - The essential network for professionals

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