



Clinical practice in youth mental health

What is trauma-informed care and how is it implemented in youth healthcare settings?

Introduction

Trauma-informed care is a term that people working in youth mental healthcare are likely to be familiar with but may struggle to define. Trauma-informed care can seem conceptual rather than practical, and definitions of trauma-informed care often vary. This can make it difficult to pinpoint what it should look like in youth healthcare settings, and what policymakers, service managers, and staff should be doing to support its implementation.

This clinical practice point supports individuals managing and working within outpatient and community-based youth healthcare settings to:

- understand what trauma-informed care is
- identify the core principles of trauma-informed care as applicable within their work setting
- identify how trauma-informed care can be operationalised in their work setting at an organisational level and in clinical practice.



What is trauma-informed care?

There is no universally accepted definition of trauma-informed care. The most widely cited definition within the youth healthcare literature is based on the definition of trauma-informed approaches provided by Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA.¹ SAMHSA states:

‘A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery.
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively resist *re-traumatization*.’

“ I have learnt that young people want to tell someone, that they want someone to listen to their story. It is now something I ask about routinely, in a sensitive way.

Clinician

Is this clinical practice point relevant for me?

This clinical practice point is relevant to all staff (e.g. administrative, management, and clinical staff) working with young people (aged 12-25) in: emergency services, child and adolescent services, primary care, outpatient/community-based mental health, and counselling services. Inpatient and residential settings (e.g. out-of-home care, residential treatment programs, and forensic settings) are not specifically covered in this clinical practice point. While broad concepts may be applicable, there are different considerations for implementing trauma-informed care within these settings.

In the following sections, we consider the core principles of trauma-informed care as they relate to *youth* healthcare settings.

Core principles of trauma-informed care within youth healthcare settings

The following have been adapted from SAMHSA's 'Concept of trauma and guidance for a trauma-informed approach in youth settings'³ and 'Advancing trauma-informed care: Key ingredients for successful trauma-informed care implementation'.⁴

Safety

Throughout the organisation, the staff, and the young people and family/carers they serve, all should feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Trustworthiness and transparency

Organisational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among young people, family members/carers, staff, and others involved with the organisation. This involves creating clear expectations with young people about what treatments will involve, who will provide services, and how care will be provided.

Collaboration and mutuality

There is true partnering between staff and young people (to help 'level out' power differences), and staff recognise that healing can happen through relationships and in meaningful sharing of power and decision-making. This involves collaboration between healthcare staff, young people, and families/carers in organisational and treatment planning.

Empowerment

The individual strengths of young people and their families/carers are recognised, built on, and validated. New skills are developed as needed. Young people's strengths are used to empower them in the development of their treatment.

Voice and choice

The organisation aims to strengthen the experience of choice for young people, family members/carers, and staff. It recognises every person's experience is unique and requires an individualised approach.

Culture, historical and gender issues

The organisation incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served, that are gender responsive, and that incorporate a focus on historical trauma. Within Australian settings, it is particularly important to work in a culturally sensitive way with Aboriginal and Torres Strait Islander young people and families/carers.²

Is trauma-informed care different from trauma-focused therapies?

In the literature, the terms trauma-informed and trauma-focused are sometimes used interchangeably. This can cause confusion for two reasons: 1) it may seem that trauma-informed care and trauma-focused treatments or interventions describe the same clinical practice; and, 2) it can seem like trauma-informed care is about increasing access to trauma-focused interventions among young people with trauma histories.

Trauma-focused therapy is a specific treatment, whereas trauma-informed care is a systems intervention

Trauma-focused or trauma-specific psychological therapies (e.g. trauma-focused cognitive behavioural therapy; prolonged exposure) are interventions designed with the specific aim of treating post-traumatic stress disorder (PTSD). In contrast, trauma-informed care is best understood as a systems intervention because within healthcare it involves *both* organisational culture practices and specific trauma-informed clinical practices.⁴

In the best possible care, a trauma-informed approach would be implemented across a youth healthcare system, and trauma-focused psychological therapies would be offered to young people with PTSD.

When an agency takes the step to become trauma-informed, every part of its organisation, management, and service delivery system may be modified to include a basic understanding of how trauma impacts the life of families seeking services.^{5, p.16}

What is trauma-informed care in outpatient/community-based youth health settings?

Working within the core principles of trauma-informed care is an essential first step to implementation. While these principles are helpful, they do not offer a practical approach for how to actually implement trauma-informed care in a service. As a result, different services operationalise trauma-informed care principles in different ways, which, while helpful to customising approaches to service-specific needs, can lead to services having to 're-invent the wheel' in relation to trauma-informed care, and/or struggling to know where to begin.

The critical components of trauma-informed care emerging from the youth healthcare literature are described below to support services to understand how this care is being operationalised in community-based (including outpatient) youth healthcare settings.* These have been organised into four broad categories:

1. Trauma-informed care training
2. Trauma screening
3. Trauma-informed interventions
4. Other important operational components of trauma-informed care

*References of the peer-reviewed articles used in this synthesis of the evidence are available on request.

What are the key building blocks needed as the foundations for trauma-informed care within an organisation?

Implementing trauma-informed care within youth healthcare settings, as in any health setting, involves cultural reform.⁴ The following steps are considered vital to establishing a solid foundation on which to move toward improved implementation of trauma-informed care.

- Leadership – implementing trauma-informed care is resource- and time-intensive. Having leadership buy-in and support from the outset is critical.
- Developing trauma awareness (i.e. always keeping trauma in mind) – those planning, funding and managing services should not make the mistake of assuming that trauma is not of particular relevance if a service is not trauma-specific.⁶ Rather, one should be mindful that any youth healthcare service is likely to engage high numbers of young people with significant trauma histories.
- Assessing an organisation's readiness to change – this is an important first step in figuring out what cultural change is needed for a specific organisation.⁷

Trauma-informed training: the 'gateway' to trauma-informed care

Why is training in trauma-informed care so important within youth healthcare services?

Professional development has been described as 'the gateway to trauma-informed transformation'^{8, p.170} and 'a first critical step' to implementing trauma-informed care within any organisation.^{5, p.16} Policymakers and service managers may assume that clinicians/service providers are already trained in trauma-informed care and/or are already implementing trauma-informed care in their clinical practice. This is unlikely to be the case.⁹⁻¹² Within youth healthcare settings, needs analyses with clinical staff indicate both a need for further trauma-informed care training and a desire among clinicians to upskill in trauma-informed care.⁹⁻¹¹ The majority of clinical training programs for mental health clinicians do not provide trauma-specific training.¹²

Who needs to complete trauma-informed care training?

Trauma-informed care training initiatives should target an entire service system rather focusing only on staff working in clinical roles.⁵ The intensity of trauma-informed care training may be tailored to individual job

functions, but all staff members (e.g. administrative, management and clinical) should be included.⁵ For clinical staff, before training in specific evidence-based interventions for trauma are considered, service managers and policymakers should first ask: 'Do our service providers (regardless of theoretical orientation) possess the necessary trauma-related knowledge and skills to use trauma-informed reasoning and judgement in their practice?'¹²

What ongoing professional development needs should be considered?

All clinicians working in youth healthcare settings are encouraged to seek training in how to work safely with young people who have experienced trauma/ on trauma-informed care, given the complexity and challenges of this work. In addition to completing trauma-informed care training, clinical staff should be offered ongoing supervision and consultation to support implementation of trauma-informed care in their practice.

Trauma screening

How can youth healthcare organisations increase their capacity to identify young people with trauma histories?

Screening in the youth healthcare context refers to using brief assessment tools (typically self-report and/or parent/carer report) to detect whether a young person has a history of exposure to traumatic events and/or may be currently experiencing trauma-related difficulties.¹³ The aim of screening is to detect exposure to trauma (current and past) so that a young person can access further assessment and appropriate intervention. Screening is a critical element of trauma-informed care in youth healthcare settings, yet it is typically poorly implemented.^{14,15}

There is a strong rationale for screening young people for trauma exposure within healthcare settings, including:¹³

- Many young people have significant trauma histories.
- Many young people will not spontaneously disclose trauma exposure for a variety of reasons.
- Screening can identify current abuse or other ongoing trauma that requires immediate action.
- A screening measure can provide structure for professionals to engage young people and caregivers in discussions about trauma. This may be particularly helpful for staff who do not have extensive training in mental health.

Should trauma screening be universal as part of trauma-informed care within youth healthcare settings?

There is consensus that screening all young people for trauma histories is a critical component of trauma-informed care, but no consensus as to *when* universal trauma screening of young people should be implemented.⁴ There is debate as to whether it should be done at the initial patient encounter or during a follow-up appointment when greater trust and rapport has been established.⁴ This consideration requires weighing up: 1) the potential benefit of quickly identifying young people who are at-risk and require further assessment, follow-up, and targeted interventions; and, 2) the risk of re-traumatising a young person and/or failing to put appropriate interventions and referrals in place to follow-up if risk is detected.¹⁴ Balancing comprehensive assessment and the burden of time and effort for the young person is also important.¹⁶

What are the critical considerations for service managers regarding screening?

It is important to note that identifying and disseminating appropriate screening tools and encouraging staff to use them is insufficient to change practice.¹⁶ Organisations are likely to need support to implement screening and establish standard procedures to record trauma histories and share them with other involved services as appropriate, ideally with a young person's and/or their family or carers' consent.¹⁶ It is vital to carefully consider how confidentiality will be managed in these processes. All staff need to be transparent with young people about where their information is being stored and who can access it. Services should work toward young people having as much choice in how their information is used and shared as possible. Recommendations for screening young people within trauma-informed care include:

- Screening should only be conducted if the service has a capacity to respond appropriately to disclosure and arrange further assessment and triaging or care.⁴
- Rescreening young people within services and between services should be avoided – e.g. not screening at intake and again at assessment; sharing results across treatment settings with the young person's consent.⁴
- Staff need to be trained and supported to use training tools effectively in practice.¹⁶
- Screening tools should never be relied on as the sole method of assessing a young person's trauma history. Further assessment of the young person's mental health and trauma history should be conducted as appropriate with a clinician who is likely to be involved in the young person's ongoing care.
- Universal screening may expose staff to vicarious trauma. Methods to support staff should be implemented alongside any screening initiatives.

Trauma-informed interventions

A comprehensive account of what trauma-informed interventions should look like is beyond the scope of this clinical practice point. The key is that trauma-informed interventions are not just about treating PTSD; trauma-related difficulties may be associated with a range of diagnoses¹⁷ or traumatic events that do not necessarily lead to a psychiatric diagnosis, including prolonged or ongoing bullying, and intimate partner abuse or violence.¹⁸ If a young person has PTSD, and is ready to engage in trauma-focused therapy, an evidence-based intervention with an appropriately trained clinician should be offered.

“ When a young person gets upset talking about their trauma, I don’t know whether I should stop talking about it

Clinician

Five central components of any trauma-informed intervention

1. Working safely and avoiding the risk of re-traumatisation

At the centre of any trauma-informed intervention is the consideration of the safety of the young person, both physical and psychological, and avoiding re-traumatisation. Clinicians should consider their role, service setting, and use their clinical judgement in guiding the pace and timing of these conversations.

2. Conducting a trauma-sensitive assessment

Adopting a trauma-informed approach to care has been recognised as requiring a ‘paradigm shift’ from those working with young people experiencing mental health or behavioural difficulties to ask, ‘what happened to you’ rather than ‘what is wrong with you’.^{18,19}

3. Developing a shared understanding with a young person of the impacts of trauma on their current difficulties

Young people who are experiencing trauma-related difficulties may not have thought that their difficulties may be trauma-related, and doing so may bring up a range of emotional responses. Work toward developing a shared understanding of the potential links between their trauma history and their current experiences and difficulties in a sensitive manner.

4. Providing psychoeducation

Many young people who have been exposed to trauma have limited understanding of what trauma is, and how it can affect a young person’s development and lives. When people talk about trauma, there is often an emphasis on PTSD and the impact of single-incident trauma on a person’s functioning (e.g. being in an accident or assaulted). Many young people’s trauma exposure and related difficulties will not fit into this picture, so they may particularly struggle to make sense of their experiences. Do not underestimate the role of providing psychoeducation about trauma when working with young people. If done well, it can be very therapeutic in itself.

5. Working in a strengths-based way with young people and their families/carers

This involves asking a young person and their family/carers about their interests and strengths rather than focusing solely on their trauma histories and current symptoms. Working in a strengths-based way includes instilling or building on an existing sense of optimism for the future and highlighting every small step toward recovery on a young person’s journey.

Other important operational components of trauma-informed care

Inter-agency collaboration

Ensuring there is effective: 1) inter-agency communication about young people's trauma histories and needs; and, 2) inter-agency collaboration to obtain referrals, and make appropriate onward referrals. These processes should be designed to minimise risks of re-traumatising young people during handover and referral processes. It is vital to carefully consider how confidentiality will be managed in these processes.

Managing the risk of staff developing vicarious trauma

Supporting staff to avoid vicarious trauma and intervene appropriately when it occurs. This involves both provision of training and providing ongoing supervision and support for clinicians.

Supporting youth and family/carer involvement across the service

Inviting youth and family/carers to act in an advisory capacity across the service, and being mindful to ensure this is done in a trauma-informed way when they are sharing service-user experiences so they are not re-traumatised. See SAMHSA's *Trauma-Informed Method of Engagement for Youth Advocacy* resource.²⁰

“ I have carried grounding objects in my pocket, made sure I am aware of my own senses in the room whilst not detracting from the story of the young person and used a buddy system to check-in with colleagues.

Clinician

Helpful resources

Resources about trauma-informed care within outpatient and community-based youth health settings

Orygen's trauma-informed care resources

[Working with young people in the trauma space: Vicarious trauma](#) (Webinar)

[Trauma-informed care: Working with refugees and asylum seekers](#) (Webinar)

[Trauma-informed care: A policy report focused on young people, trauma and mental health](#) (Webinar)

[Trauma-informed care in youth health: From principles to practice](#) (Online module)

[Trauma and young people: Moving toward trauma-informed services and systems](#) (Policy paper)

[Trauma-informed care: Reflecting on past progress and advancing practice](#) (Service self-assessment questionnaire)

[What is trauma-informed care and how can I help implement it in my organisation](#) (Toolkit)

Other trauma-informed care resources

SAMSHA's [Concept of trauma and guidance for a trauma-informed approach](#) (not youth- or health-specific).

SAMSHA's [Trauma-informed method of engagement \(TIME\) for youth advocacy](#) (brief article)²⁰

Psychoeducation resources about trauma and complex trauma for young people and families/carers

Orygen's trauma-informed care resources

[Trauma and mental health in young people - Let's get the facts straight](#) (Mythbuster)

[Dissociation and trauma in young people](#) (Factsheet)

Other trauma-informed care resources

The National Childhood Traumatic Stress Network (US): [What is complex trauma? A resource guide for youth and those who care about them](#)

Phoenix Australia - Centre for Posttraumatic Mental Health's booklet: [What the ? Trauma, stress and teenagers: Understanding posttraumatic stress disorder](#)

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The National Centre of Excellence
in Youth Mental Health

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