

CERTIFICATE IV in Mental Health Peer Work

CHC43515

Trauma Informed
Peer Work



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Acknowledgements

MHCC acknowledges the traditional custodians of the land.

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| | |
|---------------------------|----------|
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Assessment Record

Certificate IV in Mental Health Peer Work CHC43515

| | |
|----------------------------|---|
| Assessment title | Trauma informed peer work – Assessment Book |
| Summary of evidence | Short answer questions, story of practice and supervisor's report |

NOTE: The following unit of competency in this qualification is assessed in this **Assessment Book**. Each activity is individually marked and final overall competency for this unit is then granted.

Units of competency assessed

CHCMHS007 Work effectively in trauma informed care

You are required to complete the following to ensure that you will be assessed.

| | | | |
|---|--|--------------|--------------------------|
| Name of candidate | | | |
| Address | | | Postcode |
| Phone | | Email | |
| Workplace | | | |
| Trainer | | Group | |
| If you are completing this assessment as ' Assessment only ' or ' RPL pathway ', tick here. | | | <input type="checkbox"/> |
| By signing this page, you confirm the following has been done before sending your assessment | <ul style="list-style-type: none"> My name has been added at the top of every page of my assessment, including all supporting paperwork. I have kept a copy of my assessment. I have sent in a completed assessment. I understand that if I send in an incomplete assessment it will be returned to me unmarked. | | |
| Declaration In signing below, you are confirming the following. | <p>I have read and understood the details of this assessment. I have been informed of the assessment conditions and appeals process. I agree to participate in this assessment. I certify that the attached is my own original work. No unacknowledged source material is included. Where I have used the work of others, this is noted.</p> | | |
| Signature |  | Date | |

Assessment Progress Report (office use only)

| | | | |
|--|---|---|---|
| Date due | | Date submitted | |
| Name of candidate | | | |
| Name of assessor | | | |
| Assessment title | Trauma informed peer work – Assessment Book | | |
| Summary of evidence | Short answer questions, story of practice and supervisor’s report | | |
| Qualification | Certificate IV in Mental Health Peer Work CHC43515 | | |
| Results: C Competent R Requires further work NYC Not Yet Competent | 1st Submission C or R | 2nd Submission (first resubmit, if required) C or R | 3rd Submission (final resubmit, if required) C or NYC |
| CHCMHS007 Work effectively in trauma informed care | | | |
| Final Comments – Complete if Assessment is Competent or 3rd Submission is Not Yet Competent. If requires further work see “Resubmission Required” section below. | | | |
| | | | |
| Assessor’s signature |  | Date | |

Resubmission Required

If 1st Submission requires further work, please provide details.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|-----------------------------|---|-------------|--|
| Assessor’s signature |  | Date | |
|-----------------------------|---|-------------|--|

If 2nd Submission requires further work, please provide details.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|-----------------------------|---|-------------|--|
| Assessor’s signature |  | Date | |
|-----------------------------|---|-------------|--|

Your name is required on every page, please insert it here: _____

Assessment Process

To see the contents of the relevant national unit of competency for this course, please see the end of this document.

MHCC is committed to providing assessment processes and tools that are valid, reliable, flexible and fair to all participants. We are able to work with you to address any needs you have that may affect your ability to complete the assessment tasks. These needs could include:

- Physical or intellectual ability
- Mental health issues
- Language, literacy and numeracy
- Cultural or ethnic backgrounds
- Location
- Socio-economic factors

Information about your needs will be kept confidential. To discuss your needs contact the Learning & Development Unit at MHCC as soon as possible. This will allow the MHCC time to make reasonable adjustment to the assessment.

If you have any questions about the assessment please do not hesitate to contact the Learning & Development Unit for assistance. The competencies you are being assessed against can be found at the end of the learners guide.

You must make and keep a copy of your assessment prior to sending it to MHCC.

When you complete this assessment please upload to your student portal or post/ email your assessment to:

Mental Health Coordinating Council
Learning & Development Unit
PO Box 668 Rozelle NSW 2039
Ph: 02 9555 8388
Email: certvmhsupport@mhcc.org.au

Your name is required on every page, please insert it here: _____

Assessment Overview

All assessments must be clearly handwritten or typed, or they will not be assessed.

ALL assessment tasks and questions must be completed, unless otherwise negotiated.

| Assessment | Description | Due date |
|--|--|----------|
| Assessment task 1 Stories of practice or scenarios | You are asked to pick three scenarios or stories of practice and respond to a series of short answer questions in relation to trauma and working consistent with trauma informed care principles. | |
| Assessment task 2 Short answer responses | A series of short answer questions in relation to trauma informed practice definitions and common beliefs and attitudes about trauma. | |
| Assessment task 3 Contribute to continuous improvement | You are asked to reflect on your work and provide three suggestions for embedding trauma informed care. You will present these suggestions to your supervisor, manager or other relevant senior worker. Your supervisor or other relevant person is asked to confirm that you have presented these suggestions. If you have difficulty providing a supervisor's report please contact your assessor to negotiate an alternate evidence option. | |

Important information

Referencing

All work that is not your own must be appropriately referenced, or **will not be considered** by the assessor.

For basic guidelines on referencing, see rear of this book.

De-identification

All documentation must be appropriately de-identified, or **will not be considered** by the assessor.

For guidelines on de-identification, see rear of this book.

You are required to complete all the activities outlined, and submit this assessment book by the due date identified by your trainer.

Your name is required on every page, please insert it here: _____

Assessment Task 1: Stories of practice or scenarios

This task requires you **to reflect on three people** who have experienced trauma and answer a number of questions in relation to applying principles and practices of trauma informed care.

You can either:

- select three of the hypothetical scenarios below, or
- reflect on your experience of supporting trauma survivors in your role as a peer worker and chose three to reflect on, or
- a combination of hypothetical scenarios below and examples from your work.

Please note: These scenarios may be distressing for some people to read. Please use strategies to keep yourself safe when reading and considering these scenarios.

Amanda is 37 and works part time as a childcare assistant. She rents her own flat, where she is not supposed to have pets but she keeps her cats Rosy and Cocoa there. Amanda was 13 years old when she saw her little sister Angel being abused by their cousin Colin, who was then aged 18. Colin had also sexually abused Amanda up until the previous year. Amanda had never told anyone. She had tried to keep Angel safe by watching over her. Amanda told her mother that she had seen Colin touching Angel but still kept her own abuse a secret. Amanda's mother made her tell Colin's mother (her mother's sister) what she had seen. Angel, who was only eight at the time, just cried when she was asked and wouldn't say anything. Colin got angry and denied everything. Amanda's mother made her apologise to her aunt and to Colin.

When she was 14, Amanda started hanging out with some older friends and didn't go to school as much. One night when she was 16 her drink was spiked and her boyfriend and his mates raped her. They told her she was "up for it" and a whole lot of fun. She doesn't tell anyone.

Amanda tells you that she feels on edge. She is fidgety and says she can't concentrate on what you are talking about. She cries and apologises frequently, saying that you must think she is 'crazy'. She is upset about things a colleague said to her today and can't get her mind off it.

Ray didn't spend his early years with his mum because she got sick and went to hospital after he was born and when she came home, Ray was told she couldn't take care of him properly. He lived with his grandmother until he was nine, but his grandmother's new husband got angry a lot, shouted and hit his grandmother. His grandmother sent Ray back to his mum. Ray's mum had two more children and a new partner who Ray really liked, but he couldn't stop worrying about his grandmother. He would run away to be with her to try and keep her safe but she wouldn't let him stay. He would be sent straight back to his mother, and be in a lot of trouble.

Ray is now 52, and is trying to get back on his feet after a couple of years in a mental health (rehabilitation) ward. The best times in his life were when he travelled all over the country in his car, with his dog Penny. Penny, and the car, died several years ago.

You are concerned that you haven't seen Ray in a while and so you call him. Ray tells you his voices keep telling him how worthless and useless he is. He believes that he has been responsible for events that don't seem connected to him at all. He says marijuana usually helps him relax but at the moment he can't afford it so mostly he's been alone in his flat avoiding people.

Your name is required on every page, please insert it here: _____

Amina is 17 years old; she came to Australia when she was only two years old with her family after a long journey. Her brother Amit died on the journey, and her sister Alice was born in the immigration centre that they lived in for more than a year. Amina's mother died five years after they arrived in Australia. Amina's father has a chronic physical illness and has also been diagnosed with depression. She lives with and cares for him, as well as Alice. Amina started self-harming when she was 14 years old. She had been a very good student, and had many friends but her results slipped after she was made to change schools. Her father had become concerned about the influence of her friends. Amina was particularly close to Sophia, and they had begun to develop romantic feelings for each other.

Amina tells you that her father has taken her to the hospital five times for help, and one time she stayed for more than a week but she's fine now, she knows what she needs to do and accepts her responsibility to her family. She says she can't remember why she cut herself "it was probably 'nothing'".

Greg was small for his age and had bad asthma. His dad played professional football for Australia and had always wanted a son who would follow in his footsteps. Greg tried his best but he was never selected for the A-grade teams. One time, when he was eight, his father told him he was useless and whacked him across his face in front of all his friends. Greg gave up football, his asthma got worse and he spent most of his time alone in his room.

As a teenager Greg would lock himself in and listen to music. He could smoke in his room without anyone knowing, and when he was 15 he started smoking pot. He left school at 16, knowing what his father said was probably true. He knew his father was disappointed in him, and that's why he lost his temper and hit Greg. One night, when he'd had enough of hearing his mother cry and defend herself, Greg pulled a knife on his dad.

The police were called and Greg spent six months in juvenile detention. When he got out he moved interstate. He started smoking heavily again but cut down when he met his girlfriend Jo. They both want to work and have their own place.

Greg tells you how angry he has been getting with Jo. He doesn't trust her and believes she may be sneaking behind his back to see someone else. He tells you that he threw things around their flat last night and broke the TV.

1a Scenario or de-identified example from your work

1. Scenario chosen _____

or a short description of relevant details of the person:

2. Describe the type of traumas this person experienced.

Your name is required on every page, please insert it here: _____

3. What was the impact of trauma on this person? In your response consider social, emotional, physical and spiritual impacts. Briefly describe the behaviours and distress they experienced.

4. What are the coping strategies or ways this person has adapted to cope and survive?

5. How did you (or how would you) respond to this person's disclosure? In your response you should consider the principles of trauma informed care.

6. What were (or might be) potential triggers for this person in accessing or receiving services? (In your response consider environmental and relationship triggers).

7. How did you (or how would you) work with this person to ensure safety? Include safety in relationships and environments and how you minimise the risk of retraumatisation.

8. What were some of their strengths and resources? How did you (or would you) help them to identify their own strengths?

Your name is required on every page, please insert it here: _____

9. How were you (or would you be) flexible and appropriate in meeting their individual and cultural needs?

10. How did you (or could you) support their right to choice and autonomy?

11. How did you support or encourage the person to give feedback about their experience of the service (or how could you do this)?

12. What self-care strategies did you use (or would you use) to manage any risk of you experiencing re-traumatisation or vicarious trauma?

1b Scenario or de-identified example from your work

1. Scenario chosen _____
or a short description of relevant details of the person (see guidelines for de-identification):

2. Describe the type of traumas this person experienced.

Your name is required on every page, please insert it here: _____

3. What was the impact of trauma on this person? In your response consider social, emotional, physical and spiritual impacts. Briefly describe the behaviours and distress they experienced.

4. What are the coping strategies or ways this person has adapted to cope and survive?

5. How did you (or how would you) respond to this person's disclosure? In your response you should consider the principles of trauma informed care.

6. What were (or might be) potential triggers for this person in accessing or receiving services? (In your response consider environmental and relationship triggers).

7. How did you (or how would you) work with this person to ensure safety? Include safety in relationships and environments and how you minimise the risk of retraumatisation.

8. What were some of their strengths and resources? How did you (or would you) help them to identify their own strengths?

Your name is required on every page, please insert it here: _____

9. How were you (or would you be) flexible and appropriate in meeting their individual and cultural needs?

10. How did you (or could you) support their right to choices and autonomy?

11. How did you support or encourage the person to give feedback about their experience of the service (or how could you do this)?

12. What self-care strategies did you use (or would you use) to manage any risk of you experiencing re-traumatisation or vicarious trauma?

1c Scenario or de-identified example from your work

1. Scenario chosen _____
or a short description of relevant details of the person (see guidelines for de-identification):

2. Describe the type of traumas this person experienced.

Your name is required on every page, please insert it here: _____

3. What was the impact of trauma on this person? In your response consider social, emotional, physical and spiritual impacts. Briefly describe the behaviours and distress they experienced.

4. What are the coping strategies or ways this person has adapted to cope and survive?

5. How did you (or how would you) respond to this person's disclosure? In your response you should consider the principles of trauma informed care.

6. What were (or might be) potential triggers for this person in accessing or receiving services? (In your response consider environmental and relationship triggers).

7. How did you (or how would you) work with this person to ensure safety? Include safety in relationships and environments and how you minimise the risk of retraumatisation.

8. What were some of their strengths and resources? How did you (or would you) help them to identify their own strengths?

Your name is required on every page, please insert it here: _____

9. How were you (or would you be) flexible and appropriate in meeting their individual and cultural needs?

10. How did you (or could you) support their right to choices and autonomy?

11. How did you support or encourage the person to give feedback about their experience of the service (or how could you do this)?

12. What self-care strategies did you use (or would you use) to manage any risk of you experiencing re-traumatisation or vicarious trauma?

Your name is required on every page, please insert it here: _____

Assessment Task 2: Short answers

2a. True or false?

This activity explores common beliefs about trauma. Chose the response that is most correct.

| Common beliefs and attitudes | True | False |
|--|------|-------|
| 1. Sexual abuse mostly occurs with strangers | | |
| 2. More women than men are sexually abused over their lifetime | | |
| 3. Men and boys are physically abused more than women and girls | | |
| 4. Abuse has very little to do with schizophrenia or bipolar disorder | | |
| 5. PTSD only occurs when your life has been threatened | | |
| 6. People who were abused in childhood are more likely to experience abuse as adults | | |
| 7. Survivors of abuse always remember the abuse | | |
| 8. Hospital is always a safe place for consumers | | |
| 9. Dissociation is an unusual experience | | |
| 10. People with disability experience abuse at higher rates | | |
| 11. People abused as children are likely to abuse children | | |
| 12. Women need to talk, but men are better left to deal with it themselves | | |
| 13. Physical and emotional abuse are not as bad as sexual abuse | | |
| 14. If they haven't brought it up before now, it probably isn't that important | | |
| 15. Strong people can forget and move on | | |
| 16. People can be traumatised in mental health services | | |
| 17. People who self-injure are manipulative and attention-seeking | | |
| 18. Past history of abuse is never relevant in responding to a suicidal person | | |
| 19. Past trauma and current fear can result in suicidality | | |
| 20. Traumatic events can alter the brain, particularly in childhood | | |

Your name is required on every page, please insert it here: _____

2b. Short answers

1. Pick one of the statements above and briefly explain how this common belief could impact on a person accessing a service:

2. How might forced seclusion, compulsory treatment and physical or chemical restraint impact on trauma survivors?

2c. Choose the most appropriate definition for the following terms.

Place the following terms in the column beside the relevant definition. Use each term only once:

- | | |
|------------------------|--------------------|
| • Trauma | • Vicarious trauma |
| • Interpersonal trauma | • Triggers |
| • Complex trauma | • Flashbacks |
| • Re-traumatisation | |

| Terms | Definition |
|-------|---|
| | The impacts of repetitive, traumatic events and circumstances which are commonly: severe; repeated; occurring in childhood; and involve an ongoing relationship with the perpetrator of abuse. |
| | Listening to a person's thoughts, feelings and experiences about being involved in a traumatic situation can actually, over time, lead to draining, frightening and distressing reactions in a worker. |
| | Once a person has experienced trauma, it is possible for other events to cause the person to re-experience feelings, thoughts, memories, body reactions or other aspects of the traumatic experience. |
| | This term refers to the re-experiencing of thoughts, feelings or behaviours associated with past trauma. Due to disruption of memory by the trauma, and the nature of traumatic memory, this re-experiencing can feel 'as if' the trauma was happening in the present, or has only just occurred. |
| | Refers to an individual's response to an unexpected and extremely stressful event or series of events that overwhelm the individual's ability to understand and cope. The response is individual and two people experiencing the same situation may react very differently. |
| | Occurs at the hands of another person (or group of people) and often involves a betrayal of trust. This has the potential to impact on the way the person understands and forms other relationships throughout their life, including relationships with services. |
| | This refers to the 'cues' that are connected with earlier trauma. These can be re-encountered in everyday life and prompt a fear response even when they are no longer associated with actual danger. |

Your name is required on every page, please insert it here: _____

Assessment Task 3: Continuous Improvement

This task requires you to identify ways you can contribute to continuous improvement of trauma informed care in services and to present them to your supervisor or line manager.

3a Opportunities to embed trauma informed care

Thinking about and reflecting on your own peer support work and the work environment, what are two opportunities to embed trauma informed care and practice in your service delivery. Record these in the table below:

| What? Briefly outline of the change | Why? Benefits, trauma informed principles reflected | How? Steps required, resources needed, who should be involved? | Barriers What could prevent the change? How could you overcome this? |
|---|---|--|---|
| One change to make my peer support practice more trauma informed is: | | | |
| One change that would make my work environment more trauma informed is: | | | |
| One organisation policy that could be developed or reviewed in line with trauma informed care is: | | | |

Your name is required on every page, please insert it here: _____

3b Present suggestions to your supervisor or line manager

Present the suggested changes to your manager, supervisor (or other appropriate senior person) and ask them to complete the following:

| | | | |
|---|--|--------------------------------|-------------|
| Supervisor Position | | Supervisor Organisation | |
| Supervisor Phone | | Supervisor Email | |
| <i>I understand that the purpose of this report is to provide verification that the candidate has presented suggestions for embedding trauma informed practice, which will be used as part of an assessment. I agree to participate in this report. I certify this is a true and honest report and that I have no conflict of interest in completing this form.</i> | | | |
| Supervisor Name: | | Supervisor Signature | Date |
| Supervisors comments: | | | |
| | | | |

THANK YOU FOR YOUR TIME AND HONESTY

Guidelines on De-identification in Assessment Papers

Purpose

To 'de-identify' a document means to remove all identifying information from it, to protect the privacy of the people it relates to. This process also helps to maintain the dignity of the people whose stories have been used in an assessment documents, and meets your legal obligations relating to privacy.

Process

When writing the story of a consumer accessing your service, always change or remove the following details relating to the consumer:

- their name (if you use an alternative name, do not use the name of another person that accesses your service, to avoid confusion)
- their address
- their date of birth (if it is relevant to the situation, their general age range can be included, e.g. 'Mr X is in his 20s')
- all names, addresses and dates of birth of any carers, family or friends mentioned
- all details of the consumer's diagnosis, if the number of people accessing the service with that diagnosis is so small that it would be possible to identify the consumer you are referring to from their diagnosis.

When submitting printed or handwritten documents as workplace evidence (e.g. outcomes measurement reports, file notes, action plans, wellness plans and other service paperwork), use the following process to de-identify the person.

- Make a photocopy of the page, so you can keep the original.
- Use a black texta to cross through the name and other identifiers listed above.
- Once the texta ink is dry, check to see whether the details are still visible. If they are, photocopy that page again, attach the second photocopy to your assessment, and destroy the first photocopy securely. (Alternatively, use whiteout to cover the identifying information, then once it is dry, photocopy the page a second time.)

References

Davidson, L, Tondora, J, Staeheli Lawless, M, O'Connell, MJ & Rowe, M 2009, *A Practical Guide to Recovery Oriented Practice: Tools for Transforming Mental Health Care*, Oxford University Press, New York.

University of New South Wales (2010), Harvard referencing, <www.lc.unsw.edu.au/onlib/pdf/harvard.pdf>

Guidelines on Referencing

| Source | In-text reference | Reference list entry |
|---|--|---|
| Book | <p>A recent study (Karskens 1997, p. 23) suggests...</p> <p>Ward (1966, p. 12) suggests ...</p> <p>Note: If you are quoting directly, paraphrasing or summarising, a page number is required.</p> <p>If you are only citing the main theme of the book, no page number is required.</p> | <p>Karskens, G 1997, <i>The Rocks: life in early Sydney</i>, Melbourne University Press, Carlton.</p> <p>Ward, R 1966, <i>The Australian legend</i>, 2nd edn, Oxford University Press, Melbourne.</p> <p>Note: Provide all of these details, in the following order:</p> <ul style="list-style-type: none"> • author's surname and initial(s) • year of publication • title of book (in italics) • edition (if applicable), abbreviated as 'edn' • publisher • place of publication. |
| Journal article | <p>Kozulin 1993, p. 257)</p> <p>Note: If you are quoting directly, paraphrasing or summarising, a page number is required.</p> <p>If you are only citing the main theme of the article, no page number is required.</p> | <p>Kozulin, A 1993, 'Literature as a psychological tool', <i>Educational Psychologist</i>, vol. 28, no. 3, Summer, pp. 253–265.</p> <p>Note: Provide all of these details, in the following order:</p> <ul style="list-style-type: none"> • article author's surname and initial • year of publication of journal • title of article (between single quotation marks, with only the very first letter capitalised) • title of journal (in italics, with the first letter of each word capitalised) • volume, number, month or season (if applicable) • page number(s) of the article. |
| Website | <p>(International Narcotics Control Board 1999)</p> | <p>International Narcotics Control Board 1999, United Nations, Vienna, viewed 1 October 2010, <www.incb.org>.</p> <p>Note: Provide all of these details, in the following order:</p> <ul style="list-style-type: none"> • name of person or organisation responsible for the website • date the website was created or last updated (usually found at the bottom of the web page.) • name and place of the "umbrella organisation" responsible for the website (if applicable) • date you viewed the website • URL of the website <between angle brackets>. |
| Document or article within a website | <p>(International Narcotics Control Board 1999)</p> | <p>International Narcotics Control Board 1999, 'International Narcotics Control Board Report for 1998', United Nations, Vienna, viewed 1 October 1999, <www.incb.org/e/index.htm>.</p> <p>Note: Provide all of these details, in the following order:</p> <ul style="list-style-type: none"> • author/editor/compiler of the document/article • date the document/article was created or last updated (usually found at the bottom of the web page) • title of document/article (between single quotation marks, with only the very first letter capitalised) • name and place of the "umbrella organisation" responsible for the website (if applicable) • date you viewed the document/article • URL of the document/article <between angle brackets>. |

(Adapted from University of New South Wales 2010)

For further information on referencing, see the Referencing Guide on the LDU section of the MHCC website at www.mhcc.org.au.

Relevant National Unit of Competency

| CHCMHS007 Work effectively in trauma informed care | |
|--|---|
| ELEMENT | PERFORMANCE CRITERIA |
| 1. Work from a trauma informed care perspective | 1.1 Apply the key principles and practices of trauma informed care 1.2 Promote safe environments and relationships with those affected by trauma, including preventing traumatisation and re-traumatisation in the context of service use 1.3 Respond to disclosures of past and current trauma or abuse using principles of trauma informed care 1.4 Respond to behaviours and distress related to trauma using principles of trauma informed care 1.5 Assist individuals affected by trauma to identify personal resources and strengths 1.6 Recognise the coping strategies and adaptations of individuals who have experienced trauma 1.7 Identify resources and strengths within individuals who have experienced trauma |
| 2. Utilise self-care strategies | 2.1 Apply self-care strategies in managing re-traumatisation 2.2 Apply self-care strategies in managing vicarious trauma |
| 3. Contribute to the continuous improvement of trauma informed care in services | 3.1 Reflect upon own practice and work environment and identify opportunities to embed trauma informed care and practice in service delivery 3.2 Identify barriers to implementing trauma informed care and practice and refer to appropriate/senior personnel 3.3 Participate in organisation policy development on trauma informed care according to job role 3.4 Identify and participate in strategies to enhance service delivery of trauma informed care 3.5 Invite and respond to consumer feedback on trauma informed practices and service delivery |
| Assessment requirements | |
| <p>The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:</p> <ul style="list-style-type: none"> worked from a trauma informed care perspective with at least 3 people with mental illness | |
| Assessment Conditions | |
| <p>Skills must have been demonstrated in the workplace or in a simulated environment that reflects workplace conditions. Where simulation is used, it must reflect real working conditions by modelling industry operating conditions and contingencies, as well as, using suitable facilities, equipment and resources.</p> <p>Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.</p> | |

Knowledge evidence

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the work role. This includes knowledge of:

- legal and ethical considerations (international, national, state/territory, local) for trauma related practice, and how these are applied in organisations and individual practice:
 - codes of practice
 - discrimination
 - dignity of risk
 - duty of care
 - human rights
 - informed consent
 - mandatory reporting
 - practice standards
 - privacy, confidentiality and disclosure
 - policy frameworks
 - records management
 - rights and responsibilities of workers, employers and individuals accessing the service
 - specific legislative requirements related to trauma
 - work role boundaries – responsibilities and limitations
 - work health and safety
- trauma, including:
 - prevalence of trauma in the general population and with service users
 - definitions of trauma and complex trauma and its impacts
 - how trauma impacts development of those affected
 - the dynamics of interpersonal violence and the relationship to trauma
 - the way individuals cope and manage the impact of trauma
 - the potential for and causes of re-traumatisation, in particular in accessing or receiving services
- gender differences in the application of trauma informed care
- common beliefs and attitudes towards people who experience interpersonal violence and how this impacts on their access to services
- values and core principles and features of trauma informed care and practice, including:
 - understanding trauma and its impact
 - promoting safety in environments and relationships
 - ensuring cultural competence
 - supporting control, choice and autonomy
 - fostering healthy, supportive relationships
 - promoting the belief that recovery is possible
 - promoting strengths based, collaborative practices
- impacts of traumatic events that occur when accessing or receiving services (including the use of compulsory treatment, seclusion and restraint)
- role of triggers and 'flashback' (re-experiencing), re-victimisation and re-traumatisation
- referral options and resources available to support self-advocacy
- links between suicidality, self-harm and interpersonal trauma
- self-care strategies for workers

