

Trauma Informed Care and Practice

Meeting the Challenge

Conference 2011

23-24 June

Four Points by Sheraton, Sydney



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Mental Health Coordinating Council

The Mental Health Coordinating Council (MHCC) is the peak body for Community Managed Organisations in NSW. MHCC provides leadership and representation on mental health issues and supports the growth and development of the community sector to better support people with mental health problems, their families and carers.

MHCC's membership is primarily comprised of not-for-profit Community Managed Organisations (CMOs) whose business or activity is wholly or in part, related to the promotion or delivery of services for the wellbeing and recovery of people with mental health problems and organisations that support carers and families of people with a mental health problem. Membership also includes associates who operate in the areas of legal advocacy, disability, housing, employment, information and education providers as well as some Divisions of General Practice with an interest in mental health, promotion and recovery oriented service delivery. Individuals not representing a specific organisation may become subscription members.

MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services to the community, as well as facilitate effective linkages between government, non government and private sectors. We also participate extensively in public policy

development. Central to our leadership role in the sector is as a primary advocate for legislative reform and policy development, to bring about meaningful improvements to population mental health by promoting systemic advances to mental health service provision in the community. This work requires us to build healthy relationships with government and non-government organisations, policy makers and politicians, lobby government and advocate for its constituents by representation on boards, committees and working groups, both state and nationally. Through ongoing liaison and sector representation we aim to promote and develop CMOs, thus increasing the profile of the work we do.

In 2006, MHCC established a Learning and Development Unit (LDU) with support from NSW Health in recognition of the need for sector training that reflects recovery orientated evidence based practice with regard to theoretical approaches and methodology for working with people living in the community who have mental health problems. The LDU is an accredited RTO and the first graduate ceremony was held in April 2008.

MHCC provides other educational opportunities and initiatives through conferences, seminars, forums, workshops, the quarterly 'View from the Peak' newsletter, publications, submissions and sector information freely available to the community via our website: www.mhcc.org.au

Collaborating Partners



ASCA (Adults Surviving Child Abuse) is a national organisation which works to improve the lives of Australian adult survivors of childhood trauma (all forms of child abuse and neglect). It advocates nationally for the provision of trauma-informed services for survivors nationally, operates a 1300 line (1300 657 380) 9-5 Mon-Fri, runs psycho-educational workshops for survivors and education and training for community workers and health care professionals. For more information visit www.asca.org.au



The Education Centre Against Violence (ECAV) is a NSW Health state-wide specialist organisation auspiced by Sydney West Area Health Service. ECAV is committed to producing high quality learning and development opportunities and resources for NSW Health and interagency professionals working with children and adults who have experienced sexual assault, domestic or Aboriginal family violence and/or physical and emotional abuse and neglect. An understanding of Aboriginal, cultural and community diversity is promoted.



The Private Mental Health Consumer Carer Network (Australia) was formed in 2002 to promote the interests of members of the community requiring private mental health services, with the vision of effective advocacy as the driving force behind all changes in service delivery. The Network provides a strong voice for consumers and carers and is an integral part of key policy and decision-making processes. It builds and enhances relationships with mental health providers, funders, users and Government and develops links with professional bodies to improve services.

The evolution of a trauma informed agenda in Australia

On 27 September 2010 an important event took place in Sydney. An inaugural forum was held to discuss a national agenda for promoting 'Trauma Informed Care' across all human service systems.

The forum was convened by a committee in 2010 led by the Mental Health Coordinating Council (MHCC) together with collaborating partners: Adults Surviving Child Abuse (ASCA), Education Centre Against Violence (ECAV) and the Private Mental Health Consumer Carer Network Australia (PMHCCN). MHCC and ASCA authored a short literature review outlining some international research evidence and presented their rationale for initiating the forum.

Attendees at the forum were selected from a short list drawn from organisational and personal networks, and approaches were made to known specialists working in a diversity of trauma related mental health settings nationally. The group included consumers and carers, two federal politicians, the President of the NSW Mental Health Review Tribunal, senior clinicians and academics with expertise in mental health, disability and trauma. It also included senior executives from a range of community managed peak bodies and service providers experienced in working with the psychological impacts of trauma.

Presentations were provided by Janet Meagher, Divisional Manager Inclusion, Psychiatric Rehabilitation Association; Professor Warwick Middleton, Associate Professor School of Public Health La Trobe University; Dr Louise Newman, Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry and Psychology and Dr Cathy Kezelman, CEO and Executive Director, ASCA. Closing comments were provided by Professor Beverly Raphael, Professor of Population Mental Health & Disaster Response & Resilience Research Group, School of Medicine UWS.

The committee was initially motivated to clarify thinking around approaches to trauma informed care in Australia, and review this against existing international evidence. The aim of the forum was to inform and progress our thinking, as well as to draw together interested stakeholders and identify possible champions. We observed that conversations around Trauma Informed Care occur in small service pockets, but that this does not amount to a broad based systemic change.

Our ultimate objective is the promotion of an important policy and systemic change – a cultural shift to embrace trauma informed care and practice across both the government and non-government sector in all health services. The aim being that this has the potential to create an environment that is more supportive, comprehensively integrated, empowering and therapeutic for a diversity of trauma survivors.

Four actions from forum discussions identified as crucial were:

- To establish an informal Trauma Informed Care and Practice Network which would comprise individuals with lived experience of trauma; professionals, academics, service delivery organisations and policy makers with an interest in trauma informed care and practice, keen to link and hear about future developments; discussion and educational opportunities. The Network of interested people now exceeds 137 people nationally.
- To establish a national reference group to coordinate efforts and implement future actions. This is a work in progress for MHCC to pursue post-conference.
- To host a conference showcasing Trauma Informed Care and Practice.
- To articulate the key issues and themes which substantiate the need for a national agenda for Trauma Informed Care and Practice (TICP), and from which a position paper can be developed that will serve as

a lobbying tool to promote the concept of TICP to service sectors, the community, politicians and policy makers. The knowledge gathered during the conference will assist this work.

Thus work began on putting together a program for a National Conference to increase awareness and knowledge about Trauma Informed Care and Practice (TICP) to help drive a shift in organisational culture through its integration with service delivery.

MHCC and collaborating organisations welcome you to a ground breaking conference in Australia, and thank you for your joining us at this important event.

23 June 2011

The Trauma Informed Care and Practice Committee

Jenna Bateman

Chief Executive Officer,
Mental Health Coordinating Council (MHCC)

Corinne Henderson

Senior Policy Officer,
Mental Health Coordinating Council (MHCC)

Dr Cathy Kezelman

Chief Executive Officer and Executive Director
Adults Surviving Child Abuse (ASCA)

Chris McCabe

Mental Health/Sexual Assault State-wide
Educator,
Education Centre Against Violence (ECAV)

Janne McMahon

Independent Chair
Private Mental Health Consumer Carer
Network Australia (PMHCCN)

Trauma Informed Care and Practice

Meeting the Challenge

Conference 2011

23-24 June

Conference program – at a glance

Day 1 – 23 June 2011

8.15am REGISTRATION	
9.00	Welcome Jenna Bateman , CEO, Mental Health Coordinating Council (MHCC)
PLENARIES	
9.05 - 9.15	Welcome to Country and conference address Bronwyn Penrith , Gadigal Woman
9.15 - 9.25	Video welcome and official opening address Delivering mental health reform The Hon Mark Butler MP , Minister for Mental Health and Ageing (Federal)
9.25 - 9.35	The need for a Trauma Informed Care and Practice agenda in Australia Jenna Bateman , CEO, MHCC
9.35 - 10.15	It's been a long road getting from there to here Debra Wells , Consumer Advocate
10.15 - 11.00	The politics of believing: working towards a consumer centred system Lorna McNamara , Director, ECAV
11.00 - 11.30am MORNING TEA	
11.30 - 12.15	Trauma hierarchies: let's not do to trauma stories what we have already done to illness stories ... a consumer perspective - Merinda Epstein , Consumer Advocate
12.15 - 1.00	Trauma Informed Care and Practice - engaging the left and the right hemispheres - PART ONE Dr Richard Benjamin , Consultant Psychiatrist, EDCMHS
1.00 - 1.45pm LUNCH	
1.45 - 2.30	15 years directing a trauma and dissociation unit: perspectives on Trauma Informed Care - Professor Warwick Middleton , LaTrobe University, UQ
2.30 - 3.15	An 'Educaring' approach to healing generational trauma in Aboriginal Australia Professor Judy Atkinson , We Al-li, and Dr Caroline Atkinson , Southern Cross Uni
3.15 - 3.45pm AFTERNOON TEA	
3.45 - 4.30	Trauma informed Care and Practice - changing the lives of Australian adult survivors of childhood trauma - Dr Cathy Kezelman , CEO, ASCA
4.30 - 5.15	Trauma Informed Care and Recovery Oriented Practice - a mutual relationship Kath Thorburn , Consultant and Michelle Everett , IOP
5.15pm - Onwards COCKTAILS	

Day 2 – 24 June 2011

9.00 - 9.15	Opening Day Two - Jenna Bateman , CEO, MHCC
PLENARIES	
9.15 - 10.00	Trauma and personality development - approaches to complex trauma Professor Louise Newman AM , Monash University
10.00 - 10.45	Trauma Informed Care and Practice - engaging the left and the right hemispheres PART TWO - Dr Richard Benjamin , Consultant Psychiatrist, EDCMHS
10.45 - 11.15am MORNING TEA	

Day 2 – 24 June 2011 (cont...)

11.15 – 12.00 3 CONCURRENT SESSIONS	
	ROOM A – Trauma, mental health and substance use – Dr Katherine Mills , NDARC
	ROOM B – Complex trauma, complex needs, complex clients: Supporting women which sexual abuse histories within – and beyond – the correctional system Dr Antonia Quadara , ACCSA and Mary Stathopoulos , ACCSA
	ROOM C – Rough Living: Moving beyond acceptance of trauma in homelessness to being trauma informed in our care Philip Hilder , Rob Seaton and Sage Saegenschmitter , HPLS
12.00 – 1.00	ROOMS A, B & C – WEBCAST from the USA Becoming Trauma-Informed – Kathleen Guarino , NCFH
1.00 – 1.45pm LUNCH	
1.45 – 3.15 PARALLEL SESSIONS/Symposiums	
ROOM A: WORKING WITH TRAUMA	
1.45 – 2.15	Responding to trauma and the mental health needs of young people experiencing homelessness: The early intervention outreach mental health clinic evaluation findings Leticia Funston , Faces in the Street, St Vincents Darlinghurst
2.15 – 2.45	Dealing with Secondary Trauma – Irena Quinn , ISHAR
2.45 – 3.15	Trauma Informed Care and Practice for trafficked people and CALD populations Laura Vidal , Salvation Army Safe House
ROOM B: ENGAGEMENT ADVOCACY AND IMPLEMENTATION	
1.45 – 2.45	Trauma in the context of services to victims of crime Mandy Young and Lyn Mitchell , VOVC
2.45 – 3.15	Becoming the change we want to be: using principles of trauma informed care to engage consumers in systemic advocacy – Chris Hartley and Tara Dias , CAG
ROOM C: WORKFORCE DEVELOPMENT AND LEARNING DIRECTIONS	
1.45 – 2.30	The bare necessities – Toni Ashmore , ECAV
2.45 – 3.15	Australian workforce development and learning directions for achieving recovery oriented trauma informed services – Tina Smith , MHCC
ROOM D: MEETING THE CHALLENGE	
1.45 – 2.15	Reparative Parenting: a challenge for foster and kinship carers Dr Megan Chambers , Redbank House Westmead
2.15 – 2.45	Did Frida Kahlo do therapy? – Dr Gary Galambos , Consultant Psychiatrist, St JoG
2.45 – 3.15	Understandings of psychogenic non-epileptic seizures & their treatment Maria Quinn , PhD Candidate La Trobe University
ROOM E: PATHS TO RECOVERY	
1.45 – 2.15	Making whole with yoga – Lynn Romeo , Private Practitioner
2.15 – 2.45	Evaluation of a community based peer support trauma recovery program, using a replicable model: showing significant improvement in mental health program participants – Liz Mullinar and Tanya Fox , Heal for Life Foundation
2.45 – 3.15	Healing our Spirit – Barry Roberts and Lesley Harley , Gumargai
3.15 – 3.45 pm AFTERNOON TEA	
3.45 – 4.15	The challenges of change for mental health: cultures, consensus, and future development – Professor Beverly Raphael AM , University of Western Sydney
4.15 – 4.30	Conference impressions: Where to from here? – Dr Cathy Kezelman , ASCA
4.30 – 4.45	Closing conference and thanks – Karen Burns , Chair, MHCC, CEO, United Care MH
4.45pm CONFERENCE ENDS	

Please note that all Plenary sessions will be filmed

Notes:

CONFERENCE PROGRAM

DAY ONE – 23 June 2011

8.15 – 9.00am Registration

9.00 – 9.05am Welcome

Jenna Bateman
CEO Mental Health Coordinating Council



9.05 – 9.15am
Welcome to Country
and conference address

Bronwyn Penrith
Gadigal Woman



9.15 – 9.25am
Video welcome and
official opening address

Delivering mental health reform
The Hon Mark Butler MP
Minister for Mental Health and Ageing (Federal)

The Hon Mark Butler MP was elected to Federal Parliament in 2007 representing the electorate of Port Adelaide. In September 2010, he was appointed the Australian Minister for Mental Health and Ageing.

Before entering Parliament, Mark worked for 15 years in the Liquor Hospitality and Miscellaneous Union (LHMU) – including 11 years as State Secretary – representing thousands of workers within the aged care sector. He recognises the challenges of the existing aged care system and is passionate about aged care and mental health reform.

In addition to assisting the Minister for Health and Ageing, Nicola Roxon, Mark has direct portfolio responsibility for a number of Health agencies including the National Health and Medical Research Council (NHMRC). He holds a First Class Honours Law degree, an Arts degree and a Masters degree in International Relations.

The need for a Trauma Informed Care and Practice agenda in Australia



Jenna Bateman
Chief Executive Officer,
Mental Health Coordinating Council (MHCC)

Jenna Bateman is CEO of the Mental Health Coordinating Council, the peak body for community organisations working in mental health in NSW. She has led the organisation from a small state-wide peak to become a force for national influence in policy and sector reform and research. Working in the mental health sector for 20 years, initially as a clinician and manager in the clinical services sector, in 2000 Jenna moved to the community sector recognising the value of psychosocial approaches to good mental health outcomes and has been a strong advocate of social inclusion and recovery orientated practice; she has co-authored documents in both these key areas. As a founding member of Community Mental Health Australia - the alliance of Australian State and Territory mental health peak bodies in Australia she represents the alliance on national bodies. Jenna advocates for establishment of a robust research and development base for the community mental health sector and has driven development of sector accredited training qualifications for the mental health community sector based on recovery orientated practice.

IN THE mental health field there is considerable evidence confirming that a very large percentage of those seeking help at a diversity of public health services are people with trauma histories severely affecting their health and wellbeing. Unfortunately, Australia's mental health system has, generally speaking, a poor record in recognising the relationship between trauma and the development of mental health problems. There is a lack of policy focus as to how this knowledge can be incorporated into service delivery.

MHCC has advocated for some years that what is required is an approach that moves away from prioritising the search for a diagnosis to recognition of the person's traumatic life experience (which may have resulted in an individual's contact with mental health services). In order to bring attention to this long neglected area of complex need in the mental health field, in September 2010 an inaugural forum was held to discuss a national agenda for promoting Trauma Informed Care and Practice across all human service systems, in order to move towards identifying ways of developing an agenda to give voice to a neglected area of care and practice. The forum was convened by MHCC together with a small group of passionate advocates from Adults Surviving Child Abuse (ASCA); Education Centre Against Violence (ECAV) and the Private Mental Health Consumer Carer Network Australia (PMHCCN). One of the outcomes of the forum was to convene this Conference.

MHCC are sure that this Conference will inspire a cultural shift that embraces trauma informed care and practice across both the government and CMO sectors in all human services. The aim being that this has the potential to create an environment that is more supportive, comprehensively integrated, empowering and therapeutic for the diversity of trauma survivors.

It's been a long road getting from there to here



Debra Wells

Service User, Consultant and Educator, New Zealand

Debra Wells lives in New Zealand, where she runs her own Service User Consultancy business (Wellsprings Unlimited Trust). Her own personal background as a not so patient 'patient' of mental health services for over twenty-three years strongly influences her work as an educator, researcher and resource developer. She is very strongly committed to supporting mental health practitioners to proactively respond to trauma in the lives of the people they serve.

■ THIS PAPER will examine the fictions and facts about trauma and its resultant effects in the lives of Service Users. It will ask us all to consider why the 'secret sits in the middle' and we continue to dance around it. It will also consider the construct of Trauma Informed Care and how it provides a hopeful, helpful way forward....if we let it.

The politics of believing: working towards a consumer centered system



Lorna MacNamara

Director, Education Centre Against Violence, Sydney

Lorna's background is in Mental Health, Drug and Alcohol, Intellectual Disability and Services for Women and Young People. She has been Director of the Education Centre Against Violence NSW Health, for 8 years and prior to that was the Senior Educator for the Mental Health & Sexual Assault portfolio. Lorna has been involved with a range of research projects including supervising the research study 'Every Boundary Broken', which was pivotal in establishing policy on sexual safety in NSW Mental Health Services. Lorna's current focus is the development of qualification pathways to support an Aboriginal workforce skilled in case management and counselling in the areas of sexual assault, family violence and child abuse.

THIS PRESENTATION will explore the emergence of the second wave of feminism that uncovered the high levels of violence and abuse suffered by women and children at the hands of men, largely ignored by governments and the legal system. Political activism at international, national and state-wide levels, centered on listening and believing the day to day struggles experienced by women, resulting in the establishment of services for sexual assault, domestic violence and child abuse. The paper will examine the high rates of trauma and abuse in the histories of consumers of the mental health system, and the work of women's groups, activists, consumers and concerned clinicians in highlighting the failure of the system to listen, believe and respond to consumers current and historical trauma. In particular, it will focus on the NSW context and the role of Women and Mental Health Inc., a small unfunded organisation and their championing of the research study 'Every Boundary Broken'. Outcomes from this research resulted in the development of state-wide policy addressing sexual safety in mental health facilities and funding to the Education Centre Against Violence, for training on adult and child sexual assault into the mental health sector. The paper will demonstrate how the training has become one of the catalysts for promoting discussion and engagement with the idea of trauma informed care, exploring the systemic changes required if we are to provide a consumer centred system.

11.00 - 11.30am MORNING TEA

Trauma hierarchies: let's not do to trauma stories what we have already done to illness stories... a consumer perspective



Merinda Epstein

Consumer Activist, Artist, Our Consumer Place, Victoria

Merinda Epstein has been a mental health consumer advocate, educator, and lobbyist since 1990. She has lived with mental illness for most of her life and has a strong academic background in education and sociology. Her primary interest in mental health is to further develop the many roles that consumers must start playing within services, in university training of clinicians as well as the development of consumer-run services and consumer developed initiatives. Merinda presently works for Our Consumer Place, the first Consumer Resource Centre to

be funded in Australia and sits on the Board of MIND Australia.

■ THIS PAPER will look at trauma as a subjective reality for consumers. Experience tells us that classification schemas and medical judgements often severely disenfranchise many consumers' experiences of 'mental illness' as 'not real illness' or 'not serious', or 'not a priority', further traumatising people. The result of this has been detrimental. This paper will argue that we are already on the same road in relation to trauma and that this is both politically nuanced and fundamentally unhealthy.

Clinical approaches to trauma tend to either overtly or covertly judge 'trauma stories' as 'real' or 'not so real', 'traumatising' or not so 'traumatising' often according to diagnosis, gender, social class, race, sexual preference and other social phenomena. Consumers have important insights into the political, social and clinical pressure people often experience leading them to:

- tell their stories in ways they believe will be most likely heard, or
- stay very still and silent believing our trauma stories 'aren't good enough'/dreadful enough or worth telling.

The paper will look at the destructiveness of these messages. Carer and family organisations will be examined, as will social structures including the mass media. The 'consumer-as-story' is attractive to mass audiences usually only when it is sensational and not complex. I will argue that the community's voyeuristic tendencies will only be satiated of our most awful stories told in uncomplex ways - ways that further entrench hierarchies of 'realness' and 'seriousness' that work against compassionate treatment of trauma both clinically and socially.

Trauma Informed Care and Practice – engaging the left and the right hemispheres – PART ONE



Dr Richard Benjamin

Consultant Psychiatrist, Clarence and Eastern District Community Mental Health Service, Tasmania

Dr Richard Benjamin completed his Psychiatry training with the RANZCP in 2001, and his Adult Psychotherapy training in the Conversational Model of Meares and Hobson (largely a therapy that addresses the adult sequelae of childhood trauma in the therapeutic relationship) in 2009. He works in the adult public mental health service in Tasmania, predominantly in acute and chronic community work, although he also does some inpatient work. He is particularly interested

in the recognition and management of the long-term sequelae of childhood abuse in adult patients presenting with serious mental illness, and the systemic response to this patient group. He is also interested more broadly in the system as it impacts upon all patients suffering with mental illness. In community work this particularly involves the issue of continuity of care, and care of the carer, the benefits of the 'in-house crisis team,' and the importance of the therapeutic relationship in general. In inpatient work he is also interested in the role of therapeutic engagement, and in the reduction of seclusion and restraint.

THIS PRESENTATION will be divided into two parts. The overarching aim is to demonstrate that although people present with mental health problems for many and varied reasons, a significant proportion present because they have suffered trauma, and the sequelae of that trauma may in fact be the primary problem. Despite this, the significance of the trauma is often missed, sometimes by both sufferer and clinician. Identifying the trauma allows not only for its relevance to be understood, it allows the sufferer to be heard, sometimes for the very first time, and it may point to different treatment pathways. The first presentation looks at the concept of affective or emotional interchange, and the impact of trauma on interpersonal development. The second presentation looks at some of the historical trends within psychiatry that have both helped and hindered the recognition of trauma, some trauma-informed care principles in the context of emotional interchange, and some recommendations for the implementation of the principles within public mental health services. A number of vignettes will be used to highlight some of the concepts discussed.

Note: PART TWO is on DAY TWO at 10.00am

1.00 – 11.45pm LUNCH

15 Years directing a trauma and dissociation unit: perspectives on Trauma Informed Care



Dr Warwick Middleton

Adjunct Professor, School of Public Health, La Trobe University; Associate Professor in Psychiatry, University of Queensland

Warwick holds appointments as Adjunct Professor, School of Public Health, La Trobe University, and Associate Professor in Psychiatry, University of Queensland. He has made substantial and ongoing contributions to the bereavement and trauma literatures and was with Dr Jeremy Butler, author of the first published series in the Australian scientific literature detailing the abuse histories and clinical phenomenology of patients fulfilling diagnostic criteria for Dissociative Identity Disorder. He chairs The Cannan Institute and its research and conference organizing committees. He has been in full time private practice since 1995.

THE AUTHOR was the principal architect in establishing Australia's first trauma and dissociation inpatient and day-hospital unit. All of the patients treated in the Unit have severe trauma-spectrum disorders and the great majority would satisfy diagnostic criteria for dissociative identity disorder (DID) or dissociative disorders not otherwise specified (DDNOS). This paper traces the history of the Unit and the model of care adopted and how that was communicated to colleagues, staff and referring agents. The sorts of typical patient profiles seen on the Unit and the sorts of treatment trajectories patients have experienced in the mental health sector, both before and after contact with TDU are discussed.

The principal challenges for the Unit have not been controversies about dissociative identity disorder, recovered memories, ritual abuse etc., but more particularly the vagaries of hospital corporations. The reality is that such a Unit has evolved to be stable (in terms of long-stay staff and involved consultants), well received by the great majority of patients treated there, uncontroversial with a low index of serious incidents, perceived as open and welcoming and in high demand and profitable – such that a 50% increase in available bed numbers is currently in the process of being implemented. The evolution and functioning of the Trauma and Dissociation Unit, Belmont Hospital, is discussed in terms of the principles of trauma-informed care.

An ‘Educaring’ approach to healing generational trauma in Aboriginal Australia

Co-presentation

Professor Judy Atkinson
Consultant, We Al-li Program

Dr Caroline Atkinson
Senior Lecturer, Gnibi College of
Indigenous Australian Peoples,
Southern Cross University



Judy Atkinson is a Jiman woman, whose academic and community based work has been in the area of generational trauma and healing. She developed and runs the We Al-li program. Her book: ‘Trauma Trails – Recreating Songlines: The Transgenerational effects of Trauma in Indigenous Australia’, is now used internationally as an essential text in trauma crisis work. Judy retired at the end of 2010, so she can focus on strengthening her work with communities, writing, as well as teaching into the Harvard University Global Mental Health Trauma and Recovery course.

Dr Caroline Atkinson, of Jiman – Bundjalung heritage, previously lived in Papua New Guinea, undertaking community development work. Her Bachelor of Social Work at the University of South Australia achieved first class honours, with a thesis focusing on the alternative dimensions of violence against Aboriginal women. Following this she headed a small team at a drug and alcohol rehabilitation centre in Katherine, NT, before completing her PhD focusing on Aboriginal male violence and its relationship to generational post-traumatic stress. Caroline is currently working for Gnibi College of Indigenous Australian Peoples at Southern Cross University as the Course Co-ordinator of the Master of Indigenous Studies (Wellbeing) and the Diploma of Community Recovery.

■ ABORIGINAL PEOPLES, as individuals and within their families and communities, have been profoundly hurt across generations resulting in layered historic, social and cultural trauma. Where there is hurt there has to be a healing. In healing, people’s trauma stories become the centrepiece for social action, where the storyteller is the teacher and the listener is the student (or learner). So it is with care workers.

If we are to be serious about trauma informed care, we need to be prepared to work towards a paradigm shift that reflects the philosophy that there is an innate capacity within all of us, to restore our physical, mental and spiritual selves to a state of full productivity and quality of life, no matter how severe the initial damage. Mollica calls this the biological, psychological, and social power of self-healing.

Judy and Caroline will talk about the confluence of their respective research studies, which has resulted in their commitment to this paradigm shift through educaring as the centre piece of promoting and supporting self-healing. The paradigm shift must involve helping people build healing environments to support trauma informed care and practice. They will show through references to recent social work studies, student comments, and Global Mental Health Trauma and Recovery approaches that the paradigm shift is in motion, building partnership between Indigenous healing practice with western oriented mental health services.

3.15 – 3.45pm AFTERNOON TEA

Trauma Informed Care and Practice – changing the lives of Australian adult survivors of childhood trauma



Dr Cathy Kezelman

Executive Director and CEO, Adults Surviving Child Abuse (ASCA)

Dr Cathy Kezelman trained as a medical practitioner and practiced as a GP for 20 years. She has held the role of ASCA Chair for 2 terms, and is currently Executive Director and CEO of ASCA (Adults Surviving Child Abuse), a national organisation advocating at a state and national level and working to meet the needs of more than 2 million Australian adults abused as children. She is a board member of the Mental Health Coordinating Council. In 2010 Cathy published her own memoir, *Innocence Revisited* – a tale in parts, chronicling her own battle with depression and suicidal ideation, at the core of which was unresolved childhood trauma.

THE TRAUMATIC experiences of child abuse victims are often extreme and prolonged, interpersonal in nature and intentional, and the impacts, complex. Although their trauma is core to their challenges and acknowledging and addressing it central to their progress, it is seldom asked about or viewed as a pivotal issue. Without the right care and support the effects of childhood trauma can continue for a lifetime and right into old age.

The medical model highlights pathology and focuses on what wrong with a person rather than highlighting that something wrong was done to that person. People who have suffered trauma have experienced 'normal' reactions to 'abnormal' circumstances and appreciating this is fundamental to the movement to embrace a trauma-informed approach.

Trauma informed care involves the provision of services and interventions that do no harm – e.g. that do not re-traumatise victims or blame victims for their efforts to manage their traumatic reactions. This paper will consider the benefits for adult survivors of childhood trauma of the cultural and philosophical shift inherent in the introduction of trauma-informed care into practice systemically within Australia.

When an organisation is trauma-informed, it is respectful, welcoming, safe and helpful for survivors and its services become more accessible and effective. The benefits for adult survivors of being understood, validated and empowered are manifold.

Trauma Informed Care and Recovery Oriented Practice – a mutual relationship

Co-presentation

Kath Thorburn

**Mental Health Education Consultant,
Senior Occupational Therapist
(Mental Health), Nepean Blue
Mountains Local Health Network**



Michelle Everett

**Clinical Psychologist, Co-ordinator
post-graduate Adult Mental Health programs at the NSW Institute of
Psychiatry and an Official Visitor under the NSW Mental Health Act**

Kath has 20 years experience in mental health with a commitment to understanding the concept of recovery and what this means for mental health practice and services. Kath has significant experience in the delivery of professional development workshops and postgraduate courses on recovery oriented practice. Since returning to the public mental health system she has been further challenged to look at practical approaches to support people in their self-directed journey of recovery, and opportunities for mental health system transformation.

At the NSWIOP Michelle has co-written and co-ordinated new post graduate units regarding the impact of trauma, and has contributed to the teaching of workshops and units of study regarding recovery oriented practice and systems. Michelle has worked in numerous mental health settings including a period in Canada where the impact of intergenerational trauma on First Nations communities is readily acknowledged.

INCREASINGLY the terms ‘trauma informed’ and ‘recovery oriented’ are being used to indicate new ways of understanding people’s experiences and behaviours, and radical changes in how we offer care and support. But what is the relationship between ‘trauma-informed care’ and ‘recovery oriented practice’ and where is the starting point for system transformation?

Both Trauma Informed Care and Recovery Oriented Practice are transformative frameworks that involve fundamental shifts in thinking and practice at all levels of services and programs. Both are values-based frameworks that address underlying beliefs about trauma and mental distress and in doing so challenge current mainstream approaches. Both emphasise the need for individual recovery and service transformation to be consumer driven and informed by lived experience knowledge. Both have an evidence base supporting their emergence and growth. Both recognise that people are recovering not just from the impact of their experiences of trauma and mental distress, but from the impact of treatments and systems.

This presentation will demonstrate that Trauma Informed Care and Recovery Oriented Practice are inextricably linked and that service transformation towards one of these will invariably lead to consideration of the other. We will explore the specific role of vision, culture, leadership and collaboration in driving change towards trauma informed recovery oriented practices, services and systems. Even though it is possible to approach change through either lens, there may indeed be some benefits to seeing trauma informed approaches as the first step towards transformation and the reasons for this will be discussed.

5.15 Onwards – COCKTAILS

CONFERENCE PROGRAM

DAY TWO - 24 June 2011

9.00 - 9.05am **Opening Day Two**

Jenna Bateman
Chief Executive Officer,
Mental Health Coordinating Council (MHCC)

Please note that all Plenary sessions will be filmed

Trauma and personality development – approaches to complex trauma



Professor Louise Newman AM

Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry and Psychology; Chair of Detention Expert Advisory Group

In January 2011 Louise was appointed as a Member in the General Division of the Order of Australia. She is a practising infant psychiatrist with expertise in the area of disorders of early parenting and attachment difficulties in infants. She has undertaken research into the issues

confronting parents with histories of early trauma and neglect. Her current research is focussing on the evaluation of infant-parent interventions in high-risk populations, the concept of parental reflective functioning in mothers with borderline personality disorder and the neurobiology of parenting disturbance.

■ EARLY TRAUMA can impact crucial aspects of psychological and emotional development. Disruptions of early care and attachment can have major impact on the developing brain including pathways involved in managing affect and relationships. Negative early experiences and disruptions can set up vulnerability to a range of mental health problems. Neuro-vulnerability now appears to be a significant risk factor for mental disorder and highlights the importance of having a developmental model of BPD (borderline personality disorder) that takes account of the attachment context of early development.

Acknowledging the role of trauma and attachment disruption in the aetiology of BPD also supports development of early intervention and prevention models. Support for parents who themselves have experienced early trauma is a core component of prevention of the transgenerational transmission of personality difficulties.

Trauma Informed Care and Practice – engaging the left and the right hemispheres – PART TWO



Dr Richard Benjamin

Consultant Psychiatrist, Clarence and Eastern District Community Mental Health Service, Tasmania

Dr Richard Benjamin completed his Psychiatry training with the RANZCP in 2001, and his Adult Psychotherapy training in the Conversational Model of Meares and Hobson (largely a therapy that addresses the adult sequelae of childhood trauma in the therapeutic relationship) in 2009. He works in the adult public mental health service in Tasmania, predominantly in acute and chronic community work, although he also does some inpatient work. He is particularly interested in the recognition and management of the long-term sequelae of childhood abuse in adult patients presenting with serious mental illness, and the systemic response to this patient group. He is also interested more broadly in the system as it impacts upon all patients suffering with mental illness. In community work this particularly involves the issue of continuity of care and of carer, the benefits of the 'in-house crisis team,' and the importance of the therapeutic relationship in general. In inpatient work he is also interested in the role of therapeutic engagement, and in the reduction of seclusion and restraint.

THIS PRESENTATION will be divided into two parts. The overarching aim is to demonstrate that although people present with mental health problems for many and varied reasons, a significant proportion present because they have suffered with trauma, and the sequelae of that trauma may in fact be the primary problem. Despite this, the significance of the trauma is often missed, sometimes by both sufferer and clinician. Identifying the trauma allows not only for its relevance to be understood, it allows the sufferer to be heard, sometimes for the very first time, and it may point to different treatment pathways. The first presentation looks at the concept of affective or emotional interchange, and the impact of trauma on interpersonal development. The second presentation looks at some of the historical trends within psychiatry that have both helped and hindered the recognition of trauma, some trauma-informed care principles in the context of emotional interchange, and some recommendations for the implementation of the principles within public mental health services. A number of vignettes will be used to highlight some of the concepts discussed.

Note: PART ONE was on DAY ONE at 12.15am

10.45 – 11.15am MORNING TEA

ROOM A

Trauma, mental health and substance use

**Dr Katherine Mills****Senior Lecturer, National Drug and Alcohol Research Centre**

Katherine's research focuses on the epidemiology and treatment of co-occurring substance use and mental health disorders, in particular, post-traumatic stress disorder. Dr Mills has published widely in the area, and the importance of her research has been recognised by awards from the Australasian Society for Traumatic Stress Studies (2004), the Australasian Professional Society for Alcohol and Other Drugs (2007), and the US College of Problems on Drug Dependence (2009).

■ HIGH RATES of trauma exposure among individuals with substance use and other mental health disorders have been well documented in the literature. Indeed, a significant proportion of those who have experienced trauma develop both an alcohol or other drug problem as well a mental health disorder. The aim of this presentation is to discuss the evidence surrounding the relationship between trauma, mental health and substance use. Specifically, how commonly they co-occur, the harms associated with their co-occurrence, and implications for treatment.

ROOM B

Complex trauma, complex needs, complex clients: supporting women with sexual abuse histories within - and beyond - the correctional system



Co-presentation

Dr Antonia Quadara (pictured)

Coordinator of the Australian Centre for the Study of Sexual Assault at the Australian Institute of Family Studies

Mary Stathopoulos

Research Officer with the Australian Centre for the Study of Sexual Assault

Antonia has been undertaking research in violence against women, women's policy and criminal justice policy since 1999 when she completed a thesis on the treatment of Aboriginal sexual assault victim/survivors by the trial process. Her PhD, completed in 2006, explored the adult entertainment industry, women's safety and public space in public policy. She was a lecturer and researcher in the Department of Criminology (University of Melbourne) from 2001 before beginning at the Institute. Antonia manages the Australian Centre for the Study of Sexual Assault. The Centre is a national resource of information and research for policy makers, service providers, researchers and others working in the sexual assault field.

Mary's research has been in the area of gender, cultural images and young women's sexual agency, which she explored in qualitative interviews for her Honours thesis. She is currently undertaking a research project into how women's sexual victimisation trauma can affect pathways to criminal offending, their experiences of imprisonment and their post-release success.

THE PAPER draws on the literature concerning women in custody, their trauma histories and what this means for pathways into and out of the correctional system. Women in the correctional system have high rates of sexual victimisation across the life-course. Typically, prison is not the only institutional setting they have experienced. The consequences of chronic trauma are central to women's pathways into offending, their experiences of custody, and their capacity to engage in rehabilitation programs, thus increasing the likelihood of return to prison.

In the sexual assault and traumatology fields there is growing recognition that chronic and poly-victimisation, particularly sexual victimisation, result on the one hand in incredible feats of adaptation in order to survive the "present" of victimisation. Disrupted patterns of attachment, dissociation, self-harming, difficulty controlling emotions - all are ways of managing the fear, shame, anger and feelings of complicity sexual abuse generates. On the other, these adaptations, and their subsequent incarnations into the "future", such as high risk behaviours, cognitive and memory disruption, alterations in personality, and substance abuse are central not only to women's social marginalisation, disadvantage and offending, but are very real barriers to the capacity to engage in correctional rehabilitation and post release desistance.

We examine the barriers women experience in engaging in programs and discuss what a sexual "trauma and recovery" model can offer in terms of creating trauma-responsive systems for women transitioning into prison and transitioning out of prison?

ROOM C

Rough Living: moving beyond acceptance of trauma in homelessness to being trauma informed in our care

Philip Hilder • Rob Seaton • Sage Saegenschnitter

Philip Hilder is a Psychologist who specialises in Hakomi and Sensorimotor Psychotherapy (mindfulness based trauma therapy). He works at the Sydney Integrative Psychology Clinic. Philip is a registered psychologist and long-time practitioner of body-centered arts and sciences (Graduate, Sensorimotor and Hakomi Psychotherapy Institutes). He teaches at the Centre for Community Welfare Training (CCWT) and at the Australian College of Applied Psychology (ACAP), Sydney. Currently, he is one of the Principal Psychologists at the Sydney Integrative Psychology Clinic, a clinic that offers specialised trauma treatment, located in the heart of Sydney CBD.

Rob Seaton has been working with homeless people for many years. He is currently the Regional Manager, Supported Accommodation Inner Sydney Services for Wesley Mission.

Sage Saegenschnitter has been working amongst the community of rough sleepers in inner city Sydney for over ten years. She worked as a research assistant for the Rough Living research project conducted by Dr Catherine Robinson in understanding homeless people's experience of violence. She works as the Homeless Support Co-ordinator at HopeStreet in Woolloomooloo.

THE ROUGH LIVING research project was commissioned by Homeless Persons' Legal Service and funded by the Public Interest Advocacy Centre out of a response to growing stories of violent victimisation experienced by homeless people in a context in which homeless people are often perceived as perpetrators of crime. The purpose was to understand how violence is experienced, managed and survived across the life course and the relationships between this and the perpetuation of homelessness.

Dr Catherine Robinson from UTS undertook the research using biographical interviews which highlighted the normalisation and acceptance amongst the homeless community that brutal and repetitive victimisation is a part of everyday life. It also highlighted that this is reinforced through engagement with emergency services, government agencies and specialist homelessness services that fail to acknowledge or respond adequately to people's experience of past or present trauma.

The Homelessness and Trauma Working Group was developed as a response to this research to explore ways to advocate for change across the homelessness sector in developing a framework for trauma informed care. A pilot two-day training and one-day follow up in Complex Trauma was developed through a partnership with Supported Accommodation Assistance Program (SAAP) Learning and Development and Phillip Hilder, psychologist specialising in the field of complex trauma. The training was targeted to homeless service managers to equip them in understanding the effects of complex trauma and to assist them in identifying structural changes within their own organisation that promotes conscious and proactive trauma informed care approaches in their respective workplaces and to begin to promote sector wide change.

An overview of Dr Robinson's findings and Philip Hilder's Complex Trauma training and expected application by service providers will be presented.

WEBCAST from the USA

ROOMS A, B and C

Becoming Trauma-Informed



Kathleen Guarino

Senior Program Associate, Clinical Design National Center on Family Homelessness

Kathleen is a licensed mental health clinician who received her Masters in Counselling Psychology from Boston College in 2001. She completed her clinical training with Traumatic Stress Studies at the Trauma Center in Brookline, MA, in 2007. She assists in developing tools, curricula, and training materials around the impact of homelessness and trauma and trauma-informed service provision. Kathleen provides training on traumatic stress, vicarious trauma, and trauma-informed care and individualised consultation to organisations throughout the country to develop trauma-informed programming. Kathleen's previous experience includes working as a clinician in a residential treatment facility, where she provided therapeutic services for children and families impacted by trauma.

■ WHAT DOES it mean to provide trauma-informed services and create trauma-informed organisations? How can we translate trauma-informed theory into concrete ways to improve our work? This session will introduce participants to the concept of 'trauma-informed' care and how to apply this concept to their daily work with the people they serve.

We will:

- Define trauma-informed care and discuss the foundational principles associated with trauma-informed practice.
- Outline traditional versus trauma-informed approaches to service delivery and organizational process.
- Identify concrete strategies and practices that providers can consider incorporating in the following areas:
 - Supporting Staff Development
 - Creating a Safe and Welcoming Environment
 - Assessing and Planning Services
 - Involving Consumers
 - Adapting Policies.

1.00 - 11.45pm LUNCH

WORKING WITH TRAUMA

ROOM A: 1.45 - 2.15pm

Leticia Funston

Faces in the Street, Urban Mental Health Research Institute,
St Vincent's Hospital

Responding to trauma and the mental health needs of young people experiencing homelessness: The early intervention outreach mental health clinic evaluation findings

Leticia Funston is a qualified social worker and researcher currently working with Faces in the Street, Urban Mental Health Institute, St Vincent's Hospital. In 2010 Leticia was awarded the Sydney University academic merit prize. Leticia has experience in the NGO sector as an adolescent sexual assault counsellor and as a community rehabilitation and support worker working with adults living with a severe and enduring mental illness.

THE EXPERIENCE of complex trauma, commonly child abuse and domestic and family violence is recognised as a major risk factor to homelessness for young people (Robinson, 2010; Collins, 2010). Research also highlights the detrimental impacts on physical and mental health resulting from traumatic events experienced during homelessness including increased mental illness, suicide ideation and alcohol and other drug use (National Youth Commission Inquiry into Youth Homelessness, 2008; McManus & Thompson, 2008; Robinson, 2010).

Despite the research indicating high rates of distress, trauma and mental illness amongst homeless youth, evidence suggests this population is less likely to approach and engage with mental health services unless they are acutely unwell (Solorio, Milburn, Andersen, Trifskin, & Rodríguez, 2006, McManus & Thompson, 2008). The Program for Early Intervention and Prevention of Disability (PEIPOD) at St Vincent's Hospital (SVH) has recently conducted an early intervention outreach mental health clinic at Oasis Youth Support Network providing young people with a holistic mental health assessment and referrals.

The clinic aims to identify mental health concerns early on as to reduce the impact of an acute phase of mental illness and the experience of traumatic distress. The clinic was recently evaluated by Faces in the Street, Urban Mental Health Research Institute, SVH. This evaluation identified a number of service strengths reflecting the recommendations of current research and conceptual understandings for working with people who have experienced trauma (Robinson, 2010; Collins, 2010; Herman, 1992). The evaluation findings will be discussed in relation to trauma informed care.

WORKING WITH TRAUMA

ROOM A: 2.15 - 2.45pm

Irena Quinn

ISHAR, the Multicultural Women's Health Centre, WA

Dealing with Secondary Trauma

Irena Quinn works at ISHAR the Multicultural Women's Health Centre as a program manager and a counsellor. She has a Masters Degree in Counselling. At ISHAR Irena runs the Carers support program for CALD Carers of people with a mental illness; provides individual counselling and facilitates therapy groups for trauma survivors including humanitarian refugees and migrants. She also delivers training for those who have been exposed to a secondary trauma. Irena has an intensive interest in research on migration, sexual exploitation and mental health. She has had publications on related topics. Irena has presented her papers and facilitated workshops at international and national conferences.

■ 'DEALING WITH a Secondary Trauma' will explore the importance of recognising, normalising and responding to a secondary trauma in a workplace.

In the last few years ISHAR, the Multicultural Women's Health Centre WA, has conducted a number of workshops for clinical and frontline service providers in Dealing with a Secondary Trauma. Over a hundred participants attended, from both government and non-government agencies, and feedback was very positive. Some of the agencies sending representatives included the Police, Department of Corrections and the Salvation Army. Opportunity has been given for those attending to reflect on the stress and anxiety produced from working in situations where traumatised clients may disclose their stories in an unstructured way. Often the trust that has been established through a worker's contact with the client may result in a story being shared. Even for the most experienced in welfare work often agencies do not have clear lines of communication for the worker to then debrief. This can have a very destructive effect on the worker, and lead to burn-out or inappropriate coping strategies. According to R. Grant the trauma is toxic and one cannot be close to trauma without being affected (Grant, 2000).

Since 2008, Employee Assistance Schemes have been established to provide emotional and psychological support for employees, however often these are not accessed due to fear that employees will appear weak or vulnerable if they request an appointment, so they can carry the issue home with them. The Secondary Trauma workshops have been seen as a valuable opportunity for workers in a variety of occupations, to share some of the difficulties encountered and discuss their own personal responses to these very stressful, if unavoidable, situations.

WORKING WITH TRAUMA

ROOM A: 2.45 - 3.15pm

Laura Vidal

Salvation Army Safe House for Trafficked Women

Trauma Informed care and Practice for trafficked people and CALD populations

Laura Vidal has worked as a caseworker at The Salvation Army Safe House for Trafficked Women for the past 2 years. She has recently completed a Bachelor of Social Work at UNSW and submitted an Honours Thesis which addressed the current Human Trafficking Policy in Australia and its link to the Criminal Justice System. Laura is trained in strengths-based Social Work and implements case work services from a trauma informed theoretical base. Laura is a strong advocate for Human Rights and sees that the inextricable link between needs as rights is often addressed by recognition of the impact of trauma, particularly when working with victims of crime.

■ THIS PAPER will address how The Salvation Army Safe House for Trafficked Women has implemented a trauma informed casework approach in their work with trafficked women, men and children. The paper will highlight the challenges that currently exist in current policy whereby a trauma informed approach is not currently being drawn on.

The paper will draw on case studies of service user to illustrate the value of a trauma informed approach and the detriment caused to individuals when their access to treatment post- trauma is restricted.

The case studies alongside anecdotal evidence of the service's work with people from a CALD background will also discuss strategies for engaging the CALD community with mental health services and suggest key ways that CALD populations could have increased access to Mental Health services both at a policy and implementation level.

3.15 - 3.45pm AFTERNOON TEA

ENGAGEMENT ADVOCACY AND IMPLEMENTATION


ROOM B: 1.45 - 2.45pm

Mandy Young and Lyn Mitchell
Victims of Violent Crime

Trauma in the context of services to victims of crime

Mandy Young is Director Victims Services for the Department of Justice and Attorney General (DJAG). She has worked in the fields of child protection, domestic violence and sexual assault and victims of crime. This includes roles as a: child protection caseworker; hospital social worker; sexual assault counsellor; policy developer; policy manager; and program manager. Previously she managed the development and implementation of the NSW Aboriginal Child Sexual Assault Taskforce, DJAG Domestic and Family Violence unit. Mandy is a strong Aboriginal woman who is committed to ensuring that all victims of crime are able to access the support and services they need to help them in their recovery.

Lynn Mitchell, Acting Manager, Policy & Service Delivery is currently acting in the role of Manager, Policy & Service Deliver after joining Victims Services in July 2007 as Counselling Coordinator where she is responsible for the professional aspects of the Approved Counselling Scheme. She has a Masters in Social Work from University of Sydney and has worked for many years in the area of child protection, sexual assault and domestic violence. Previously she worked in NSW Health as a sexual assault counsellor, Service Coordinator at Westmead SAS, Senior Policy Analyst on Sexual Assault in NSW Health and Deputy Director of Social Work at Westmead Hospital. She has provided a wide range of interagency and interdisciplinary training in responding to disclosures of sexual assault and victim care particularly with Health Workers, NSW Police and community workers.

 VICTIMS SERVICES provides a range of services to victims of crime in NSW. These services include information, support, referral, and counselling and financial assistance to victims of violent crime such as sexual assault, domestic violence, armed robbery and homicide.

To provide effective and supportive practical and therapeutic services to this client group, it is essential that the organisation operate from an understanding of the impacts on people who have experienced or witnessed trauma. This includes how they access services, considerations of vulnerabilities and likelihood of re-victimisation, and coping strategies. Given that almost all of our clients have experienced trauma, and often to an extreme extent, it is also critical that we support staff in managing the impacts of vicarious trauma.

Victims Services also works to consider how we can reduce re-traumatisation through the criminal justice system and victims contact with services through the oversight of the Charter of Victims' Rights.

This presentation will discuss how trauma informed care and practice is used to inform our work, including some of the strategies we have to improve our services and access to them, our efforts to maintain the clinical standards of our counselling and medico-legal assessment schemes and some of the challenges we continue to face, particularly in relation to working within a criminal justice system that has limited understanding of the impact of trauma.

ENGAGEMENT ADVOCACY AND IMPLEMENTATION

ROOM B: 2.45 – 3.15pm

Chris Hartley and Tara Dias
NSW Consumer Advisory Group

Becoming the change we want to be: using principles of trauma informed care to engage consumers in systemic advocacy

Chris Hartley is Senior Policy Officer with the NSW Consumer Advisory Group (CAG). Chris previously worked with the Homeless Persons' Legal Service as a Policy Officer and Solicitor where he worked to develop models of trauma informed care in specialist homeless services. As result of Chris' work with the homeless community he was nominated for the 2010 Justice Medal, the Australian Human Rights Commission Law Award and received the 2010 Community Legal Centre award.

Tara Dias is a Policy Officer with NSW CAG where she has conducted work on the experiences of trauma amongst homeless women and asylum seekers. Tara has undergraduate degrees in Gender Studies and Political Studies as well as Masters in Public Policy from the University of Sydney. Prior to commencing with NSW CAG, Tara worked with Australian Red Cross (Strategy, Planning and Research Unit).

THE PARTICIPATION of mental health consumers in systemic advocacy is a fundamental human right as enshrined in Article 25 of the International Covenant on Civil and Political Rights (ICCPR). However, seeking the participation of people who have experienced complex trauma and childhood abuse can be a challenging process. It can be exceedingly difficult for survivors to speak about how systems' responses can be improved. Consultation process may also trigger memories of abuse, which can be particularly distressing and damaging for participants. Many people experiencing complex trauma may also have considerable difficulties with trust, making attendance and active participation in traditional consultation mechanisms a challenge.

In order to ethically and effectively seek the input of people experiencing complex trauma in systemic advocacy, CAG, the peak mental health consumer body in NSW, has developed specific procedures around conducting consultation based on the principles of trauma informed care. Members of NSW CAG's policy team have received extensive training and guidance on the impact of trauma and trauma informed care, and have implemented key principles into our engagement with trauma consumers. Some of the principles are around attachment theory, establishing safety and preventing re-victimisation.

NSW CAG's presentation will provide an overview of these specific principles and its impact on ensuring the right to participation is protected for people that have experienced childhood abuse and complex trauma.

3.15 – 3.45pm AFTERNOON TEA

WORKFORCE DEVELOPMENT AND LEARNING DIRECTIONS

ROOM C: 1.45 – 2.30pm

Toni Ashmore

Education Centre Against Violence

The bare necessities

Toni Ashmore has an extensive background in both mental health and trauma settings. She currently works for the NSW Health Education Centre Against Violence as a senior state-wide educator in the mental health and sexual assault team, as well as directing her own research and consultancy company in NZ. Toni has an ongoing interest in the interface between mental health and trauma and what this looks like in practice. She is at present completing a Masters in Public Health with her thesis looking at the current implementation of trauma informed care in an acute setting in NSW and New Zealand.

EVIDENCE CALLS for a trauma informed care philosophy to be implemented in mental health services. The person centred approach that encompasses human rights and best care provision in recognition of past trauma requires a fundamental change for most mental health services. But what does this mean for frontline staff? Will implementing trauma informed care and practice for clients' be 'overwhelming' for staff?

Recognising that staff are the 'tools of the trade' this presentation utilises the everyday experience of the workplace to look at the challenges for staff in working from a trauma informed care perspective such as asking the questions, listening to stories and dealing with staff who come from differing perspectives. To address the challenges for staff, an overview is provided of the organisational structures that are considered necessary for successful transition and implementation.

From the 'big picture' level thinking, this presentation opens a window to start participants thinking of the reality of implementation. This presentation aims to provide participants with a framework that addresses the multiple levels of implementation required to take on trauma informed care and practice at the local level.

The presenter will share their knowledge and experience in training mental health staff on the implementation of trauma informed care in relation to interpersonal violence, international literature, as well as preliminary findings from her research into trauma informed care implementation in NSW and NZ. Participants will leave understanding the essential keys for implementation, and having an opportunity to reflect on their own staffing needs when taking on a trauma informed care philosophy.

WORKFORCE DEVELOPMENT AND LEARNING DIRECTIONS

ROOM C: 2.45 – 3.15pm

Tina Smith

Senior Policy Officer, Mental Health Coordinating Council

Australian workforce development and learning directions for achieving recovery oriented trauma informed services

Tina Smith works with MHCC as a Senior Policy Officer. She is involved in establishing community sector mental health service workforce development directions both in NSW and nationally on behalf of Community Mental Health Australia (CMHA). She is the CMHA representative to the national Mental Health Workforce Development Advisory Committee. Tina has a Master's Degree in Counselling Psychology and has worked in the community services and health industry in Australia and the USA for over 20 years. Her work has focused on recovery, psychosocial rehabilitation and social inclusion issues for people at risk of living with or recovering from mental health problems.

■ THIS PAPER explores the current situation towards strengthening optimal workforce development and learning directions for achieving recovery oriented trauma informed services in Australia. It is now well understood that violence is pervasive across the lifespan; the physical, psychological, social and spiritual consequences of violence can be highly disabling and are also a risk factor for social exclusion; and, too often trauma and its impacts are shrouded in secrecy, denial and ignored. Creating cultures capable of delivering trauma informed services requires a focus on both organisational and workforce change. While numerous, mostly USA, pockets of models and programs can be identified that reflect good practice in trauma informed service delivery, these have generally not extended to well informed and strategic directions for related workforce development (i.e., where will the staff with the right skills and experience come from to deliver trauma informed services?). This paper has a focus on workforce change and highlights the opportunities and lack of policy and planning directions for trauma informed health and community sector workforce development in Australia. The need to review trauma related course content and learning outcomes in both university and vocational education settings is discussed. Some early work regarding the essential knowledge, core practice skills and leadership (i.e., advanced practitioner/supervisor/manager) skills required to develop both recovery-oriented and trauma-informed competencies are reviewed and the experience of advocating to embed these within the nationally recognised mental health peer (i.e. consumer and carer) worker qualification which is currently undergoing development is reflected upon. In addition, future aspirations for workplace mentorship, coaching and supervision systems required for ensuring transfer of learning to service delivery are considered.

3.15 – 3.45pm AFTERNOON TEA

MEETING THE CHALLENGE

ROOM D: 1.45 - 2.15pm

Dr Megan Chambers

Director, Redbank House, Westmead

Reparative Parenting: a challenge for foster and kinship carers

Dr Megan Chambers has worked as a child and adolescent psychiatrist for over 15 years. She is currently the Director of Redbank House, an in-patient and day-patient psychiatric hospital in Western Sydney with programmes for children and young people from birth to 18 years. For the past 8 years, Dr Chambers has been involved in developing, with the Department of Community Services, the Alternate Care Clinic, a specialist assessment and treatment service for children in out-of-home care in Western Sydney. The mental health presentations of this group and the systemic complexities of their care are a particular area of interest and research.

CHILDREN in out of home care have suffered abuse and neglect, multiple losses and developmental challenges. They frequently present with a range of emotional and behavioural difficulties which have serious impacts on their capacity to remain in stable placements and cope well at school and in peer situations. They attract mental health diagnoses at rates far above the norm, and have high rates of psychoactive medication usage.

Finding ways to assist these children and their carers is complex. Conceptualising their difficulties in terms of their trauma histories, and the impact of those traumas on the child's development, sense of self, capacity to regulate, and capacity to trust adults has been found to be helpful to the foster and kinship carers, and case managers.

The Alternate Care Clinic at Redbank House, Westmead is a specialist mental health service for children in care. We have developed a 10 session group programme for foster and kinship carers, which works to help the carers understand the impacts of trauma and loss, on the children in their care and on themselves. The programme is held fortnightly for 20 weeks, and is run in an overtly supportive and therapeutic environment. Over 80 carers have completed the programme and have given feedback on its usefulness. A formal evaluation is almost complete, and the programme has been manualised to assist in making it available to others.

This presentation would outline the need for such a focus in this population, and the benefits of a trauma-informed model of care.

MEETING THE CHALLENGE


ROOM D: 2.15 - 2.45pm

Dr Gary Galambos

Consultant Psychiatrist, St John of God Hospital Burwood

Did Frida Kahlo do therapy?

Dr Gary Galambos is a Consultant Psychiatrist in private practice in Burwood where he has consulting rooms next to an 86-bed psychiatric hospital, which has the only Mother Baby Unit in NSW and the only inpatient DBT unit for patients with borderline personality disorder. He has been one of the main admitting doctors to the hospital for the past 12 years and Gary assisted the health service to become an Affiliated Teaching Hospital with the UNSW and to obtain accreditation for Psychiatry Registrar training at the hospital with the Royal Australian and NZ College of Psychiatrists (RANZCP). Gary is passionate about his areas of clinical interest, which include perinatal psychiatry, doctors' mental health, adolescent mental health, borderline personality disorder and a growing interest in AOD. He says trauma is a commonality of what might appear at first glance to be disparate areas of interest. Gary serves as Chair of the Private Practice Network for the RANZCP and Vice-President of the Medical Benevolent Association of NSW. He hopes to one day develop an academic interest in evolutionary psychiatry. However, with two young children, Gary is determined not to allow all these interests to overtake time with his family, which he believes is the key to preventing and mitigating the "vicarious traumatisation" of working with highly traumatised patient populations.

 THE POWER of traumatic image in art: two case histories. I juxtapose the life history and selected artworks of Mexico's infamous indigenous artist Frida Kahlo with a patient in therapy who is a young woman of Aboriginal descent who has painted artworks that strikingly resonate with that of Frida's powerful and haunting images. I examine how the work of these two artists can help us better understand the inner worlds of patients affected by borderline personality disorder. I consider how the introduction of art into the therapeutic relationship informed and affected the medical care of the patient in therapy. It is argued that metaphorical imagery may promote understanding, empathy and perhaps even assist with integration of the shards of identity resulting from complex trauma. I wonder, in general, whether patients should be encouraged to communicate with their treating clinicians using art, in order to optimise trauma-informed care and practice! What about the treating clinician - can they use art as a device to obtain critical information about the patient that may be utilised to promote recovery and remission? Finally, I speculate how trauma depicted through art might be useful to the general community.

MEETING THE CHALLENGE

Room D: 2.45 - 3.15pm

Maria Quinn

PhD Candidate, La Trobe University

Understandings of psychogenic non-epileptic seizures and their treatment

Joint authors:

Professor Margot Schofield, Prof Counselling and Psychotherapy, La Trobe University & Dr Warwick Middleton, Chair Canna Institute Brisbane, Adjunct Professor, School of Public Health, La Trobe University Melbourne

Maria Quinn is a psychologist in private practice in Katoomba, NSW. She works with people who are experiencing a range of mental health problems that are associated with neglect and trauma in formative relationships. She has a particular interest in the complex ways that trauma can be re-experienced in the body well after the events, and the process of recovery from these disturbing symptoms. She is currently studying the treatment of non-epileptic seizures by Australian therapists, in association with Professor Margot Schofield and Adjunct Professor Warwick Middleton of La Trobe University Melbourne.

■ PSYCHOGENIC non-epileptic seizures (PNES), somatoform symptoms that diminish quality of life, can be difficult to treat. Grounded theory methodology was used to explore the understandings of Australian therapists who participated in in-depth interviews about their successful treatment of clients with PNES.

Clients without significant trauma and psychiatric comorbidity were successfully treated by means of sensitive delivery of the diagnosis and brief cognitive interventions. Clients with histories of recent and remote interpersonal trauma required lengthy psychotherapy. Therapists conceptualised PNES in these clients as nonverbal communication behaviours that usually evolved in traumatic, interpersonal systems in which verbal expression of affect was proscribed and nonverbal communication of affect was prescribed. Traumatized clients with compromised orientation to the present required a process of cultural transformation in a safe therapeutic relationship. Implications for clinical practice, research methodology, professional training, and service funding are discussed.

3.15 - 3.45pm AFTERNOON TEA

PATHS TO RECOVERY

ROOM E: 1.45 - 2.15pm

Lynn Romeo

Private Practitioner

Making whole with yoga

Lynn Romeo straddles mainstream and alternative, professional and creative, material and ethereal realms. She has been a Gita Yoga teacher and Social Work Honours graduate for more than 20 years, a mature-age mother for 17 years, daughter and grand-daughter for over 50 and an author of articles on the furnace of family life for 12 years. She worked with people with disabilities and families before teaching residential workers at TAFE and then found the balance and wholeness that yoga brings so inspiring that she could not help but become a Yoga teacher ... and that was just the beginning. Lynn is a Gita yoga teacher, social worker, writer and mother who has been liberated by the mid-life discovery of her own early childhood trauma.

THE IMPACTS of trauma can be held or hidden anywhere in our bodies, thought processes or emotional make-up. The practices of Yoga (meaning union) have, for centuries, helped release people physically, mentally and emotionally onto their path towards wholeness.

Lynn will take us on a gentle journey using metaphor, yoga techniques, story and discussion, to glimpse blockages that childhood trauma can create and explore how yoga can safely release these. Gita yoga is designed specifically for Western bodies and minds and understands the role our sub-conscious plays in guiding and protecting us. Students find their own gradual path through progressive stretches, postures, breathing exercises, relaxation and meditation techniques and along the way dissolve effects of past trauma without necessarily being conscious of it. Once in a while, some, like Lynn, find themselves gently cradled towards their inner black holes and blockages, eyes wide open, and surprised by the power, health and clarity that come from facing the challenges.

This presentation will offer fresh, creative views on essential elements of the whole-making process, giving participants an affirming experience of yogic balancing strategies which they can pass on to others. It will offer signposts to an alternative, holistic culture that will allow workers and services to tune into the impact of trauma and work with the particular strengths and sensitivities of survivors.

PATHS TO RECOVERY

ROOM E: 2.15 - 2.45pm

Liz Mullinar and Tanya Fox

Heal for Life Foundation

Evaluation of a community based peer support trauma recovery program, using a replicable model: showing significant improvement in mental health program participants

Liz Mullinar AM founded ASCA and, in 1999, Heal for Life Foundation which empowers people to heal from childhood trauma and abuse. She is author of 'Breaking the Silence' and 'The Liz Mullinar Story'. Awards: Order of Australia 1997, Centenary Medal 2000, inaugural Humanitarian Award 2003, NSW Volunteer of the Year 2009, NSW finalist for Australian of the Year (Local Hero) 2010.

Tanya Fox is trained as a Counsellor and is Education and Training Coordinator at Heal for Life Foundation. Her personal experience with the impacts of childhood trauma has inspired a career in supporting individuals to heal from their trauma. Tanya has worked both as a somatic therapist and counsellor with people who have experienced trauma.

HEAL FOR LIFE Foundation (HFL) is a not-for-profit organisation providing safe, affordable healing for survivors of childhood trauma & abuse. A residential five-day program is run under the leadership of highly trained & supervised facilitators supported by 3 trained peer support workers. Each team works within the non-hierarchical, peer support model of the program. The program has run successfully for 12 years helping more than 4 500 people utilising a trauma based recovery model. An essential element of the model is that it was developed & is run by consumers. In 2009 an independent impact evaluation of the HFL Program was undertaken. As part of the research a number of pre and post program validated measures were used to measure changes in the psychological well-being of 98 program participants. These measures included the Kessler Psychological Distress Scale - 10 (K10); the Short Form (36) Health Survey (SF36); the Alcohol Use Disorders Identification Test Screening Instrument (AUDIT); the Abbreviated Dyadic Adjustment Scale and The Parenting Scale. Improvements in participants' scores were found on all measures.

The aim of this presentation is to summarise the key elements that have led to the success of the program including HFL principles of trauma-informed care within recovery-oriented practice. The major findings of this evaluation show that a program run by consumers and a trauma informed recovery approach can produce outstanding mental health outcomes for its participants.

PATHS TO RECOVERY

ROOM E: 2.45 - 3.15pm

Barry Roberts and Lesley Harley

**Gumargai Indigenous Support Program, Lismore
(Funded by New Horizons Enterprises)**

Healing our Spirit

Barry Roberts is Dunghutty/Bundjalung man. He is currently employed as a Case Manager with New Horizons Enterprises on the Gumargai Indigenous Support Program. He has been working in mental health and drug and alcohol services with his people for 6 years and will complete a Bachelor of Health Science (Mental Health) this year.

Lesley Harley is a Bundjalung woman who worked as an Enrolled Nurse in Area Health Services for 27 years. In that time she also worked as a Physiotherapist's Aid. Lesley has been employed in the role of Case Manager with New Horizons Enterprises on the Gumargai Indigenous Support Program for over 12 months now and will complete a Certificate IV in Mental Health this year.

■ THIS PRESENTATION will explore the importance of culturally safe and appropriate programs, for our people are the most disadvantaged group in Australia and have experienced high levels of grief, loss, trauma and trans-generational trauma since 223 years of colonisation (Vicary & Westerman, 2004, p.1).

Western approaches to mental health have failed our people and policy makers and program funders need to acknowledge and accept Indigenous people's healing methods around cultural and spiritual wellbeing. Often mainstream health programs are not holistic or culturally appropriate, or accessed by Aboriginal people, due to historical trust factors, because they often don't meet their needs, they don't recognise historical events or acknowledge spiritual healing methods. Aboriginal beliefs of health involve a complete physical, spiritual, cultural, social and emotional wellbeing of individuals, family and the whole community.

Gumargai which means family in the language of the Widjabul people of the Bundjalung Nation is a self-funded program by New Horizons which means that we have the freedom to work with our people in culturally safe and appropriate ways. This program has been delivered through creating strong partnerships in the Bundjalung Nation. In our day to day work we meet with the elders and with families and communities and work towards healing the whole community through psycho education around medicine, drug and alcohol and how that effects mental health, social, economic, cultural and address political determinants such as housing, unemployment, education, domestic violence, alcohol and drug use, nutrition and cultural activities.

3.15 - 3.45pm AFTERNOON TEA

The challenges of change for mental health: cultures, consensus, and future development



Professor Beverley Raphael AM

**Professor of Population Mental Health and Disaster Response and Resilience Research Group
UWS School of Medicine**

Professor Beverley Raphael (Australian National University and University of Western Sydney) is head of a research program for mental health aspects of adversity, including disasters, terrorism and adversities affecting children.

Professor Raphael has had extensive experience in mental health policy development including National Mental Health Policy, NSW Mental Health Policy, Child and Adolescent Mental Health Policy, Multicultural, Aboriginal and Torres Strait Islander, Prevention and Promotion, and Disaster Mental Health Policy. In these mental health areas she has also had responsibility for evidence based program development, implementation and evaluation. She has worked closely with Consumers and Carers in policy and program development, Non-government, Community and Government Sectors, and has driven and collaborated in the movements for change in mental health.

■ THIS PRESENTATION will address the ideologies and cultures that influence mental health service systems, care provision and goals. It will consider the views of governments, public and private sectors and the community sector; the need for, and difficulties of achieving change and innovation in the face of rising demand; the calls for action from those affected and those who care for them; and the battle for future mental health, in environments of finite resources. The roles of science and 'community' consensus can be used in a range of 'bottom up' and 'top down' strategies, across multiple fronts. There is a need for both sustainable processes of progressive development and critical momentum for achievable change. These need to inform translation of 'what we know' (science), 'what we want' (lobbying), 'what can make it happen' (policy, resources, commitment, programs); 'what we need to find out' (does it work - evaluation) and - are things better? Trauma, loss and adversity are some of the basic themes of human experience and mental health that need to better inform such processes

Conference impressions: Where to from here?

Dr Cathy Kezelman

**Executive Director and Chief Executive Officer
Adults Surviving Child Abuse (ASCA)**

Dr Cathy Kezelman trained as a medical practitioner and practiced as a GP for 20 years. She has held the role of ASCA Chair for 2 terms, and is currently Executive Director and CEO of ASCA (Adults Surviving Child Abuse), a national organisation advocating at a state and national level and working to meet the needs of more than 2 million Australian adults abused as children. She is a board member of MHCC. In 2010 Cathy published her own memoir, *Innocence Revisited* – a tale in parts, chronicling her own battle with depression and suicidal ideation, at the core of which was unresolved childhood trauma.

Closing conference and thanks

Karen Burns

**Chair, Mental Health Coordinating Council
Chief Executive Officer United Care mental Health**

4.45pm CONFERENCE ENDS

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