



TRAUMA AND HOMELESSNESS  
**WORKER GUIDEBOOK**

## ACKNOWLEDGEMENTS

This guidebook is based on the work of the Trauma and Homelessness Initiative, a collaboration between the Australian Centre for Posttraumatic Mental Health, and four agencies providing services to people who are homeless or who are at risk of homelessness: Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.

This work was funded by the collaborating agencies, and supported by a generous grant from the Helen McPherson Smith Trust

This guidebook draws on the experiences of over 100 people experiencing long-term homelessness. They shared their time and in many cases their most painful and distressing experiences with the researchers in order to contribute to a deeper understanding of how trauma impacts homelessness. The guidebook has also drawn on the practice wisdom and experience of workers from the participating agencies.

The authors would like to acknowledge Cassandra Bawden at the Council to Homeless Persons, and the contributions of all people whose experiences and efforts supported the development of this resource.

### Recommended citation:

Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). *Worker Guidebook*. Prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.




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# INTRODUCTION

This guidebook has been prepared to support service providers working with people who have experienced trauma and homelessness. It is based on the Trauma and Homelessness Initiative (THI), a program of research conducted by the Australian Centre for Posttraumatic Mental Health in collaboration with four agencies in Melbourne, Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.



The THI is one of the largest Australian studies examining trauma, homelessness and mental health experiences. The THI involved qualitative and quantitative research, and drew upon the experiences of people experiencing homelessness, as well as their workers.

This guidebook is aimed primarily at frontline workers who provide support to people who are homeless or at risk of homelessness, but it has application to a variety of service contexts. It provides practical guidance in providing trauma-informed care.

This book doesn't provide guidance about all aspects of working with complex issues and needs. Whilst trauma-informed practice can guide many aspects of service provision, it is important to retain current and relevant practices relating to specific issues like substance intoxication and withdrawal, management of psychiatric conditions and aggressive behaviour, and how to assist in crises or emergencies.



# TRAUMA AND HOMELESSNESS OVERVIEW

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## TRAUMA IS A RELATIVELY COMMON OCCURRENCE

Up to 57% of Australians face a traumatic event at some time in their life. Traumatic events typically involve a serious threat to life or the physical integrity of a person. Trauma involves experiences like being physically or sexually assaulted, war, torture and natural disaster, or witnessing death or serious injury.

People experiencing homelessness experience much higher rates of trauma than most Australians. The THI researchers investigated both single incident (Type I) and prolonged or repeated (Type II) trauma. The research found that all participants had been exposed to a Type I traumatic event, and over half experienced Type II, or prolonged or repeated trauma. The average number of traumatic experiences reported by participants was 21. Of particular importance, the research found that multiple experiences of Type I trauma led to complex mental health outcomes, similar to those following Type II trauma experiences.

## THE EFFECTS OF TRAUMA CAN BE DEVASTATING TO PEOPLE'S LIVES

The THI research found that trauma has significant impacts on mental health. Seventy-three per cent of participants in the research met criteria for posttraumatic stress disorder (PTSD), and 88% met criteria for any current mental health diagnosis. Difficulties like depression, alcohol and substance use problems, and psychotic disorders were all significantly over-represented amongst the research participants when compared to the community. Rates of comorbid mental health problems – where people met criteria for more than one diagnosis – were also very high.



The average  
number of  
traumatic  
experiences...  
was 21



## DIAGNOSES DO NOT DESCRIBE THE FULL IMPACT OF TRAUMA

Participants in the THI research described their experiences of complex trauma-related problems such as difficulties regulating their emotions, difficulties maintaining social relationships, taking risks that involved putting themselves in danger, experiencing suicidal ideation, having dissociative experiences (feeling out of touch with reality), and holding negative views of themselves and the world.

**This description of the impacts of trauma only tells part of the story – what is missing are the strengths and resources of trauma survivors**

Services that work with people experiencing homelessness recognise that comprehensive approaches are required to address complex psychosocial needs. The THI research has identified the impacts of trauma as powerful barriers to recovery, but effective supports and treatments do help people to recover from trauma. Homelessness service providers are in a unique position to support people to develop resilience and psychosocial stability.



# UNDERSTANDING THE IMPACT OF TRAUMA

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**In this section, you will find information about trauma, how it affects people, some of the problems associated with trauma, and how people cope with symptoms and recover. This is important information to convey to the people you work with.**

The effects of trauma can vary. There are many different types of traumatic experience, and reactions, responses and coping strategies vary greatly from person to person. It is worth bearing in mind that not all difficult or unpleasant experiences are necessarily traumatic. In speaking with someone about trauma and its effects, it is important not to give people the impression that all difficult experiences lead to being 'traumatised'.

At the same time, it is important to acknowledge that all difficult experiences can impact on mental health and wellbeing.

Understanding the difficult and distressing impacts of trauma is important, but this needs to be balanced with attention to the resources, skills and supports that people draw on to cope. There are some common reactions across different types of traumatic experiences. Being familiar with some of the consequences of trauma can help people increase their awareness of the impacts of trauma, and recognise that their reactions are understandable.

## COMMON EFFECTS OF TRAUMA EXPOSURE

- **Reliving the event** – through unwanted and intrusive memories, vivid nightmares and flashbacks, and intense reactions (like feelings and physical sensations) when reminded of the trauma.
- **Feeling wound up and on edge** – having difficulty sleeping or concentrating, feeling angry and irritable, taking risks, being easily startled and constantly on the lookout for danger.
- **Avoiding reminders of the trauma** – like activities, places, people and thoughts that bring back memories of the trauma.
- **Negative feelings and thoughts** – feeling afraid, angry, guilty, ashamed, or flat; loss of interest in day-to-day activities; and feeling isolated and cut off from friends and family.

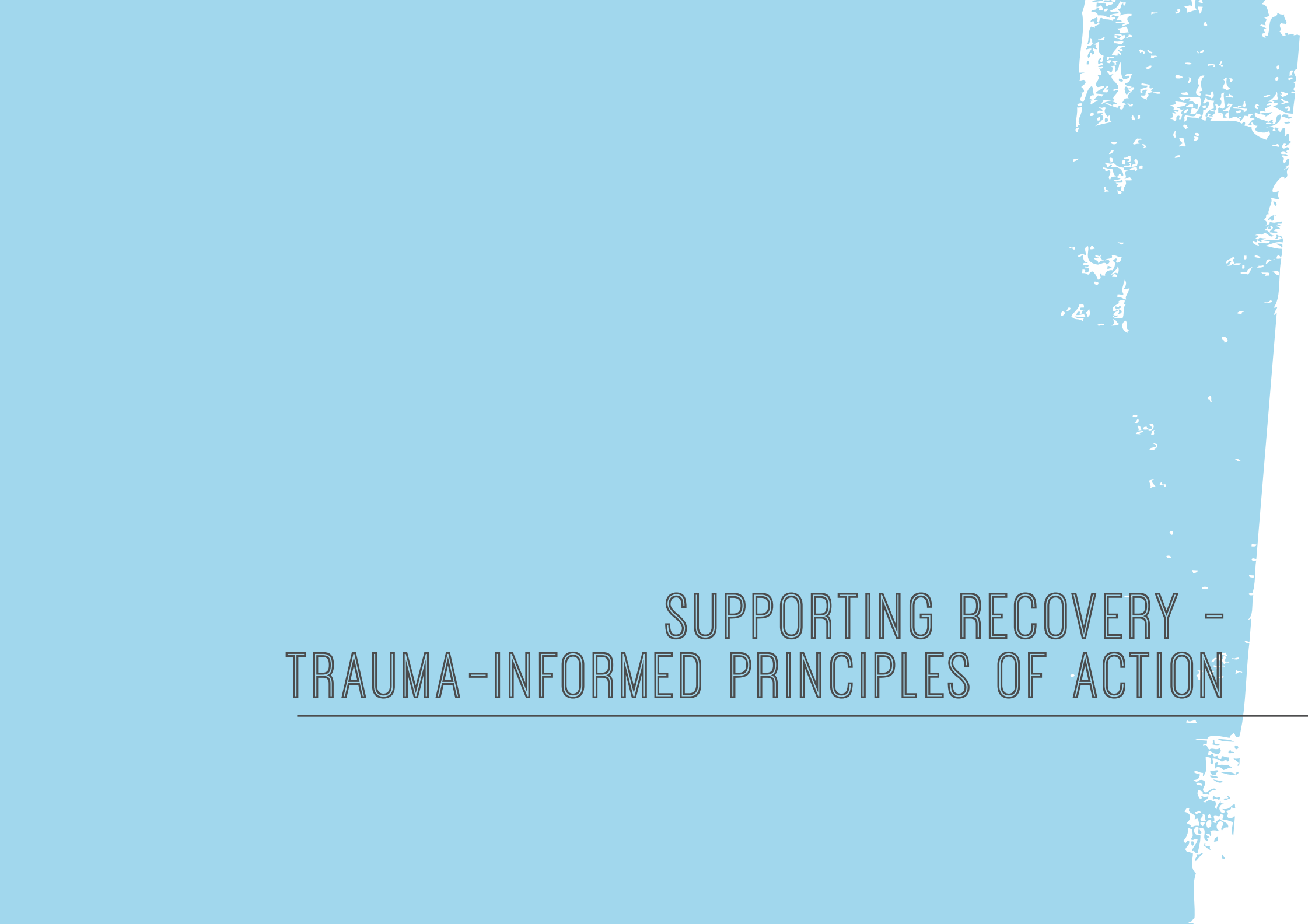
### Repeated trauma and trauma occurring early in life can lead to more pervasive and complex outcomes such as:

- **Difficulty managing emotions** – including recognising emotions, having extreme emotional reactions such as anger, shame or despair, having difficulties in changing feelings, and taking a long time for unpleasant feelings to settle.
- **Impulsive, self-destructive behaviour** – like excessive risk taking, or having frequent thoughts of suicide and self-harm.
- **Difficulties with relationships** – like having difficulty trusting people, feeling hostile and separate from others, and having difficulty establishing or maintaining safe relationships.

## ON RELATIONSHIPS

I don't trust anyone...  
I feel like there's just no point, because they're just going to hurt me anyway.....





# SUPPORTING RECOVERY - TRAUMA-INFORMED PRINCIPLES OF ACTION

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This section describes some universal principles for promoting resilience and recovery from trauma. These principles are grounded in both trauma-informed practice and in what we know helps people recover from mental health conditions. These principles can inform your practice in supporting people who have experienced recent as well as past trauma.

## Promote safety

Promoting safety involves helping a person identify and reduce the exposure to ongoing threats of harm. Safety relates to basic needs: for physical and interpersonal safety; for emotional comfort; having access to food, water, shelter, financial and material assistance; and access to medical care. Promoting safety involves providing accurate information about how to access these resources.

Promoting safety also means helping people to manage safety in their current and future environments. This means balancing respect for the person's understanding of what safety means within their environment with a responsibility to increase awareness and support skills to manage safety issues. Any factors that may impact on a person's vulnerability such as health, mobility and age-related issues, or cognitive problems, should be taken into account when helping people assess their safety needs.

## Promote hope and recovery

This principle reminds us that people can and do recover from trauma. Conveying hope empathically requires understanding the challenges to recovery – like the fundamental lack of access to resources, and living in unsafe and chaotic environments. Social disadvantage, homelessness and compromised mental health serve to impede recovery from trauma, and trauma exposure contributes to social disadvantage, mental illness, and long-term homelessness.

Promoting hope means reinforcing that help is available and that workers are engaged with being part of recovery. You can convey hope by:

- being non-judgemental and by modelling tolerance and acceptance
- supporting active engagement with recovery goals, skills and supports
- approaching challenging behaviours as “a person's best efforts to solve problems”
- being available to work through issues that interfere with service access
- being available to work on recovery skills (like the ones in this book)



## Promote calm

Promoting calm means fostering a sense of predictability, stability and comfort for people who are distressed or overwhelmed by their experiences or circumstances.

Promoting calm means:

- providing an environment which limits (as much as is possible) involvement in stressful and highly emotive situations
- providing an environment which limits exposure to distressing sights, sounds and other reminders of trauma, or risk
- providing a calm, friendly and compassionate response even if people's behaviours or responses are challenging

A calming response might involve allowing someone to share their experiences and discuss their responses and reactions, without forcing them to talk. You can also reinforce the idea that there is no right or wrong way to feel, think or respond.

## Promote connectedness

Social networks play a critical role in promoting resilience and recovery. This principle promotes connections between people who have experienced trauma and their friends, family and significant others (including important services).

Connectedness may mean:

- helping to establish, develop or enhance networks and connections with important community and social resources
- reinforcing help-seeking behaviour by attending to immediate needs and concerns promptly

Relationships between service providers and service users are often central to recovery. These relationships are supported by being clear about roles, boundaries and limits, and by being respectful of diversity.

## ON UNHELPFUL WAYS OF VIEWING SELF

I'm not good  
enough ...  
that I'm pathetic and  
worthless, that I'm a freak,  
that I'll amount to nothing,  
that this is what my life is  
meant to be like



## Promote self-efficacy

Experiencing trauma and living in unsafe environments can lead to difficulties with problem solving, following things through, recognising strengths, and marshalling resources. Promotion of self-efficacy is compatible with a strong person-centred approach to assisting people with decision making processes: setting goals, prioritising problems, developing skills, seeking information, resources and solutions.

Promotion of self-efficacy supports people to meet their own needs, manage their own lives, and establish their own recovery and resilience. Promotion of self-efficacy conveys an expectation that people are able to determine their own needs for help and support.

## Focus on strengths and resources

Trauma screening and assessment can be important in understanding how trauma affects people's lives. It's just as important to focus on skills, resources and strengths – as this communicates a powerful expectation that people cope, recover, and are able to move past difficult and traumatic experiences.

## Focus on developing and enhancing skills

A key message of this guidebook is that improving skills for psychosocial stability helps people recover from trauma.

Whilst these foundational skills are often taken for granted, for many people, traumatic experiences can erode their natural coping skills and resources, and prevent the learning of new responses.

By focussing on psychosocial stability skills that can be learnt, rehearsed and strengthened, you can make a meaningful and sustainable contribution to recovery

## FOCUS ON YOUR OWN SELF-CARE

It's important to take a 'do as I do' approach to your own self-care – know the expectations and limitations of your role, work on your own skills, and make sure you can access important trauma-informed supports via supervision and consultation with colleagues.

## ON TAKING RISKS

Hanging out with the wrong people, going into the wrong areas, not really thinking about it; thinking, what's the worst that can happen? When I've actually thought about it, it's a really stupid idea...I think it is connected to what I've been through when I was younger because it, it just makes me so desensitised to everything.

## TALKING ABOUT TRAUMA

### Talking is an opportunity to help

Engaging with trauma involves more than bearing witness to a person's traumatic experiences. Each opportunity to talk provides opportunities to:

- listen empathically, and form an alliance
- provide information and psychoeducation
- normalise exposure to trauma, normalise reactions and responses to trauma, and convey a realistic sense of hope and potential for recovery
- start a conversation about strengths, supports and what resources are available now, and in the future
- help develop awareness about coping strategies, and allow consideration of how useful and/or sustainable current coping strategies are
- identify links (similarities and differences) between past experiences and current difficulties

### Is it safe to open up trauma experiences?

A frequent concern in talking about trauma relates to the consequences of discussing the details. There might be concerns about the person reliving their traumatic experience as if it was actually happening again (having a flashback), about them feeling out of control, or about them engaging in risky behaviours or substance use after talking. There may also be a concern that talking about trauma could act as a reminder of a worker's own experiences of trauma.

## Do no harm

An important principle in providing support is to 'do no harm'. Whilst there is no doubt that talking about a traumatic experience can sometimes be a distressing and confronting experience, it can also be a positive experience – one of feeling heard and understood, one of putting a traumatic experience into perspective, and hopefully feeling more in control of a past event by sharing it in a safe environment, with a supportive person.

## Important considerations – guiding disclosure safely

There are a number of important considerations for when and how to talk about trauma.

There are different levels of disclosure of traumatic experiences. Letting someone know that a traumatic experience happened is not the same as discussing this experience in detail.

Whilst it may be important for someone to let you know they have had a traumatic experience, it might not be necessary for them to go into detail about what happened in order for you to understand them. Therapeutic responses to trauma often do involve telling the story, but this doesn't mean every disclosure needs to be detailed.

This is especially important when time is short, when the environment doesn't allow for safe reflection and containment, or when there is little likelihood of an ongoing engagement with the person.

It is important to help people make an informed choice about when, why, and how to share their experiences of trauma.



WHAT WORDS OR PHRASES  
WORK FOR YOU?

Workers play an important role in providing safe boundaries for disclosure. Workers can be up-front about the level of detail necessary by providing the following advice (for example):

“I’m aware that telling someone about a difficult or traumatic experience can be pretty unsettling. You are in control of what we talk about now. It might feel like it’s enough to let me know the type of experience you had without going into detail. This will help me understand your experience, without risking you feeling overwhelmed.”

Alternatively:

“For lots of people, it can be difficult to talk about their experiences in detail. It is enough for us to understand what kind of experiences you have lived through. It might be more valuable to spend our time thinking about what helps you cope; but it is completely up to you.”

## So you have agreed to talk about trauma

For some people, sharing their experience of trauma is an important step in recovery. They might express a need to share the details of their experiences, and this may be an opportunity to engage with the person, and start to provide some assistance around trauma. Importantly, a worker needs to ensure there is adequate time, a safe physical space (private, quiet), and a plan for managing any reactions or consequences of disclosure.

If this is the first time a person has shared their experiences, it is likely that this preparation will be more important. Even if the trauma has been discussed in detail before, any disclosure can be unsettling, and attempts should be made to check in on how the person is faring after disclosure, and what they can do to manage any unpleasant or unhelpful reactions.

In the following table, we have provided a summary of the considerations to bear in mind when approaching disclosure.

The table breaks up 'talking' about trauma into three levels – one where the action is primarily to provide containment and normalise not 'needing to talk', the second where the action is to support limited 'categorical' disclosure (i.e. what type of trauma happened without details), and the third where the action is to support disclosure. Without prescribing when and where these actions should be followed, it is helpful to think about the factors in the table, and what level of disclosure best fits the situation.

# DECISION MAKING GUIDE FOR MANAGING TRAUMA DISCLOSURE

Please note: Your service's usual service approaches for managing immediate need and risk should come first. If people present in significant crisis, with pressing needs for practical assistance, with active psychosis or suicidality, it is not recommended that workers pursue the following actions.

## BEFORE YOU DO THIS

## THINK ABOUT THESE

|                                                                                                                                                                                                                                                                                          | Service user's desire to disclose trauma                                                                                                                                                                                                           | Psychosocial stability                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACTION 1</b><br>Provide information and attempt to contain disclosure, (i.e., support categorical disclosure), advise about potential consequences of disclosure without adequate support, reinforce the general impact of trauma, and importance of working towards recovery gently. | Service user is hesitant to disclose experiences, they might hint at difficulties in the past or recently, but are not engaging with you readily. Trauma may be largely peripheral to the reason they have come for help                           | Service user has difficulties with stability of mood and behaviour, has fewer skills and strategies to manage how they feel, or has a recent history of risky behaviour when distressed |
| <b>ACTION 2</b><br>Support limited disclosure, carefully assessing the impact of disclosure. Provide opportunity for some discussion to help make sense of the trauma, and provide general psycho-education about linkages between recovery activities and trauma reactions.             | Service user is willing or wanting to discuss experiences without detail, they may make explicit mention of past or recent difficulties, and the impacts of trauma may be directly or indirectly related to the reason they are seeking assistance | Service user has demonstrated skills and strategies to manage distress and can regulate mood and behaviour                                                                              |
| <b>ACTION 3</b><br>Allow as much disclosure and discussion as the person wishes, help them to make sense of the trauma, and discuss how planning for the future may mean more focussed work on responding to their trauma experiences.                                                   | Service user is actively seeking opportunity to discuss in detail their past or recent difficulties. Their trauma, or the impact of their trauma, is related to their need for assistance                                                          | Service user has good capacity to regulate mood and behaviour and has a range of skills and strategies to manage any distress                                                           |



| Environmental safety                                                                                                         | Context of intervention (brief to involved)                                                                                           | Worker experience with trauma interventions                                                                                             | Organisational capacity to support trauma work                                             |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Service user has an unsafe living environment and few social and/or agency resources available to provide additional support | You have a short window of opportunity to work with the service user, and a low likelihood of having an opportunity to follow up      | You have less experience with talking about trauma, and don't have ready access to trauma-related expertise and support in your service | In your service there are few other services, supports or referrals readily available      |
| Service user has some social support, and adequate safety in their environment                                               | You have at least 15 minutes and a safe space to privately talk, you may also have the opportunity to follow up                       | You have some experience in talking about trauma, and have support available that is related to understanding and managing trauma       | You have additional services, supports or referrals available within your service          |
| Service user has a largely safe environment, and a good level of support                                                     | You have more than 15 minutes available in an appropriately private space, you also have a high likelihood of being able to follow up | You are experienced in managing difficult material and are well supported in trauma work within your service                            | Your service has the capacity to provide additional services or make appropriate referrals |

It is a good idea to discuss a person's desire to talk about their experiences, including how well they have coped with disclosure in the past, and the safety implications of disclosing. You may also need to consider the resources that support you in doing this type of work – do you feel equipped and supported to help people manage trauma, is there sufficient time and space in your work?

The following statements, prompts and questions might be helpful ways of exploring the factors in the table with the person.

- Most people have had difficult and traumatic experiences, which still impact their lives today and can make getting on with important things like finding and maintaining stable housing more difficult. If it's OK with you, we can spend a bit of time trying to understand whether this is something that is affecting you.
- Can we talk about whether now is a good time and place to start working on your trauma experiences? I'm interested in how being reminded of your trauma affects you – what it does to your feelings, your thoughts and your actions. Does thinking about or talking about past experiences ever leave you feeling unsafe?
- Is it possible that talking about your traumatic experiences is going to make it really hard for you to cope with what is going on around you when you leave here today?
- Does it feel right to let me know about what you have experienced? Is there a better person to talk about this with?
- If you are interested in working on the impact that difficult and traumatic experiences have had in your life, there are a few things we can do together that won't take too long – does that sound like something you'd like to try?
- There are a number of ways in which we might be able to help you make sense of and manage the impacts of any traumatic experiences you may have had.
- Is it OK for us to flag this as important and come back to it when we have the time and space to really tackle your experiences and figure out what we might be able to do to help?

