

Trauma-informed practice: Practical strategies for Mental Health Workers

July 23, 2026

Acknowledgement of Country

I acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the unceded land on which we work, learn and live.

I pay my respect to Elders past and present and acknowledge that the land on which we meet was the place of age-old ceremonies, of celebration, initiation and renewal, and that the local Aboriginal peoples have had and continue to have a unique role in the life of these lands.

I would also like to recognise any participants today with lived and living experience of trauma and mental ill health and recovery. We recognise their strength, and that of their families, carers, kin, and supporters.

Acknowledgements

Our Funders:

- Victorian Collaborative Centre for Mental Health and Wellbeing
- Department of Health, Victoria

Our partners:

- The Brimbank Mental Health and Wellbeing Local
- The Greater Geelong and Queenscliffe Local
- The Women's Recovery Network (WREN)

Housekeeping

- One hour webinar presentation
- This webinar will be recorded
- Please turn off mobiles
- Webinar tips:
 - Please stay on mute
 - 15 min at close for questions: please use chat function to write in your questions
 - Select 'raised hand' in reactions function to move to the top of the gallery

Trauma will be discussed

- If you find the content of this webinar unsettling, take time out, and seek supervision or support if distress continues
- **Options for seeking support include contacting:**
 - Your organization's Employee Assistance Program (EAP)
 - Your regular General Practitioner or psychologist
 - **Phone or web-based mental health support, such as:**
 - [Lifeline](#) on 13 11 14
 - [Beyond Blue](#) on 1300 22 4636
 - [MensLine Australia](#) on 1300 78 99 78
 - [Suicide Call Back Service](#) on 1300 659 467.
 - [13 YARN](#) 24/7 National Crisis Support Service for Aboriginal and Torres Strait Islander people

Trauma-informed principles in critical aspects of care



Creating safety and taking a truly collaborative approach to decision-making and planning



Having a shared language across disciplines and reflective practice



Trauma-informed risk management



Supporting worker safety and wellbeing in trauma-informed practice

Resources

Practical tools and resources:
phoenixaustralia.org/tip-tools/

Training:
education.phoenixaustralia.org

Available Tools and Resources



Understanding Trauma-Informed Practice



Organisational Audit of Trauma-Informed Practice



Trauma-Informed Reflective Practice



Supporting Safe Disclosures of Trauma



Trauma-Informed Approach to Risk

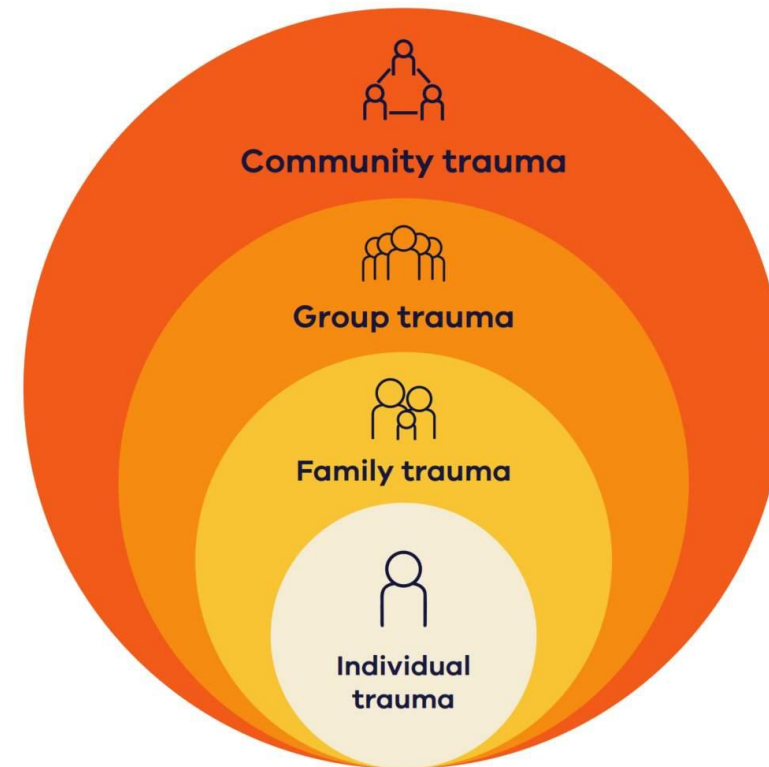


Minimising Impacts of Vicarious Trauma



Systemic view of trauma

- Discrimination, poverty, and social exclusion increase risk of trauma and create barriers to help-seeking
- Historical and cultural trauma often rooted in structural inequality and injustice.
- Family impacts and what this means about how we think about assessment, therapeutic interventions and risk management.
- What does this mean for:
 - Your approach and environment
 - Who provides services
 - Workplace culture
 - Partnerships with other services



(Model adapted from the 2023 SAMHSA practical guide for implementing TIP)

Trauma-informed care aims to:

- Minimise trauma related barriers to accessing and engaging with services
- Minimise harm from service delivery
- Support recovery and healing from impacts of trauma
- Support worker safety, wellbeing and retention.



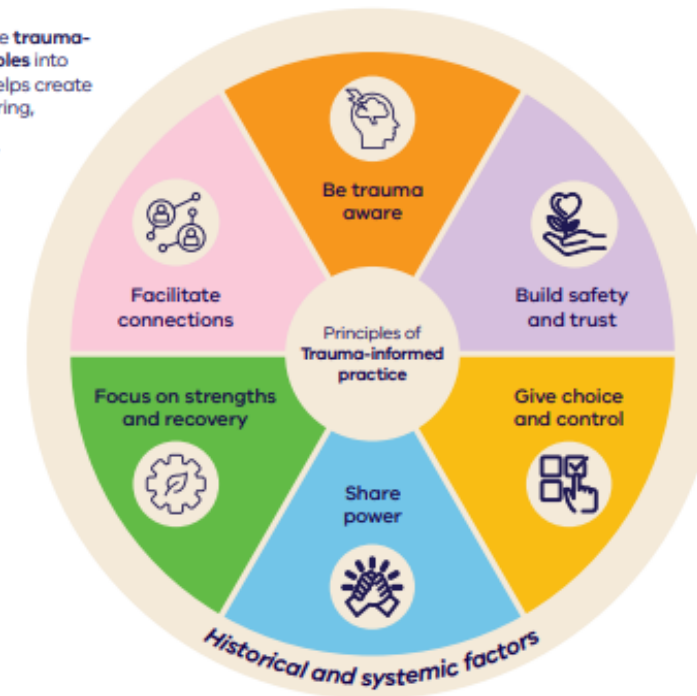
Includes **individual** and **organisational practices**

Service users, families and carers' voices central

- having choice and control in care – collaborative care
- Consent
- Feedback and working with lived and living experience expertise

6 principles of trauma-informed practice

Integrating these **trauma-informed principles** into daily practice helps create a safe, empowering, and supportive environment for every person we work with.



1. Be trauma aware

Understand the impacts of trauma and adversity on individuals, families, and community. Understand how trauma experience shapes needs, behaviours, and relationships.

2. Build safety and trust

Create physical and emotional safety, and minimise service-related harms. Build trust through a shared understanding of needs, identity, and culture. Support worker wellbeing.

3. Give choice and control

Support people to make informed choices by explaining roles, what to expect, and the options available. Wherever possible, involve service users, and the people they trust, in decisions about care.

4. Share power

Reduce power imbalances by working together with the service user. Value their experience, knowledge and input when setting goals and making decisions about care and risk. Involve service users, their families and carers in service improvement and review.

5. Focus on strengths and recovery

View people as resourceful and resilient. Encourage them to use existing strengths and focus on meaningful goals. Everyone has a role in supporting recovery from trauma.

6. Facilitate connections

Take a holistic view of people's needs, taking into account their context and community. Provide integrated and co-ordinated care. Support meaningful connections.

Create emotional and physical safety

Avoid the dynamics of trauma:

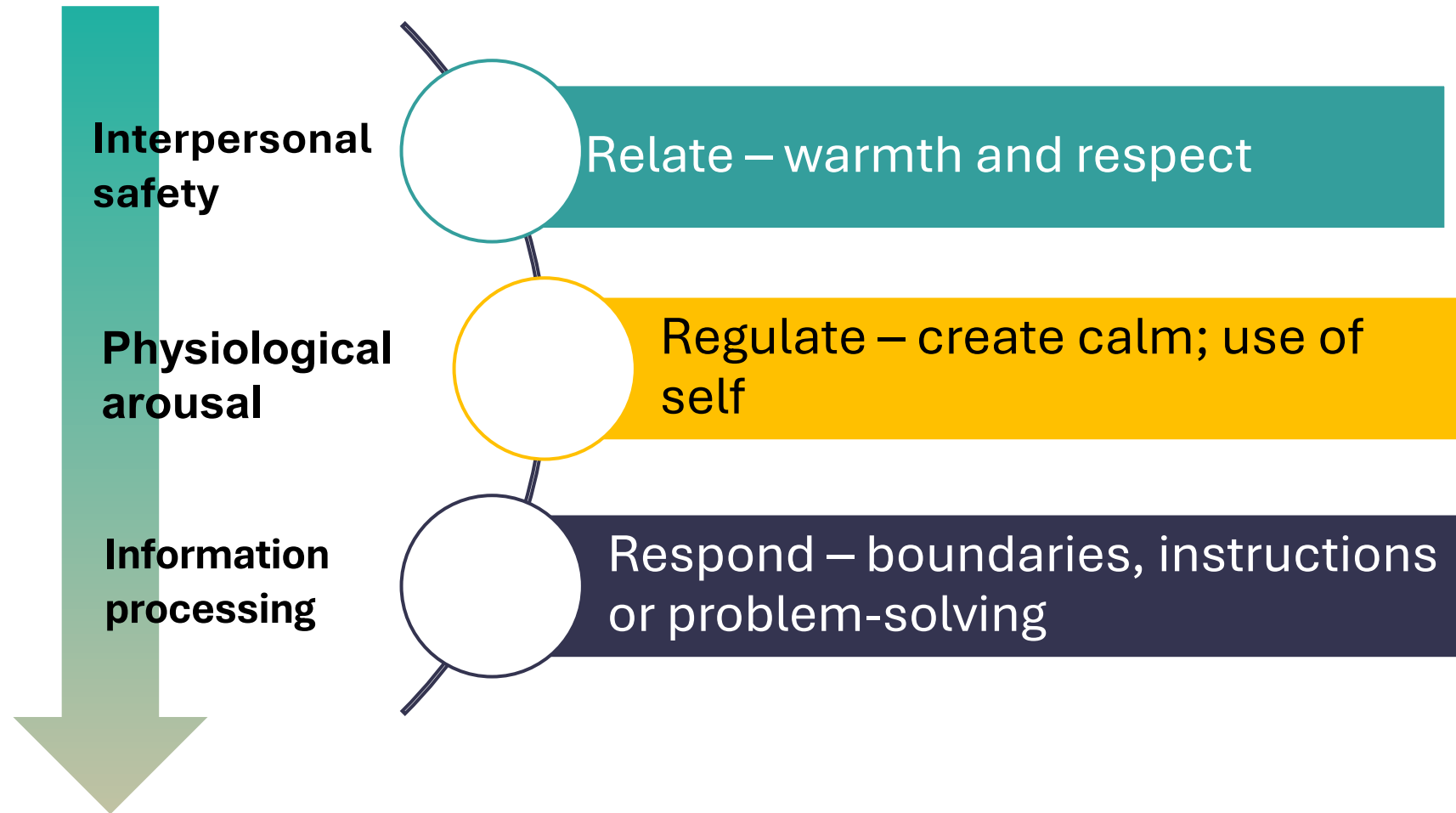
e.g. powerlessness, betrayal,
predictability

Design accessible and welcoming
spaces

Culturally inclusive practice and
environment



Support starts with building a safe relationship



Going beyond having options or information

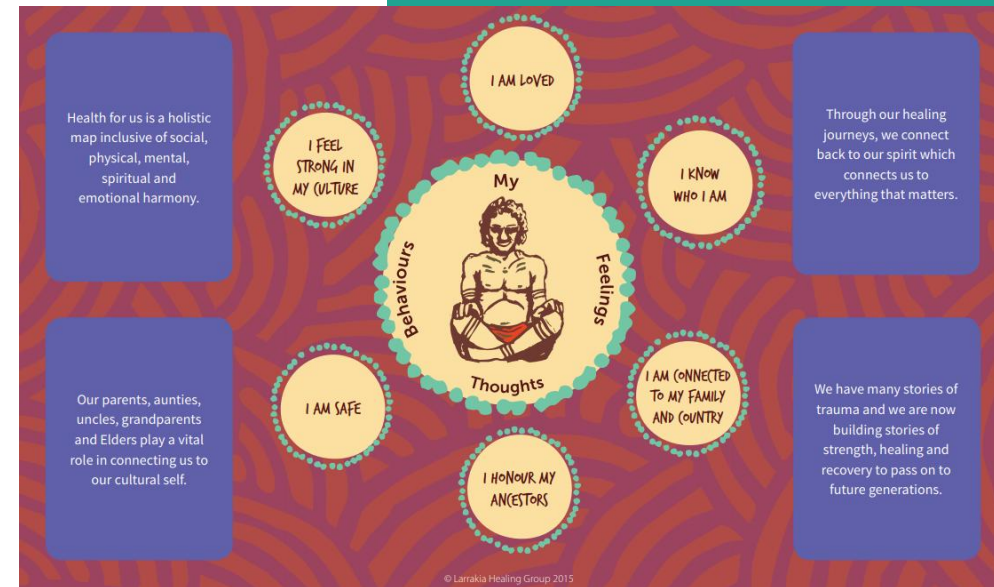
Choice – not being done to but doing with

Visibility & Voice – what is needed for a person or family to feel seen and heard?

Predictability – knowing what to expect, what happens next

Practical fit – information/choices given a good fit given resources (emotional and practical), culture and abilities

Effects of trauma – on learning, literacy, earnings, avoidance of trauma reminders



Holistic health map, Larrakia Healing Group (2015)

Talking about trauma – clarity of purpose?

Purpose of disclosure in relation to:

- Being seen: what does that mean for the person?
- link to impacts, understanding of PTS symptoms. Link to intrusions (content of a nightmare or intrusive thoughts)
- Interpersonal violence

Potential mismatch with worker's purpose and service user's expectations

Engaging with trauma involves more than acknowledging or hearing a person's traumatic experiences.



A reflection from a worker:

"When I support a service user to talk about their trauma, I gain a better understanding of how it affects different parts of their life. It helps normalise their experiences and strengthens our working relationship."

It also allows for further opportunity to explore how they cope — working together to build on the strategies they've used to keep themselves safe. These conversations help me tailor the support I provide. Some people need to build skills and connections lost because of the trauma. They may need practical support. Others need trauma-focused interventions."

Key issues to consider

Disclosure in context of assessment and planning

safety: timing, setting expectations and containing

Capturing and sharing information – service user's choice, transparency and limited repetition.

Information Sharing? Consent and avoiding repetition?

Talking about trauma

It's up to you how much you talk about your experience of trauma. You can get support without sharing the detail if you decide not to. If you are not sure whether to talk about your experience, your worker can support you to figure out:

- Who can help you share your story
- What to share
- When to share
- How much to share, and
- In what circumstances.

"Something bad happened to me, I'm wondering if you are the right person to talk to and if not who I should share it with?"

Safety, trust, and choice

- Building a safe and trusting relationship with your worker can take time.
- Sharing is your choice – share as much or as little as you want, whenever you're ready.
- You'll be supported to talk at your own pace in a calm and safe space.
- Your experience can be acknowledged without going into detail.
- You can name the type of trauma without sharing specific details.
- When you feel ready, you can talk more in a safe and supported way.

Your worker's role is to

- Support you respectfully and safely.
- Help you decide what to share.
- Explain how your information is used and what's recorded in your file notes
- Tailor support to your needs.

Talking can help to

- Understand how trauma affects your life
- Explore how you cope and manage memories of trauma.
- Find ways of coping to support your recovery.
- Strengthen trust with your worker.

There is no pressure to talk before you're ready. It's okay to take your time – you will be supported every step of the way.



Leadership support for safe trauma disclosure

"At an organisational level, our role is to ensure policies and systems prevent harm. Opportunities for safe disclosure of trauma must be built into assessment and referral pathways, so people are not asked to relive trauma unnecessarily and the impacts of trauma are addressed"

In my team, I make sure staff know how to respond when trauma comes up. That means giving them training, space in supervision, and clarity about how much of a person's story they should engage with"



Shared language allows

- peer workers to translate their expertise
- clinicians opportunity for meaningful commitment to TIP
- consumers to self-advocate

Shared language
is a *bridge*
to
understanding

Transformation of practice and systems alike
requires reflection

It is necessary for meaningful change, for
things to be different

Reflective practice protects worker
wellbeing

Reflective practice and TIP

- Create time and space for reflection, not just focus on case discussions, task completion or next steps
- Create formal and informal opportunities for team reflection
- Focus on experience of service user, worker or team
- Notice patterns in individual and team responses
- Hold complexity without rushing to fix, blame or label



How do my own values and attitudes, and those of my organisation support shared power?



Prompts:

- In what way does the person or family in front of me make decisions? How do I support them to make decisions?
- What has it been like for them when a person or organisation has had power over their life? e.g., parents, police, or government agencies like child protection.
- When was the last time I discussed consent with regard to risk or sharing information with the person or the family I support? Do I need to revisit this?
- Who makes decisions in our team? How do we support collaborative and inclusive decisions about the services we provide?

Trauma informed risk management

What is Dignity of Risk?



Duty of Care

- Ensure service users are not harmed by the services provided to them.
- Ensure the health, safety, and wellbeing of service users, their families and loved ones.
- Be clear with service users about the role of workers in supporting them. Explain reporting obligations for risk of serious harm, such as suicide, or someone being seriously hurt.

Dignity of Risk

- Have open, collaborative conversations that create a shared understanding of service users' experience of risk.
- Make decisions together about how to monitor and manage risk.
- Provide support and information so service users can make informed choices about how they manage risk.
- Involve service users' family and carers with their permission.

Trauma informed risk management in practice

- Collaborative: Assessment and risk management planning supports facilitated decision-making
- A clear role: including clarity about who holds risk for you and who to access for additional support
- Interactions and plans based on understanding person's past experiences of how their risk was managed, their needs, strengths and goals
- Time to reflect and get support ...and regular training in facilitated decision-making, responding to crisis

How trauma-informed is my approach to managing risk? Post-session checklist

Instructions: When supporting a service user who has experienced trauma and is facing a situation of risk or crisis, it's important to be trauma-informed. Here are some prompts to help you assess whether you're applying trauma-informed principles in your current practice.

 Be trauma aware	Have you asked the service user about their perception of risk, including how their current behaviours and decisions impacts on their life and ability to cope? Do you know how trauma (past or present) impact on their experience of risk and how they keep themselves safe?
 Build safety and trust	Are you in a quiet, private space? How calm and reassuring is your tone and body language? Does the service user feel their experience with risk has been understood and validated? Have you made promises about managing risk that you can't keep?
 Give choice and control	Have you involved the service user in decisions about how risk will be managed? Have you spoken about your obligations about preventing harm and reporting with regards to risk to self and others?

Decide
together and
avoid
assumptions



Wellbeing and safety central to TIP

- Monitor your own wellbeing and your team's – space to reflect
- Minimise exposure impacts – safe trauma disclosure and clear boundaries
- Wellbeing support not an individual process:
 - Team culture and leadership support
 - Clear role and approach, especially around risk and distress
 - Work life balance – focus on social support

Thinking ahead as a team:

Preventing the impact of indirect trauma

Here are some things to think about as a team (or as an individual worker) to prevent the impact of indirect trauma exposure.

As a team, how do we support each other after a difficult interaction or incident? Consider how you can support safe conversations with each other and how much detail is shared about trauma.



How do we draw on each other's wisdom and experience to support good practice? E.g., Trauma-informed supervision, peer support, reflective practice.



What professional development do we need to feel more confident about our skills and less impacted when supporting people who have experienced trauma? E.g., Learning to manage strong emotions, supporting safe disclosure of trauma.

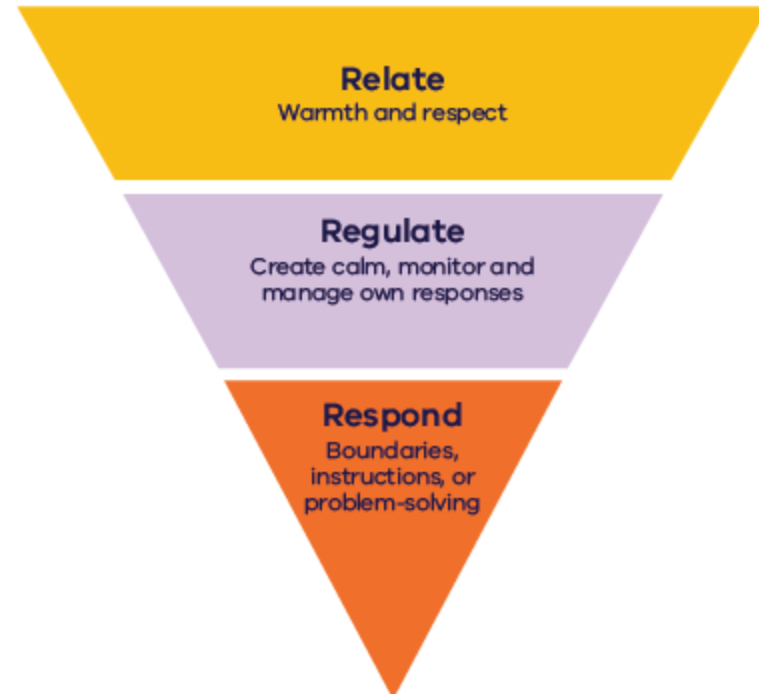
Boundaries

- Setting healthy boundaries
 - with clients
 - In teams
- Boundaries are set by:
 - Co-regulation – not joining with others' emotions
 - Clear role and expectations
 - Clarity about sharing of own experience
 - Clarity around debriefing and detail that needs to be shared with other workers

Setting boundaries and co-regulation

People need to feel safe and calm to hear information.

- **Relate:** Before telling people about your role or expectations, make sure they feel seen and respected by you.
- **Regulate:** Help people feel calm by attending to your own emotions (co-regulate) – calm tone of voice, relaxed posture, slow breathing. Monitor your own responses.
- **Respond:** Once a person feels calm and safe with you, then set expectations or discuss boundaries.



Questions?



Questions are the path to learning



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