

Defining Complex Trauma

*In contrast to what is often referred to as 'single incident' trauma (which relates to an unexpected 'out of the blue' event such as a natural disaster, traumatic accident, terrorist attack or a single episode of assault, abuse or witnessing of it) complex trauma is **cumulative and repetitive**. (...) and occurs in **interpersonal contexts**.*

The contrast between complex and single-incident trauma is stark.

*Unlike a 'one-off' event, **the cumulative impact of intentional, premeditated and multiple abusive episodes** (which are frequently extreme, and which often occur over many years at the hands of a care-giver from whom protection would ordinarily be expected) involves particular, and particularly damaging, dynamics. The term '**betrayal trauma**' captures the depth of some of what is involved, and itself highlights a key point of difference from single-incident PTSD.*

(Source: p46 – 'The Last Frontier' Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. 2012. Contact: Blue Knot Foundation. www.blueknot.org.au)

Guidelines (Trauma-Informed; Organisational) - Summary – extracted from p12 to enable some insight, understanding, and discussion around the guidelines you may wish to implement at your practice to better assist your clients given the prevalence of complex trauma. A free download of the book is available from Blueknot Foundation. Accredited professional development is also available from Blueknot Foundation.

Section 1: Philosophy & Vision (extract)

- (1) Establish service-charters of trauma informed care
- (2) Emphasize a recovery orientation & establish five foundational principles – 'safety', 'trustworthiness', 'choice', 'collaboration' and 'empowerment' ...

Section 2: Mapping to practice (extract)

1. System Level

... (2) Revise all policies and procedures to incorporate trauma-informed principles ...

2. Service Level

Step 1: Identify key formal and informal activities and settings

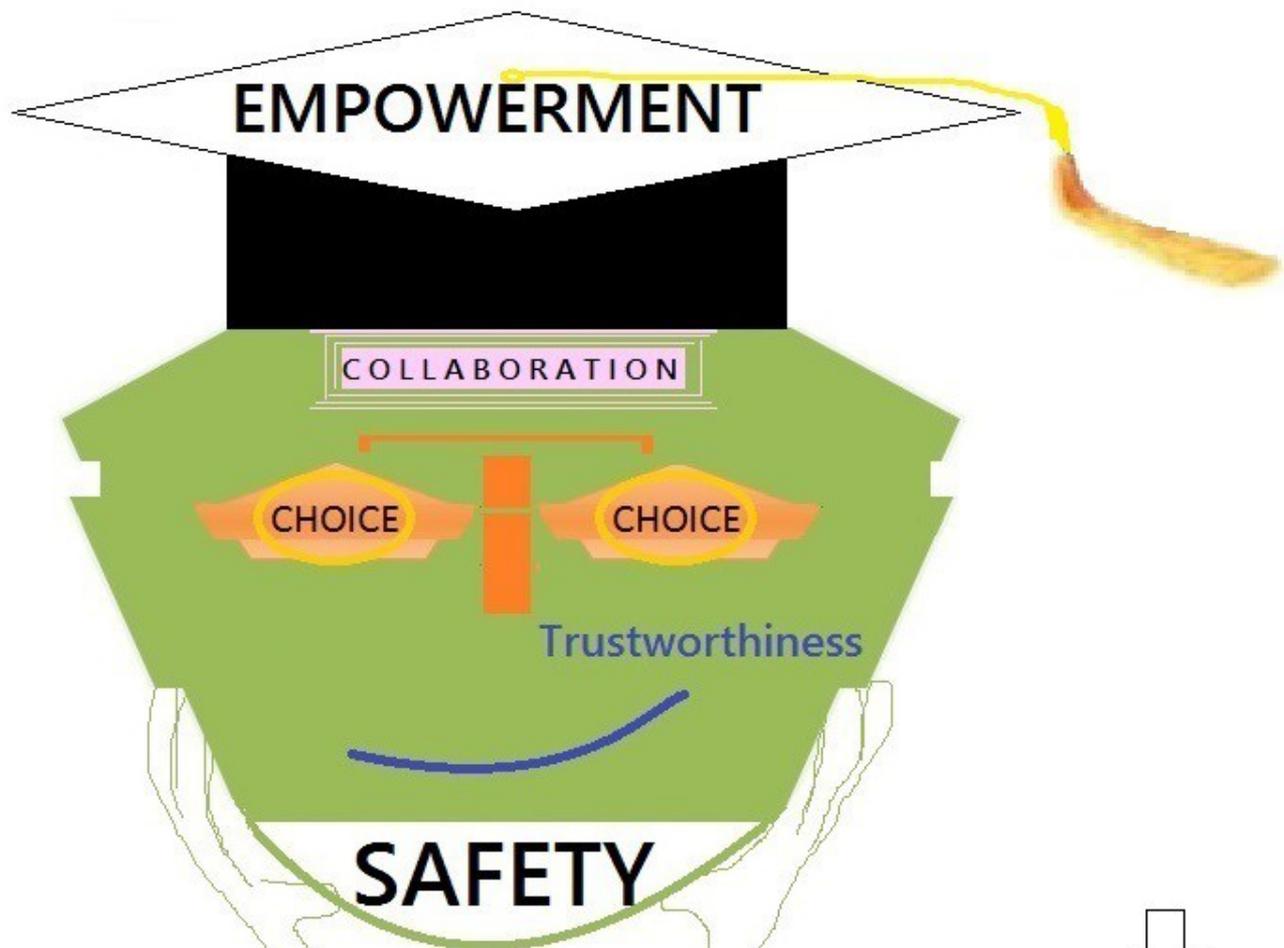
Step 2: Ask key questions about each of the activities and settings

Step 3: Prioritise goals for change

Step 4: Identify specific objectives and responsible persons

Domains (to be considered):

- **Safety** – Ensure physical & emotional safety
- **Trustworthiness** – Maximise through task clarity, consistency, and interpersonal boundaries
- **Choice** – Maximise consumer choice and control
- **Collaboration** – Maximise collaboration and sharing of power
- **Empowerment** – Prioritise empowerment and skill building



Five principles to guide practices based on p12 of „The Last Frontier“ (the domains)
Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. 2012. Free download available from www.blueknot.org.au or paperback copy.



Other resources at
allied.itmatters.com.au

Guidelines (**Clinical**) extracted from p4 –

1. **Facilitate client safety**

[A] first order of treatment is to establish conditions of safety to the fullest extent possible. The client cannot progress if a relative degree of safety is not available or attainable’

2. **Recognise the centrality of affect-regulation (emotional management; ability to self-soothe) as foundational to all treatment objectives and consistently foster this ability in the client.**

7. **Attune to attachment issues at all times and from the first contact point**

While different in presentation and levels of functioning (including at different points in their lives) complex trauma clients have sustained assaults to their ability to connect with themselves and others. Attuning to attachment issues is vital to the therapeutic alliance and to effective working within it...

13. **Phased treatment is the ‘gold standard’ for therapeutic addressing of complex trauma, where Phase I is safety/stabilization, Phase II processing and Phase III integration.**

The ability to tolerate emotion (self-soothe; regulate affect) is a primary task of treatment, and accounts for the importance of Phase I. Attempts to ‘process’ trauma in the absence of ability to self-regulate can precipitate overwhelm and re-traumatisation. **‘Processing’ of complex trauma is a Stage II task and should not be encouraged in the absence of the foundational self-regulatory work of Phase I.** Hence the critical importance of Phase I to therapeutic outcomes – ‘Overstatement of the importance of this step is not possible; it is vital if trauma recovery is to be realized.’