

# Trauma-informed post-incident conversation guide

Significant distress leading to violence, aggression and physical, mechanical and chemical restraint is of particular concern in mental health care, and is frequently traumatic for individuals, family members and staff. Management of incidents should wherever possible involve prevention, early recognition and de-escalation. The purpose of this document is to guide post-incident conversations between staff, individuals and family members (where relevant), incorporating trauma-informed practice<sup>1</sup>.

## What is trauma-informed practice?

Trauma-informed practice emerges from the fundamental principles of awareness of the impacts of trauma. Trauma-informed approaches are based on the understanding and belief that symptoms and experiences related to trauma are coping strategies developed by people to manage traumatic experiences.

Trauma informed practice seeks to avoid re-traumatisation by empowering individuals and staff in decision making, creating safety and trustworthiness, choice and collaboration, and building of strengths and skills. Care that is trauma-informed within an environment that is trauma-informed, is an essential component of cultivating individual, family and staff safety, choice, and collaboration. The key attributes of trauma-informed practice are here.

**Trauma Awareness:** Building awareness and understanding for people and staff around the impact of trauma, trauma triggers, and the relationship between trauma and current thought and behaviour.

**Safety and Trust:** Establishing physical, emotional, and cultural safety for all concerned. Safety and trustworthiness can be established through sensory modulation, adapting physical spaces, providing clear information, being clear about limits and uncertainties, and ensuring informed consent.

**Choice, Connection, and Collaboration:** Fostering a sense of self-determination, efficacy, dignity, and personal control for those receiving service by providing choice and working collaboratively.

**Strength and Skill Building:** Assisting people in identifying their strengths and personal resources to further develop resiliency, self-care and support skills.

## Why a trauma-informed conversation?

When mental health services incorporate an understanding of trauma and its impact upon individuals and staff, the potential for person-centred care is increased. As a result, repeat incidents of aggression, violence and use of restraint are likely to be reduced. Post-incident support must embrace a trauma-informed approach in developing an understanding of how future incidents can be prevented.

## Entering into a trauma-informed conversation

To help get started, arrange a time to meet with the person and their family to explain the purposes of the conversation. Starting a conversation by identifying its purpose can be a useful means of demonstrating your interest and availability to learn from each other. Acknowledge and validate what you see and hear, saying something like, 'Your views on today's events are important to me'.

<sup>1</sup>Post-incident debriefing where the person is required to re-live and explain what happened at the time of incident are potentially harmful and should be avoided.

A trauma-informed response to expressions of distress surrounding what happened would be something like, 'When you say that you can't be spoken to again like this, you can't take this anymore, what is the 'this'? What do you think should be done to help prevent this happening again?' Such statements are important because this can be a time when some people feel embarrassed, exposed or vulnerable.

Trust is critical in post incident conversations. Take a compassionate approach incorporating an ability to adapt and modify your personal approach and the questions/topics covered.

Take time to plan the conversation. Be conscious of individual preference for setting and location. Some people may wish to have questions discussed with a family member, friend or peer worker present, or write down their answers. Facilitate options and provide pen and paper as required.

Once complete, summarise the conversation with the person and in the clinical notes. Make specific reference to how future incidents can be prevented. Describe steps to be taken by staff and others that are comforting, person-centred and trauma-informed. Some additional questions and considerations are listed here.

1. Given what happened [last night, this morning], would you feel comfortable giving us some feedback? (Noting that you are not seeking feedback in the traditional sense but are opening up a dialogue.)
2. In regards to your mental health and wellbeing, what is important to you at the moment?
3. What can we do best to support you in care?
4. For your care, what's the ideal scenario?
5. What are your needs and wants when you are feeling the way you describe and how can we help you achieve them?
6. Is there anything else you would like to tell me that you haven't been asked about?

Additional points to consider:

1. Identify ways of assisting the conversation to empower the person to ask what they want and encourage preferences.
2. When discussing the incident, seek preferences and alternatives. Ask the person what they want to do by themselves, and what they would like assistance with and from whom.
3. Develop an awareness of and understanding that this may not be a conversation the person feels comfortable having today. However, it may be something that is discussed later or in stages. As such, it may be a conversation that needs to be referred on to others for follow-up.
4. You may be working with someone who experienced a traumatic event before they arrived, for example in the process of transport or prior to having their care stepped up, but for whom a conversation was not able to be offered at the time. Despite the fact that your service wasn't involved, you still may be the best (and first) person to offer the conversation.

## For more information

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