

Conclusion: Practice Points

Kerry's Story

Reflection Questions – Topic 1

What trauma events can you identify Kerry's story? What type of trauma event are these experiences?

- Childhood sexual assault. No information is provided on whether this was a single or ongoing event, or who the perpetrator was. Ongoing abuse by a parent or care giver in childhood is associated with complex trauma.
- Assault in mid-teens by family friend. Repetitive experiences of sexual assault are associated with complex trauma. Assault by a person in a position of trust (family friend).
- Rape in adult life by patient in mental health unit. Repetitive experiences of sexual assault are associated with complex trauma. Assault by a person in a position in a place where she had been taken for treatment and safety is another violation of trust.
- Kerry may have been subjected to further assaults in adult life. It is reported that Kerry engages in sexual intercourse in return for money or cigarettes. You would need to talk with Kerry to understand her view of these transactions (this assessment may be how others have labelled these experiences). You would also need to talk to Kerry to understand if she is ever subject to sexual assault in the context of these encounters (she may consent to some sexual activities in exchange for money or cigarettes, but be forced or coerced into others).
- Rejection by parents. Kerry's parents have ejected her from the family home and prevented her from returning. You would need to talk with Kerry to understand how this experience has impacted her.
- Early life experiences in the family home. It is not clear from the case study where Kerry experienced childhood sexual assault and who the perpetrator/s where. The assault in her mid-teens was by a family friend. Kerry's childhood home environment may have been the location of these assaults; parents and/or family members may have been perpetrators; her parents may or may not have been supportive and protective of Kerry following these experiences. You would need to talk to Kerry to understand her relationship with her parents; how these early life experiences have impacted her; and how experiences in adult life may trigger and compound earlier life experiences of abuse, neglect and rejection.

What emotions and/or behaviours does Kerry demonstrate that may be the result of trauma? Consider the Trauma-Emotion-Behaviour Triad.

- Multiple trauma events across Kerry's life, including abuse by caregivers and friends, are likely to be associated with chronic trauma and attachment issues – childhood sexual assault; assault in mid-teens; rejection from school (suspension); rejection by parents (adult life); rape as patient in hospital.

- Emotions – identified as having bipolar disorder; identified as having low self-esteem. The information we have about Kerry's life and experiences does not contain her voice, so we are not able to understand the emotional impact of these experiences from Kerry's point of view.
- Behaviours – Kerry is identified as demonstrating challenging behaviours (aggressive behaviour in teens; self-harming; chronic; multiple hospital presentations; sexual exchange behaviours (increased risk of assault and/or sexually transmitted illness);

Reflection Questions – Topic 2

You are supporting Kerry's transition to independent accommodation following her discharge from the Mental Health Unit. What would a trauma-informed response to Kerry's current life circumstances include? Consider the principles of trauma-informed support (safety, relationships, collaboration, choice, voice, person-centred practice).

1. Safety

- Prioritise physical and emotional safety
- Safe and secure accommodation, including necessary accommodation support. Group or shared housing with male co-tenants is unlikely to be a safe accommodation option for Kerry.
- Kerry may benefit from counselling support to process past experiences of trauma and to develop vision, skills and knowledge for a healthy and happy future.

2. Relationships

- Prioritise engagement and rapport building with Kerry as the foundation for all future work.
- Work with Kerry and her significant others to identify any positive existing relationships that could offer connection and emotional support to Kerry. Engage and build links with new relationships. Support Kerry to identify and manage exploitation and abuse in existing relationships.

3. Collaboration

- Engage with Kerry, build rapport, and practice deep listening to understand her view of her life experiences and current needs. Expect that engagement and rapport building with Kerry will take some time, reflecting her history of chronic trauma and likely attachment issues, and difficulty trusting other people.
- Identify and engage with natural and formal supports to assist Kerry (e.g. accommodation and living skills, income, mental health, inter-personal relationships, meaningful activity).

4. Choice

- Prioritise Kerry's personal choice and control consistently. Engagement and rapport building should focus on hearing Kerry's perspective on her experiences and her desired choices in adult life. Ask Kerry what she wants for her life after leaving the Mental Health Unit. To the greatest degree possible, support Kerry to have control over the decisions that affect her life. Where choice and control is taken from Kerry, inform her and support her to understand why this has happened, and for how long these choices will be made by others (for example, mental health orders; guardianship orders; accommodation regulations).

5. Voice

- Practice deep listening to hear Kerry's voice to understand the meaning of her past experiences, and her hopes and dreams for her future life.
- You will need to develop your understanding of Kerry's communication style by spending time with her, and by asking her how you can best communicate with her.
- Consider verbal and non-verbal communication. Kerry may or may not be willing to engage in verbal communication with you at first. You will also need to pay attention to her non-verbal communication.

6. Person-centred practice

- Planning, services and support should be tailored to Kerry's needs, goals and wishes. Support Kerry to identify her needs, goals and wishes for adult life, and to build skills, knowledge and resources (material, personal and relational) needed to achieve these.

Helen's Story

Reflection Question - Topic 3

You are preparing for your first counselling session with Helen. What would be your key goals for this first session?

- Begin the process of engagement and rapport building. Introduce yourself to Helen and explain your role.
- Build your knowledge of Helen's understanding of the referral to counselling. Why does she think she is at the counselling appointment? Does she want to attend counselling? What things might she want to talk about in counselling? What has her GP or worker said she should talk about?

- Build Helen's understanding of what counselling is, to support her to make an informed choice about whether she wants to attend.
- Get to know a bit about Helen. Favourite food? Favourite tv show? Where she lives – alone, with others? What she does during the day?

Reflection Question - Topic 5

As you prepare for your first appointment with Helen, consider how factors of time, communication, compliance & acquiescence and support needs may impact on the counselling process. How will you adjust your practice to respond to Helen's needs?

Time

- The engagement and rapport building process will take longer.
- You may need to meet with Helen two or three times to build an initial base of rapport, and to allow her time to get to know something about you and the counselling process, in order for her to make an informed choice about attending counselling, and to identify her purpose and goals for counselling.
- You will need to build your assessment, in collaboration with Helen, of how long each counselling session will run for, and how often you will meet with her. There may be organisational factors to consider that impact on these decisions.
- You will need to talk with Helen about how long counselling will continue for. This may be constrained by organisational limitations (e.g. number of allocated sessions), or may be responsive to Helen's needs (however, you may want to discuss some initial timeframes for reviewing the progress of counselling so Helen doesn't think it will go on for ever).

Communication

- You will need to build your knowledge and understanding of Helen's communication style and needs. This is best done through spending time with Helen; engaging in conversation with her; and asking Helen about her communication style and needs. Consider Helen's verbal communication abilities (receptive and expressive) and literacy abilities (you may want to ask Helen how she finds reading and writing, and whether she would like you to help her with either of these).
- You may also want to talk to Helen's GP (at the time of referral) and support worker (later, with Helen's permission) about Helen's communication style and needs.
- Throughout the counselling relationship, you will need to adapt your communication to support Helen to understand the many abstract concepts discussed in counselling (e.g. feelings, consequences, choice, respect). Use simple language and questioning; use tools (e.g. symbols and drawing) to help

concretise abstract concepts and ideas. Use repetition to revisit, re-explain, and embed abstract concepts and ideas.

Compliance & Acquiescence

- In the first instance, you need to be mindful that Helen has been referred to counselling by her GP, whom she likes. It was not Helen's decision to seek out counselling support and she may not understand what counselling is or why she has been referred. Helen may have said yes to please her GP; because she didn't really understand what she was agreeing to; or she may think going to counselling will help her achieve her goal of having children. The terms of the referral are quite vague and have been set by the GP, not Helen. You will need to engage with Helen and build rapport to support her understanding of counselling and the counselling process; and to identify her own aims and goals for counselling if she chooses to attend.
- You will need to be mindful of compliance and acquiescence throughout your counselling relationship with Helen. As you build your knowledge and understanding of her communication style and needs, you will be better placed to recognise compliance and acquiescence when these occur. To guard against these, ensure your communication practices support Helen's needs, so that she understands the information and choices presented to her. Give Helen plenty of opportunities to make small (where to sit) and big (whether to attend) choices in counselling.

Support

- Invite Helen to have a support person attend counselling if she wishes, at least initially. A support person should be someone of Helen's choice. Her housing support provider may or may not be the person Helen would choose. A support person can provide practical assistance to Helen to attend and/or communicate in the counselling session; and can also provide support to Helen to work on issues discussed in counselling outside the counselling session.
- Helen may require ongoing support to attend counselling – e.g. transport, making and remembering appointments, support to follow up on any activities or practices outside the counselling session.