



# PSYCHOSOCIAL NEWS:

## The SSCIS Psychosocial Strategy For People With a Spinal Cord Injury Newsletter

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The role of the **psychosocial strategy** is to assist you in gaining the knowledge and skills you need to effectively support the psychosocial wellbeing of people with SCI .

You know and understand what works for you in your practice setting, so your thoughts and ideas can make a difference.

If you have any ideas on what could assist you in your practice, if you would like to be further involved in specific working groups or have any comments about the strategy, your input is welcome! Please contact your representative on the Steering Group to feedback your thoughts and ideas, or contact the Chair of the Steering Committee directly.

### Do you need something more?

For further resources on psychosocial aspects of SCI visit

<http://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/resources>

where you can download the

**Emotional Wellbeing Toolkit—A Clinicians Guide to Working with Spinal Cord Injury**

**Guide for Health Professionals on the Psychosocial Care of People with SCI**

and the

**Directory of Information and Support**

### Why Trauma Informed Care (TIC) is important to consider for those working in SPINAL CORD INJURY. By Helen Tonkin Srn SW RNSH

**Trauma Informed Care (TIC)** is currently a preferred lens through which to understand 'best practice' service intervention. Rather than a therapy per se **TIC** is a philosophy, or a frame work, informing practice and organising service provision in human service sectors around the 'recognition and acknowledgement of trauma and its prevalence... emphasising physical, psychological and emotional safety' (National Trauma-Informed Care and Practice Advisory Working Group Position Paper 2013, p. 9).

Growing out of, and gaining traction in the mental health sphere, trauma-informed care encourages the consideration of childhood trauma or 'adverse childhood events' (ACE's) and the effects of complex trauma on the developing brain that significantly predicate adult chronic and mental health illness.

We might all anticipate facing 't'rauma's throughout our lives such as relationship breakups, immigration, loss of a job, the grief and trauma of the death of friends and family etc. These difficult experiences may challenge us and require adjustment and adaption. A person's capacity to adapt to these events has encouraged studies of resilience. 'T'rauma speaks to significant single incident events that are life threatening and borne out of events largely out of our control i.e. natural disasters, robbery and assault, terrorist attacks, traumatic road accidents or combat, which has developed the significant body of knowledge about post-traumatic stress disorder (PTSD).

**Trauma Informed Care and Practice** however refers to an approach recognising Complex Trauma; victims of repeated, sustained 'premeditated, planned (events) perpetrated by one human being on another such as physical and/or sexual abuse, chronic neglect and/or protracted emotional abuse, witnessing domestic family violence, living in an environment with parental/adult abuse of alcohol and other drugs and/or mental health difficulties and/or having been a victim of interpersonal violence as a consequence of war, genocide, civil unrest, refugee and combatant trauma'(p.8).

One might argue that the key principles of **TIC&P**; safety, trustworthiness, choice, collaboration and empowerment are the daily bread and butter of the psychosocially trained (social workers, psychologists and psychiatrists primarily) and familiar concepts to most service delivery staff in the human service sector; sadly this does not prove to be the case.

**Trauma Informed Care and Practice** requires a paradigm shift toward a 'recovery orientation' where services work in 'collaboration' with consumers, not as 'caretakers' of consumers. **TIC&P** highlights how services frequently re-traumatise, or re-trigger consumer trauma histories. Services based around diagnosis and categorization, economic and structural changes that reduce time and resources and a lack of awareness, or lack of validation of the lived experience of abuse, all re-trigger and reinforce reactive behaviours of survival in those with abuse histories/childhood ACE's.

**TIC** understanding offers both individual practice direction and a view to implementing **TIC&P** across service settings. Sandra Bloom, an American psychiatrist, introduced the Sanctuary Model, an organisational TIC&P model that will be covered in the next newsletter.

### Reference List;

Mental Health Coordinating Council MHCC) 2013, *Trauma Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations* of the National trauma-Informed Care and Practice Advisory Working Group,

Authors: Bateman, J and Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

CDC and Kasier Permanente, 'Adverse Childhood Experiences Study', <http://www.ACEStudy.org>

For further information on the work of the Psychosocial Strategy Steering Committee please contact

Annalisa Dezarnaulds  
[annalisa.dezarnaulds@health.nsw.gov.au](mailto:annalisa.dezarnaulds@health.nsw.gov.au)  
02 93825645

## Things you should know

### THE SCI Pain Course Macquarie University

A free Internet– Delivered Program for Chronic Pain and Emotional Wellbeing in adults with a SCI to manage chronic pain and symptoms of anxiety and depression.  
<https://ecentreclinic.org>

A Pain Course for adults with spinal cord injury – a free evidence-based low-intensity, self management program for providing practical skills for the management of chronic pain and emotional wellbeing  
Find out more at MindSpot –  
[www.mindspot.org.au/pain-course](http://www.mindspot.org.au/pain-course)

### The Emotional Wellbeing Toolkit

A Clinicians Guide to Working with Spinal Cord Injury

The Toolkit is available as a pdf on the ACI website:

[www.aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0005/326435/](http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0005/326435/)

## The SSCIS Psychosocial Steering Committee

- ◆ Annalisa Dezarnaulds (Chair), Clinical Psychologist, SIU, Prince of Wales Hospital, Randwick
- ◆ [annalisa.dezarnaulds@health.nsw.gov.au](mailto:annalisa.dezarnaulds@health.nsw.gov.au)
- ◆ James Middleton, Director, SSCIS -[james.middleton@sydney.edu.au](mailto:james.middleton@sydney.edu.au)
- ◆ Catherine Ephraums, Clinical Psychologist, Spinal Injury Unit, Royal Rehab
- ◆ Jackson Singleton, Social Worker, Spinal Outreach Service, Royal Rehab
- ◆ Jacqueline Scott Manager, iCare, NSW.
- ◆ Nick Taylor Snr Manager, iCare, NSW.
- ◆ Helen Tonkin, Snr Social Worker, RNSH
- ◆ Sky Fosbrooke, Physiotherapist at Rehab2kids, Sydney Children's Hospital, Randwick
- ◆ Anne Marie Sarandrea, Clinical Psychologist, Kids Rehab at The Children's Hospital at Westmead
- ◆ Mathew Smith, Social Worker, Paraquad
- ◆ Emily James, Peer Support, SCIA
- ◆ Rob Wynn, Peer Support Officer SCIA
- ◆ Heidi Haydon Sargood, Manly

### WHAT'S ON....

**ISCoS 2018, took place in Sydney in a very hot and sunny September 13-15 at the ICC, Darling Harbour.**

This year's ISCoS attracted around 1,000 Spinal Cord Injury specialists from all disciplines, and this year the **most** psychologists from around the world from as far afield as Sweden, Holland, the UK and the US. It was proposed by the psychologists, psychiatrists and social workers that attended, that this conference had the largest **psychosocial focus** of any ISCoS to date and that psychosocial issues were the flavour for many presentations.

### Some interesting Psychosocial ISCoS 2018 Workshops ....

- Spirituality after SCI: What role does it play, and how can we better incorporate it into rehabilitation practice? Dr Kate Jones SW RRCS and others
- Improving patient engagement and adherence : An Introduction to Motivational Interviewing for Rehabilitation Professionals.
- Collaborate, Aspire, Respect and Enable (CARE) – The Stoke Mandeville Needs Assessment and Goal Planning programme, enabling user participation and life-long skills development following SCI. Dr Jane Duff, National Spinal Injuries Centre, Stoke Mandeville Hospital.
- The importance of trauma, virtue and compassion for clinicians and clients: Psychosocial Issues - "EVERYBODY'S business". A.Dezarnaulds, H.Tonkin, & S.Clifton
- Plenary by Dr Stan Deucharme - a Clinical Psychologist and member of the medical staff at Boston Medical Center. A Professor of Rehabilitation Medicine and Urology at Boston University School of Medicine and a diplomat in sex therapy. He provides education internationally to hospitals and rehabilitation programs on matters related to the psychological aspects of disability and sexual functioning after SCI.