Trauma-Informed Practices of Mental Health Providers Around the Globe

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Introduction

This study examined trauma-informed practices of mental health professionals around the world. The literature indicates that many practitioners feel unprepared and unequipped to therapeutically work with individuals who have experienced trauma-related psychological disorders (SAMHSA, 2014). This is a concerning reality since approximately 90% of individuals receiving services in public health care settings have experienced trauma (SAMHSA, 2015). This poster reviews data from a study that surveyed mental health practitioners from 23 different countries.

Demographics

Participants (*N*=54; *M* age= 44; age range 23-75) were recruited from trauma-informed trainings during Dr. Sperry's international sabbatical in 2020.

- **Participants:** from 23 different countries throughout Africa, Asia, Australia, Europe, North America, and South America.
- **Country list:** Australia, Canada, China, Germany, Israel, Japan, Mexico, Morocco, Nepal, Netherlands, Republic of Korea, Romania, Slovakia, South Africa, Spain, Trinidad and Tobago, Turkey, Ukraine, United Kingdom of Great Britain, United States of America, Uganda, and Uruguay.
- **Participant professional identity:** Counselors, Psychologists, Psychiatrists, Art Therapists, Marriage and Family Therapists.
- **Clinical experience:** ranged from 1 to 47 years of counseling practice. Average years of experience=14 years.

Quantitative Results

- 60% of the 54 participants identified that their graduate training did not adequately prepare them to work with clients that are experiencing psychological trauma.
- 18 (or 33%) of participants completed a graduate level traumatology course.
- 34 (or 63%) of participants participated in formal trauma therapy training outside of the university setting after graduating.
- Most common post-graduate trauma trainings: EMDR, Trauma-Focused CBT, Trauma-informed care introductory course.

Qualitative Results

Summary of interview data from nine mental health practitioners:

1. Most common treatment models: CBT, EMDR, TF-CBT, and somatic approaches.
2. Refer out to other therapists if client experienced trauma: referral for psychiatric services is common, referral when client is "out of the scope" of the practitioner.
3. Decision-making processes around referrals: assessment process determines if client needs a higher level of care.
4. Mental health care system in local region: psychiatric services are accessible and common-but counseling services are primarily available to those with insurance or self-pay. System is "weak" and reflects the "Medieval era."
5. Barriers to mental health care: stigma, lack of competent trauma therapists, lack of public knowledge about mental health, spiritual and cultural beliefs often deter help-seeking, and counseling is not affordable to those without insurance.
6. Cultural attitudes about psychological trauma: different regions may have differing attitudes about seeking counseling, victim blaming, victim is viewed as "weak," religious beliefs influence the client's own conceptualization and expectations for treatment.
7. What would need to happen to make you feel more competent in working with clients with PTSD-related challenges/symptoms? Additional trauma-informed training, learning multiple trauma therapy approaches, ongoing consultation and supervision from experienced trauma-informed practitioners.
8. Recommendations for training future mental health professionals: additional trauma training that emphasizes cultural competency and complex trauma, therapist self-care is essential, and utilize client strengths!
9. Recommendations for trauma counseling competencies: assessment of trauma and ACES, understanding the impact of trauma, trauma-informed care principles, trauma-informed case conceptualization, evidence-based trauma therapy strategies, and building resilience.

Discussion and Future Directions

Counseling programs could benefit future practitioners by adding a traumatology course and/or intensive training modules that highlight trauma-informed assessment, conceptualization, and treatment. Clinical supervisors can address trauma training deficits by recommending that trainees attend post-graduate trainings in trauma-informed care. Delphi studies should be implemented with trauma experts to develop graduate training trauma competencies.