



Trauma-Informed Practices Among Practitioners 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 qualitative study that surveyed mental health practitioners from eight different countries.

Demographics

Participants ($N=9$) were recruited from trauma-informed trainings during Dr. Sperry's international sabbatical.

- **Participant Locations:** Bulgaria, Malaysia, Mexico, Romania, South Africa, Trinidad and Tobago, Ukraine, and Uruguay.
- **Participant professional identity:** Counselors, Psychologists, Psychiatrists, Art Therapists, Marriage and Family Therapists.
- **Theoretical Orientation:** Adlerian counseling, CBT, Hypnotherapy, Fairy Tail Therapy, Motivational Interviewing, Narrative Therapy, REBT, Reality Therapy, Systemic Family Therapy, and Trauma-Focus CBT.

Interview Questions

1. What psychological treatment models or techniques would you use with a client who is currently experiencing Post Traumatic Stress Disorder (PTSD) symptoms as defined in the DSM-5?
2. In your practice working with clients, do you typically refer out to other therapists when your client has experienced severe or complex psychological trauma?
3. What are your decision-making processes around providing services or referring clients out of your practice who are presenting with severe or complex psychological trauma?
4. Tell me about the mental health care system in your local region.
5. What barriers to mental health care might an individual experience in your local area in terms of accessing Mental Health care if they desired to get help?
6. What are cultural attitudes about psychological trauma in your region?
7. What would need to happen to make you feel more competent in working with clients with PTSD-related challenges/symptoms?
8. What recommendations do you have for training future mental health professionals in assessment and treatment of individuals experiencing psychological trauma in your region?
9. If you were involved in the development of trauma counseling competencies (skills & knowledge), what would you include? For example, in counseling trainings, workshops, or in graduate program curriculum.

Methods

- **Qualitative, Hermeneutic Phenomenological Design:** permits the understanding of individuals' perspectives/the phenomena while considering the subjective nature and stories of the participants.
- **Open-ended Interviews (30-40 minutes)** conducted by graduate students and Lynn University faculty (Fall of 2022)



Results

Summary of interview data from nine mental health practitioners:

Treatment Modalities and Processes:

- Most common treatment models: CBT, EMDR, TF-CBT, and somatic approaches.
- Common to refer out clients who experienced trauma when they are “out of the scope” of the practitioner.
- Assessment process determines if client needs a higher level of care.

Health Care System:

- Psychiatric services are accessible and common in many areas however counseling services are primarily available to those with insurance or self-pay.
- System is “weak” and reflects the “Medieval era”

Barriers and Stigma:

- 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. Most accessible in metropolitan areas.
- Cultural and religious attitudes about psychological trauma: different regions may have differing attitudes about seeking counseling, victim blaming.

Recommendations for Action: Training for Students and Clinicians

- **Students:** trauma-informed training, learning multiple trauma therapy approaches, ongoing consultation and supervision from experienced trauma-informed practitioners.
- **Professionals:** trauma training that emphasizes cultural competency and complex trauma, therapist self-care is essential, and utilize client strengths.
- **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.