Closing the loop: trauma-informed approaches to suicide prevention

This series is designed to 'close the loop' between research and policy by translating research evidence into policy directions and advice. These papers review key findings from National Suicide Prevention Research Fund[1] projects and identifies evidence-based policy recommendations. This edition focuses on the area of trauma-informed approaches to suicide prevention.

Suicide Prevention Australia

University of South Australia

Research summary

This article summarises a rapid review of evidence on the impact of trauma-informed approaches for suicide prevention (Procter et al. 2022). After systematic searches across databases and sites, it focuses on seven relevant studies to inform policy and practice.

Trauma and suicide

The experience of individual trauma can result from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's social, emotional, physical functioning and mental or spiritual well-being (Procter et al. 2017).

This may include interpersonal violence (e.g., sexual, physical or emotional abuse and neglect), unexpected loss, terrorism, natural disasters, and/or witnessing others experience these same traumas (NETI 2005). The experience of such events can be repetitive, intentional, prolonged and severe, which means that the impact of trauma can be enduring and pervasive (NETI 2005).

People with trauma backgrounds do not respond to stress in the same way as those without trauma backgrounds. When stressed or experiencing a heightened state of emotional stimulation, they can experience feelings likened to be being retraumatised from re-living traumatic memories, sensory information, or behaviours associated with earlier traumatic experiences (Van der Kolk, 1994).

People who die by or attempt suicide and those who engage in self-harm have elevated rates of trauma exposure (Asarnow et al. 2020). Many people who experience suicide and self-harm related distress, interact with mental health or addiction services are known to have experienced trauma.

Trauma-informed approaches

Trauma-informed approaches seek to avoid re-traumatisation by empowering individuals in decision making, creating safety and trust, choice and collaboration, and building strengths and skills in personal problem solving and mental health (SAMHSA 2014b).

Being trauma-informed involves making understanding and responding to the impact a person ascribes to their experience of trauma, helping people who have been affected by it to feel physically and psychologically safe and to rebuild a sense of control and empowerment.

People may present to healthcare services with a complex range of behaviours related to past trauma. If the link to trauma is not identified, the service response may be uninformed and fragmented which could potentially re-traumatise the individual (Wall, Higgins & Hunter 2016).

For example, within inpatients units, the use of seclusion and restraint to respond to distress, as well as the environment within an emergency department, can retraumatise an individual (Molloy et al. 2020). This may destabilise a person's treatment and the therapeutic alliance between the individual and primary practitioners (Muskett 2014; Wigham & Emerson 2016).

The impacts of trauma are pervasive, with potential to impact across a range of physical, cognitive, behavioural and emotional domains associated with suicidal behaviour. Actively resisting or reducing re-traumatisation can prevent the onset or worsening of distress.

Evidence review

While the evidence-base for trauma-informed approaches to suicide prevention is limited, there are promising findings for approaches that are structured, personalised, collaborative, strengths based and orientated towards promoting hope, safety and reasons for living.

Key findings

The evidence reviewed highlights encouraging ways to support individuals at risk of suicide through trauma-informed approaches, including:

- Trauma screening and responses in emergency departments (Giles et al. 2021)

[1] The National Suicide Prevention Research Fund is funded by the Australian Government Department of Health to drive world-class research and build best practice in suicide prevention.

- Culturally relevant psychoeducation and group therapy (Hahm et al. 2019)
- Trauma-informed group activities e.g. yoga (Taylor et al. 2020)
- Social skills training for youth with high levels of trauma (Tyler et al. 2021, 2019)

Components of a trauma-informed approach

A framework developed for trauma-informed suicide prevention in schools has been developed and identifies key components of a trauma-informed approach (Giles et al. 2021):

1. **Screening and assessment**- screening any potential trauma history is required to facilitate treatment. The assessment may help develop safety planning through engagement with the family and the connection to the appropriate care.
2. **Strengths based approaches**- identifying strengths is an essential key factor to applying a trauma-informed approach. Focusing on strengths helps to develop resilience, empowerment and identify the reasons for living.
3. **Managing emotions**- studies used a feelings thermometer to assess emotion regulation and identify warning signs, thoughts, feelings, and body feeling. This can develop supportive resources, coping and stress management skills and self-regulation and control strategies.
4. **Safety planning**- building on information from the previous components, a safety plan can be developed to include warning signs, emotions and thoughts, and sources of social support and emergency contact.
5. **Collaboration**- partnering with family or caregivers during the risk assessment process may help to enhance trust and promote collaboration between all involved.
6. **Follow-up after discharge**- may include daily check-ins with individuals and caregivers to maintain connections and solve any barriers to care.
7. **Connection with the appropriate care**- ongoing support is required, including referral to evidence-based trauma-informed treatment for continued intervention if a traumatic experience is disclosed or suspected.
8. **Well-trained staff**- are needed to identify different types and effects of trauma and to implement these interventions through facilitating a calm and nurturing environment to keep the individual physically and psychologically safe.

Policy implications

Given people who die by or attempt suicide and those who engage in self-harm have elevated rates of trauma exposure, there are clear benefits to policy settings that embed trauma-informed approaches.

Services that are trauma informed can be linked to decreased self-injurious behaviour, particularly for suicidal youth. Structured trauma screening and trauma informed responses to distress have potential benefits of empowering individuals, their loved ones and clinicians who care for them.

As additional suicide preventions services are rolled out in Australia, including aftercare and Safe Spaces, the adoption of trauma-informed approaches is timely and can support better suicide prevention outcomes.

Policy recommendations

1. Adopt and evaluate trauma-informed approaches in Australian suicide prevention programs such as screening for trauma and evidence-based procedures and procedures for ensuring an appropriate response where trauma is identified.
2. Fund alternatives to environments that may be retraumatising to individuals experiencing suicidal distress (e.g. Safe Spaces as an alternative to emergency departments).
3. Invest in trauma-informed capability-building for those who interact with people most at-risk (e.g., General Practitioners, first responders, teachers and social workers).
4. Commission further research on trauma-informed approaches to suicide prevention, including on interventions at critical moments and other practices and programs.

Note: recommendations are proposed by Suicide Prevention Australia based on the above research, they are not recommendations of the researchers referenced.

References

Asarnow, JR, Goldston, DB, Tunno, AM, Inscoe, AB & Pynoos, R 2020, ‘Suicide, self-harm and traumatic stress exposure: A trauma informed approach to the evaluation and management of suicide risk', Evidence-Based Practice in Child and Adolescent Mental Health, vol. 5, no. 4, pp. 483-500.

Giles, L, Shepard, L, Asarnow, J & Keeshin BR 2021, 'Implementation of a trauma-informed suicide prevention intervention for youth presenting to the emergency department in crisis', Evidence-Based Practice in Child and Adolescent Mental Health, vol. 6, no. 3, pp. 343-353.

Hahm, HC, Zhou, L, Lee, C, Maru, M, Petersen, JM & Kolaczyk, ED 2019, 'Feasibility, preliminary efficacy, and safety of a randomized clinical trial for Asian Women's Action for Resilience and Empowerment (AWARE) intervention', American Journal of Orthopsychiatry, vol. 89, no. 4, pp. 462-474.

Muskett C 2014, 'Trauma-informed care in inpatient mental health settings: A review of the literature', International Journal of Mental Health Nursing, vol. 23, iss. 1, pp. 51–59. Available at http://mhcc.org.au/media/25362/muskett-2013.pdf.

Molloy, L, Fields, L, Trostian, B & Kinghorn, G 2020, 'Trauma-informed care for people presenting to the emergency department with mental health issues', Emergency Nurse, vol. 28, no. 2, Mar 10, pp. 30-35.

National Executive Training Institute (NETI) 2005, Training curriculum for reduction of seclusion and restraint. Draft curriculum manual, National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center for State Mental Health Planning (NTAC), Alexandria, VA.

Procter NG, Othman S, Jayasekara R, Procter AM and McIntyre H 2022, The impact of a trauma-informed approach intervention or strategies for suicide prevention across the lifespan: A rapid review of the evidence, Mental Health and Suicide Prevention Research and Education Group, University of South Australia, Adelaide. Available at: https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/Report-Trauma-Informed-Approaches.pdf

Procter NG, Ayling B, Croft L, Degaris P, Devine M, Dimanic A, Di Fiore L, Eaton H, Edwards M, Ferguson M, Lang S, Rebellato A, Shaw K & Sullivan R 2017, Trauma-informed approaches in mental health: A practical resource for health professionals, University of South Australia, SA Health, Adelaide. Available at https://www.unisa.edu.au/siteassets/episerver-6-files/global/health/sansom/documents/mhsa/trauma-informed-approaches-in-forensic-mental-health-resource.pdf

Substance Abuse and Mental Health Services Administration 2014b, SAMHSA's concept of trauma and guidance for a trauma-informed approach, HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

Taylor, J, McLean, L, Richards, B & Glozier, N 2020, 'Personalised yoga for burnout and traumatic stress in junior doctors', Postgrad Medical Journal, vol. 96, no. 1136, Jun, pp. 349-357.

Tyler, PM, Aitken, AA, Ringle, JL, Stephenson, JM & Mason, WA 2021, 'Evaluating social skills training for youth with trauma symptoms in residential programs', Psychological Trauma, vol. 13, no. 1, pp. 104-113.

Tyler, PM, Patwardan, I, Ringle, JL, Chmelka, MB & Mason, WA 2019, 'Youth needs at intake into trauma-informed group homes and response to services: An examination of trauma exposure, symptoms, and clinical impression', American Journal of Community Psychology, vol. 64, no. 3-4, Dec, pp. 321-332.

Van der Kolk BA 1994, 'The body keeps the score: memory and the evolving psychobiology of posttraumatic stress', Harvard Review of Psychiatry, vol. 1, no. 5, Jan-Feb, pp. 253-265.

Wall L, Higgins D & Hunter C 2016, Trauma informed care in child/family welfare services, Australian Institute of Family Studies, Child Family Community Australia, No. 37, https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca37-trauma-informed-practice.pdf.

Wigham S & Emerson E 2015, 'Trauma and life events in adults with ID', Current Developmental Disorder Reports, vol. 2, no. 2, pp. 93-99.

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