

**BACKGROUND**

- The SWIFT Collaboration is a Social Work Informed Trauma Model of Care that is being piloted at 3 Victorian Health Services – Western Health, Barwon Health and Austin Health. Each site has an Advanced Practice Social Worker delivering the model of care in paediatric settings.
- Trauma informed care is an evidence based approach to understanding our patients better and recognising that many of us have experienced some adversity in our childhoods that may impact on our health and wellbeing during our life time.
- The model of care is informed by a large US study undertaken by Felitti & colleagues (1998) who sampled over 17,000 adults and linked an increasing number of adverse childhood experiences (ACE) to increased risk taking behaviours; poor health and mental health outcomes and early death (see ACE pyramid). A person's ACE score, that is the number of adverse childhood experiences they have had, was categorised under three domains: abuse, neglect and household dysfunction which in turn represent ten individual adverse childhood experiences such as family violence, child sexual abuse or living in a home where adults are substance using etc. (Clark, Classen, Fourt, & Shetty, 2014)

**The SWIFT Collaboration: Piloting social work trauma informed care in paediatric settings at 3 Victorian health services - The first 6 months**

Dr Anita Morris, Ms Nicole Lind, Ms Jacinta Bourke, Ms Mary Harty, Ms Deb Leahy, Ms Karen Todd.



- Formal and informal education to staff
- Patients identified and referred to credentialed Advanced Social Work Practitioner

- Psychosocial risk assessment (includes CRAF)
- Brief modified ACE and Protective Factor Questionnaire: patient and caregiver

- Validation and supportive counselling
- Psycho-education to patient and caregiver
- Safety planning, referral and follow up plan

**AIM**

Embed a social work trauma informed model of care in paediatric settings at 3 Victorian public hospitals.

**METHOD**

All consenting patients referred to the SWIFT service receive the trauma informed model of care (see model diagram above). The project utilises a mixed methods approach that includes a 25 item questionnaire to identify patient and caregiver adverse childhood experiences and protective factors. A brief intervention reveals risk and trauma, provides validation and supportive counselling, introduces psychoeducation, facilitates safety planning and incorporates referral to trauma specific services.



(Felitti & Anda , 1998)

**CASE STUDY****BACKGROUND:**

Sara is a 16 year old young woman admitted to the children's ward after representation to ED with worsening abdominal pain. Sara resides with extended family due to a poor relationship with her mother and no contact with her father whose whereabouts are unknown. Sara was referred to SWIFT due to possible psychosocial issues. Sara's abdominal pain had been investigated by medical teams who found no known cause or abnormal findings.

**ASSESSMENT:**

On completion of the SWIFT ACE questionnaire, Sara disclosed for the first time her experience of sexual abuse as a child by an extended family member. The assessment also revealed that Sara had experienced other adversities including the separation of her parents and early life exposure to war. Sara received an overall ACE score of 7 (no. of adverse childhood experiences), indicating a significant trauma history which is likely impacting on her health and wellbeing. The psychosocial trauma informed assessment identified a number of issues that had not previously been known to Sara's treating teams. The protective factor questionnaire identified some formal and informal supports available to Sara.

**INTERVENTION:**

The SWIFT intervention included validation of Sara's trauma experiences, supportive counselling and psychoeducation regarding the potential for trauma to impact on physical health and emotional wellbeing. In light of Sara's disclosure of past sexual abuse, a referral was made to the pelvic pain clinic for Sara's abdominal pain where she would have access to specialist women's health clinicians, including psychological support. To maintain her privacy whilst residing with elderly family members, Sara chose not to access a sexual assault service at this time. Sara was encouraged to continue to access adolescent mental health support via Headspace in her local community. To date, Sara has not represented to the emergency department.

**FINDINGS: REFERRAL NUMBERS FOR SWIFT  
SEPTEMBER 2016-FEBRUARY 2017**

AUSTIN HEALTH: 72

BARWON HEALTH: 102

WESTERN HEALTH: 87

**References:**

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study.* *American Journal of Preventive Medicine* 1998;14:245-258.

Clark, Carrie; Classen, Catherine; Fourt, Anne; Shetty, Maitihili, October 2014, *Treating the Trauma Survivor: An essential guide to Trauma Informed Care*, p.5-10, 37-50.

**SIGNIFICANCE OF THE FINDINGS TO  
ALLIED HEALTH**

- Embeds organisational culture change in a new model of care
- Reveals 'hidden' trauma symptoms
- Creates the possibility of differential diagnosis when trauma is revealed as a factor in poor health and wellbeing

**SIGNIFICANT LEARNINGS FOR  
ALLIED HEALTH**

- Multi site collaboration for trialling new models of care
- Ability to influence Government
- Ability to influence change in paediatric settings
- Capacity building of clinicians through research, governance and credentialing
- Opportunity to explore emerging health care through implementation of Advanced Practice Social Work