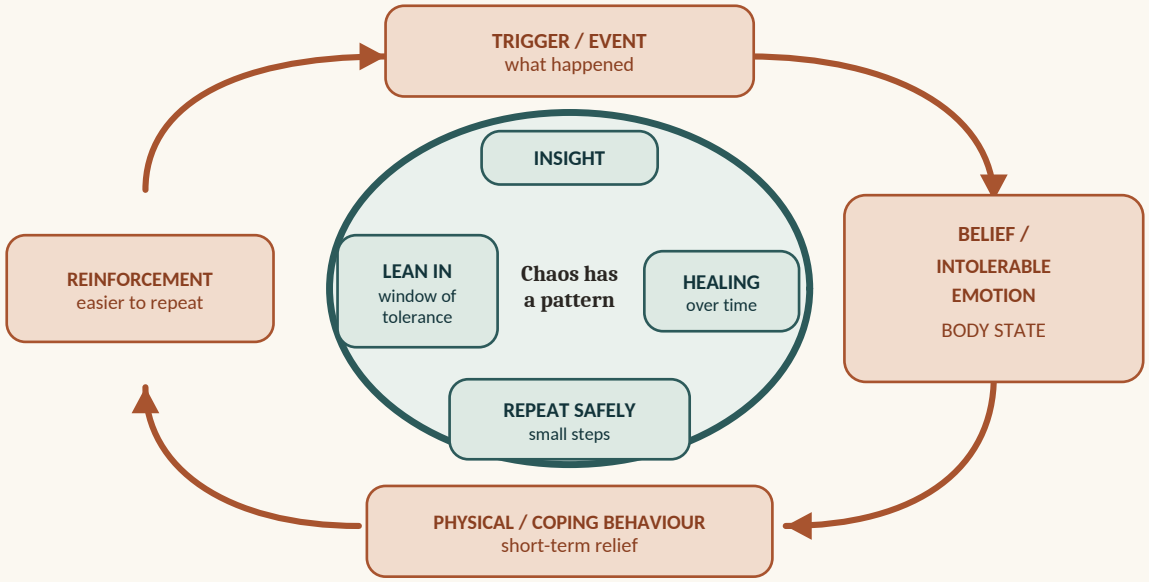
Trauma and Routine

Not all trauma is equal. Small predictable actions can help rebuild control when old danger stirs.

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Patterns in the Chaos and Calm



Terracotta: trauma cycle. Green: practising a new response. Check for real danger first.

Why routine matters

After stress, conflict or trauma, the body may stay tense. Tension may return when something recalls a threat. A coping response learned or copied for survival may once have helped; in a safer situation, it may no longer fit.

SAFETY • REGULATION • INSIGHT
Together, these can help us make new patterns. Notice a response, choose a small action within your control, and repeat a manageable routine: sleep, food, movement or a check-in.

New learning: small, safe steps

Avoidance can block new learning. With repetition and regulation, gradual practice with safe reminders may help the brain learn that this moment is different.

Depression, hope and connection

Watch for changes in activity and connection. Hopelessness and helplessness are important suicide-risk indicators. Loss of cultural connection, meaning or belonging can deepen hopelessness; ask about safety and trusted support.

For helpers and services: explore the event, meaning and next step

CAUSE

A — activating event. What happened? What were the conditions, including safety and context?

→

WHY

B — belief or self-talk. C — consequences: what followed in emotions, body and behaviour? What did coping offer?

→

WHAT NOW

D — discuss or dispute an unhelpful belief together. E — evaluate other meanings and safer actions. Respect real danger.

Behaviour change: event → belief → consequence

Pause to understand the meaning of an event before trying to change a response.

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The event is only part of the story

Explore what the person understood or told themselves, what they felt in their body, and what they did next. A coping action may bring short-term relief and become easier to repeat.

EXAMPLE: one possible response to an unanswered call

EVENT

Someone does not return my call.

→

BELIEF

"They do not care about me. I am being abandoned."

→

FEELINGS + BODY

Fear, shame or anger; a racing heart, tension or another activated body state.

→

BEHAVIOUR

I might withdraw, keep calling, argue or use a substance to find relief.

"What were you telling yourself?"

Ask which feeling or body state was hardest to tolerate, and what the behaviour did for the person in that moment. Then explore, together, whether the belief fits what happened and whether another response would be helpful now.

The example is a possibility, not an assumption about any person.

Trauma and survival responses

Not all trauma is equal. Look at the experience, its meaning and the safety available now.

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Psychodynamic lens Earlier relationships can shape present responses; repetition, control, culture and safety matter.

PTSD

After a traumatic event or events, some people continue to relive what happened, avoid reminders and feel on guard. A diagnosis depends on symptoms, duration and impact on life; trauma exposure alone does not mean PTSD.

Complex PTSD

ICD-11 describes PTSD symptoms alongside lasting difficulty regulating emotions, a painful view of oneself and difficulties in relationships. It can follow repeated or prolonged threat, especially when escape was hard.

Racial and collective trauma

Racism may be repeated, structural and ongoing. Harm can be felt across families and communities while each person has their own experience. This is not an automatic PTSD diagnosis; ask about current safety and context.

Responses that may help someone survive

Dissociation

Feeling numb, distant or disconnected from self, emotions or surroundings when overwhelmed.

High alert

Hyperarousal or hypervigilance: a tense body, startle response and constant watch for threat.

Freeze

Feeling unable to move, speak or choose when escape or defence does not seem possible.

Fawn

Appeasing, agreeing or complying to reduce a perceived threat or keep a relationship safe.

When an earlier experience is stirred

Experiences associated with earlier abuse can stir fear, helplessness, body states and relationship expectations shaped at that developmental time. An adult may feel pulled into those earlier responses when activated; chronological age alone cannot explain the experience. Explore this possibility with the person, never impose it.

Apparent compliance, avoidance or disengagement may be protective. Ask what is happening before interpreting it.

Depression, behaviour and empathy

Look for changes from the person's usual life, and ask what the change means to them.

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Notice change from the person's usual functioning

Ask about relationships, community participation, irritability, anger, substance use, withdrawal, risk-taking, sleep, engagement and connection. What has changed, when did it change, and who else has noticed? Do not rely only on whether the person says they feel "depressed."

Depression: Aboriginal and non-Indigenous presentations

Behavioural expression

The workshop notes highlight that distress for some Aboriginal people may be acted out or expressed in behaviour, such as anger, agitation or conflict. Ask about this person's own pattern.

Internal symptoms

Western descriptions often emphasise internal symptoms such as low mood, withdrawal and isolation. These can occur in anyone, as can outward expressions of distress.

These are prompts for a conversation, never rules about Aboriginal or non-Indigenous people.

Hopelessness, helplessness and safety

When someone feels hopeless or helpless, or has lost meaning, belonging or cultural connection, ask directly and compassionately about suicide and immediate support. No single sign determines risk.

Three ways to practise empathy

Cognitive empathy

Recognise or understand another person's emotional state without necessarily sharing the feeling.

Emotional / affective

Emotionally resonate with another person's experience: our social brain responds to their emotions.

Perspective-taking

Try to understand the world from the person's position: "walk in my shoes." Ask rather than assume.

Attachment, safety and routine

How we have learned to seek comfort may shape what happens when stress returns.

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Attachment patterns are ways of responding in relationships

People may respond differently with different carers, kin and partners. The four terms below are conversation prompts from Western attachment theory, not labels to place on a person.

1 Secure

In stress: may seek comfort, settle with support, then return to activity.

Routine: predictable contact, repair after conflict and a shared plan.

2 Anxious-insecure

In stress: may seek closeness yet worry that support will disappear.

Routine: agree on the next check-in and follow through.

3 Avoidant-insecure

In stress: may pull away, minimise needs or try to manage alone.

Routine: offer choice, steady availability and time without pressure.

4 Disorganised

In stress: may want closeness and fear it; approach, freeze or pull away.

Routine: respond calmly and consistently; ask what feels safe.

Ask about the person's real circle of safety

Who feels safe when things are hard? What contact helps? Who notices change? How can family, kin, culture, Country and services share the load? Mainstream attachment categories may not fit Aboriginal caregiving or kinship without cultural understanding.

Routine and mood: notice early changes

A week of noticing sleep, mood, pleasure, mastery and support.

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Notice changes early

Depression can creep in. Notice changes in sleep, mood, withdrawal, agitation or conflict, and activities a person usually enjoys or does well.

Share the load

With consent, choose family, kin or trusted people to share check-ins.
Who / when: _____

FUN / PLEASURE

What do I enjoy, look forward to, or feel connected by?

SKILLS / MASTERY

What am I good at, proud of, or able to finish?

A short sleep and mood diary - look for a change from what is usual for you

Day / date	Sleep / quality	Mood (0-10)	Fun	Skill	Support / check-in
1					
2					
3					
4					
5					
6					
7					

This page is a conversation aid, not a diagnosis. If safety is a concern, seek support now.