

Introduction to Trauma Informed Care

Setting up the training session

Learning with Video Based Online Learning is the same as learning in the classroom, but with some additional things to consider:

Confidentiality

Chat
function

Mute unless you are
speaking please

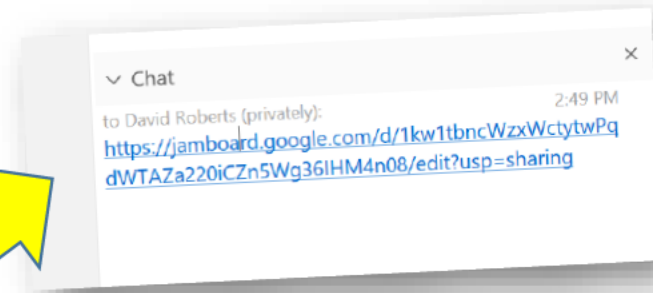
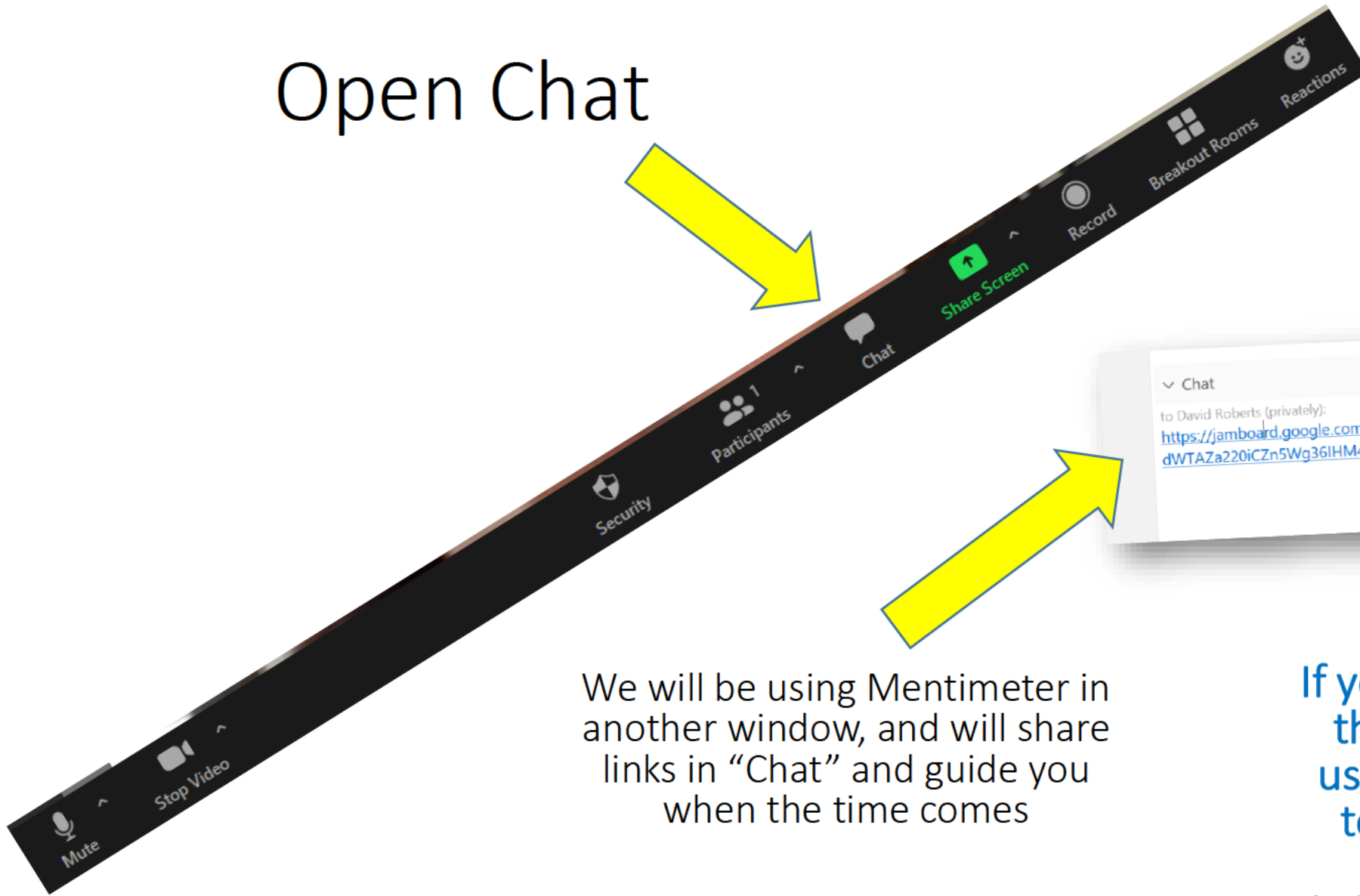
Time keeping
– please
return on time

Locking the
room

Mentimeter

Breaks – please just
switch off video and
mute – do NOT leave
the zoom meeting

Open Chat



We will be using Mentimeter in another window, and will share links in "Chat" and guide you when the time comes

If you get lost come back to the main Zoom meeting using the original link and text our **Tech support – number in chat** (who will unlock the room)

Structure of the day

- Training of two 2-hour slots with a break for lunch.
- **Just turn your video and sound off in breaks – don't leave the zoom meeting!**
- Introductions
- Rationale for the training in Trauma Informed Care (TIC)
- Four videos with facilitated discussion and exercises encouraging reflection and thinking about the videos
- Learning summaries
- Evaluation of the teaching

Taking care of yourself today

Today will take a focus on trauma, which means slides and videos describing effects of trauma and impact of trauma. At some points you might find this upsetting and this may be for all sorts of reasons. This is an understandable reaction to hearing about trauma and difficult things that have happened to people.

We invite you to take care of yourself in any way you need during the training. This may be by using your usual coping strategies during the training. Alternatively, you may decide to take a break from the training by switching off your video for a while and coming back when you are ready (and letting facilitator know via private chat). The facilitators will be contactable if you find yourself affected by issues and wish to talk afterwards.

Rationale for adopting Trauma Informed Care (TIC) in ELFT

- Traumatic experiences are strongly linked to presentations that we see in mental health services
- **Trauma-Informed Care** recognizes the presence of **trauma** and how it presents, and acknowledges the role **trauma** may play in an individual's life and behaviour
- Organisations and care teams need to have a **complete picture** of someone's life situation – past and present – to provide services that work towards healing and recovery.
- We need to minimise the possibilities for **retraumatisation** in service users, our staff and the services in which we work
- This **culture shift** has now been widely recognised as needed and it is now front and centre in the NHS Long Term Plan for redesign of mental health services.

The Focus Of Video 1

- What is trauma?
- Adverse Childhood Experiences and impact on lifespan, lifestyle, mental health and physical health
- Invitation to think about whether our services trauma-informed
- <https://youtu.be/WYjkuevFDfw> 17 minutes

Comfort break – 7 minutes!

**Just turn your video and sound off in breaks –
don't leave the zoom meeting!**

Discussion in Breakout Rooms and Feedback

- What are your reflections on what you've seen so far?
- Do the slides remind you of any service users you have worked with? What signs have you seen that might be a reaction to something that has happened to them in their past?
- How much do we know of the past experiences of our service users? What facilitates getting to know histories and what can get in the way?
- **Nominate a spokesperson who can feed back when we return to the big group**

Scotland video - Trauma Informed Care

- This is an animated video about types of trauma that people have experienced and how this has affected them later in life. It does not show the trauma but points to it with sounds and shows the dark atmosphere around the trauma.
- This can be difficult to watch so please look after yourself and take time out, switch off the sound, or minimise the screen if needed to keep yourself safe.
- The video duration is 8 mins 30 sec.
<https://www.youtube.com/watch?v=zg8ahtHIRxU> 10 mins video

Any thoughts?

LUNCH

**Just turn your video and sound off
in breaks – don't leave the zoom
meeting!**

The Focus Of Video 2

- The aim and rationale of Trauma-Informed Care
- Psychosocial factors, the environment and inherited factors are key to understanding the conditions that people present within our services. Some of the symptoms we see may be survival mechanisms from earlier trauma.
- Changing from “what is wrong with you” to “what has happened to you?”
- The Four R’s of Trauma Informed approaches – **realises, recognises,** responds and resists
- The Three E’s of Trauma – events, experiences and effect
- The Five F’s that are survival mechanisms – fight, flight, freeze, flop and friend
- <https://youtu.be/OdCwmpaEqJ8> 20 minutes

Discussion in Breakout Rooms and feedback

- We have been looking at two of the four R's (**realises, recognises**, responds and resists) and building on our conversation about behaviours we see that might be signs of trauma.
- In your groups, spend time thinking about the five Fs (fight, flight, freeze, flop and friend) and how you have noticed these showing up in the behaviour of service users, carers, your colleagues or yourself?
- **Nominate a spokesperson who can feed back three key points when we return to the big group**

The Focus Of Video 3

- TIC recognises that traumatic experiences overwhelm, terrify and violate the individual. TIC is a commitment not to repeat these experiences, and in whatever way possible, restore a sense of safety power and worth.
- The Four R's of Trauma Informed approaches – realises, recognises, **responds and resists**
- How do we meaningfully integrate Trauma Informed knowledge into our policies, procedures, processes and services?
- How do we lead in a Trauma Informed way?
- https://youtu.be/e_83E4NJ9gw 13 minutes

Comfort break – 7 minutes!

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don't leave the zoom meeting!**

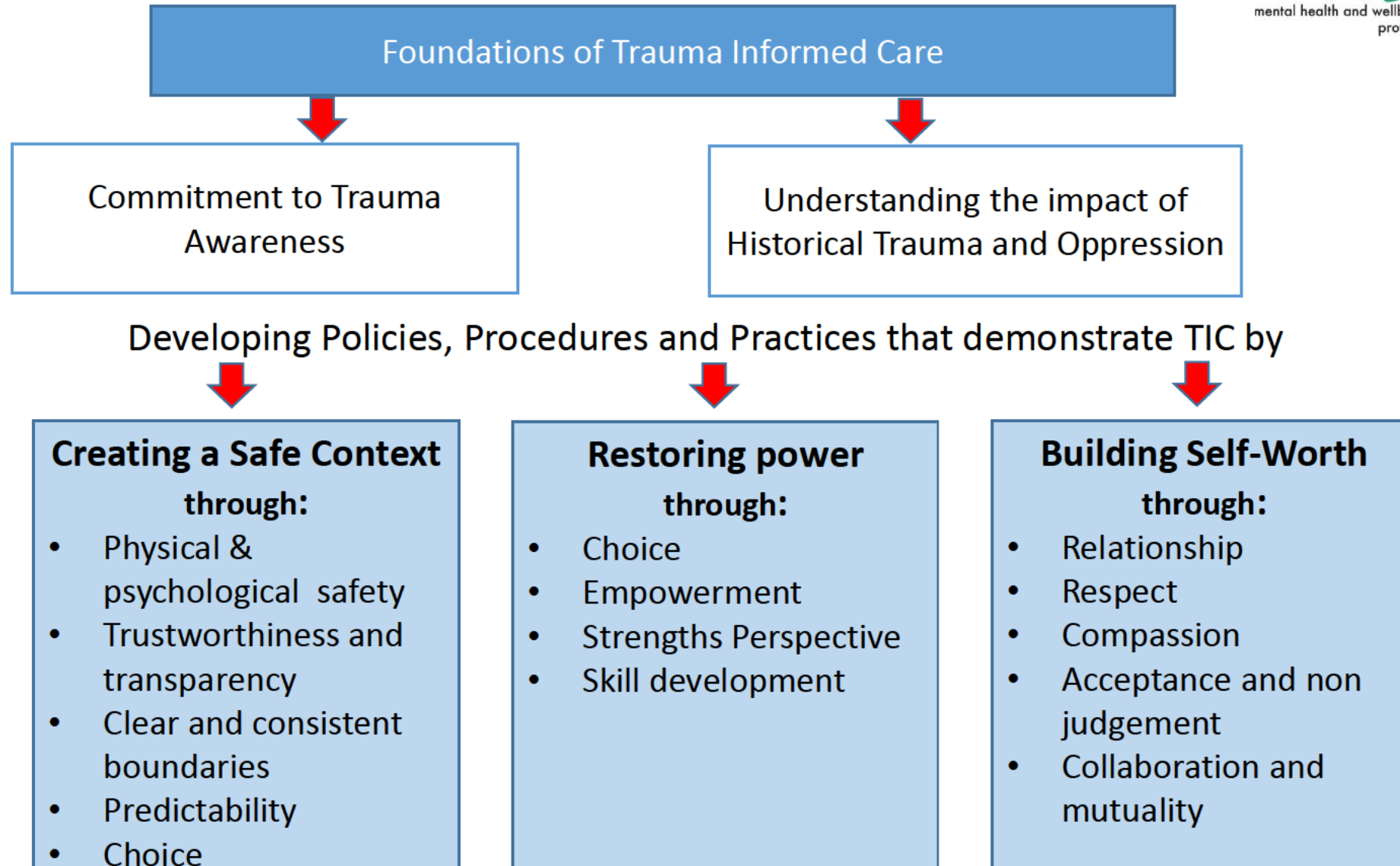
Discussion in Breakout Rooms and Feedback

- Facilitation –
 - Can you think of an example of an incident or interaction at work which you can recognise now as potentially re-traumatising for someone? How could you or others have handled it in a more trauma informed way?
 - Reflecting on that, are there any changes you would make to policies, procedures, culture and environment/setting?
- **Nominate a spokesperson who can feed back when we return to the big group**

Taking learning forward into practice

***Go to [menti.com](https://www.menti.com) on your phone or computer,
enter the code we give you when prompted and click on
the loveheart***

- What are you going to do more of?
- What are you going to do less of?
- When you take this away to your team, what do you anticipate might be the reactions from your colleagues and service users?



Team consultation sessions / discussions

- New initiatives to help cascade Trauma Informed Care approach (TIC)
- TIC facilitators to work with a team to identify good practice and learning needs in TIC and devise an action plan. [REDACTED]
[REDACTED]
[REDACTED]
- Away day facilitation – e.g. on inpatient wards

Post Learning Reading

- Scotland Trauma Framework – summary:
[https://www.nes.scot.nhs.uk/media/rgxngvpv/nationaltraumatrainin
gframework-execsummary-web.pdf](https://www.nes.scot.nhs.uk/media/rgxngvpv/nationaltraumatrainin
gframework-execsummary-web.pdf)
- (Mis)understanding trauma-informed approaches in mental health –
Angela Sweeney & Danny Taggart (August 2018):
[https://www.tandfonline.com/doi/full/10.1080/09638237.2018.1520
973](https://www.tandfonline.com/doi/full/10.1080/09638237.2018.1520
973)

Feedback

- Feedback form is available on the Learning Academy
- Once feedback is received you also have access to a certificate