An Introduction to Trauma Informed Care

NHS
East London
NHS Foundation Trust

[redacted]
Clinical Psychologist
TH Complex Trauma & Trauma Informed Care Lead

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Clinical Associate in Psychology, in training
TH Complex Trauma Team

[redacted]
Expert by Experience

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Introductions

Who we are as facilitators

What teams are present today?

What range of professional backgrounds are we coming from?

Plan for Today

9:30	Start
11:00	Tea Break
12:30	Lunch
13:30	Afternoon Starts
15:00	Tea Break
16:30	Finish

Housekeeping

- Zoom
  - Joining with work email
  - Please keep cameras on
  - Raise hand if wanting to speak

- Breakout Rooms - Small groups to allow discussion

Ground Rules

Be respectful

Don't share what could be traumatising

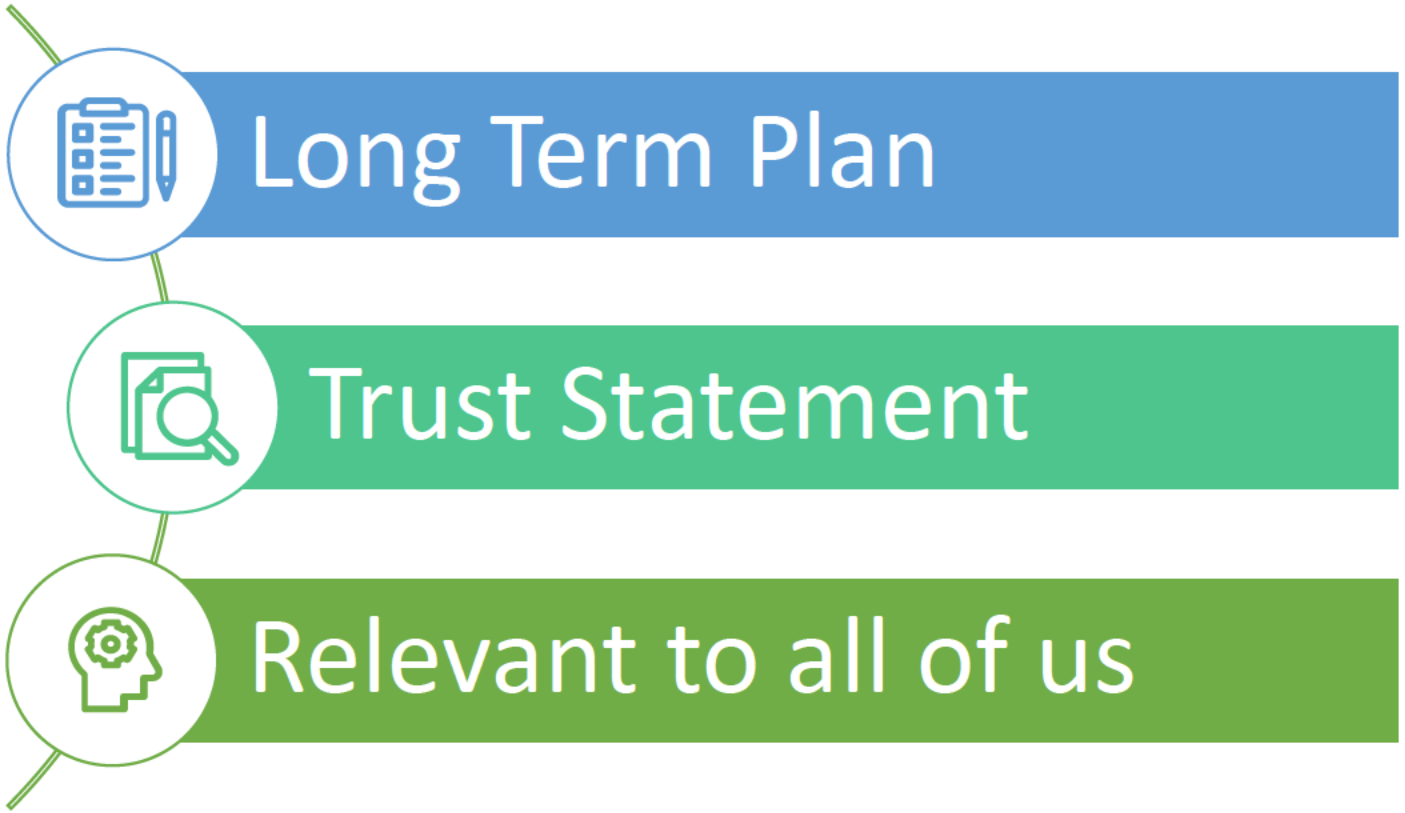
Confidential about own experience – but don't share identifying information about others (service users or staff)

What else?

Self care during today's training

- This is a safe space - **respect that and each other at all times**
- Please turn your phones off/ have them on silent. If you need to take a call, please step out of the room.
- Sensitive issues are going to come up - take care of yourself first and foremost; feel free to step out if you need to, just let us know
- This space includes clinical professionals and service users. We are all here to learn in safe space.
- Respect confidentiality
- Please try to contribute to discussions and if you are not speaking, please actively listen to others in the group
- Pay attention to your responses to discussions of trauma
- Try and warn the group if you're going to discuss something potentially upsetting **in detail**, and only share these things if relevant as this may trigger distress in yourself or others
- Conversations may be energetic - try to speak one at a time
- Please return from breaks on time

Why learn about trauma informed care?



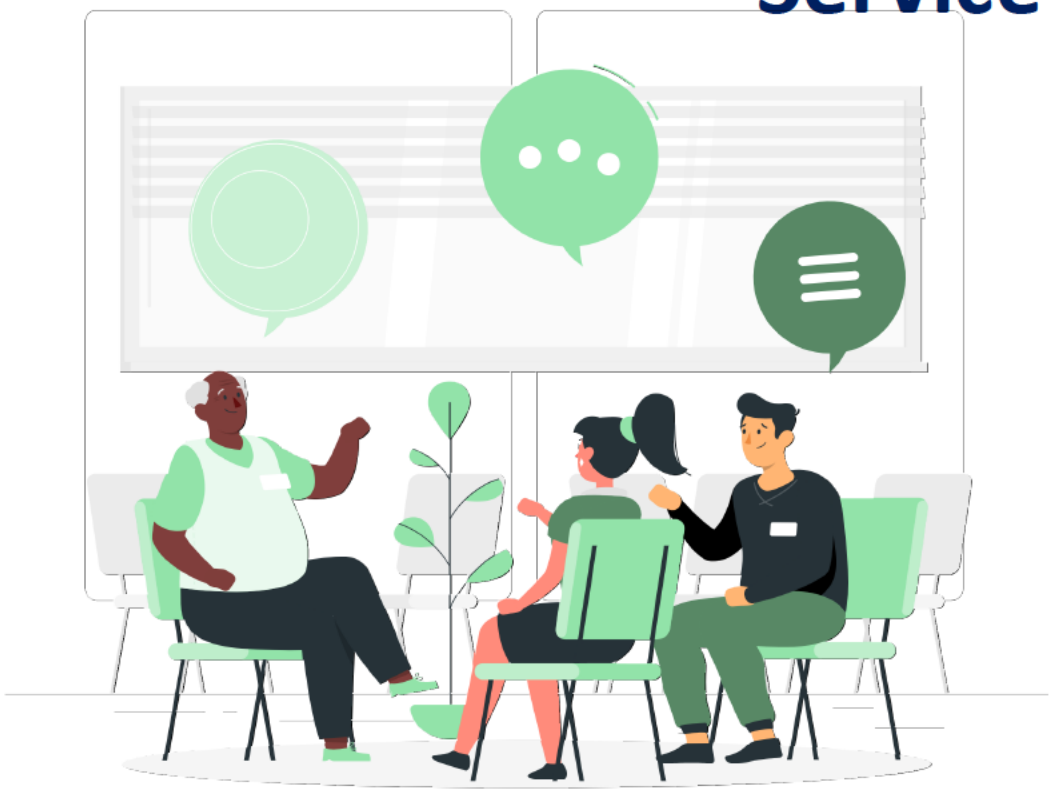
What is trauma informed care?

Mentimeter

Substance Abuse and Mental Health Service Administration, 2014

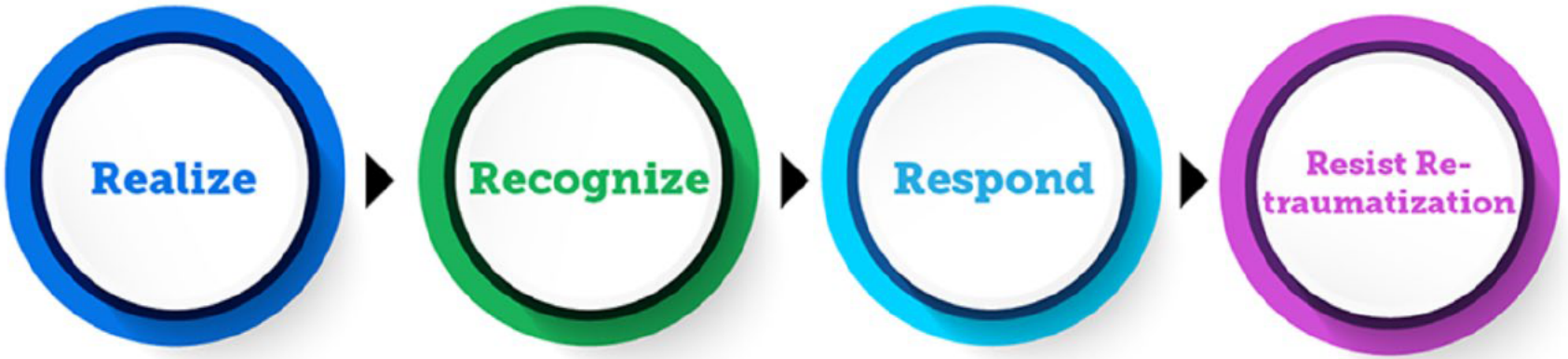
"Trauma informed care is a **strengths based service delivery model** that is grounded in an understanding and responsiveness to trauma; and emphasises **physical, psychological and emotional safety** for both providers and survivors"

Service User Perspective



"Being trauma-informed means taking a long, hard look at the power imbalances in the dynamic between staff and service users. The best mental health care I received was when I was treated like an autonomous human being capable of making my own decisions, rather than purely through the lens of diagnosis or attempts to seek help."

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). 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.

Realize the widespread impact of trauma and understand potential paths for recovery

- Large group discussion
  - What is ‘trauma’?

TRAUMA

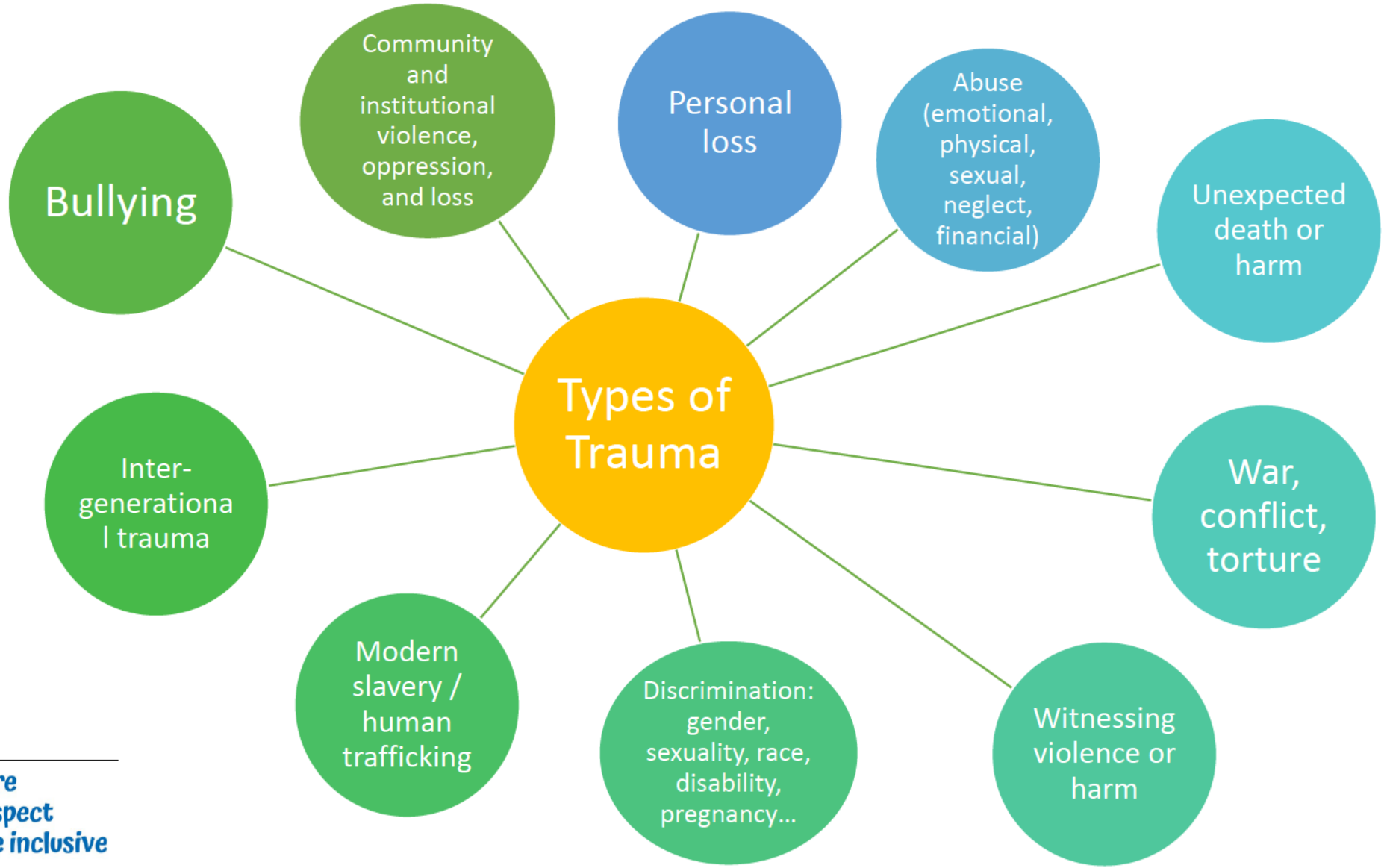
- Events which provoke fear or pain
- Events which provoke loss
- Events that exclude us from others
- Relationships which inflict harm on others
- Absence of care or neglect
- Witnessing the above

"Events or circumstances that are experienced as harmful or life-threatening and that have lasting impacts on mental, physical, emotional and/or social well-being"

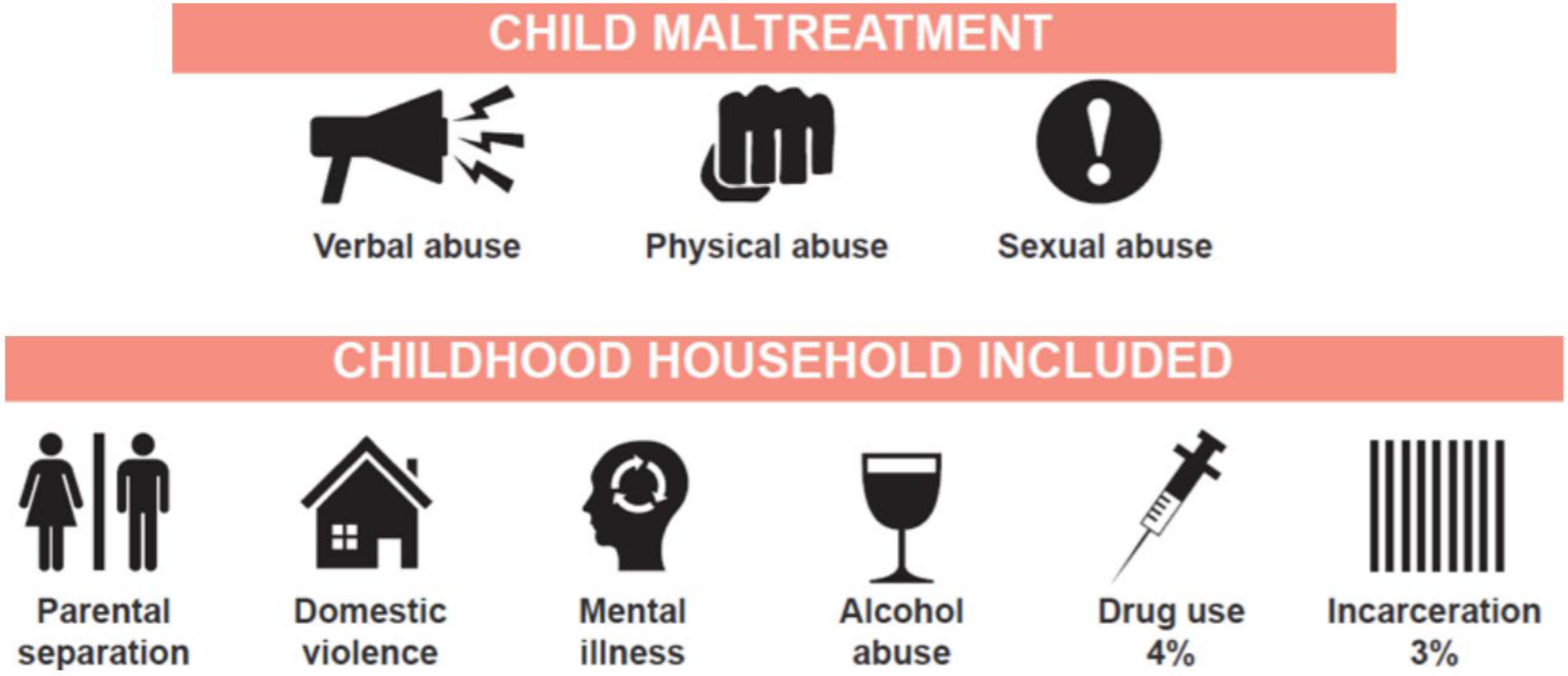
- Type I – experiencing or witnessing a single event
- Type II – repeated exposure to extreme external events

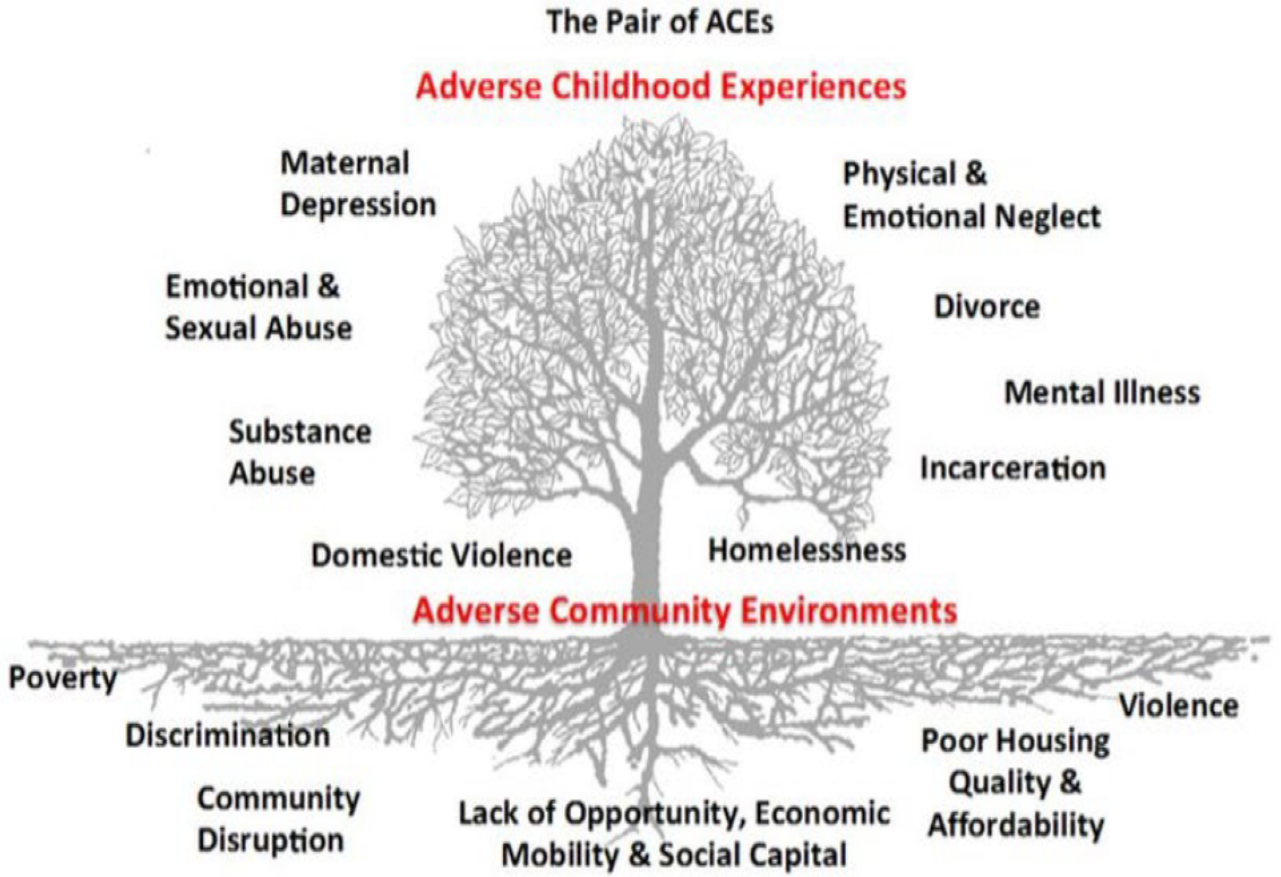
This can also include lesser researched forms of social and historical trauma faced by marginalised communities, like:

- Homophobia, transphobia and other inequalities faced by the LGBTQ community
- Racism
- Poverty
- Traumatic generational legacy of systemic violence (slavery, genocide, etc.)


Types of Trauma
Bullying
Community and institutional violence, oppression, and loss
Personal loss
Abuse (emotional, physical, sexual, neglect, financial)
Unexpected death or harm
Inter-generational trauma
War, conflict, torture
Modern slavery / human trafficking
Discrimination: gender, sexuality, race, disability, pregnancy…
Witnessing violence or harm

Adverse Childhood Experiences (ACEs)





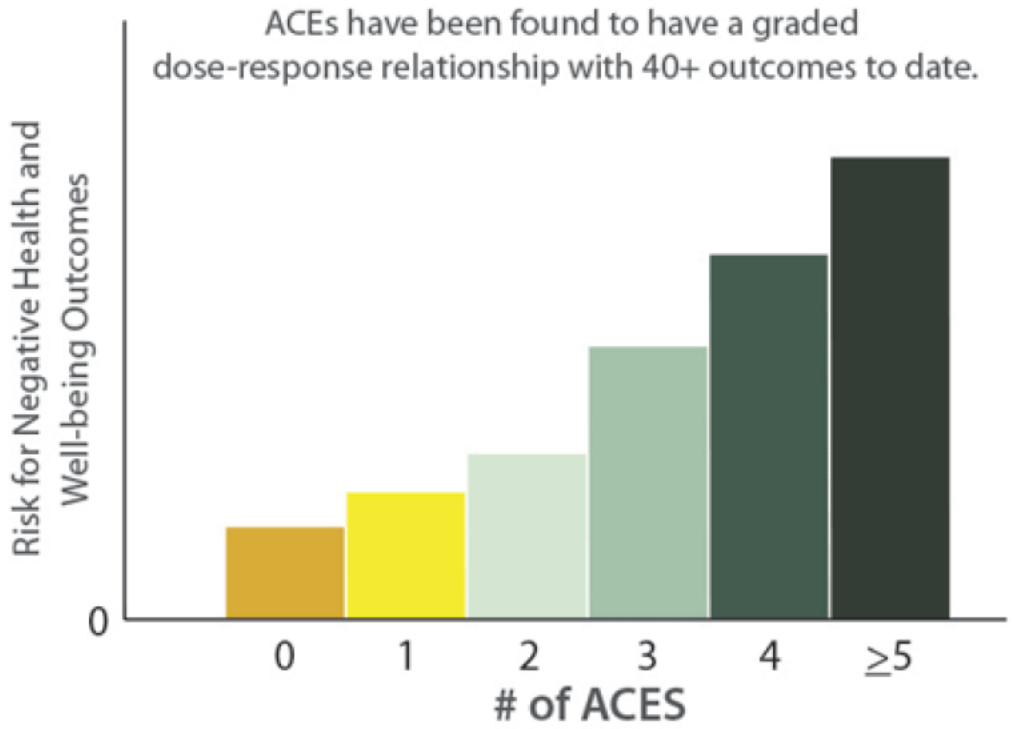
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

ACES can have lasting effects on….

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

- Group discussion: How common are ACEs?

[redacted]

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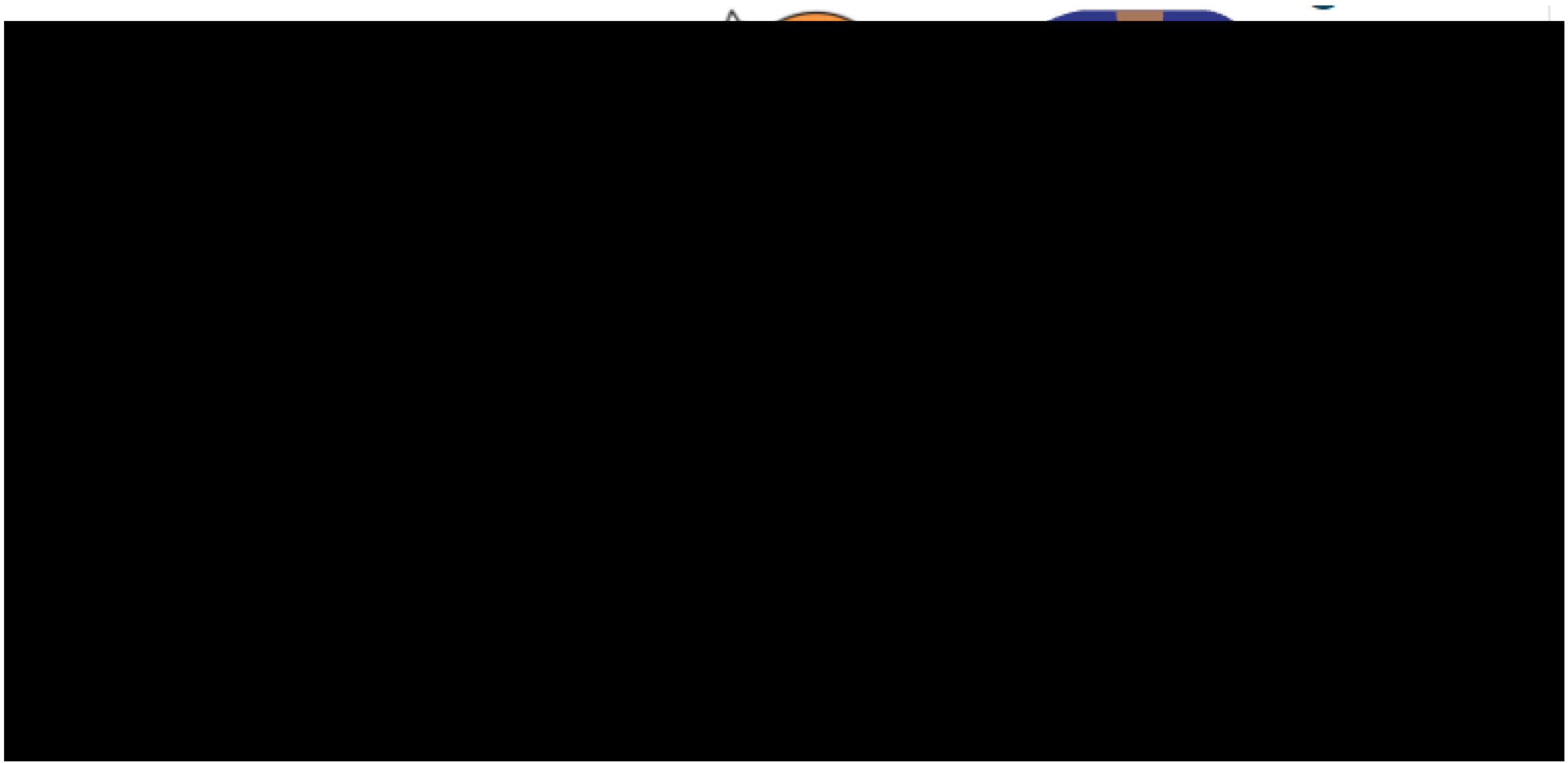

Practical examples of Realise

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City and Hackney EQUIP team

Introducing a trauma inquiry measure (e.g. TALE) into secondary care teams to gather information about trauma narratives and formulate distress within this context.

City and Hackney Services

Providing training to support staff to ask about trauma in their service user populations and appropriately signpost/ provide aftercare.

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Tea Break

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Recognize
the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Trauma vs PTSD

5Fs – TRAUMA RESPONSES

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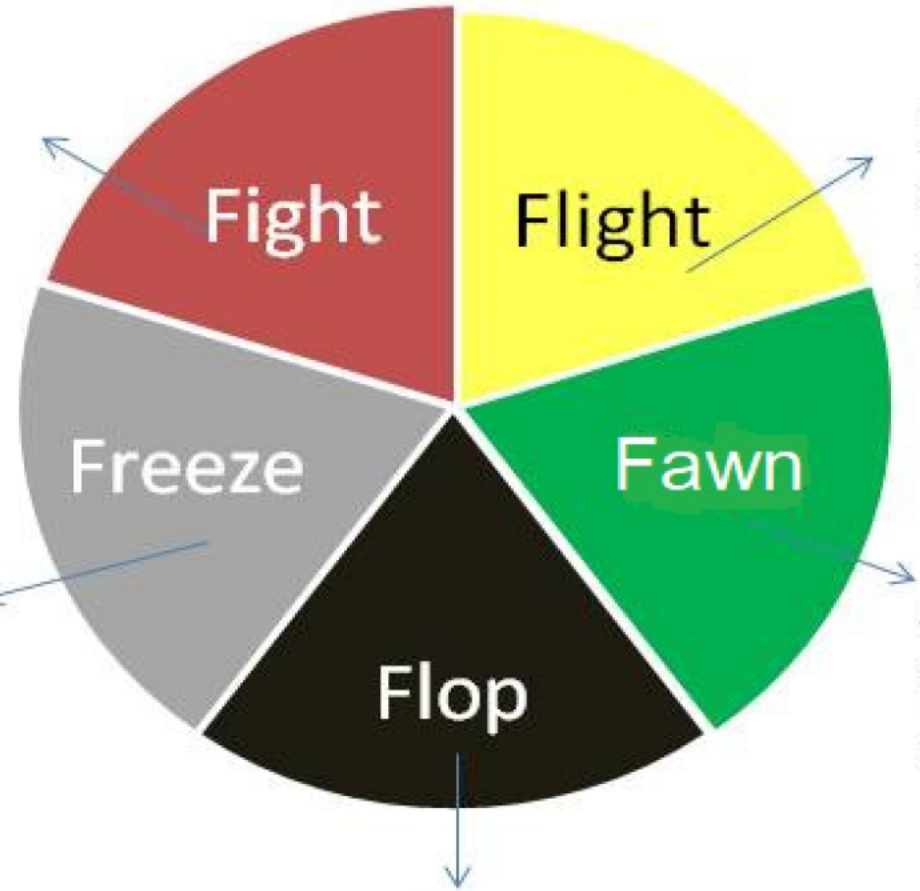


Fight for safety; rages, bullies, narcissists

Flee to safety; overeats, distracted, stays busy, perfectionists, addicts

Scared stiff; shuts down, disassociates

Attach for safety; acquiesces, codependent, pleasers, silences and represses self

Surrender for safety; faints, goes limp, loss of physical control

People who have experienced trauma…

May be more alert to things which might be threatening or dangerous, either physically or psychologically

Are likely to be triggered into fight/flight responses more easily than those who have not experienced trauma

Are likely to stay in 'survival mode' for longer, and therefore take longer to come back to a place where they feel safe, think and plan

Impact of Trauma on Relationships

Self

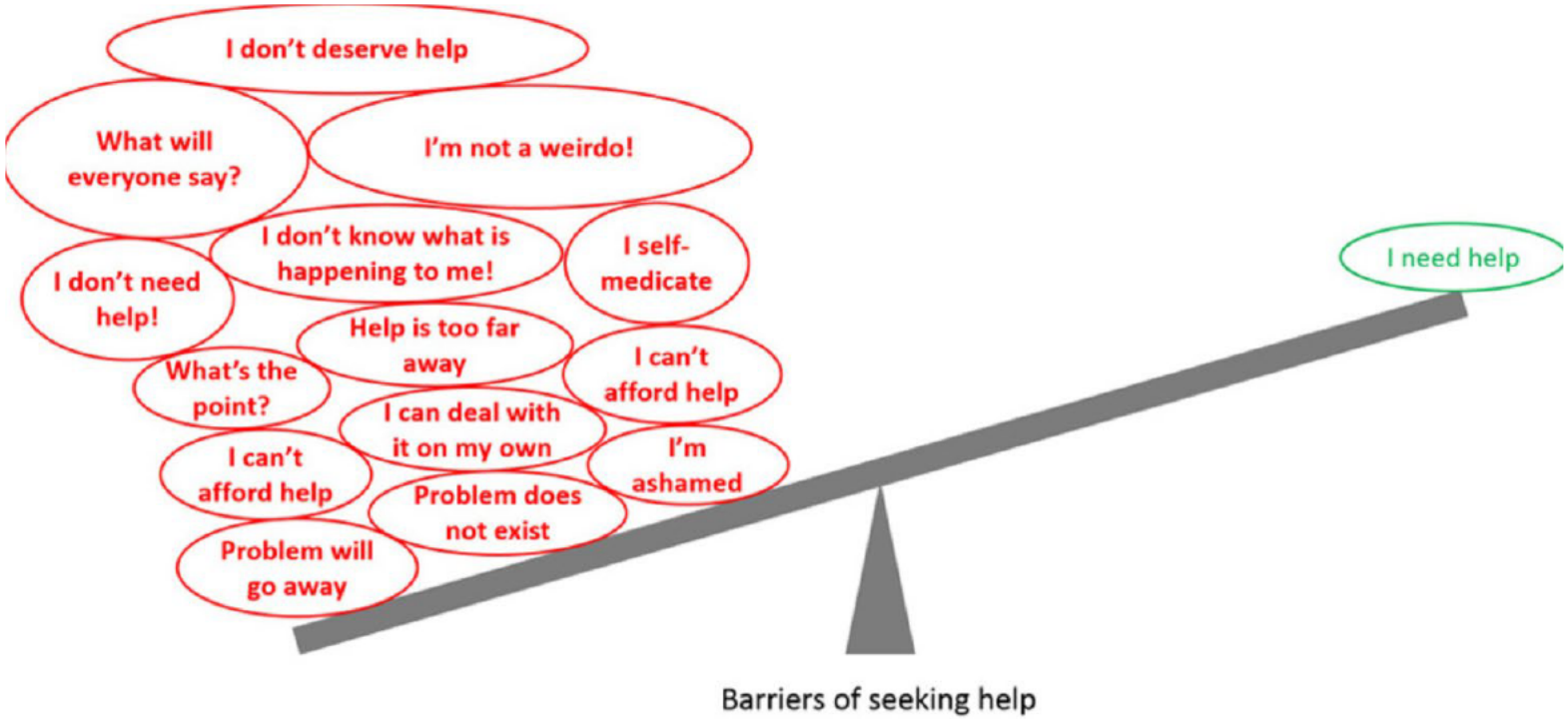
Failure, worthless, vulnerable

Others

Threatening, unsafe, untrustworthy

World view

Life is about survival, world is dangerous



Barriers of seeking help

Break Out Rooms

1. Do you recognise the 5F responses in service users you have worked with? Or anyone else you know?
2. What signs have you seen in service users, that might be a reaction to something that has happened to them in their past?
3. What are the signs of ongoing trauma? (in individuals, relationships and communities)

Practical Examples of Recognise

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Considering timing of interventions and what works best for a persons circumstances.

For example it may be difficult for someone to engage in talking therapy when they are concerned about their safety in the community or living situation.

Reviewing DNA and discharge policies, and aiming to avoid coercive and punitive practices.

For example being discharged from a service for not attending one appointment. Consider why communication is difficult, particularly since we call with an unknown number.

Sought service user feedback regarding non-attendance with face-to-face sessions.

Initially, DNAs for face-to-face session resulted in immediate discharge due the level of resources it took to prepare for in-person sessions.

Service users suggested: explain the amount of preparation for face-to-face sessions, make it easier for service users to cancel (e.g. through text), reiterate that informing of non-attendance would not be punished, etc.

Lunch

12:30 – 13:30

WORKING LUNCH

Respond
by fully integrating knowledge about trauma into policies, procedures, and practices

6 principles of Trauma Informed Care

Safety

Collaboration & Mutuality

Trustworthiness & Transparency

Cultural, Historical & Gender Issues

Peer Support

Empowerment, Voice & Choice

Shifts the focus:

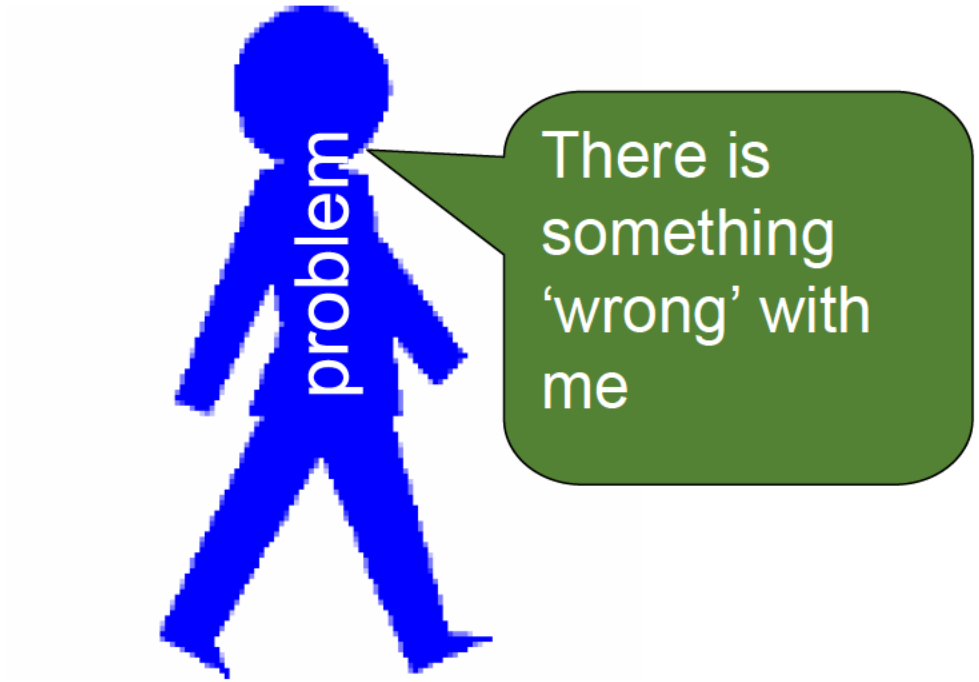
What is wrong with you?

To:

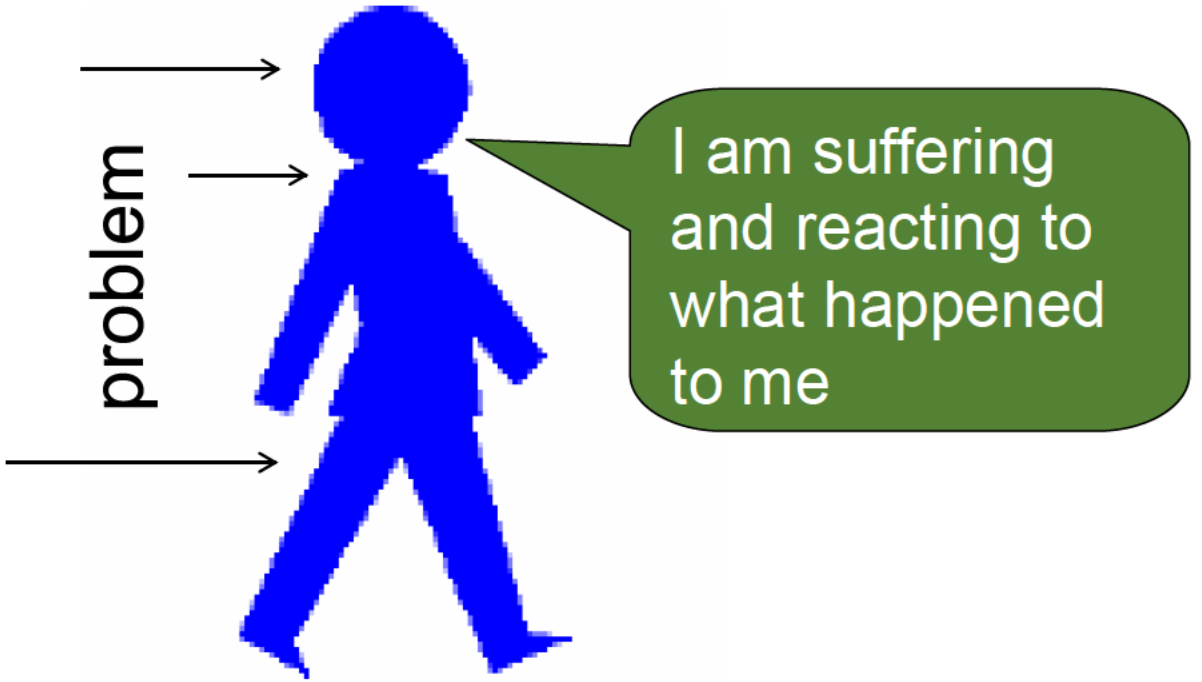
What happened (to you)?

What's strong with you?

From:


problem
There is something 'wrong' with me

To:


problem
I am suffering and reacting to what happened to me

Trauma Recovery Framework

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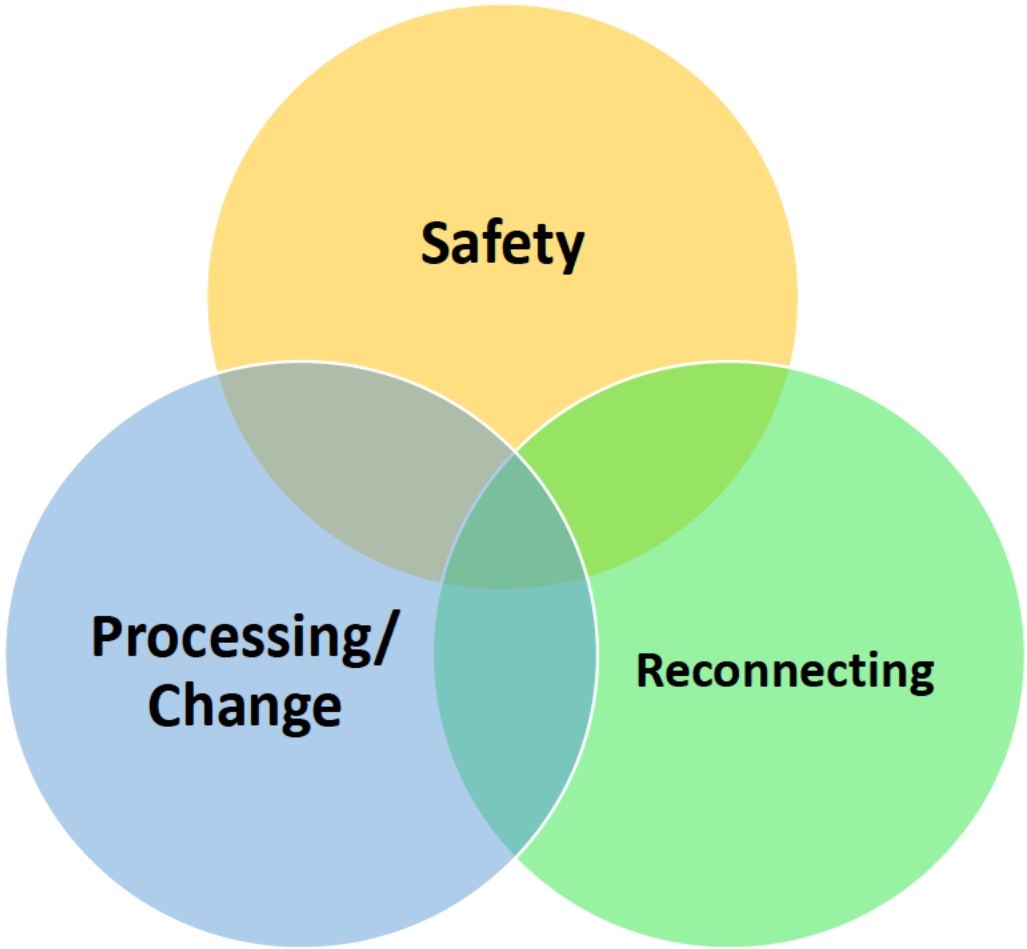

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Based on Trauma recovery stages by Judith Herman (1992)
& Personality Disorder treatment stages by W. Livesley (2005)

How to respond to facilitate Healing and Growth from Trauma

- Role of relationships in healing

  Compassionate, safe, trusting relationships with others can help re-establish trust to humans and be reparatory for one's self-worth

- Safe environments

- Resilience within relationships

- Coping and resisting

  Asking about and noticing ways that people are resisting and surviving traumatic experiences

Practical Examples of Respond

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Being curious about the human rights impact of certain procedures and policies.

An example that comes up a lot on the wards is the ‘no-smoking’ policy, questions around if this impinges on a persons human rights

Conducting capacity assessments.

Is there a danger of pathologising unwise choices?

Settings where people’s trauma histories are often neglected and the most marginalised: criminal justice system, learning disabilities, someone who is undocumented.

There is a need for trauma informed assertion and engagement to increase service access for these groups.

Jangling metal keys used for the shutters would wake patients up during night-time checks.

Service users requested that these were changed, and now plastic keys are used which make less noise.

What Does TIC Look Like in Practice?

Case Study

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Case Study

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Case Study

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[redacted]

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Case Study Discussion

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Group 1:

How do you understand [redacted] reaction (feelings, thoughts, behaviour) from a trauma perspective (e.g. 5Fs)?

- What are the triggers of her reaction?
- What are the factors that have made her reaction worse?
- What could make things better for her?

Group 2:

How do you understand [redacted] reaction (feelings, thoughts, behaviour) from a trauma perspective (e.g. 5Fs)?

- What are the triggers of his reaction?
- What are the factors that have made his reaction worse?
- What could make things better for him?

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Tea Break

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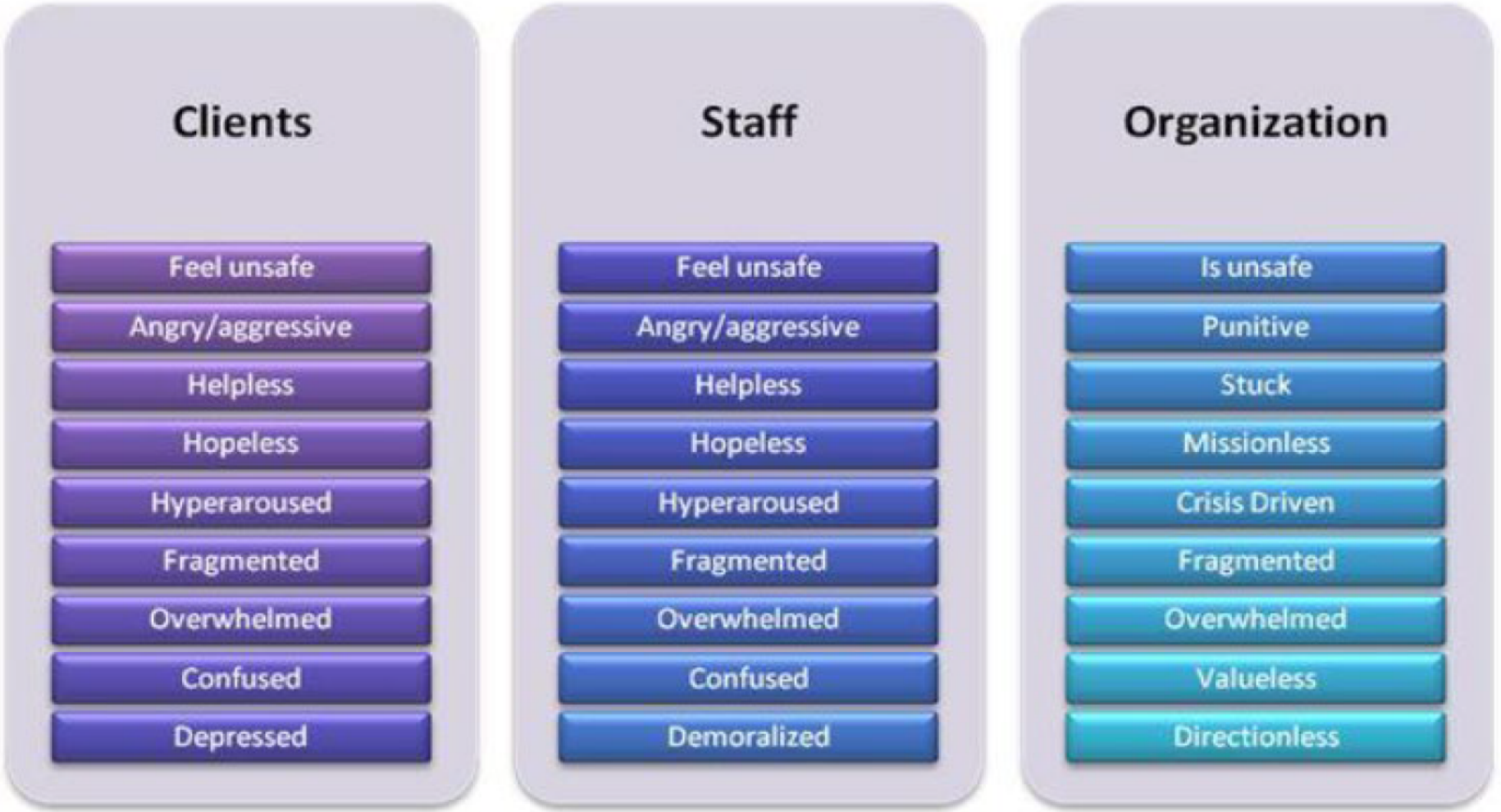
Resist
re-traumatization


Clients
Feel unsafe
Angry/aggressive
Helpless
Hopeless
Hyperaroused
Fragmented
Overwhelmed
Confused
Depressed
Staff
Feel unsafe
Angry/aggressive
Helpless
Hopeless
Hyperaroused
Fragmented
Overwhelmed
Confused
Demoralized
Organization
Is unsafe
Punitive
Stuck
Missionless
Crisis Driven
Fragmented
Overwhelmed
Valueless
Directionless

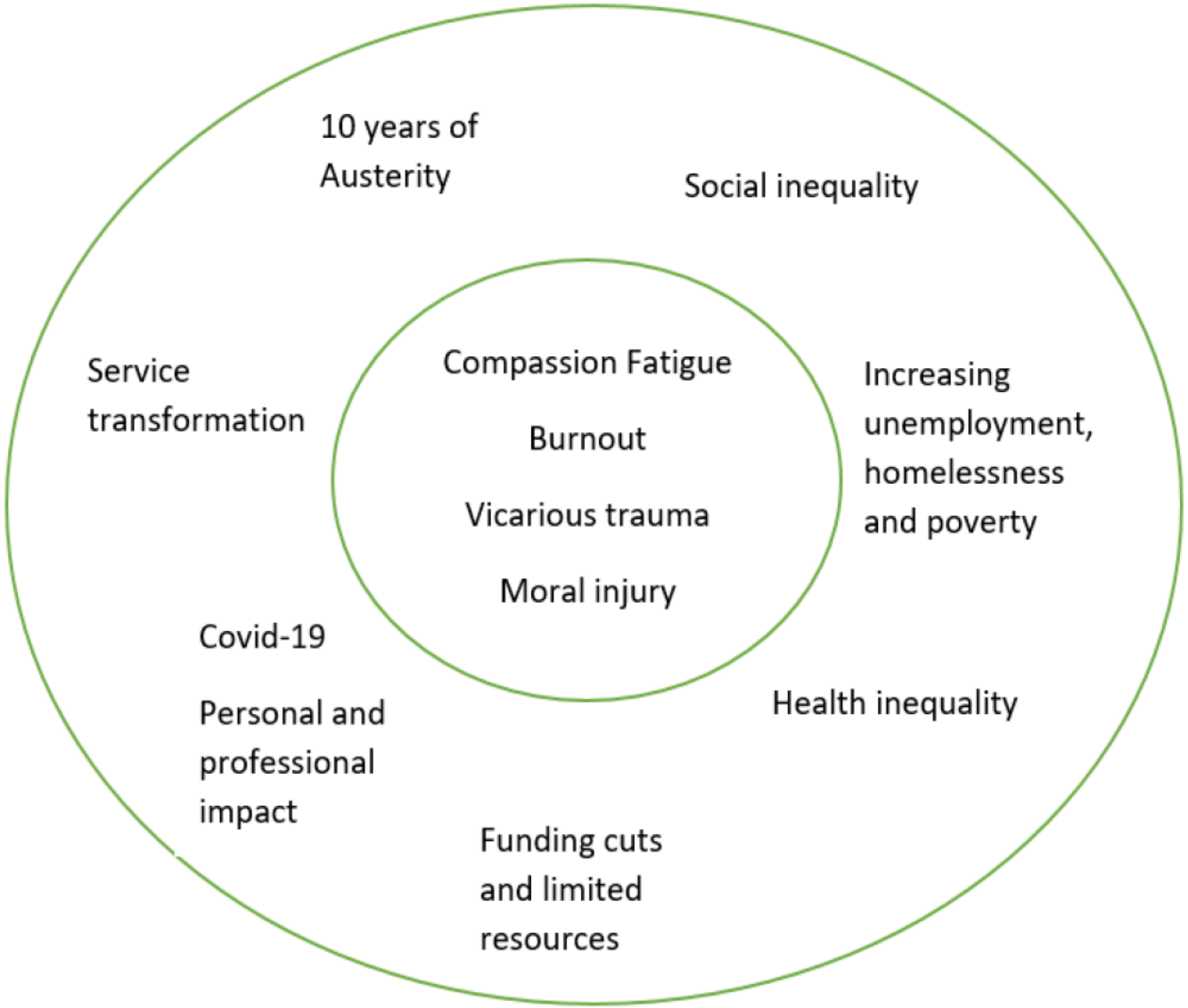
Trauma In Staff teams

- Rates of trauma amongst mental health staff/teams stats
  - 25% MH nurses experience high emotional exhaustion.
  - 15% depersonalisation

- Rates of PTSD as high at 44% amongst frontline staff
  - 76% reported that trauma was unrelated to the pandemic
  - 24% reported that trauma was related to the pandemic

(Lopez et al., 2019; Wild, et al.,2021)

The Current Picture



Break out rooms

1. Why did you choose the job you do? What does it say about the values you hold?
2. Where do you notice the experiences of trauma in your team?
3. How does this impact you?
4. Who supported you to keep going?

What helps? Some A. B, C's

- **A**wareness
  - Recognising your responses
  - Check in with your body
  - Check in with your team
- **B**alance
  - Work-life balance
  - Self-care
- **C**onnection
  - Connection with others
  - Take care each other and team solidarity
  - Connection with ourselves

Team Wellbeing

- Team traffic light check in
- Check out at the end of day/shift
- ELFT intranet Staff Wellbeing/ Primary care coaching
- Reflective practice / discussion of complex cases / peer or group supervision
- Coming together to acknowledge and celebrate ‘wins’
- Good practice mapping

Other ideas?

Practical Examples of Resist (Retraumatisation)

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Tower Hamlets Female PICU Ward

For Tower Hamlets' inpatient services, data was studied on incidents of aggression/violence, which happened frequently following ward rounds.

Ward rounds were therefore replaced with MDT huddles, leading to a decrease in incidents.

City & Hackney Inpatient Wards

Using the window of tolerance concept to enable staff check in during safety huddles and handovers on the wards, and as a tool to enable staff to ask for a chosen response subsequent to their rating.

For example, if staff member is feeling 'red' they may need to take more regular breaks or spend less time with a service user who has been triggered by them in some way.

Newham Talking Therapies

Working together to co-produce therapy and referral letters.

Action Plan

- What have you learned?
- What are you going to take away to your team?
- Consider changes in your work with service users and individual/team wellbeing

In terms of work with service users:

- What are you going to do less of / more of?

In terms of staff wellbeing:

- What is one thing that you want to change in your team/way of working?
- Who can support you with this and what do you need to put it into action?

Trauma Informed Practitioners (TIPs)

Members of staff who champion trauma informed care in their team.

Attend peer supervision and consultation spaces.

Manager support – Built into Job plan

[redacted]

[redacted]

Final Questions and Training Feedback

Click here