

# Towards trauma-informed services

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# Aims for this afternoon

- Understand how organisations, systems and processes can inhibit or support the recovery of people affected by trauma
- Discuss the key principles which underpin trauma-informed services
- Reflect on how these principles might be applied to your work-settings

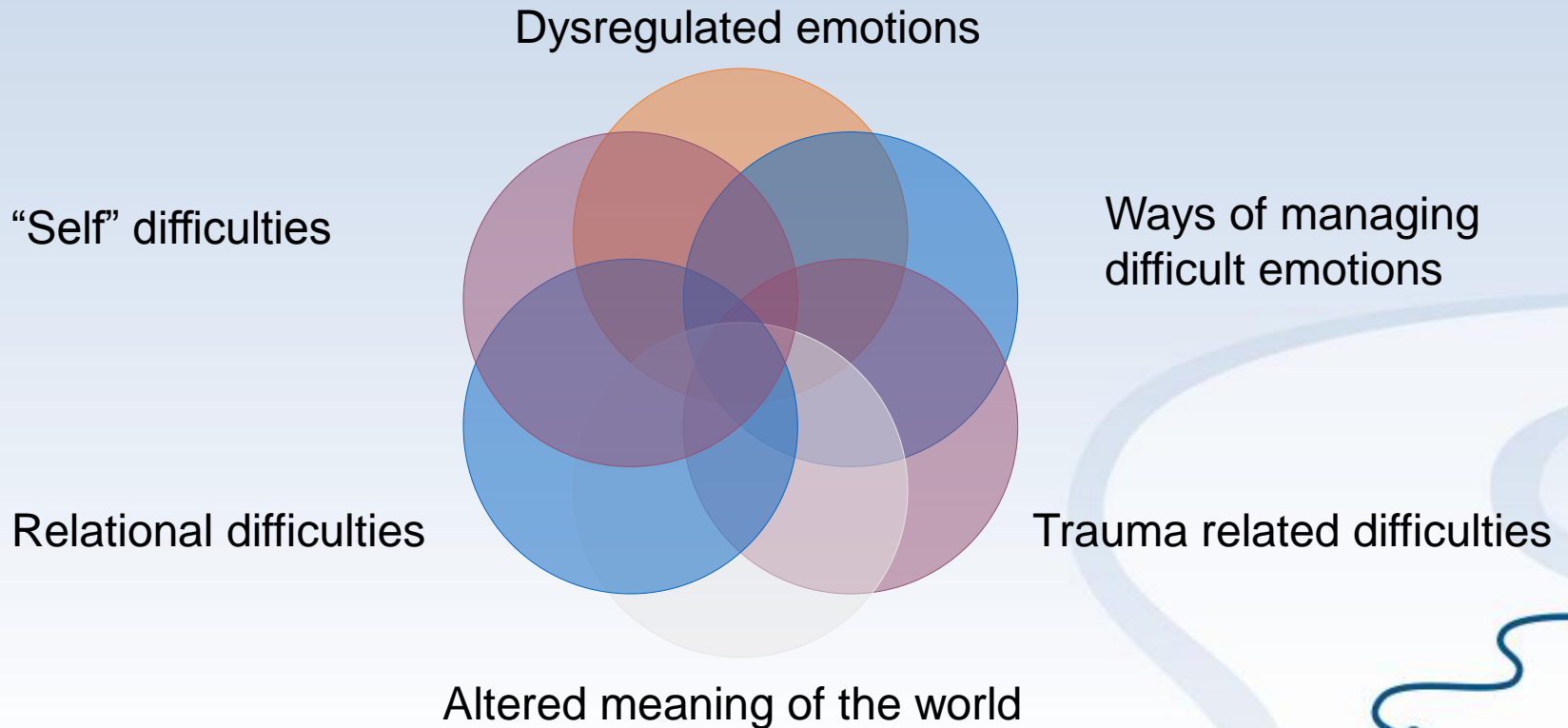
# Personal and social capital

- Safety, shelter, food
  - Social support and connection
  - Fairness + justice
  - Occupation + purpose
  - Health
- 
- Ability to tolerate distress
  - Ability to manage our emotions
  - Sense of who we are and where we fit in the world (identity + agency)
  - Ability to reflect & problem-solve (flexibility)
  - Ability to make and use relationships

# Impact of traumatic experiences

- Overwhelming
- Incomprehensible
- Disconnecting
- Disempowering

# Understanding the consequences of complex trauma



# Restoring wellbeing

- SAFETY
- SOCIAL SUPPORT
- HELPFUL COPING STRATEGIES
- TOLERANCE OF INTENSE EMOTIONS
- ABILITY TO THINK ABOUT THE EXPERIENCE
- REGAINING CONTROL / CHOICE

# National context

- Transforming Psychological Trauma Framework - A Knowledge and Skills Framework for the Scottish Workforce (NHS Education Scotland)
  - Growing interest in and recognition of the impact of Adverse Childhood Events and trauma into adulthood
  - Scottish Government funded Trauma Informed Services research and expert panel established
  - SG funded Rivers Centre research project to Develop Guidance for Trauma-informed Care in Scotland

# As long as the face to face work is trauma-informed...

- Trauma informed services don't have to treat the trauma, but they deliver a service in a way that is accessible to trauma survivors...
- Unless we know about trauma and understand its impact means we may:
  - fail to provide appropriate services
  - exclude trauma survivors by asking them to behave or attend services in a way they can't manage
  - inadvertently re-traumatise people



# Definitions..

A trauma-informed service system is:

*“a human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services”*

Harris; 2004



*“This means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact consumers. Programs that are informed by an understanding of trauma respond best to consumer needs and avoid engaging in re-traumatizing practices”.*

Guarino, K. et al (2009)

# Knowledge required

To be trauma informed a service needs to have:

- Understanding of trauma and trauma reactions
- Understanding of the person affected
- Understanding of services
- Understanding of relationship with services

# Key principles for all interactions with people affected by trauma

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

# Trauma informed services:

- Understanding the current and past abuse in the lives of every service user with which you are working
- An understanding of the role violence and abuse play in the lives of your clients
- Use this understanding to design the service.

(Harris and Follot 2001)

# Where it's appropriate...

- Expect and anticipate the behaviours noted for each character
- Feed back your understanding of these difficulties in the context of trauma survival through assessment formulation
- Help them understand what that might mean for them (e.g. difficulties in coping, relating etc)
- All staff use all contact as opportunity to normalise and continue to improve his understanding of trauma symptoms
- Psycho education
- Model a new type of boundaried, compassionate, consistent relationship
- Adapt case management approach to learning and support this outside group: texts, reminders, extra support
- Encourage self-care / positive coping skills

# Understanding of the person

- See person as a whole rather than a set of symptoms
- Expert on their life
- Not a passive victim or at fault
- Frames difficulties as consequences of or attempts to manage feelings associated with trauma
- Encourages people to play part in making changes

# Understanding of service

- Trust of professional not assumed
- Pro-active engagement
- Focus on safety
- Awareness of potential dynamics in relationships with staff
- Open, genuine collaboration
- Awareness of importance of clear and containing boundaries



# Joint goals

- Emphasis on strengths and resilience
- Goal of service is to empower the individual to achieve a sense of control and autonomy
- Focuses on skill building rather than symptom management

# Awareness & understanding

- Do you know whether the people using your service have experienced trauma and adversity?
- Do you need to? Do you ask?
- Are you able to listen?
- If you know, do you understand what it may mean for them and for their interactions with you?
- Can you talk to them about this?

# Safety & accessibility

- Is your service a physically safe place to attend / use?
- Is it a safe place if people are emotionally or psychologically overwhelmed?
- Do people know what to expect?
- Are interactions predictable, consistent and clear?

# Respect and diversity

- Is your service culturally competent?
- Do you understand how cultural context influences our perception and response to traumatic events?
- Are the services you provide sensitive to and appropriate for people from diverse backgrounds?

# Empowerment

- Does your service help people:
  - regain a sense of control over their daily lives?
  - build competencies that will strengthen their sense of autonomy?
- As service users, are people:
  - well-informed about all aspects of the system provided with clear expectations
  - offered choices
  - given opportunities to comment on / influence service delivery

# And what about you?

- Does your service ensure your safety?
- Are you clear what your role is, where the boundaries lie?
- Do you have opportunities to exercise choice and control?
- Does your service encourage collaboration between staff and help you build skills?

# How do we approach such a mammoth task?



Minimally  
trauma  
informed

Somewhat  
trauma  
informed

Highly  
trauma  
informed

# The requirements of developing a trauma informed service

- Managerial commitment
- Universal screening/routine enquiry
- Training and education
- Trauma champions
- Review of policies and procedures



# Self assessment models

Arranged into five domains

- Supporting staff development
- Creating a safe and supportive environment
- Assessing and planning services
- Involving consumers
- Adapting policies

# Motivation, Commitment, Readiness....

- What factors might influence your decision to become trauma informed?
- How committed are you to fulfilling the requirements of the process?
- What barriers may you encounter? How will you address this to avoid losing momentum?
- Are there currently other service commitments that could hinder your ability to move forward?
- Do you currently have the capacity to do this?

## You've taken the 1<sup>st</sup> step....

*“At first, thinking about trauma and its impact felt like one more thing to be added to the clinicians assessment of every consumer.*

*Slowly however, the focus on trauma seemed more integrative and less additive.*

*Trauma moved to the centre of our understanding (unconsciously) we evolved the philosophy and principles of a trauma-informed system”*

*Harris and Fallot, 2001*



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# Supervisory, peer and team approaches that Maintain Trauma informed relationships

All team members committed to a team environment that:

- Contributes to a supportive, reflective environment for all staff
- Opportunities for frequent, honest and transparent communication amongst team including sharing emotional reactions regarding client's difficulties and behaviour
- Supports clear and consistent boundaries across the staff team
- Staff monitoring own emotional reactions towards client
- Workers being open to colleagues reflecting on their relationships with service users
- Watching out for “special relationships” and the need to rescue
- Noticing any negative feelings such as irritation or reactions to the perception that a client is “getting special treatment.”
- Discussing potential for splitting in the team
- Includes reflective supervision attending to the relationship between client and worker

# Developing Trauma Informed Services

There are multiple frameworks and resources that can assist you:

- Maxine Harris & Roger Fallot – Community Connections Self Assessment and Planning Protocol
- Sandra Bloom – Sanctuary Model
- TICOMETER (Bassuk et al 2016)
- <http://www.traumainformedcareproject.org/>
- <http://www.stephaniecovington.com/>
- <http://www.centerforgenderandjustice.org/>

# Another resource

## Trauma informed organisational toolkit for Homeless Services

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

