Trauma Informed Practice

What is it?

Trauma is the mental harm caused by an emotional or physical response to an unpleasant experience. The impact is very individual and can range from immediate fear, shock and denial to long term unpredictable behaviours, flashbacks and physical ill health. The experience can be one significant event or several. Vicarious or secondary trauma is the result of empathetic engagement with others experiencing trauma, disturbing images or stories.

A person can experience trauma at any point in their life and from any event or circumstances. There is vast research into types and impacts of childhood trauma which can cause significant difficulties for a developing child or remain dormant and emerge in adulthood. Equally a person can experience trauma in adulthood caused by many circumstances and events.

A trauma informed organisation creates an environment where service users and staff feel safe, physically and emotionally; feel trust in the organisation; have choices and feel empowered to make those choices. There is a demonstrable respect for diversity and passion to go above and beyond to meet the individual needs of children and adults who require support to live their best possible lives. A trauma informed organisation promotes appropriate professional curiosity and a desire to understand and reduce the challenges faced by their workforce and externally.

Why is it important?

Most people recover from trauma without specialist intervention and research has shown that people with supportive networks have the best opportunities for recovery. Some people use alcohol or drugs to self-medicate, which can lead to a downward spiral in their health and social wellbeing. There are undeniable links between trauma and poor health outcomes; chronic conditions, mental illness and health harming behaviours. Adults who face multiple disadvantages resulting from trauma and adversity are 4 times more likely to become alcoholic, 15 times more likely to commit suicide, 3 times more likely to be absent from work and 3 times more likely to experience depression.

An organisation that does not identify trauma and respond positively can easily cause further harm to an individual's already fragile coping ability. By having a trauma informed workforce and policies and procedures that are sympathetic to the impacts of trauma, an organisation can reduce the suffering of others and the harmful socio-economic impact on society. These procedures must also support their own workforce through informed management and effective supervision.

Failing to understand and respond successfully to the impacts of trauma costs future generations and individuals their future and creates an unmanageable burden on services.

What are the difficulties?

Frequently people who are struggling to cope with trauma live with a degree of chaos in their lives. This presents challenges for delivering support and services. One of the biggest challenges can be that they often struggle to keep appointments. This could be due to memory difficulties, an addiction taking

priority at the time, transport, fear, lack of trust etc. It is our responsibility to resolve these difficulties and not for a person already vulnerable and struggling to be presented with another obstacle they are likely to fail to overcome.

Rarely is trauma the presenting issue to services and often is it part of multiple and complex needs that require agencies to work together and adapt their processes to fit the needs of the individual. A traditional route of signposting on is not likely to be successful and a process that requires an individual to talk repeatedly of their difficulties simply creates a practise of re-traumatisation.

In the cases of people who abuse substances, self-neglect or hoard, for example, society can often respond in a hostile way that continues to traumatise and further hinder access to support and a path out of the chaos, repeatedly 'burning their bridges' with services. The task of recovery becomes too huge and too many times agencies give up or delay.

What should practitioners do?

We need to work together to prevent trauma and adversity across the life course and while fully eradicating trauma remains unlikely, actions to strengthen community resilience and assets may partially offset their immediate harms.

Although we cannot change what has happened in a person's past, we can support them to change how that affects them. We do not necessarily need to target the trauma itself, but instead address the problems most evident like an inability to control emotions, poor self-worth, difficulty in relationships, substance misuse and self-harm and neglect. There are specific services and therapies that are designed to support these needs but we all must recognise that these types of behaviours are commonly the visible symptom of trauma.

A flexible person-centred approach which is consistent with giving people a sense of control is vital to reducing the impacts of trauma and our processes and procedures must accommodate for people's individual abilities. It takes time to understand how trauma has changed the ability of an individual to comprehend and respond, which is necessary to identify the best way to support that person to access support and services to improve their own outcomes. It may require supporting an individual to a service or appointment instead of signposting; using alternative locations to accommodate phobias or travel limitations; addressing smaller matters first and gaining trust: asking 'what happened to you' instead of 'what's wrong with you". Practitioners should be prepared to lead or be part of a multi-agency team responding to the needs of the individual in a way and time frame that moulds to their capabilities.

Further guidance and information.

- Dr Treisman's TedX talk on relational trauma and behaviour as communication from a childhood (17 mins) https://www.youtube.com/watch?v=PTsPdMqVwBg
- InSocialWork podcast series- https://www.insocialwork.org/trauma/
- Research in practice podcast- Learning resources & events on trauma (researchinpractice.org.uk)
- Dr Jessica Taylor discusses and dissects issues around trauma, violence and abuse - and encourages listeners to reflect, critique and question. https://podtail.com/en/podcast/dr-jessica-eaton-talks-about-stuff/

- Refugee Tales- https://podcasts.apple.com/gb/podcast/refugees-stories-podcast/id1255304577
- Connecting paradigms- Matthew S Bennett – Trauma Informed Lens podcasts https://connectingparadigms.org/podcast-2/
- A video interview podcast with Dr Treisman on relational trauma as part of a trauma summit-treating trauma without drama with Patricia Sherman- (39 mins) https://vimeo.com/220164746/9461dfe378
- How childhood trauma affects health across a lifetime | Nadine Burke Harris (16mins) https://www.youtube.com/watch?v=95ovIJ3dsNk
- Patricia Mangones - the complexities of psychological trauma and PTSD, https://www.mcleanhospital.org/podcast-truth-about-trauma
- Trauma knowledge and practice hub - https://adults.ccinform.co.uk/knowledge-hubs/trauma-knowledge-and-practice-hub/
- https://www.researchinpractice.org.uk/all/topics/trauma/
- The Child Trauma Academy- http://childtrauma.org/
- The Trauma-Informed Practices and Expressive Arts Therapy Institute http://www.trauma-informedpractice.com/
- Inner World Work (Some great downloadable worksheets including on fight, flight, and freeze modes)- http://www.innerworldwork.co.uk/
- Beacon House- Some fantastic resources and video clips on trauma- http://beaconhouse.org.uk/developmental-trauma/the-repair-of-early-trauma-a-bottom-up-approach/
- Sanctuary Model- Dr Sandy Bloom- www.sanctuaryweb.com
- MARC Health federation (trauma-informed and trauma-responsive communities)- marc.healthfederation.org