



West Yorkshire Trauma Informed Toolkit



Welcome

This toolkit will help you understand, develop, and maintain trauma-informed practice. It provides practical information, guidance and tools that you can use whenever needed. It includes the following sections:

1. What is Trauma

This section outlines how common trauma is, and the types of experiences that can be traumatic.

2. How Does Trauma Affect People?

This section gives an introduction to the results of trauma and how this affects the body and brain, and provides some practical ways to understand how our brains work.

3. Trauma-Informed Care

This section gives an introduction to the principles, practice, and language of trauma-informed care, and reinforces the first principle of safety for everyone who accesses and delivers services.

4. Building Recovery and Resilience

This section offers a guiding model for trauma-informed care grounded in relationship-building and communication, and gives guidance on some key points in the journey: disclosure, assessment, transition, and restorative practice.

5. Tools and Techniques

This section provides practical, accessible interventions that can be used to support safety, stability, and readiness for change.

6. Staff Wellbeing

This section provides guidance and support for people who may experience trauma in the workplace, both directly and in the course of their work with people who have trauma histories.

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1. What is Trauma?

This section outlines how common trauma is, and the types of experiences that can be traumatic.

1.1 Prevalence

Traumatic experiences are common and affect many people using and providing support services. World Mental Health Survey data shows that considering all traumas, 70% of respondents had experienced at least one type of trauma.

A useful working definition of trauma is:

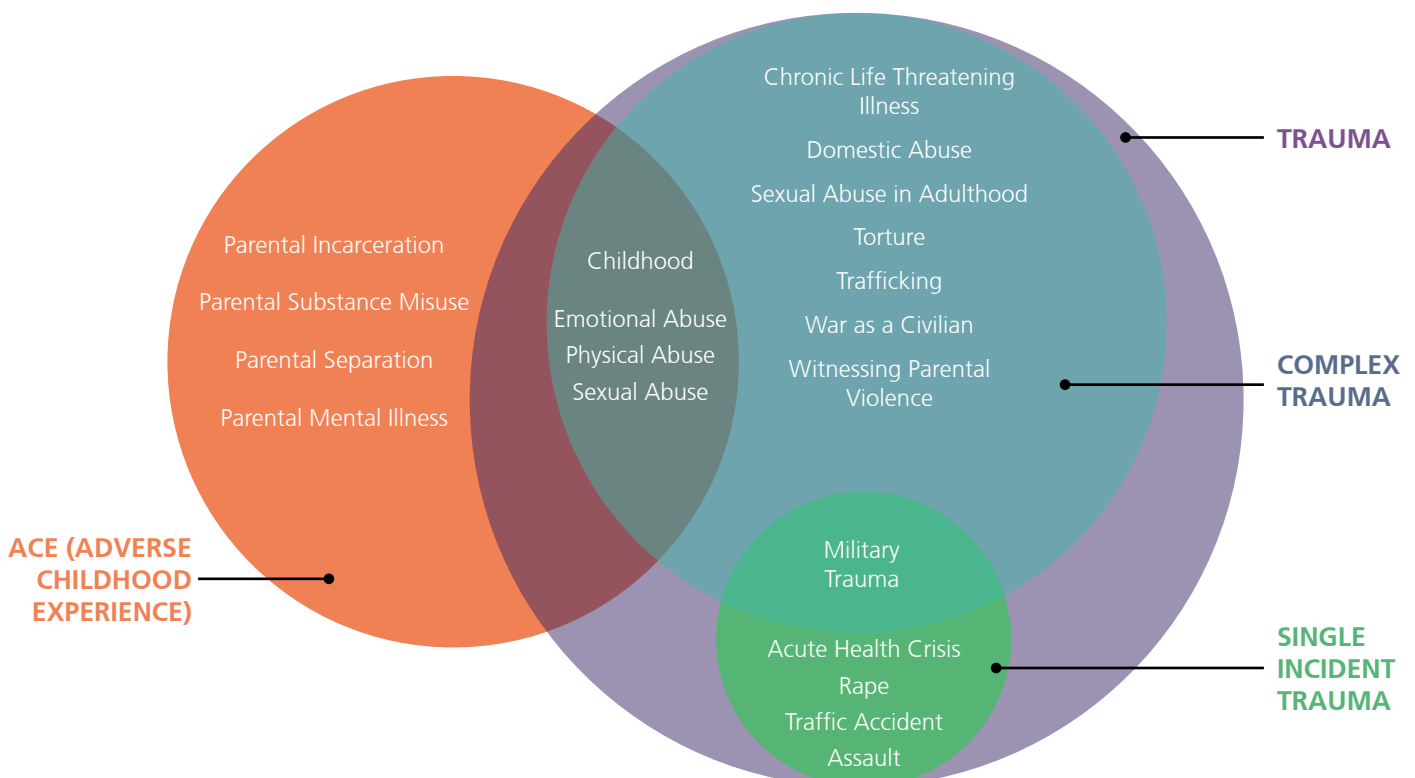
"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being."
SAMHSA (2014)

When a traumatic event happens, how a person experiences it greatly influences the long-lasting adverse effects. Not everyone who lives through traumatic experiences will experience lasting negative impacts, but it is reasonable to assume that a large proportion of people who access health and care services will be amongst those affected.

Any traumatic experience at any age can have a negative impact upon a person's physical and mental health and social functioning. This means that trauma events can underlie a journey through life that is difficult and disadvantaged in many ways.

1.2 Types of Trauma

Everyone's experience of trauma is unique, but the range of personal experiences can include :



NHS Scotland (2017). Trauma-informed Practice: Toolkit. Available at: <https://www.gov.scot>.

This is not an exhaustive list, and people may experience a range of traumas that are layered or linked, at the same time or over their life course.

Trauma experiences can also include:

Historical trauma: multi generational trauma, experienced by a specific cultural, racial or ethnic group
Institutional trauma: organisational or system trauma, experienced due to structural inequalities or abuses

Vicarious trauma can be experienced by people who witness trauma, or who absorb traumatic stories, for example as a bystander, friend, family member, or provider of services and support.

Trauma can present as:

- Acute trauma – which is usually the result of a single, isolated incident, for example an accident, injury, or bereavement.
- Chronic trauma – which is usually the result of experiencing similar trauma over and over again, for example domestic abuse or homelessness.
- Complex trauma – which is usually the result of varied, multiple traumatic events over time, often linked to relationships with other people, for example childhood abuse.

It is important to remember that not every stressful event is a traumatic experience, and that not everyone who experiences a potentially traumatic event is traumatised. If we overstretch the concept of trauma, there is a risk that we can over-medicalise the regular difficulties of life, and underestimate our resilience and adaptability.



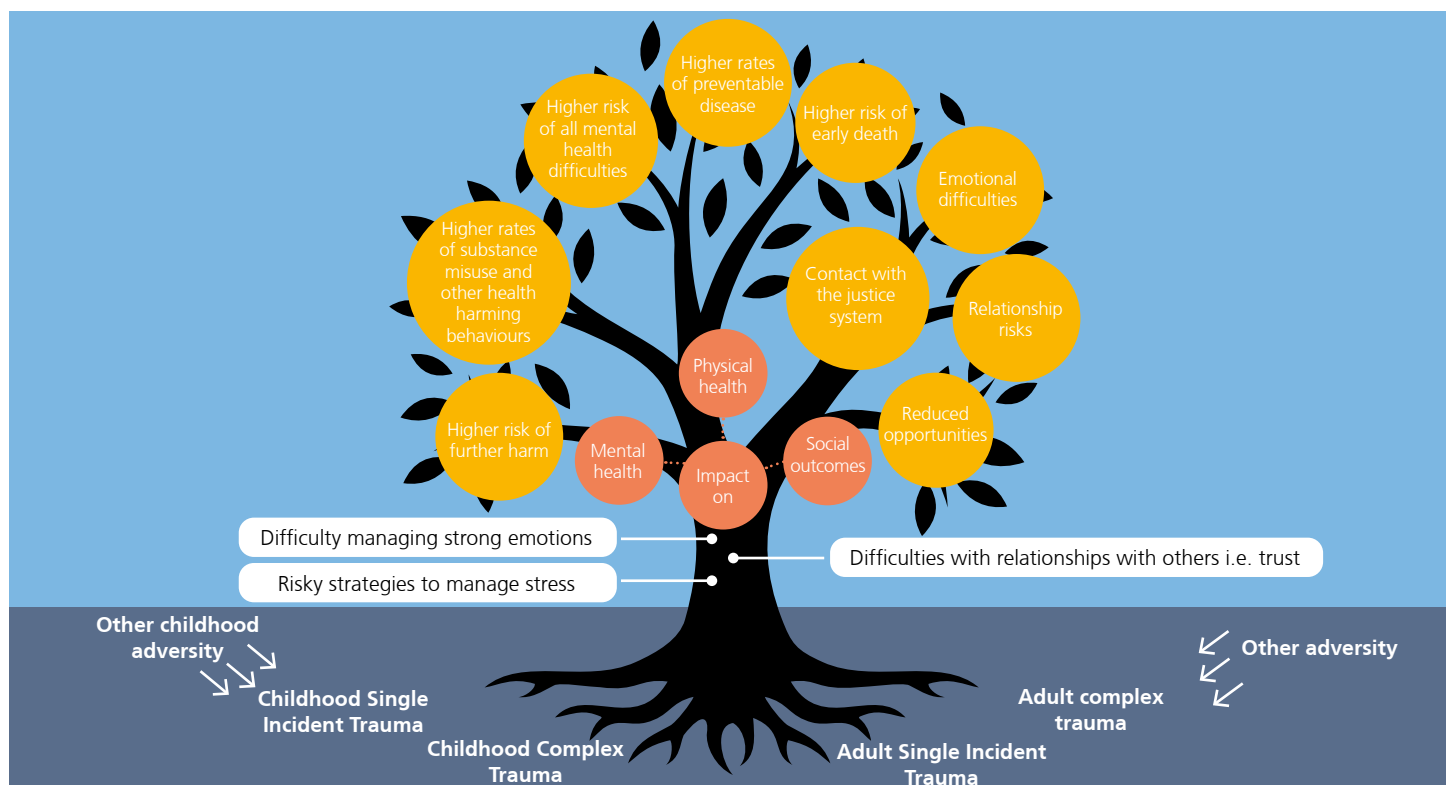


2. How Does Trauma Affect People?

This section gives an introduction to the results of trauma and how this affects the body and brain, and provides some practical ways to understand how our brains work.

2.1 What We See, and What We Don't

When working with people, we need to be aware that they may have trauma experiences that are either still impacting them now, or that may be re-triggered by life events and situations. This includes individuals who may seem to be coping and functioning well but have an unseen or undisclosed vulnerability. All of these trauma experiences can have life-changing impacts:



Developed from NHS Scotland (2012). Trauma-informed Practice: A toolkit for Scotland. Available at <https://www.gov.scot>

On a day-to-day basis, trauma can result in:

- Having flashbacks.
- Avoiding circumstances that remind you of traumatic events.
- Experiencing unwanted or disturbing thoughts that come to mind without warning or reason (intrusive thoughts).
- Feelings of anxiety and/or low mood.
- Feelings of guilt and shame.
- Feelings of grief and loss.
- Feelings of low self-worth.
- Feelings of hopelessness and helplessness.

It can:

- Distort your sense of self.
- Make it difficult to control your emotions.
- Cause relationship challenges.

Trauma is subjective, and the level to which an event or experience is traumatising to an individual will depend on various factors, including the person's:

- Prior experiences.
- Inner resources.
- Social networks.
- Environments.

Because trauma is unique to each person, everyone needs to be supported according to their specific needs at any given time. What is important to remember, is that everyone is trying to cope the best way they know how, based on who they are and their story so far.

Possible paths include:

- Unaffected: low distress and difficulties will stay low over time
- Delayed: low distress and difficulties that increase later
- Enduring: high distress with difficulties that endure over time
- Recovery: high distress but difficulties will reduce over time

Protective factors include:



Childhood adversity and trauma

People who experience or witness traumatic events in childhood or adolescence can be badly affected. This includes adverse childhood experiences (known as ACEs) which include abuse, parental abandonment, and growing up with a parent or household member who faces difficulties such as a mental health condition, time in prison, or alcohol and drug use problems.

These experiences can have serious consequences in later life as childhood adversity and trauma are associated with adaptations in brain structure and function that impact cognitive, emotional and social development, and with long-term physical health problems such as asthma and diabetes.

Not everyone who experiences childhood adversity will have later difficulties, as positive childhood experiences can protect against traumatising. Protective factors include: being able to talk with family about feelings; feelings of belonging at school, and having at least two non-parental adults who genuinely care.

Some adults who encountered childhood adversity and trauma may have complex trauma, developed over a lifetime of both traumatic experiences and responses to these experiences, such as harmful coping strategies. However change and recovery is possible, and starts with building trust and safety.

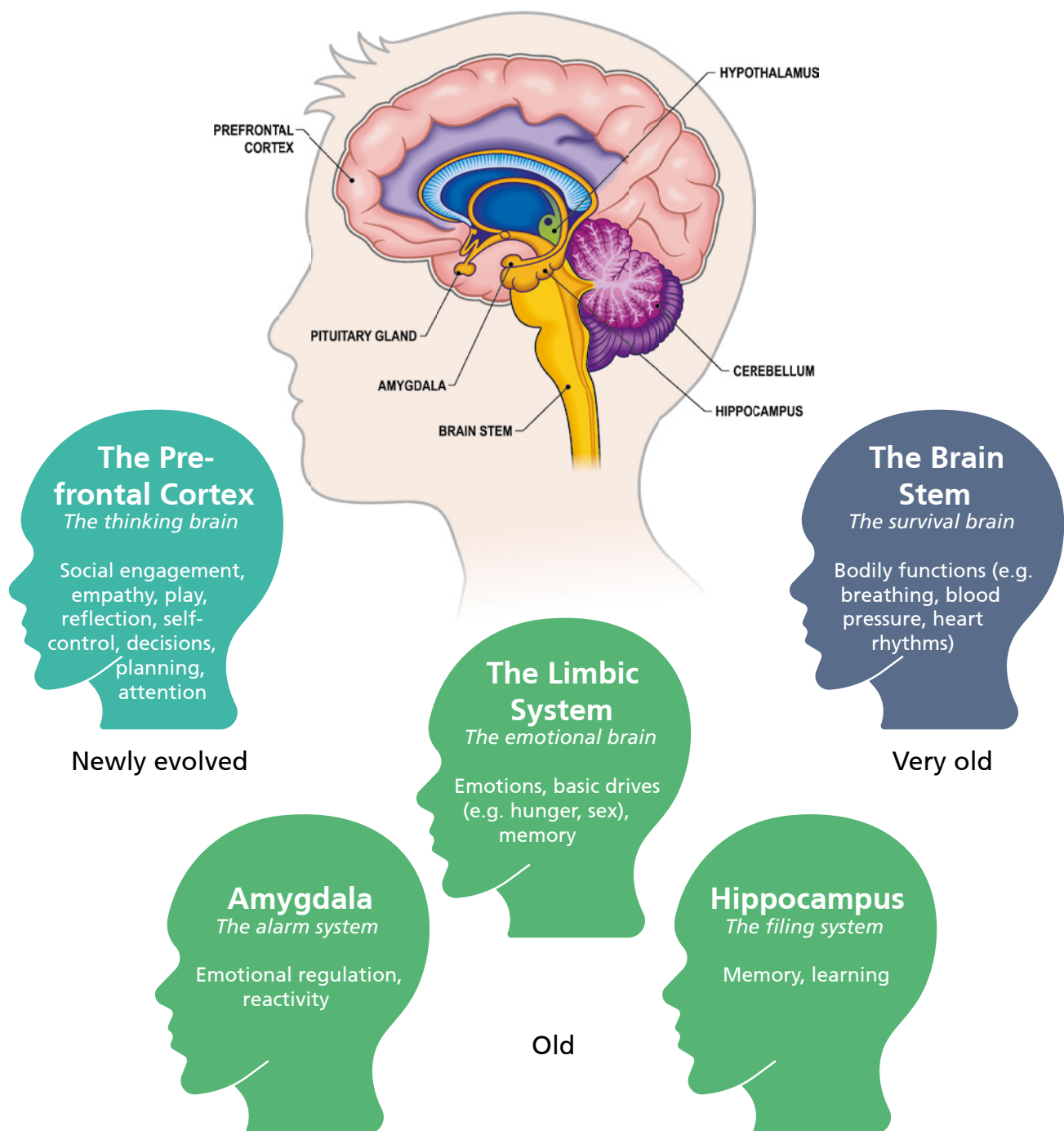
With the right combination of social and emotional support, self-care and treatment, children, young people and adults can grow and develop beyond experiences of trauma, and can restore and/or build new and healthy lives and relationships for the future.



2.2 How Trauma Affects the Body and Brain

Trauma experiences have been found to have negative physical and neurological impacts. Researchers have consistently found that physical ill health is linked to trauma. This is both directly, e.g. fatigue, irritable bowel syndrome and chronic pain are all commonly reported, and indirectly due to the effects of stress, health-related coping behaviours (e.g. smoking, alcohol) and avoidance of healthcare.

To understand the neurological impacts of trauma, it's useful to understand a little about how the brain works. Our brains have different parts which work together to coordinate our thoughts, feelings and instincts:



When our brain is working efficiently, all these parts are communicating in harmony. Under conditions of stress, the 'emotional' and 'survival' brain elements can become dominant, so we are less able to access the 'thinking' brain functions such as reflection and self-control.

In this situation, people don't think; they feel something intensely and act impulsively.

The Hand Model of the Brain

The hand model can help us to understand how this works. Hold your hand upright with your palm facing outwards and pretend your hand is a brain. Your wrist is your brain stem, or survival brain.

STEPS

1 Fold your thumb into the middle of your palm, like this picture:
Your palm with your thumb folded over represents your emotional brain.



2 Next, fold your fingers over your thumb, like this picture:
Your folded down fingers represent your thinking brain.

In this position all the parts of your brain are connected and working together.
Your thinking brain is hugging your emotional brain, making it feel safe.



3 Finally, lift your fingers (your thinking brain), exposing the thumb and palm (your emotional brain).

Your thinking and emotional brains are no longer connected - you've flipped your lid!



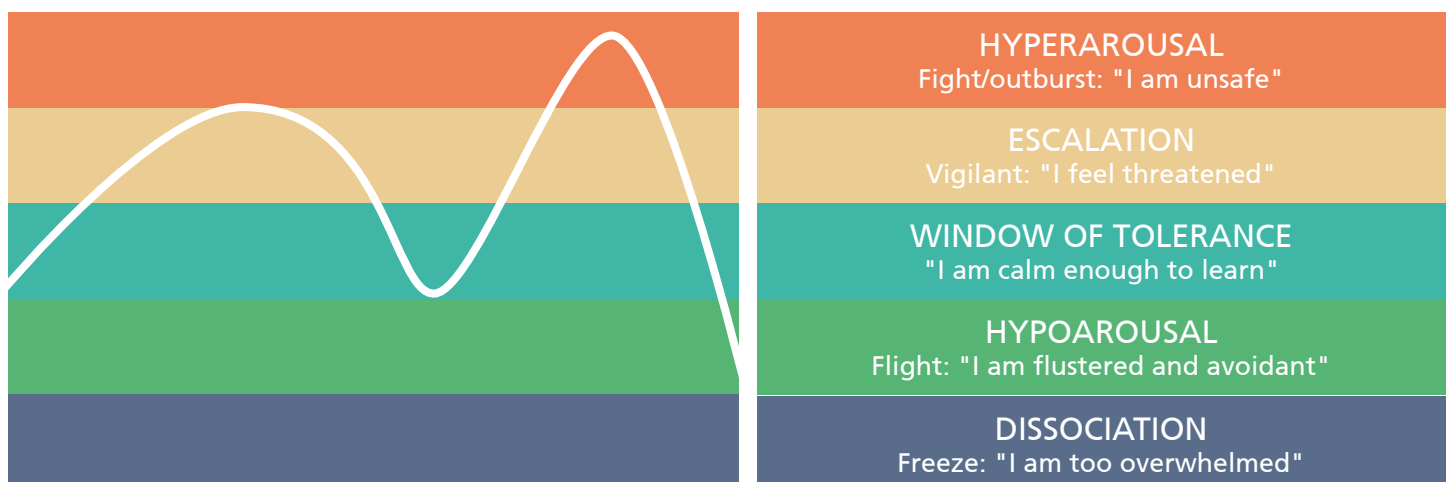
Hand Flip Model of the Brain design developed from Siegel, DJ. (1999)

Under stress, our alarm system can kick in, disconnecting the thinking part of our brain and letting the emotional and survival parts of our brain take control.

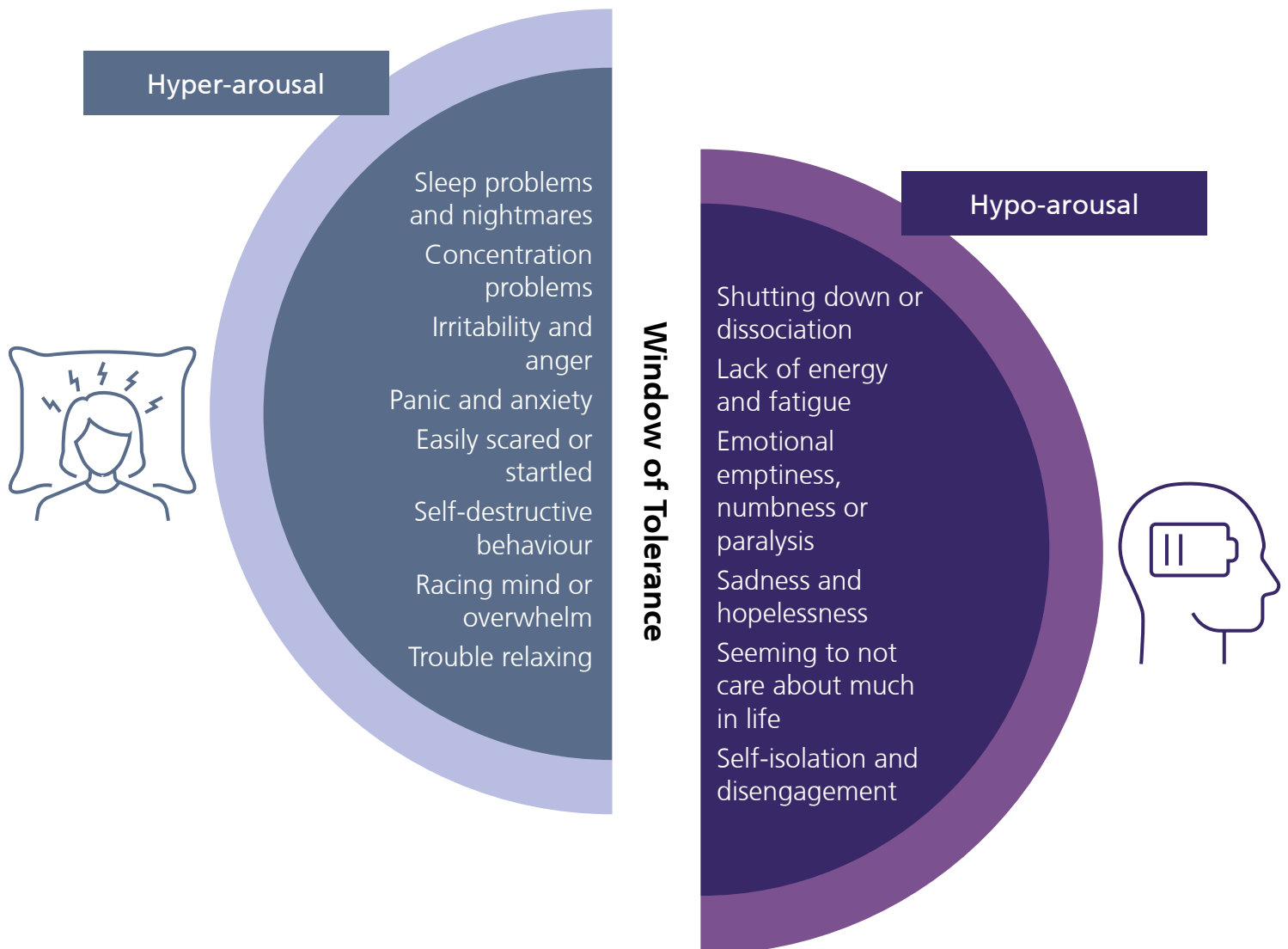
The Window of Tolerance

Life-threatening situations create traumatic stress for almost everyone who experiences them. However, the same neurological processes can also be triggered in non-life threatening situations. We all have a window of tolerance – the zone in which we are able to manage our feelings in a calm and balanced way, without 'flipping our lid'. People who have experienced trauma are more likely to have a narrower window of tolerance.

If a situation takes us outside this window of tolerance (or 'optimal arousal'), we can become hyper-aroused and react too much, or hypo-aroused and react too little.



Window of Tolerance, developed from an original design by Govind Krishnamoorthy and Kay Ayre.



Experiences on both sides of the window of tolerance share some common characteristics:

- **Pain:** we experience high levels of psychological and physical distress.
- **Cognition:** we forget how to think rationally.
- **Isolation:** we are unable to access help effectively.

New learning can only take place inside the window of tolerance.

Remember, we all have our own window of tolerance to be aware of. We are most effective at recognising and supporting the needs of other people when we are in our own window of tolerance.

3. Trauma-Informed Care

This section gives an introduction to the principles, practice and language of trauma-informed care and reinforces the first principle of safety for everyone who access and delivers services.

3.1 What is Trauma-Informed Care?

Trauma impacts how people access and experience services. People with trauma experiences may:

- Find it hard to trust - have been repeatedly hurt by others, resulting in the belief that no-one can be trusted.
- Feel unsafe - have been repeatedly exposed to high-stress situations, resulting in a need to be constantly on the lookout for danger.

This makes it difficult for people to ask for help, trust providers or form relationships, and to tolerate difficult or uncertain situations, such as accessing an unknown service setting.

How we respond to the needs of people who have experienced trauma has a significant impact on their process of recovery. There is a growing evidence base for the effectiveness of trauma-informed care in improving accessibility, service user experience, and outcomes across a wide range of support services.

Trauma-informed practice is an approach to health and care interventions which is based on the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. It is grounded in the following principles:

Safety	Trustworthiness	Choice	Collaboration	Empowerment	Cultural consideration
Definitions					
Ensuring physical and emotional safety for all.	Maximising trust, ensuring clear expectations, and having consistent boundaries.	Making self-determination, autonomy and control a priority.	Sharing power and working together. Working with, not doing to or for.	Recognising strengths and skills to build a realistic sense of hope and possibility.	Moving past biases and stereotypes based on, e.g. gender, sexual orientation, age, ethnicity.
Values/Principles in Practice					
Create a welcoming environment Give consequences using supportive, non-confrontational language.	Provide clear information about expectations Inform others of transitions ahead of time Express patience and acceptance.	Inform others about options available to them Balance flexibility while defining parameters Reflect options regarding race, gender and culture.	Seek ideas and feedback Explore others' circumstances from their perspective Acknowledge power dynamics.	Build on strengths and capacities Ensure interactions are validating and affirming Use person-first and inclusive language.	Offer access to culturally responsive services Appreciate the healing value of traditional cultural connections.

Delivering trauma-informed practice across an organisation or care system takes time and embedding these principles can require fundamental change to how services work. The overall aim is to create provide an environment where people who have experienced trauma feel safe and can develop trust. This makes services more effective for everyone.

3.2 What does Trauma-Informed Care Look Like?

Some people find that the effect their trauma has on them decreases over time, for others this is not the case, and they continue to live with significant negative impacts. For everyone affected, some situations may cause re-traumatisation, in response to new traumatic events, or by experiences in the present triggering strong reminders of the original trauma. Examples include:

- Invasive procedures.
- Removal of clothing.
- Physical touch.
- Personal questions.
- Retelling the events (disclosure).
- Not feeling listened to.
- Situations where a person lacks control or agency.
- Situations that are uncertain, or not fully explained.
- Situations where consent is required, for example to undertake a medical procedure.
- Situations where a person feels blamed for what happened to them.
- Situations where there is an unequal power dynamic, or the need to trust authority figures.

These situations may make someone feel:

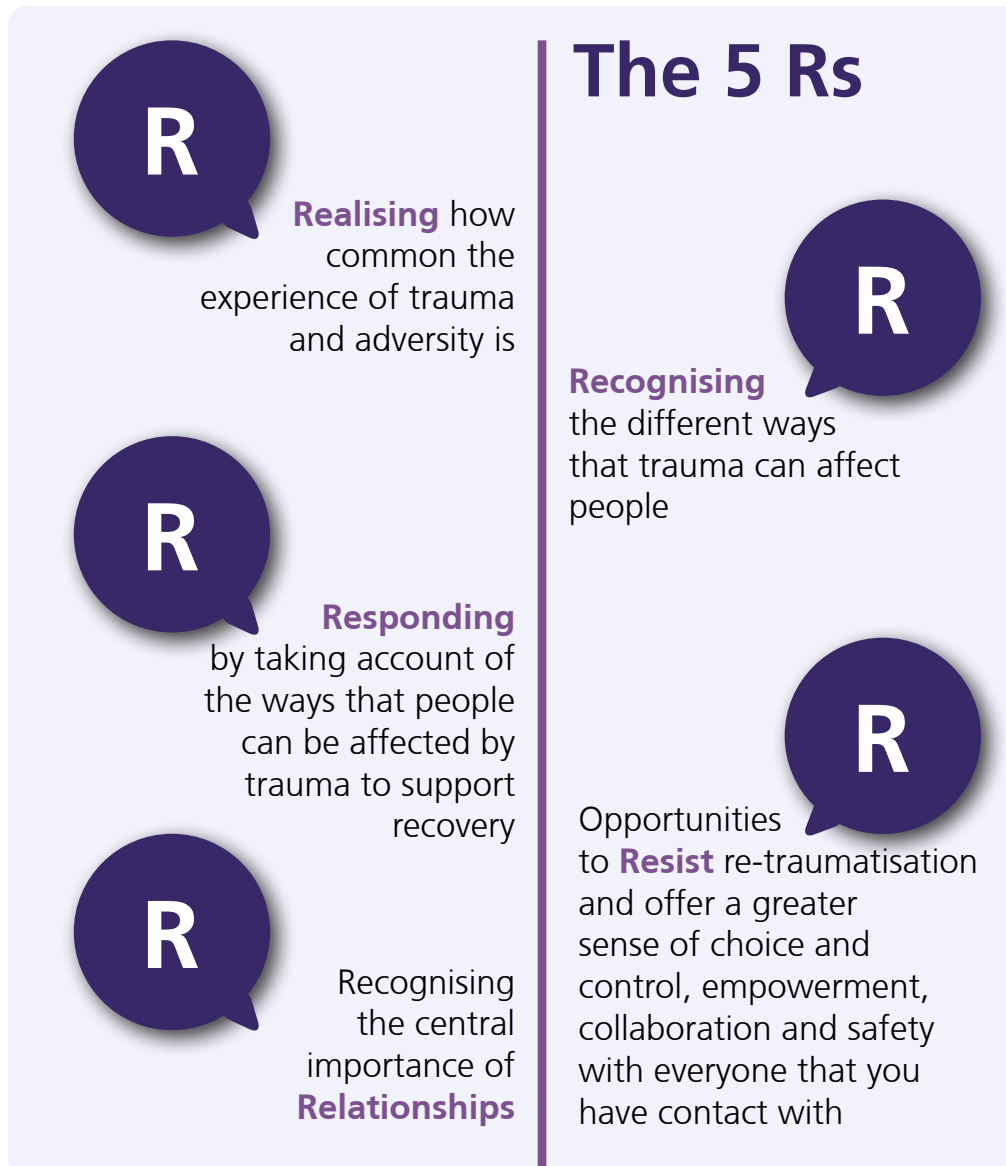
- Vulnerable or ashamed.
- Scared or threatened.
- Blamed or judged.
- Uncomfortable or anxious.
- Alone or withdrawn.
- Angry or frustrated.
- They have no privacy.
- They have no control.
- Reminded of previous traumatic experiences.

These symptoms of trauma aren't always seen by others, can't always be vocalised, and aren't always understood by the person experiencing them. Because of this, we need to make sure that we don't make assumptions about anyone's experiences or presentation.

We all filter our experiences, including our interactions with others, through our own perspectives, attitudes and emotions. This frame of reference is made up of our own experiences, values, beliefs and the wider environmental and social constructs that we have been exposed to and which give us an understanding of how the world and other people work.

Looking at the world through these filters, we can make assumptions about people's lives, behaviours, and personalities.

However, in doing so we can miss opportunities to understand, connect, and offer positive support. Trauma-informed care is a proactive way of working in any situation and is underpinned by the five Rs:



Developed from NHS Scotland (2017). *National Trauma Transformation Programme*. Available at: <https://www.gov.scot>

Trauma-informed care prioritises partnership, communication, collaboration and power-sharing. It is about **DOING WITH** not **DOING TO**

3.3 Prevention

Trauma-informed approaches include active work to prevent trauma and re-traumatisation. Different services have different roles to play in prevention but there are some common themes:

	Aims	Examples
Primary Prevention	Reduce the likelihood of trauma by improving population health and wellbeing.	Early years support Violence prevention work Work and skills support.
Secondary Prevention	Detect the early signs of trauma and intervene before the person becomes unwell.	Identification of staff showing signs of work-related trauma.
Tertiary Prevention	Support those with trauma experiences to avoid triggers and re-traumatisation.	Trauma-informed environments Strengths-based approaches.
Quaternary Prevention	Support those with trauma experiences to avoid further harm.	Specialist interventions and therapies to reduce trauma impacts.

3.4 Language

Language is important:

The language we use and the stories we tell have great significance to all involved. They carry a sense of hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes.

In interacting with people we should consider our spoken and written language and the messages our choice of words sends. Language is personal and individual preferences can change in different situations and over time; speak to people and find out what they prefer. In general, trauma-sensitive language has:

- No labels – don't define a person by their diagnoses, behaviours, or life journey.
- No judgement – don't make assumptions that convey disapproval or superiority.
- No jargon – don't use specialist or technical language unless explained in plain English.

The following examples give trauma-informed alternatives to some commonly used language.

See Section 4 for more information on communication and Appendix 1 for resources from the Forward Leeds alcohol and drugs service which give practical examples to support trauma-informed written communication.



Term	Why this might not be trauma-informed	Possible alternative	Why might the alternative work better?
Service user disengaged from service	Implies the person has made an active choice when there may be many factors why that person could not attend or that they felt too unsafe.	Service currently unable to engage with person.	Implies it is the services responsibility. Encourages the service to explore all creative options to find meaningful ways to engage.
Risk management	Managing risk in this way can increase the focus on crisis events. This can also lead the employee to believe they hold too much of a person's risk.	Ongoing safety.	Managing risk in this way encourages us to hold the correct level of risk by encouraging people to manage their own risk and to create appropriate safety plans.
Victim	Has the potential of being deficit based and could define how they are seen or perceived by themselves or others.	Survivor.	Uses a more strengths-based language and helps reinforce a positive self-image of a person.
Perpetrator terms (i.e., an abuser, an aggressive person, they are manipulative).	Can stigmatise people, make them less motivated to change, and may even re-traumatise them.	Describe the behaviour (i.e., Bob got aggressive, rather than Bob is aggressive).	Accepts the behaviour is wrong but avoids stigma on the person. Allows responses to be focused on why the person acted that way, rather than accepting it's just who they are.
Service user non-compliant	Implies that the service is rigid in its approach and will not adapt to meet the needs of people accessing services.	Person currently not engaging.	Accepts that the person is unable to engage, but that there is an underlying rationale or reason as to why this is happening.
Did not attend appointment	Implies that the person made an active choice.	Person was not able to make their appointment.	More ambiguous and accepts that there may be many reasons why they did not attend.
Service user feeling suicidal	Implies a binary choice. Does not provide the opportunity to understand why and how we can help make them feel safe.	Person mentioned feelings of distress linked to suicidal ideation.	Allows professionals more opportunities to explore why the person is feeling distressed, is more empowering, and allows for more effective support to be provided.
Too complex	Could seem like an accusation towards the person and may increase feelings of rejection and cause re-traumatisation.	Person's needs not suitable for the service.	Shows that although the service cannot offer the support – there are services that can, and everything will be done to ensure this person gets the support they need.
Service user not listening	Implies that the relationship is the problem. Does not explore why the person may not be listening.	Service struggling to engage with person - alternative strategies sought.	More empowering to the employee who will be encouraged to find alternatives to work with the person.



3.5 Keeping Safe

Safety is a key principle of trauma-informed care; people need to feel emotionally and physically safe to engage with support and build trust. Rebuilding this sense of safety means that people don't remain in a state of high arousal and can start to process their trauma. We can build this into services by seeking the perspectives and participation of people who use services, individually and through involvement in groups and improvement projects.

Identifying other sources of support such as family and friends, and guiding people to agencies that can give emotional or practical help can help keep people safe, but it must always be done with the person rather than for them or to them.

Feeling that things are happening with your knowledge, consent, and involvement is also part of feeling safe. Safety planning provides a tool to build empowerment for people accessing and delivering services. Safety plans are co-produced to balance risk and support and should be:

- **Collaborative:** working together to highlight risks and triggers.
- **Consistent:** sharing with support partners to reduce duplication and minimise risks.
- **Stepped:** identifying and addressing all the steps that could lead to a crisis.
- **Safety-focused:** being clear on how this will keep everyone involved safe.

Safety Plan example overleaf.



What I want to avoid	Getting angry when accessing Humankind services.	
What can get me to feel this way?	What can this service do to help me with this?	What can I or others do to help me with this?
Sat in a waiting room for too long.	Not let me wait in the waiting room for too long – tell me if you are running late so I can go outside and get some fresh air.	Tell the receptionist if I am feeling angry or upset and that I am going outside to cool down.
Morning appointments.	Only offer me afternoon appointments.	Remind the service when I am offered morning appointments.
Seeing you after I've seen probation.	Only make appointments with me on days I don't see probation – too much in one day can do my head in.	Tell you my probation appointments so that we avoid appointments on the same day.
If I am having a bad day and don't want to talk.	Check-in at the start of each session – if I don't want to talk, agree to arrange another appointment.	Be honest and tell my worker I am not in the mood to talk.
Attending groups.	Make sure groups are suitable for me and check in that I feel safe.	Be honest and tell my worker I am not in the mood to talk.
What things make me feel safe/secure?	<ul style="list-style-type: none"> • My worker listening to what I say and acting on it. • One-to-ones and groups lasting a maximum of 30 minutes before I need a break to clear my head. 	
If I was feeling emotionally distressed – what would help to ground or self-soothe me?	<ul style="list-style-type: none"> • Having a break so I can have a cuppa and some fresh air. • Breathing exercises that I have learned. • Meditation. 	
If I found myself getting too overwhelmed – what would my crisis strategy be?	<ul style="list-style-type: none"> • To tell my worker I need to leave and my worker accepting that without pushing so that I stay. 	

Safety First

Remember that people with trauma experiences are more likely to have a narrow window of tolerance. This means that they may become hyper-aroused (e.g. angry or agitated) or hypo-aroused (e.g. withdrawn or hopeless) more easily when under stress. Nobody can process new information rationally or learn when outside their window of tolerance, so completing planned interventions may not be productive, or possible.

If facing concerning or aggressive behaviour, always remember the first principle of trauma-informed practice – safety. Keep yourself, the person, and anyone else affected as safe as possible.

Your organisation may have specific training, policies, and site management systems to help keep everyone safe at work, but some potentially useful prevention and de-escalation techniques are:

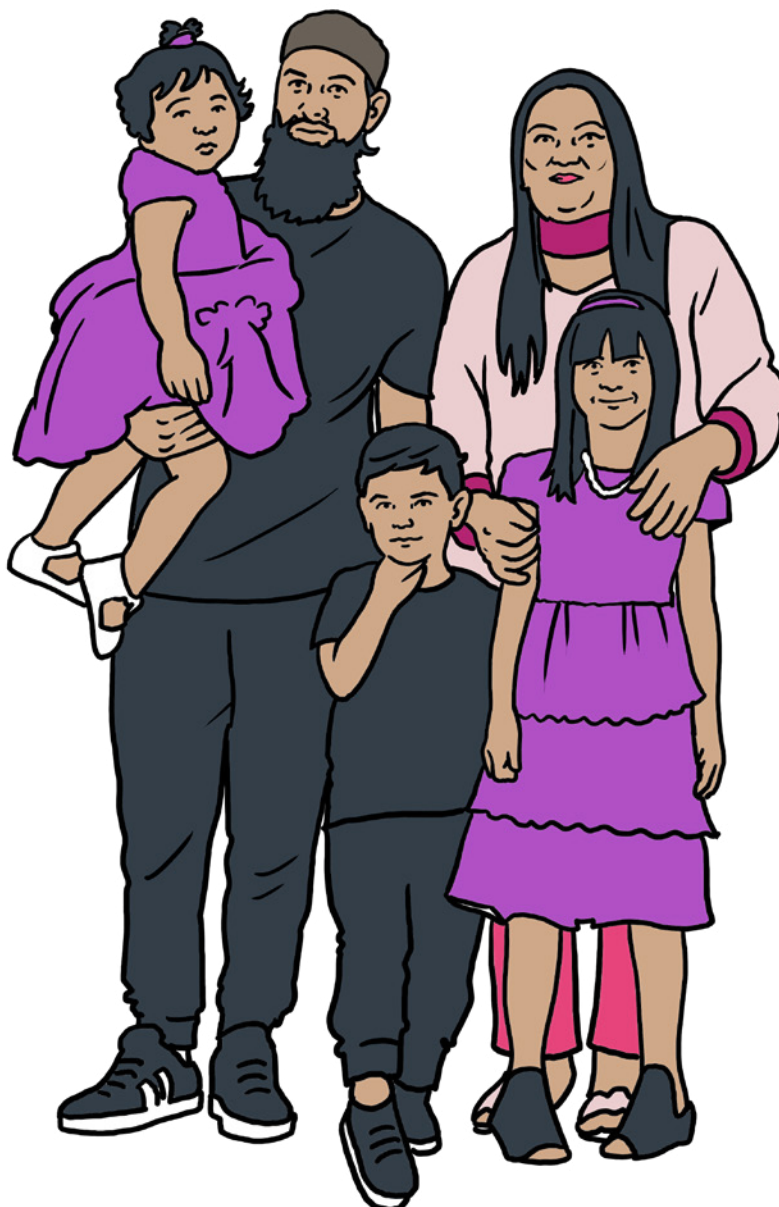
Empathy and Non-judgement	<p>Communicate your understanding to build feelings of safety and trust, which have a calming effect:</p> <ul style="list-style-type: none"> • I can see that you're feeling... • I understand this is difficult for you...
Emotional Regulation	<p>Tune into your own emotions and use your preferred regulation techniques, e.g. breathing, grounding (see Section 6).</p> <p>Remember that it's difficult for you to support anyone else if you're outside your own window of tolerance.</p>
Calm Verbal and Body Language	<p>Communicate slowly and clearly to avoid misunderstanding and in an even tone of voice. Use open, non-confrontational body language with no sudden movements.</p>
Active Listening	<p>Focus on the other person, asking questions as needed, to show attention and consideration:</p> <ul style="list-style-type: none"> • Can you tell me what's happened? • It sounds like you want to...
Personal Space	<p>Offer personal space for the other person to process their thoughts and feelings safely.</p>
Distraction	<p>Suggest activities to redirect attention and energy, for example making a cup of tea, getting some air, writing something down.</p>
Boundaries and Choices	<p>Set clear, safe boundaries but offer choices where possible to build empowerment:</p> <ul style="list-style-type: none"> • We need to stay here while we figure this out, but would you like a tea or a coffee? • Would you like to sort this out now or come back in 30 minutes?



Trying to de-escalate situations when someone is in hyperarousal mode can be counterproductive. Consider ending sessions/groups, providing timeouts, or just walking away if nothing else works.

If you do need to pause or end a session, say why, if safe to do so, and communicate clearly on what will happen next. This helps to avoid re-traumatisation, for example by triggering feelings of abandonment.

See Section 4 for restorative practice following an incident of concern, Section 5 for emotional regulation interventions, and Section 6 for information on how to debrief and access support after an incident.



4. Building Recovery and Resilience

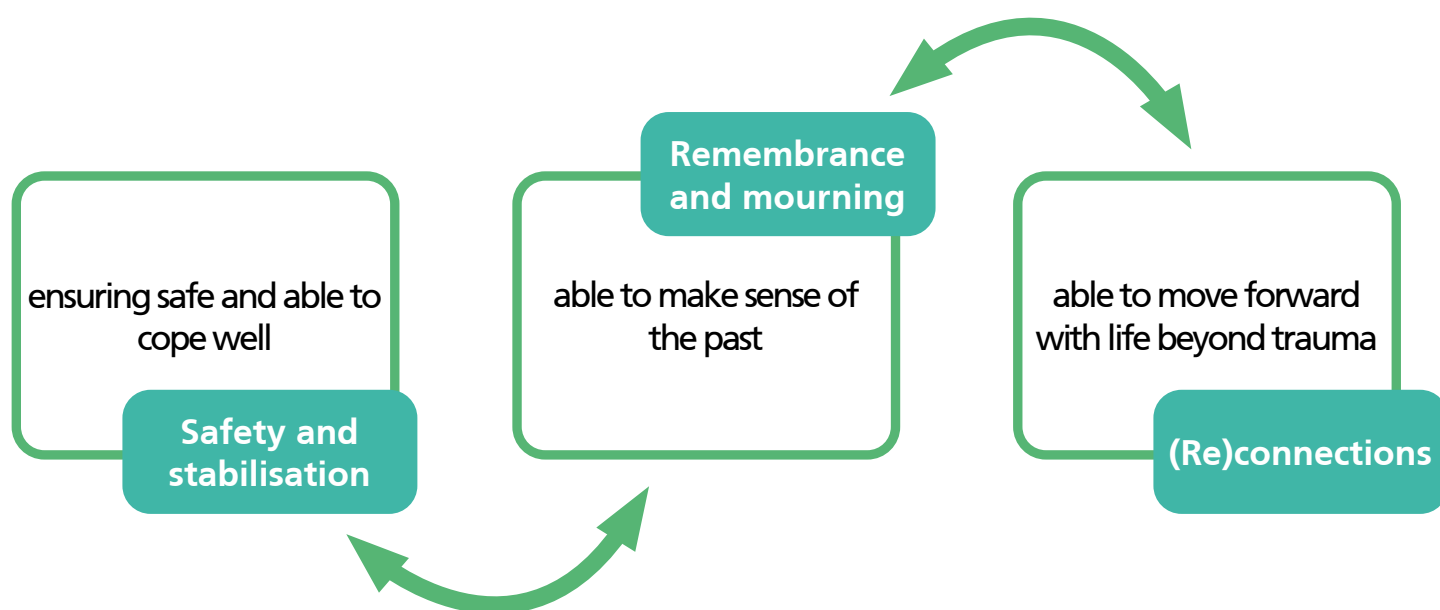
This section offers a guiding model for trauma-informed care grounded in relationship-building and communication, and gives guidance on some key points in the journey: disclosure, assessment, transition, and restorative practice.

4.1 A Guiding Model

Experts broadly agree that interventions for the effects of trauma should aim to:

- Promote physical safety and coping with trauma impacts.
- Enhance emotional stability and reduce emotional distress linked to trauma.
- Enable the person to make active life choices.

This is known as the phase-based model of trauma and recovery:



NHS Scotland (2017). *Trauma-informed Practice: Toolkit*. Available at: <https://www.gov.scot>

The effects of trauma don't always have to stay with someone for their entire lives. When trauma-informed care principles and practice are employed, the person who has been traumatised can be supported in examining and 'sorting' how they feel about those traumatic experiences.

This model shows the importance of building safety and stability before beginning to work through trauma and look to the future. This phased approach helps to mitigate the immediate impacts of trauma and build people's readiness and resilience for recovery. This lays the foundations for post-traumatic growth and meaningful, life-altering change.

Remember that although this model is presented as linear, in reality people will move back and forwards through different stages at different times – this is a normal part of building recovery and resilience and will depend on individual life circumstances, resources, and recovery pathway.

The level of trauma-informed practice that you provide will depend on your role and competencies. NHS Scotland provides a useful summary of the different levels of skills and knowledge and how they apply to trauma-informed care.

TRAUMA INFORMED PRACTICE	TRAUMA SKILLED PRACTICE	TRAUMA ENHANCED PRACTICE	TRAUMA SPECIALIST PRACTICE
<p>All workers</p> <p>Examples could include shop workers, taxi drivers, recreation workers and office workers</p>	<p>Workers who are likely to be coming into contact with people who may have been affected by trauma</p> <p>Examples could include some lawyers, GPs, teachers, police officers, receptionists, care workers, housing workers, service managers, youth development workers, health visitors and counsellors</p>	<p>Workers who have a specific remit to respond to people known to be affected by trauma</p> <p>AND</p> <p>are required to provide advocacy support or interventions</p> <p>OR</p> <p>are required to adapt the way they work to take into account trauma reactions to do their job well and reduce risk of re-traumatisation</p> <p>OR</p> <p>are required to manage these services</p> <p>Examples could include mental health workers, educational support teachers, drug & alcohol workers</p>	<p>Workers who have a specific remit to provide specialist interventions or therapies for people known to be affected by trauma with complex needs</p> <p>Examples could include social workers with specialist roles, some psychiatrists, psychologists and other therapists</p>

NHS Scotland (2019). Available at: <https://www.gov.scot>

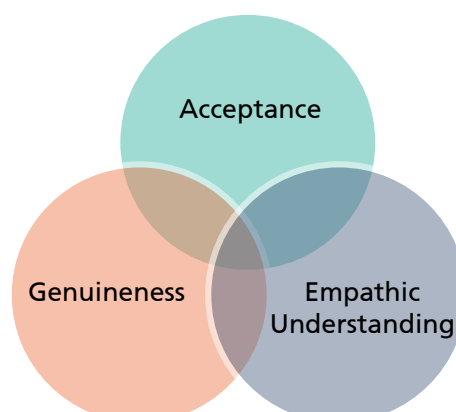
This toolkit provides practical guidance for practitioners who are required to deliver trauma skilled or trauma enhanced practice as part of their role.

4.2 Relationship Building

Any interaction or relationship can trigger a stress response and people with trauma experiences may quickly find themselves outside their window of tolerance. In this situation, people may try and keep themselves safe through:

- Disengagement.
- Spacing out or distraction.
- Aggression or confrontation.
- Using drugs or alcohol.
- Avoidance, including superficial or tangential conversation.
- Reserving information or not being fully open.

Learning to feel safe in relationships can take time and effective therapeutic relationships are built on:



Acceptance

Acceptance creates a positive environment, helping us feel understood without judgement. Acceptance doesn't mean that we have to agree with what a person says or does, but that we validate their personal experience. This might include you validating their:

- Feelings or emotions.
- Beliefs, opinions or thoughts.
- Challenges and difficulties faced.
- Efforts made.

Acceptance builds trust, self-respect, and self-compassion and supports resilience and readiness to change. You can show acceptance through:

- Identifying and acknowledging the feeling, thoughts, or circumstances
- Showing understanding of why the person feels that way - even if you don't agree with them

Empathy

Being a safe and trusted person who can empathise with the experience can help people affected by trauma at any stage. Empathy means that we understand and are sensitive to someone's experience, even when that is different to our own. Being met with empathy and understanding allows people to express their feelings rather than 'bottle them up' and can both reduce immediate stress and help shift the trauma.

You can show empathy through:

- **Active Listening** - with attention and without interruptions.
- **Positive non-verbal communication** - with a smile, a nod, a concerned look.
- **Being patient** - with time for the person to think.
- **Offering support** - with a focus on what the person wants.

Genuineness

The **CPR model** can help people to build trust that a supportive relationship is genuine by focusing on:



Consistency

You deal with me
the same way each
time



Predictability

I can anticipate
you – you're
trustworthy



Reliability

You follow through
on what you say
you will do

4.3 Communication

Communication with an 'authority' can cause distress to people with trauma experiences. Whether communication is in person, on the phone, or via letter it can trigger trauma symptoms, for example due to power dynamics, feelings of uncertainty or lack of control. We can work to prevent this re-traumatisation by being courteous, kind, and human, and by being thoughtful in our interactions. Active planning across our environment and our non-verbal, spoken, telephone and written communications can prevent reactive responses.






Physical environment

Be mindful of the environment for everyone involved in the conversation, including anyone you're speaking to on the phone or via video call. Think about the principles of trauma-informed care:

- **Safety:** does the space feel safe, private, and confidential (where required)?
- **Trustworthiness:** does the space feel respectful, professional, and focused on relationship-building?
- **Choice:** does the person have choice and control over and in this space?
- **Collaboration:** does the space support equal and open working in a shared way?
- **Empowerment:** does the space feel welcoming, validating, and affirming?
- **Cultural consideration:** is the space appropriate, accessible and responsive?

Body language

Communication has started before anyone has spoken. We're all human, but remember that people with trauma experiences can be hyper-alert to body language. Think about the non-verbal messages you may be sending, considering:

-  **Non-threatening positioning:** check that you're not creating a physical threat, for example standing over the person, blocking exits, getting too close, cornering.
-  **Open positioning:** check that you're not suggesting conflict or discomfort, for example crossed arms, hands on hips, head shaking, leaning back.
-  **Gestures:** check that you're not using your hands or arms to express judgement, for example finger wagging, raised hands, pointing.
-  **Expression:** check that you're not expressing judgement, for example frowning, sucking teeth, raised eyebrows.
-  **Touch:** check that you have verbal permission before making any physical contact.

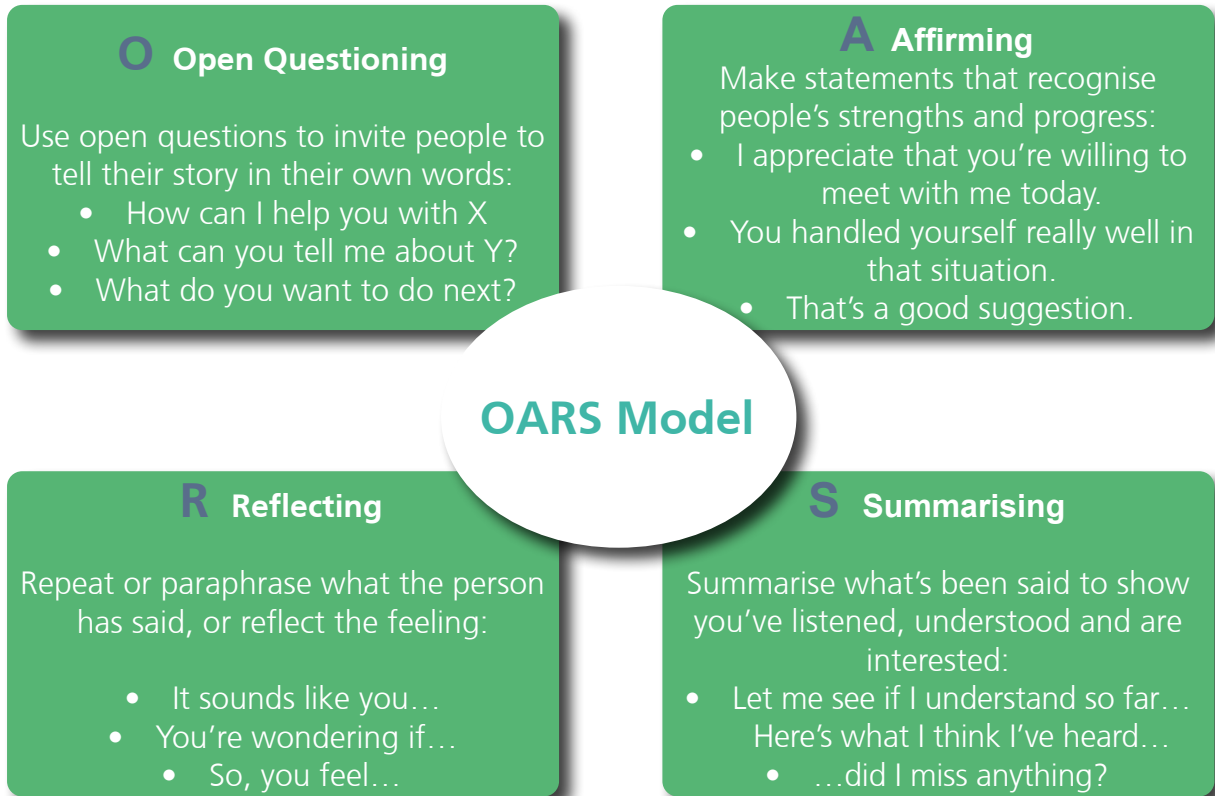
Positive body language can be an important tool in relationship-building and expressing empathy. There is value and connection in a friendly smile, a validating nod, and a concerned lean-in.

Spoken language

Verbal communication should be in line with trauma-informed principles to make sure that interactions promote safety, trust, choice, collaboration and empowerment. This is supported by:

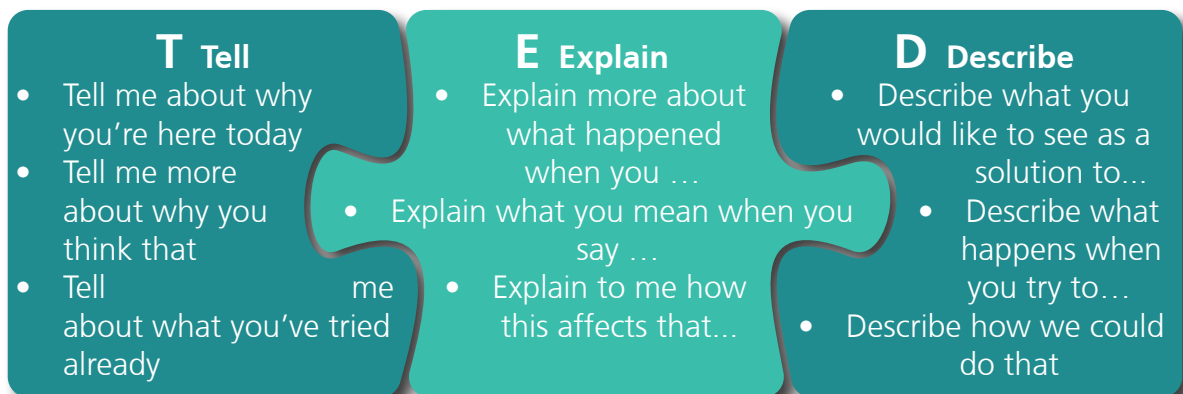
- **Communicating courteously:** your tone of voice can significantly impact how people receive and react to messages.
- **Respecting others' experiences:** people's health issues, drug use, or homelessness reflect what has happened in their life - not what 'something is wrong with them'.
- **Building relationships:** treat people with dignity, listening to them and remembering that their behaviours are communicating their needs.

Working within these principles, Motivational Interviewing provides an evidence-based approach to relationship-building and preparation for change. An example of using Motivational Interviewing techniques to support positive communication is the OARS model:



Graphic developed from the work of William R. Miller and Stephen Rollnick (2023). *Motivational interviewing: Helping people change*. The Guilford Press

Open questions are important. They provide opportunities for us to share opinions, experiences and reflections, and foster a two-way conversation rather than a question and answer session. The TED technique may help you to formulate good open questions:



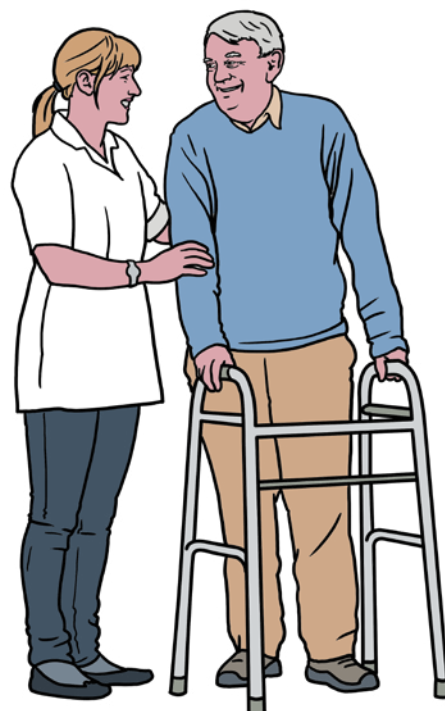
Telephone communication

Speaking on the phone can be a great way to keep in regular contact or provide time-sensitive information, but there are some specific challenges:

- **Misunderstanding:** we miss body language cues, and can miss information in noisy environments or on a bad line.
- **Unpredictability/lack of control:** the call might be unexpected, or come at a bad time, for example when the person is already outside their window of tolerance.
- **Empathy:** we might be giving/receiving bad news, and it is more difficult to provide support, validation, and de-escalation over the phone.

Some tips for trauma-informed telephone conversations are:

Be prepared	Make notes or write a script to make sure key information is covered.
Be direct	Provide clear and complete information to avoid uncertainty or misinterpretation, and check that you have been heard and understood.
Be open	Share the 'whys' behind the call and the information given to build trust.
Be engaged	Listen actively and reflect the person's questions, choices and feelings.
Be positive	A friendly, person-centred voice can make all the difference, including the use of humour if appropriate.
Be safe	Take a break or end the call if you are subject to abuse.
Validate	Show that you understand this might not be the best time for a call and make other arrangements if possible.
Empower	Where possible offer options and choices for the call and its outcomes.
Empathise	Put yourself in the other person's shoes - what sounds like anger may be fear or confusion.



Written communication

You may have to communicate with people in writing as part of your role. Remember that some people with trauma experiences can face barriers to engaging with written communications and that formal communication from an 'authority' can be a painful reminder of past experiences. Check the person's preferences and consider a range of communication channels:

- Letters.
- Emails.
- Text messages.
- Leaving messages with trusted others, e.g. GP, pharmacist.
- Notes through the door.

When writing think about:



Trust. Is the reason for the contact clear, and in line with earlier communications?



Choice. Is this matched to the person's contact preferences, and can you offer options, for example in how to respond?



Clarity. Is the content clear, direct, and unambiguous?



Tone. Is the language used kind, courteous, and free from labels, judgement and jargon?



Accessibility. Is the correspondence readable, considering literacy, cognitive and learning disability, and first language.

See Appendix 1 for resources from the Forward Leeds alcohol and drugs service which give practical examples to support trauma-informed written communication.

4.4 Disclosures

People may open up to you about past or current traumas in any interaction. Remain calm and consider the following:



Be There

If they are not ready to explore, do not push the person. Remind them it's okay not to talk and let them guide you about what they want to talk about.



Listen

If they talk, listen. Do not probe or use exploratory or open-ended questions, other than to ask them how safe they are feeling right now.



Support

What's in your gift?
What can you offer?
What can others offer?
Avoid being the 'rescuer'.

Remember that no matter what difficulties people have faced, we all have strengths, even if these strengths are unrecognised or untapped. This concept of strengths-based practice is important to any 'helping' process and is particularly important when responding to disclosures.

Strengths-based practice principles remind us that:

- Everyone is unique and has potential to change, whatever their history or circumstances.
- What we focus on becomes our reality – focus on strengths not labels to create hope and optimism.
- People's expertise and autonomy in their own life should be recognised and encouraged.
- A practitioner's role is to empower people and build their capacity - collaboration strengthens success.
- There are many individuals, groups and services that have something to give, and we can help connect people to these resources.
- People can make meaningful choices about their own health and care, when provided with the relevant information and support.



4.5 Assessment

Being assessed can carry a lot of weight for everyone. People with trauma experiences may come into an assessment out of, or close to being out, of their window of tolerance due to feeling:

- **Out of control** – another person has the power to decide whether or not I get help.
- **Unworthy** – someone else deserves this help more than me.
- **Rejection** – I don't know what I'll do if I get turned away.
- **Judged** – I'm going to be labelled and criticised.
- **Vulnerable** – I'm going to have to share difficult personal information.
- **Hopeful** – I might be able to get the help I need.

Empathetic, trauma-informed assessment can help everyone in the room understand and cope with these kinds of feelings and focus on the person:



Graphic developed using examples of client's lived experience.

Assessment is an ongoing process, and specific requirements and approaches will vary from setting to setting. Whatever your organisation's ways of working, it's useful to consider:

Considerations for assessment include:	
Relationship-building	It takes time and effort to build trust – people may hold information back until they feel safe, or tell you what they think you want to hear.
Checking-in	Regularly check how the person feels, including any options to take a break, or to stop the assessment and continue at a follow-up appointment.
Names and pronouns	Ask people how they would like to be known – if you are unsure ask with kindness and courtesy.
Assumptions	Avoid assumptions by reflecting back and clarifying what you've been told.
The 'normal' trap	We all have our own 'normal' – ask open questions if someone describes things as normal, average, the usual.
Strengths	Do everything you can to make the assessment strengths-based to support positivity and self-actualisation.
Review and reflect	At the end of the assessment, review what's been said to check accuracy, identify any information to add, and show that you're actively listening.



4.6 Transitions

Transitions can be difficult for anyone and can involve feelings of loss and rejection. This is particularly true for people with trauma experiences who can find it difficult to manage these emotions. When leaving or moving between services, people may feel:

- Unsafe and vulnerable
- Uncertain and confused
- Out of control
- Distrustful

Consider the following to avoid re-traumatisation:	
Communication	Share clear, positive information on the transition at an early stage, including transparent liaison with the receiving service or other support providers.
Preparation	Support the person to prepare for the transition well. Map the resources that are available to make the transition a success, and the routes to help that are available if there are challenges.
Strengths	Recognise growth and positive changes, affirming what people have achieved despite their trauma experiences (post-traumatic growth).
Safety	Co-develop a safety plan with practical strategies for managing known stressors and potential crisis points.
Co-regulation	Acknowledge your own responses and use co-regulation techniques, speaking to a colleague or manager for support if you recognise that this transition is hard for you.

Remember to explore or revisit emotional regulation strategies and encourage people to practice their preferred techniques at times of lower stress. This will strengthen their effectiveness when needed in times of higher stress, for example when accessing a new service or doing something independently which has previous been done with support.

Transition points can be a good time to get feedback to help with future service delivery. Ask people - what went well? What could be better?

4.7 Restorative Approaches

We all encounter challenges in the course of our work, and life. Sometimes, in response to these challenges, people behave in ways that give us cause for concern and we may have to take actions to limit the risks to that person and to those around them. At work examples may include raising these concerns, cutting an appointment short, or asking someone to leave the service.

Restorative approaches are built on values that separate the person from the behaviour. While traditional behaviour management methods can focus on rules, blame, and consequences restorative practice focuses on accountability and the repair of any harm caused.

Restorative conversations

Restorative conversations help to translate these values into practice. Following an incident, they provide everyone involved with the opportunity to put things right, potentially give an apology, explain misunderstandings, resolve any resentment, and work out a plan to avoid any future harm. They also create space for the needs of anybody harmed to be central to the process.

Always approach a restorative conversation in a calm and respectful manner and consider your body language. Make attempts to put everyone at ease through introductions, clear information on meeting aims, and open invitations to speak and be listened to.

Questions that can be useful in restorative conversations are:

- What happened? Or what did you hope would happen when you...?
- What were your thoughts at the time?
- What have been your thoughts since?
- What are you thinking about that now that we are talking today?
- Who has been affected by what happened?
- How have they been affected ?
- What do you need to happen now?
- What will fix this?
- Would you like my help to do that?
- What's a fair way to deal with it if this happens again?

Thank the person for the conversation, offer positive feedback where possible and advise the person of the next steps in the process. Depending on your organisation's systems it may be possible to incorporate restorative conversation feedback into incident response processes.

5. Tools and Techniques

It might seem that everyone who has experienced trauma requires highly-specialised psychological interventions or therapy to support their recovery. This is true for some people but it's not something that everyone wants, needs, or has access to – specialist interventions can be difficult to access or have long waiting times.

As we saw in our guiding model, people with trauma experiences have a fundamental need for safety and stabilisation, before and alongside therapy. This is hugely valuable so do not underestimate the impact you can have on this in your role:

Every interaction is an intervention

5.1 Emotional Regulation

We all feel negative and positive emotions every day, some big, some small. People with trauma experiences may struggle to tolerate and manage their emotions, so naming, validation and co-regulation techniques can be helpful in developing these skills, and widening the window of tolerance.

Naming

Being able to put a name to our emotions can help us to learn to tolerate and manage them. The Feeling Wheel provided in the Practical Tools section can help with identifying emotions in the moment, or through later reflection. Labelling a feeling can help to activate our logical brain, and gain new perspective and insight, and makes it easier to communicate our feelings to others.

Emotions are felt in the body, and questions that can help us to locate and name them include:

- Where are you holding that?
- How does it feel right now?
- What do you notice in your body when you are feeling this way?
- What colour is it? What shape is it?
- If it's uncomfortable or unpleasant, what might be a way to soothe this feeling?



Validation

People with trauma experiences can feel that their emotions are wrong, shameful, or to be concealed. This makes these emotions especially hard to deal with. When we are emotionally validated, we feel that others see, hear, and accept our emotions and we can feel more confident in facing them.

We can help people to feel emotionally validated through our body language, for example nodding or making eye contact, and by using OARS techniques (see p.21 for more information), for example:

Affirming strengths	Reflecting back feelings and emotions
You've been dealing with...	It sounds as if...
It's important to you to...	I understand that...
It's a big step for you to...	I can see that...

Co-regulation

We all learn to regulate our emotions through the responses of those around us as we:

- Label and validate (or invalidate) our emotions.
- Attune ourselves to other people's emotion states.
- Mirror others' expression of emotion and level of intensity.

People who have experienced traumatic stress can find it hard to regulate their emotions and this can be reflected in their behaviour. As humans, we can co-regulate. This means that calming our own nervous system down can help to de-escalate another person's emotions and associated behaviour.

Understanding co-regulation gives us tools to support our own experience, and help build trust and safety in relationships with others, whatever their previous experiences or vulnerabilities. For example:

- **Emotional response:** if someone is shouting at us angrily, our brain naturally perceives a threat and our own fight, flight, freeze response becomes activated as our stress increases. Perhaps we notice our muscles become tense, our breathing gets faster, and we may want to shout back.
- **Emotional regulation:** when we soothe our own inner experience, perhaps softening our muscles, calming our breathing down, keeping gentle eye contact, and managing the tone and volume of our own voice, we can sometimes pause any further rise in the big emotions of the other person as our responses are not sending out signals of threat.

We can help to reduce someone else's distress by managing our own.



5.2 Practical Tools

Emotional regulation skills cannot be taught or learned in a crisis situation, but we can build a toolkit of strategies over time. Remember:

- Everyone is unique and will find that some strategies work better for them than others – if one tool doesn't work, try another.
- It can be overwhelming to receive a list of tools – work together to pick ones that sound like they might be useful and practice them together.
- Like all skills, we get better at emotional regulation the more we practice it and the longer we work at it.
- Practicing these techniques in daily life, or in slightly stressful situations helps them become familiar and ready for use when stressed, overwhelmed or anxious.

In the following pages, you'll find tools and techniques for:

- **Breathing**
- **Grounding**
- **Soothing**
- **Distraction**
- **Mindfulness**
- **Calm Imagery**
- **Movement**
- **The Safety Box**



Breathing

Breathing exercises don't have to take a lot of time out of your day. It's just about setting aside time to pay attention to your breathing.

- Begin with just 5 minutes a day and increase your time as the exercise becomes easier and more comfortable.
- If 5 minutes feels too long, start with just 2 minutes.
- Practice multiple times a day. Schedule set times or practice conscious breathing as you feel the need.

Here are a few ideas to get started:

Breath awareness

Slowly inhale, then exhale. If it helps, you can say or think "in" and "out" with each breath. Feel each breath filling your lungs and note how it feels to push it back out.

Pursed Lip Breathing

This simple breathing technique makes you slow down your breathing pace by having you apply deliberate effort in each breath. To do it:

1. Relax your neck and shoulders.
2. Keeping your mouth closed, inhale slowly through your nose for 2 counts.
3. Pucker or purse your lips as though you were going to whistle.
4. Exhale slowly by blowing air through your pursed lips for a count of 4.

Deep breathing

Deep breathing helps to relieve shortness of breath by preventing air from getting trapped in your lungs and helping you to breathe in fresher air. It may help you to feel more relaxed and centred. To do this:

1. While standing or sitting, draw your elbows back slightly to allow your chest to expand.
2. Take a deep inhalation through your nose.
3. Retain your breath for a count of 5.
4. Slowly release your breath by exhaling through your nose.



Resonant or Coherent breathing

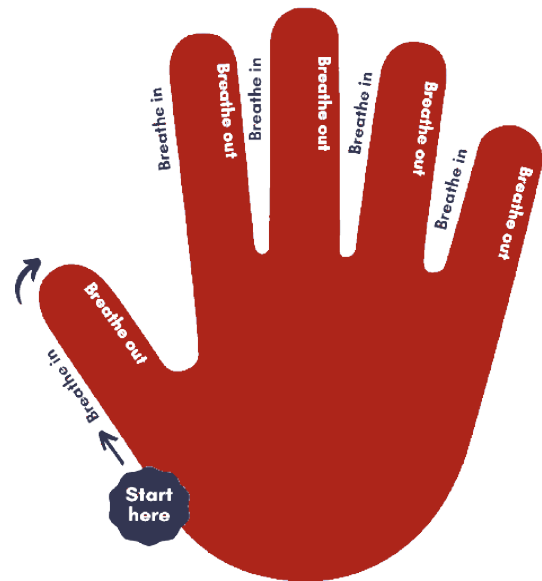
Resonant breathing, also known as coherent breathing, is when you breathe at a rate of 5 full breaths per minute. You can achieve this rate by inhaling and exhaling for a count of 5. Breathing at this rate maximises your heart rate variability (HRV) and reduces stress. To do this:

1. Inhale for a count of 5.
2. Exhale for a count of 5.
3. Continue this breathing pattern for at least a few minutes.

Finger breathing

This breathing method adds in grounding physical touch. To do it:

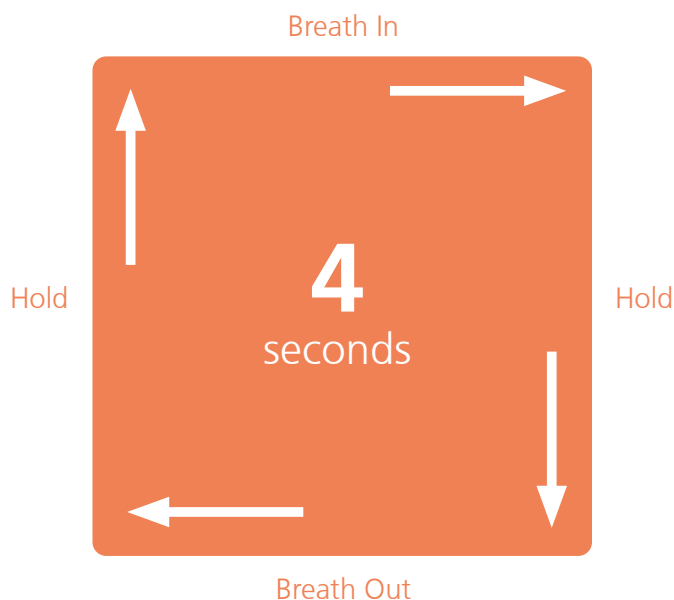
- Place your index finger at the outside of the base of your thumb on the other hand.
- breathe in through your nose while using your index finger to trace slowly to the top of your thumb.
- When you get to the top, pause for a second.
- Breathe out through your nose while tracing down to the bottom of the thumb.
- Pause for a second and then repeat for each finger until you have done your little finger.
- If you are still stressed, go back the other way.



Developed from an original by Kuru Gönen, S.İ. (2023). *Mindfulness-enhanced language teaching. Mindfulness in English Language Teaching.* Available at: <https://www.mindfulnessinelt.com>

Box breathing

This method is also known as tactical breathing and helps to re-regulate your breathing. To do it:



- Breathe in slowly while counting to 4 in your head.
- Hold your breath for a count of 4.
- Breathe out slowly for another count of 4.
- Hold your breath for a count of 4 and repeat.

You may find it helps to visualise the sides of a square as you breathe:

Graphic developed from the work of Aneri Sakhpara (2019). Maimonides Emergency Medicine. Available at: <https://www.maimonidesem.org/blog/box-breathing-technique>

Grounding

When your mind is racing, grounding brings you back to the here-and-now. It is a great way to manage overwhelming feelings and calm down quickly. How it works:

- When you are under stress your brain's alarm system, the amygdala goes into action and initiates changes such as increased muscle tension, rapid heartbeat and faster breathing
- Your brain then interprets these body changes as further evidence that something's wrong, creating a vicious cycle of physical and emotional overwhelm
- Grounding techniques help by re-focusing on your body or your surroundings instead of your thoughts. This breaks the cycle and helps you stay in the present moment instead of worrying about the past or the future

Here are some tools to try:

Being in the body

- **FROWN** as hard as you can while you count to 10, then relax your face for a count of 20.
- **SPREAD YOUR FINGERS** out as far as they will go, hold it for 10 then relax for 20.
- **TENSE YOUR STOMACH MUSCLES** for 10, relax for 20.
- **FLEX YOUR FEET AND STRAIGHTEN YOUR LEGS**, hold for 10, relax for 20.

Hands in water

Put your hands in water. Focus on the water's temperature and how it feels on your fingertips, palms, and the backs of your hands. Does it feel the same in each part of your hand?

Use warm water first, then cold. Next, try cold water first, then warm. Does it feel different to switch from cold to warm water versus warm to cold?

Ice

Hold a piece of ice. What does it feel like at first? How long does it take to start melting? How does the sensation change when the ice begins to melt?

Feel your body

You can do this sitting or standing. Focus on how your body feels from head to toe, noticing each part. Consider:

- Your hair on your shoulders or forehead.
- The weight of your shirt on your shoulders.
- Whether your arms feel loose or stiff at your sides.
- Your heartbeat, and whether it's rapid or steady.
- Whether your stomach feels full, or you feel hungry.
- Whether your legs are crossed, or your feet are resting on the floor.

Curl your fingers and wiggle your toes. Are you barefoot or in shoes? How does the floor feel against your feet?

The grounding chair

Sit down in a comfortable chair, one where your feet reach the floor. Close your eyes and focus on your breath. Breathe in slowly for the count of three, then out slowly.

Bring your mind's focus to your body. How does your body feel sitting in that chair? Scooch your bum right into the back of the seat so the whole length of your back is pressing into the back of the chair. Can you feel the contact between your body and the chair's surface? If the chair has arms, touch it, is the material smooth or textured?

Press your arms down the length of the chair arm, notice how your hands hang off the end. If your chair doesn't have arms, touch the material on the seat, how does that feel?






Next push your feet into the ground, imagine the energy running down from your mind, down through your body and out through your feet into the ground. You might picture it as a colour filling your body as it goes from top to toe, but this is your image so choose whatever you want your energy to look like.

As the energy drains from your head, let each body part relax, let your torso feel heavy and now your arms as you relax those muscles. Lastly, feel the sensation go down your legs, through your feet and down into the ground.

The 5-4-3-2-1 grounding technique

This technique gets you to use all your five senses to help you to get back to the present. It starts with you sitting comfortably, close your eyes and taking a couple of deep breathes. In through your nose (count to 3), out through your mouth (to the count of 3).

Now open your eyes and look around you. Name out loud:

-  **5** things you can see (you can look within the room and out of the window).
-  **4** things you can feel (the silkiness of your skin, the texture of the material on your chair, what does your hair feel like? What is in front of you that you can touch? A table perhaps?).
-  **3** things you can hear (traffic noise or birds outside, when you are quiet and actually listening things in your room constantly make a noise but typically, we don't hear them).
-  **2** things you can smell (hopefully nothing awful!).
-  **1** thing you can taste (it might be a good idea to keep a piece of chocolate handy in case you are doing this grounding exercise! You can always leave your chair for this one and when you taste whatever it is that you have chosen, take a small bite and let it swill around your mouth for a couple of seconds, really savouring the flavour).

Take a deep breath to end.

Soothing

Soothing is a mindset or state focused on giving and receiving care to ourselves or others. It is associated with feelings of calmness, safety and contentment. Being able to self-soothe helps us to deal with difficult emotions, such as anger, fear and shame. Some techniques to try are:

Touch

Touching objects such as a cuddly toy, soft blanket, or silky scarf can be comforting to the child part of you that needs reassurance. You may have a special item of clothing that belongs to you or someone you care about, such as your children or a relative, which can be used in this way. If you have a pet, you can stroke or pat them.

Other people may want to take a warm bubble bath or put on comfortable clothes or wrap themselves in a duvet. Some people like to hold a 'grounding' object like a pebble or to release tension by squeezing a ball. Using a cold compress on your head or neck or snuggling a hot water bottle may also help.

Moisturising your face and body and combing or brushing your hair may feel soothing. Maybe you could slowly rub cream into your hands or massage part of your body. Some people like to do other kinds of beauty care, such as painting their nails.

You could give yourself a hug – place your right hand across your heart and put your palm against your body with hand under your armpit. Take your left arm across the body, towards the right, and hold your own deltoid or upper arm close to your shoulder for a calming self-hug.

Sight

It may be helpful to hold in mind comforting images, perhaps of people you know, or a picture of your favourite place. You could look at photos of places or people that have happy memories.

You could go for a walk outside or in the garden if you have one, so that you can look at the trees, flowers and nature. It may help to watch television or a favourite film. The child part of you may be comforted by children's films or TV.

Sound

Hearing certain sounds and music can be soothing. Some people prefer classical music while others like pop music or songs from their childhood. Perhaps you could make a play list of all your favourite songs to listen to when you are feeling upset.

Others like to hum their favourite song to themselves or sing it in their head. Sounds from nature such as birds, animals or the sea may be comforting. It may help to talk to someone who will reassure you, or to make a tape of their voice.

Taste

It can help to make a hot drink or eat a favourite food, such as one that you liked as a child. Savour the taste of a favourite treat by eating it slowly. You might want to suck on an ice cube or ice lolly and feel it slowly melt in your mouth, paying attention to the sensation of taste.

Smell

Some smells can be soothing. Ideas include favourite candles, incense, or bubble bath or you may prefer smells from nature like fresh air, flowers, or a pet.

You may find it useful to build a self-soothing kit that includes objects or reminders from across these categories.

Distraction

There are lots of ways to distract your mind so it stops thinking about whatever it is that is worrying you and focuses on something that isn't emotionally driven. Here two quick ways to do it.

- **Pick a colour.** How many things in different shades of that colour can you see around the room or out of the window? Still feeling stressed? Pick another colour.
- **Count backwards by 7, starting at 100.** It isn't that easy and needs you to concentrate. This one can also be helpful to do when you are finding it hard to sleep.

Here are some other things to try:

Use maths and numbers

Even if you aren't a math person, numbers may help centre you. Try running through a times table in your head, or choosing a number and thinking of five ways to make it ($6 + 11 = 17$, $20 - 3 = 17$, $8 \times 2 + 1 = 17$, and so on).

Play a memory game

Look at a detailed photograph or picture (like a cityscape or other 'busy' scene) for 5–10 seconds. Then, turn the photograph face-down and recreate the photograph in your mind in as much detail as possible. Or, you can mentally list all the things that you remember from the picture.

Think in categories

Choose one or two categories, such as 'musical instruments', 'ice cream flavours', or 'football teams'. Take a minute or so to mentally list as many things from each category as you can.

Recite something

Think of a poem, song, or book passage you know by heart. Recite it quietly to yourself or in your head. If you say the words aloud, focus on the shape of each word on your lips and in your mouth. If you say the words in your head, visualize each word as you'd see it on a page.

Visualize a daily task you enjoy or don't mind doing

If you like doing laundry, for example, think about putting away a load. 'The clothes feel warm coming out of the dryer. They're soft and a little stiff at the same time. They feel light in the basket, even though they spill over the top. I'm spreading them out on the bed, so they won't wrinkle. I'm folding the towels first, shaking them out before folding them into halves, then thirds', and so on.

Describe a common task

Think of an activity you do often or can do very well, such as making coffee or tuning a guitar. Go through the process step-by-step, as if you're giving someone else instructions on how to do it.

Describe what's around you

Spend a few minutes taking in your surroundings. Use all five senses to provide as much detail as you can. For example, 'This bench is red. It's warm since I'm in the sun. It feels rough, but there aren't any splinters. The air smells like smoke. I hear kids laughing and dogs barking'.

Visualize your favourite place

Think of your favourite place, whether it's the home of a loved one or a foreign country. Using each of your senses, imagine the noises you hear, the objects you see, and the scents you smell. Try to recall the last time you went there. Think about what you did there and how it felt at the time.

Mindfulness

Mindfulness is about being present in the moment, so that we can be aware of what's happening and what we're thinking without stress or judgement. There are lots of different techniques to try:

Let your thoughts come and go

When we are distressed our thoughts about our worries go around and around in our mind. Never ending and building on each other until we feel drained by them, so we try not to worry. Whenever you try not to do something it is guaranteed to make you do it more so instead, observe your thoughts like you are an outside looking in.

Just watch your thoughts for a minute. Imagine leaves floating on the surface of a stream. For each thought that comes to mind, allow that thought to take its place on a leaf and watch it blow away in the wind. Or allow the thought to turn into a fish and watch it float away down the stream. Allow those thoughts to come and go, you don't need to respond to them.

Imagine leaving the feelings behind

Visualize yourself leaving the painful thoughts and feelings behind. You could imagine:

- Gathering the emotions, balling them up, and putting them into a box.
- Walking, swimming, biking, or jogging away from them.
- The thoughts as a song or TV show you dislike, changing the channel or turning down the volume — they're still there, but you don't have to listen to them.

Touch something comforting

This could be your favourite blanket, a much-loved T-shirt, a smooth stone, or anything that feels good to touch. Think about how it feels under your fingers or in your hand. If you have a favourite sweater, scarf, or pair of socks, put them on and spend a moment thinking about the sensation of the fabric on your skin.

Listen to music

Put on your favourite song, but pretend you're listening to it for the first time. Focus on the melody and lyrics (if there are any). Does the song give you chills or create any other physical sensations? Pay attention to the parts that stand out most.

Listen to your surroundings

Take a few moments to listen to the noises around you. Do you hear birds? Dogs barking? Machinery or traffic? If you hear people talking, what are they saying? Do you recognize the language? Let the sounds wash over you and remind you where you are.



Meditation

There are lots of resources for mindful meditation, including apps, podcasts and YouTube videos. You might need to try a few to find the one that's right for you. Here's one to try:



- Assume a comfortable posture lying on your back or sitting. If you are sitting, keep the spine straight and let your shoulders drop.
 - Close your eyes if it feels comfortable.
 - Bring your attention to your belly, feeling it rise or expand gently on the in-breath and fall or recede on the out-breath.
 - Keep your focus on the breathing, "being with" each in-breath for its full duration and with each out-breath for its full duration, as if you were riding the waves of your own breathing.
 - Every time you notice that your mind has wandered off the breath, notice what it was that took you away and then gently bring your attention back to your belly and the feeling of the breath coming in and out.
- If your mind wanders away from the breath a thousand times, then your job is simply to bring it back to the breath every time, no matter what it becomes preoccupied with.

Practice this exercise for fifteen minutes at a convenient time every day, whether you feel like it or not, for one week and see how it feels to incorporate a disciplined meditation practice into your life. Be aware of how it feels to spend some time each day just being with your breath without having to do anything.

You can also try to:

- Tune into your breathing at different times during the day, feeling the belly go through one or two risings and fallings.
- Become aware of your thoughts and feelings at these moments, just observing them without judging them or yourself.
- At the same time, be aware of any changes in the way you are seeing things and feeling about yourself.

Jon Kabat-Zinn uses the example of waves to help explain mindfulness:

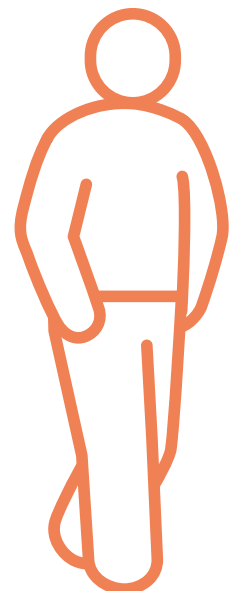
Think of your mind as the surface of a lake or an ocean. There are always waves on the water, sometimes big, sometimes small, sometimes almost imperceptible. The water's waves are churned up by winds, which come and go and vary in direction and intensity, just as do the winds of stress and change in our lives, which stir up waves in our mind. It's possible to find shelter from much of the wind that agitates the mind. Whatever we might do to prevent them, the winds of life and of the mind will blow.

You can't stop the waves,
but you can learn to surf

Mindful walking

Find a place where you can walk up and down, without feeling concerned about whether people can see you. It can be inside or outside, then:

1. Stand at one end of your walk, with feet parallel to each other, about 4-6 inches (hip width) apart and your knees 'unlocked' so they can gently flex. Allow your arms to hang loosely by your sides or hold your hands loosely together in front of your body. Direct your gaze, softly, straight ahead.
2. Bring the focus of your awareness to the bottoms of your feet, getting a sense of the physical sensation of the contact of your feet with the ground and the weight of your body transmitted through your legs and feet to the ground. You may find it helpful to flex your knees slightly a few times to get a clearer sense of the sensations in the feet and legs.
3. When you are ready, transfer the weight of the body into the right leg, noticing the changing patterns of physical sensation in the legs and feet as the left leg 'empties' and the right leg takes over the support of the rest of the body.
4. With the left leg 'empty', allow the left heel to rise slowly from the floor, noticing the sensations in the calf muscles as you do so, and continue, allowing the left foot to lift gently until only the toes are in contact with the floor. Aware of the physical sensations in the feet and legs, slowly lift the left foot, carefully move it forward, feeling the foot and leg as they move through the air, and place the heel on the floor. Allow the rest of the bottom of the left foot to make contact with the floor as you transfer the weight of the body into the left foot and left leg, aware of the increasing physical sensations in the left leg and left foot, and of the 'emptying' of the right leg and the right heel leaving the floor.
5. With the weight fully transferred to the left leg, allow the rest of the right foot to lift, and move it slowly forward, aware of the changing patterns of physical sensations in the foot and leg as you do so. Focussing your attention on the right heel as it makes contact with the ground, transfer the weight of the body into the right foot as it is placed gently on the ground, aware of the shifting patterns of physical sensations in the two legs and feet.
6. In this way, slowly move from one end of your walk to the other, aware particularly of the sensations in the bottoms of the feet and the heels as they make contact with the floor, and in the sensations in the muscles of the legs as they swing forward.
7. At the end of your walk, turn slowly around, aware of and appreciating the complex pattern of movements through which the body changes direction, and continue walking.
8. Walk up and down in this way, being aware, as best you can, of the physical sensations in your legs and feet, and of the contact of your feet with the floor. Keep your gaze directed softly ahead.
9. When you notice that the mind has wandered away from awareness of the sensations of walking, gently escort the focus of attention back to the sensations in the feet and legs, using the sensations as the feet contact the floor in particular as an "anchor" to reconnect with the present moment, just as you used the breath in the breathing practice.
10. Continue to walk for 10-15 minutes, or longer if you wish.
11. To begin with, walk at a slower pace than usual to give yourself chance to be fully aware of the sensations of walking. Once you feel comfortable with this you can experiment with walking at faster speeds with awareness.
12. As often as you can, bring the same kind of awareness you cultivate in the practice to your normal, everyday experiences of walking.



Calm imagery

Visualising positive images can help us feel more calm, relaxed and confident. This works because when we imagine something our brains can react as if it's real. Here are two different visualisation techniques to try:



Visualise your favourite place

Think of your favourite place, whether it's the home of a loved one or a foreign country. Using each of your senses, imagine the noises you hear, the objects you see, and the scents you smell.

Try to recall the last time you went there. Think about what you did there and how it felt at the time.

Compassionate imagery

Being able to use a compassionate image is central to a type of psychotherapy called Compassion Focused Therapy. In this technique you will create and build an imaginary idea of compassion. It is best to use an object or idea that is not a real person. This is important, as nobody is perfect.

Whatever image you choose, it needs to have specific compassionate qualities and be wise, understanding, kind, all-knowing, forgiving, and totally accepting of you and your past.

If you can only think about a real person, then change that person to look and become the best version of them, with those perfect qualities of compassion.

To start:

- Think about your breathing, then slow your breathing a little and notice its rhythm.
- Notice what images come up and if you can use one of them.
- Build the image by thinking about: What would they look like? Human, animal, light, nature? Single or a compassionate team?
- How would they look at you if they were wise, understanding, kind and accepting?
- What expression would they have as they looked at you with wisdom, understanding, compassion and acceptance?
- How else would you like them to look?
- How would they communicate with you?
- What voice would you give them?
- What would their voice sound like for them to sound wise, understanding, kind and accepting?
- What colour do you associate with wisdom, understanding, compassion and acceptance?
- How else would they communicate or interact with you?
- What does your compassionate image want you to know?
- What words are they saying?
- What do you feel as you spend time with your compassionate image?
- What do you notice?



Know that your compassionate image is yours and yours alone, is in your mind and therefore is there for you at all times.

Movement

Moving your body can be a good way to break a cycle of negative thoughts or difficult emotions. Physical activity can provide a distraction, bring you into the moment, and help to relax your mind and body. You could try doing a few exercises or stretches, like:



- Jumping jacks
- Jumping up and down
- Jumping rope
- Jogging in place
- Stretching different muscle groups one by one

Pay attention to how your body feels with each movement and when your hands or feet touch the floor or move through the air.

How does the floor feel against your feet and hands? If you jump rope, listen to the sound of the rope in the air and when it hits the ground.

Get some energy out

Sometimes it can be hard to concentrate on any emotional regulation exercises because your body seems too pumped full of adrenaline-fuelled energy. If this is happening to you, it is good to kick-start the calming down process by doing something physical first to get that pent-up energy out. You can then come back to your favourite grounding techniques.

You could try:



- Running on the treadmill/elliptical if you have access to one.
- Running up and down the stairs.
- Taking a brisk walk or run outside.
- Cleaning up the kitchen, house, or garden.
- Dancing around the house while listening to loud music.

When you are physically spent, you can return to trying these techniques to calm down your mind.





The Safety Box

Many people who have experienced trauma deal with difficult emotions and may hit crisis points. The safety box concept provides a starting point for thinking about, 'if I am in a crisis what things would be helpful to me?' It helps us to develop an emotional first aid kit.

A safety box contains practical, physical items that will be helpful in times of difficulty. Things that people have found useful include:



List of plans and goals for the future – things to look forward to



Reminders – lists of what to do when we feel bad, including the normal every day



Treasured objects and photos of things that are important to us



Written reminders to self of reasons to live and bucket lists



Reminders of things people have said or done that tell us we are important to them



List of people to reach out to and talk to – including the Samaritans



A journal - writing helps to re-engage the thinking brain



Cue cards to complete 'I am having a feeling of', 'My thought is'



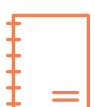
Physical objects that connect the senses – hot water bottle, cold pack, smells and tastes – blankets, essential oils, chocolate



Mindfulness meditation reminders and mantras



Reminders that feelings are just feelings and will pass – feelings are meant to be felt



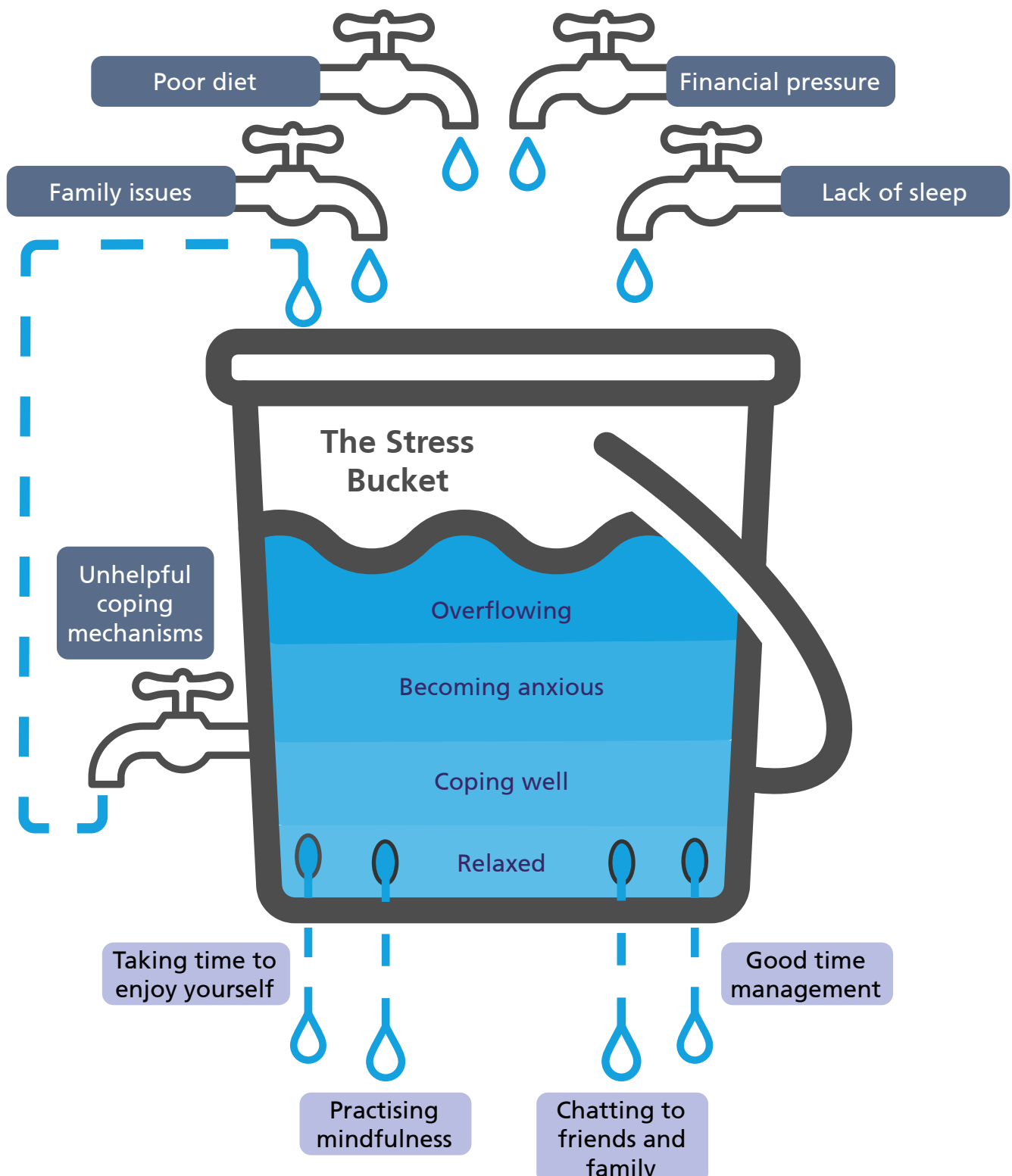
Who to contact with a script of what to say – as this will not be remembered in the mode where we cannot do anything to help ourselves and we are not effective at eliciting support

6 . Staff wellbeing

This section provides guidance and support for people who may experience trauma in the workplace, both direct and in the course of their work with people with trauma histories.

6.1 The Stress Bucket

The stress bucket provides a model for understanding stress. Imagine that you have a stress bucket that fills up with all the stresses you encounter. If your bucket gets full to the top, you'll start to feel overwhelmed. Doing things that are good for your physical and mental wellbeing helps to empty your stress bucket:



6.2 Trauma in the workplace

Working with people who have experienced trauma can place high emotional demands on us, adding to our stress bucket in lots of different ways. This is especially true when we are working to build compassionate relationships and really understand people's experiences. This can lead to chronic emotional stress, linked to traumatic incidents, vicarious trauma, and burnout.

You may experience or witness traumatic situations at work. This could include:

- Witnessing or being subject to violent incidents
- Witnessing or being subject to verbal or physical abuse
- Witnessing self-harm or injuries
- Experiencing bereavements

If you do experience any kind of traumatic incident at work, it's important to ensure you receive support to help cope with the impact this could have on you.

Vicarious trauma

Vicarious trauma is exposure to someone else's trauma, for example from listening to people describe their experiences, reviewing records, or responding to the aftermath of incidents. Anyone who works with trauma survivors has the potential to be affected. Signs include:

- **Intrusive reactions:** this could include vivid dreams or nightmares, flashbacks or obsessive thoughts.
- **Avoidant (or hypo-arousal) reactions:** this could involve a lack of responsiveness, withdrawal, or feeling numb.
- **Hyper-arousal reactions:** this could include having trouble concentrating, agitation, or an increased sensitivity to your surroundings.

Other symptoms include:

- Empathy fatigue, or a sense of distance and inability to care.
- Anxiety, depression and depersonalization.
- Overwhelming feelings of grief, anger, sadness or fear.
- Low self-esteem, guilt, and self-doubt.
- Feelings of distrust and lack of safety.
- Feelings of hopelessness and helplessness.
- Lack of energy and sleeping problems.
- Coping strategies such as drug and alcohol use.
- Feelings of alienation and hopelessness, and lack of safety.

Some of these signs, like sleeping problems or grief, may also be due to issues outside of work.

Burnout

Burnout is a form of physical, mental, and emotional exhaustion caused by chronic work-related stress. It is possible in any career, but clinicians and front-line staff working with trauma survivors are at increased risk. The signs can include:

- Fatigue and lack of energy.
- Poor concentration.
- Cynicism and detachment.
- Frustration and irritability.
- Lower work standards and reduced performance.
- Changes in behaviour and mood.

6.3 Keeping well

Whatever stresses you encounter, it is important that you look after yourself to reduce the risks, and seek support when you need it. Mental Health UK has a useful wellbeing plan which you can find below, and practical strategies to help you with your wellbeing are:



Building Self Awareness:

- Work on noticing yourself – try to recognise early signs of stress and ask yourself: am I at risk of burnout?
- Understand your own window of tolerance and use emotional regulation techniques
- Be aware of your personal risk factors, for example if you have existing trauma or are facing difficulties in your health, finances or relationships



Monitoring Your Workload:

- If you have a caseload, balance it whenever you can, so you are working with a variety of people at various stages in their recovery journey
 - Engage in regular supervision
- Be realistic about what you can accomplish at work – avoid wishful thinking
- Take up training and development opportunities for yourself
 - Look at your environment: how trauma sensitive is it? If there are organisational factors that need addressing, report and work on them



Taking Care of Yourself

- Take regular breaks and make sure you use your leave
- Look after your mental and physical wellbeing equally
 - Have active interests outside of work



Seeking Support:

- Take all opportunities for support, from colleagues, family, and friends
- Look for work 'buddies' - peers and mentors who you can debrief with
- If you need help, acknowledge it, and go to your organisation and/or your GP for support
 - Use any Employee Assistance Programmes available for health and wellbeing support

6.4 Keeping Safe

Safety is the first principle of trauma-informed care. If you face challenging, aggressive or violent behaviour at work keep yourself and everyone else as safe as possible. If you are involved in or witness an incident, your organisation may have a specific procedure to follow but in general you should:



Debriefing

After an incident you are likely to be feeling the effects. Debriefing with a colleague or manager can help make sure you don't take these effects away with you.

Consider:

- Using your own rituals and regulation activities – have a hot drink, get some fresh air, practice grounding or mindfulness techniques.
- Using reflective practice – take some time to think about what happened, what impact it had on you, and what you need (see below for a guide). Accept that you may not be able to process everything straight away and make plans to use supervision and peer support.
- Planning what's next – what's your next work task? Do you need support from others, for example to avoid going straight into another challenging situation?
- After work – what activities will help you empty your stress bucket, for example exercise, listening to music, meeting a friend.

Following an incident, the Five Whys technique can help you understand the needs underlying challenging behaviours. You can use this with colleagues or a manager. Here's an example:

The Five Whys technique (example)	
What happened?	Dave got angry with me in reception.
Why?	Because he arrived late to his appointment and I couldn't see him.
Why?	He had woken up late and had to run to the appointment.
Why?	His phone wasn't charged so the alarm didn't go off.
Why?	Because he had no electricity.
Why?	Because he couldn't afford to pay the electricity bill.

The final 'Why?' – because they couldn't afford to pay their electricity bill is the root cause. This gives us an insight into the need underlying the behaviour - Dave needs support with his finances. This tool can be used with the person but only at a later date, and only within a supportive and trusted relationship to avoid conflict or re-traumatisation. For more guidance on re-building relationships after an incident of concern see Restorative Approaches in Section 3.

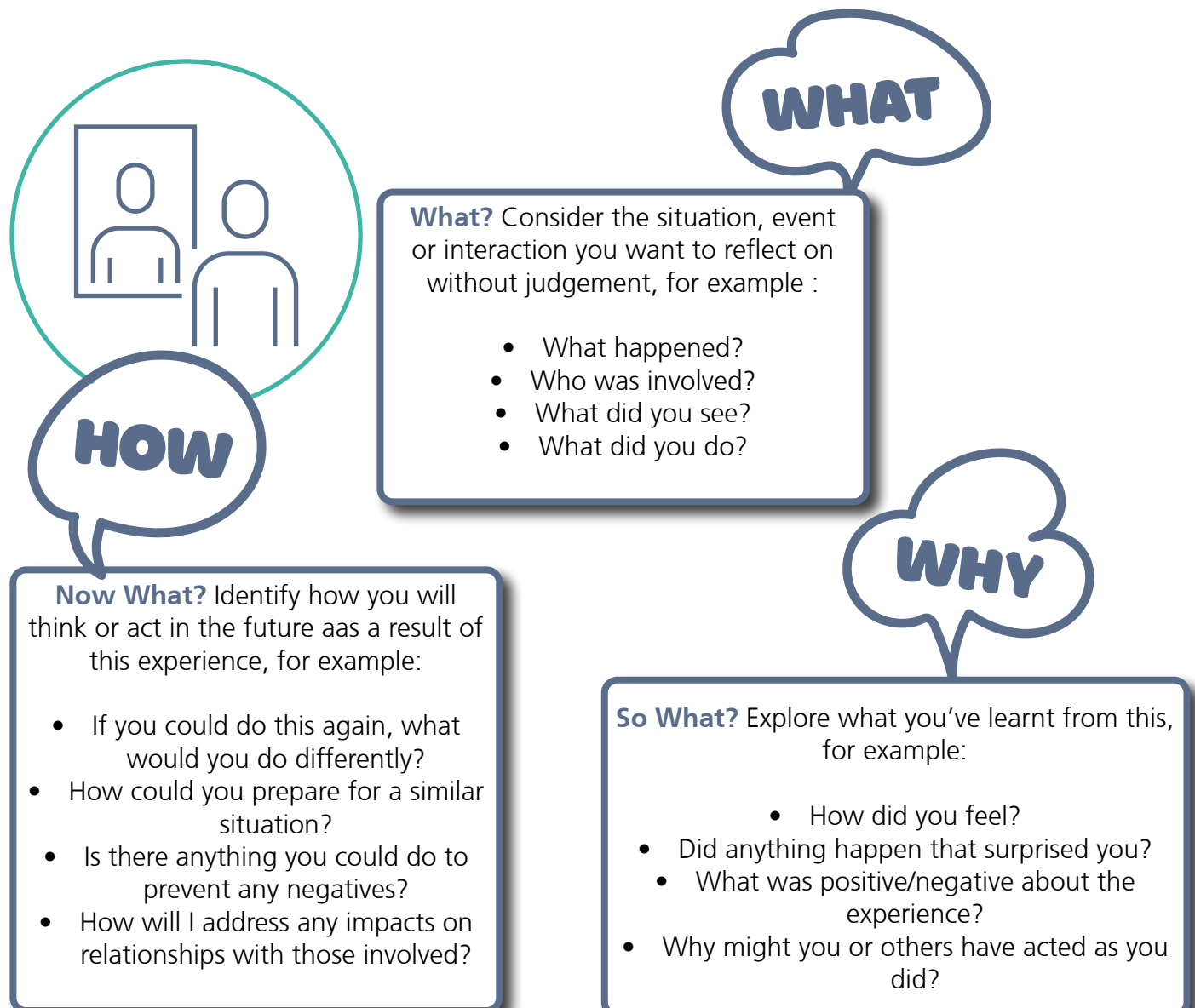
6.5 Reflective Practice

Reflective practice helps you to develop insights into your own thoughts and actions and process events. It can help you to build self-awareness and emotional regulation, deal with the challenges you face in your work, and develop your practice by thinking about what worked (or didn't work) and why. Reflective practice can be particularly helpful when working with people with trauma experiences as it helps us think about the needs behind the behaviour we may see.

Your organisation may offer:

- Line management supervision focused on tasks, performance and wellbeing.
- Clinical supervision focused on practice support, learning and development.
- Peer support focused on practical and emotional support and skills.
- Multi-disciplinary working focused on supporting people with complex needs.
- Wellbeing or occupational health support focused on helping you manage your wellbeing.
- Employee assistance programmes providing confidential external support.

All of these provide opportunities for reflective practice, and it is also something you can do independently following these steps:



Notes

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Appendix 1: Forward Leeds Correspondence

The following resources from the Forward Leeds alcohol and drugs service give practical examples to support trauma-informed communication:

1. Assessment Letter
2. Unable to Contact at Assessment Letter
3. Change of Appointment Letter
4. Unable to Attend Letter
5. Unable to Attend Letter Two
6. Unable to Attend Letter Three

The style and tone of these letters can also be used to support development of text messages, emails and notes through the door.

1. Assessment Letter

Dear <Name>

We received a referral for you to be seen at our service. We are pleased to offer you an appointment at:
<Date, time, location>

We will be discussing your options and how best we can work with you. You are welcome to bring along a family member or support worker if you wish.

We'll always do our best to see people but if you are significantly late we cannot guarantee we will have time to complete the appointment.

If this is not a good time for you please let us know as soon as possible to re-arrange or discuss alternatives You can contact the service by calling 0113 887 2477.

The person you will be meeting will give you a call before your appointment to check in and answer any questions you might have.

If you are no longer seeking our support at this time, please let us know.

Yours sincerely

<Sender name>

Scan QR code for what to expect at your 1st appointment video

2. Unable to Contact at Assessment Letter

Dear <Name>

We just wanted to get in touch as we have received a referral for you to access support from us.

We have been unable to contact you on the number we have been given.

We'd really like to speak to you so we can discuss how we can work together.

Could you please call us on 0113 887 2477 and we will be able to arrange an appointment for you. You can also call into one of our hubs (addresses below), or email us on info@forwardleeds.co.uk

We'll also continue to try and contact you on the number we have been given, if there's a better way of getting in touch, please let us know.

If we don't hear from you within 14 days from the date of this letter we will assume that you no longer require our service. You can contact us at any time to re-refer as we are really keen to support you.

Yours sincerely

<Sender name>

3. Change of Appointment Letter

Dear <Name>

CHANGE OF APPOINTMENT INFORMATION

We are sorry but due to unforeseen circumstances, we have to change your next appointment which was on <date> with <name>. Please accept our apologies for any inconvenience this may cause.

We would like to offer you an alternative appointment:

<Date, time, location>

If you have any difficulties with this change, please let us know as soon as possible. You can contact us by calling 0113 8872477.

Yours sincerely

<Sender name>

4. Unable to Attend Letter

Dear <Name>

I haven't been able to contact you since you missed your last recovery session with me. I hope everything's ok. I have arranged a new appointment for us to meet shown below.

<Date, time, location>

At Forward Leeds we want to ensure we build a package of care that fits your current needs and circumstances.

If you have any difficulties with this appointment time, please contact the service on the number below so we can arrange an appointment that best fits your needs.

You can contact the service by calling 0113 887 2477.

[My mobile number is : <number> worker add mobile number if appropriate]

You can also call into any of our hubs to discuss if needed.

I look forward to hearing from you soon.

Yours sincerely

<Sender name>

5. Unable to Attend Letter Two

Dear <Name>

Hope you're well. Sorry to see you have missed your last two appointments with Forward Leeds. It would be good to hear from you so we can discuss any additional things we can do to help make the appointments work for you. In the meantime, I have arranged a new appointment for us to meet shown below.

<Date, time, location>

I will try and contact you to make sure this appointment works for you.

If you have any difficulties with the appointments being offered, please do not hesitate to contact the service on the number below so we can arrange an appointment that best fits your needs.

You can contact the service by calling 0113 887 2477.

[My mobile number is : <number> worker add mobile number if appropriate]

You can also call into any of our hubs to discuss if needed.

I look forward to hearing from you soon.

Yours sincerely

<Sender name>

6. Unable to Attend Letter Three

Dear <Name>

I hope you're doing ok as we haven't had contact for some time and want to understand how we can continue to work with you.

It would be good to hear from you so we can look at any difficulties you are currently facing with attending the offered appointments and look to fit an appointment around your current requirements.

Please try and contact us within 14 days of the date of this letter or let us know if there's a better way to contact you. If we don't hear from you I will assume that you no longer need the support of Forward Leeds and close your support for now. I'll also try and call you over the next 14 days to speak to you.

If you should require our support in the future please do not hesitate to contact us on the number below or speak to your GP.

You can contact the service by calling 0113 887 2477.

[My mobile number is : <number> worker add mobile number if appropriate]

You can also call into any of our hubs to discuss if needed.

Yours sincerely

<Sender name>

Appendix 2: Safety Plan

Name
Service
Date

What I want to avoid

What can get me to feel this way? What can this service do to help me with this? What can I or others do to help me with this?

What things make me feel safe/secure?

If I was feeling emotionally distressed – what would help to ground or self-soothe me?

If I found myself getting too overwhelmed – what would my crisis strategy be?



This toolkit has been designed and developed on behalf the West Yorkshire Health and care Partnership by Waythrough, a national charity that specialises in mental health, alcohol, drugs and related areas. It's an evolutionary project, using the latest ideas and information relating to trauma-informed care from across the world.

We would like to thank all the contributors to the project for their continued support in developing this toolkit.

For information on how to secure your own version of this toolkit, please visit waythrough.org.uk for more information on the work we undertake and to access our contact details.

