Trauma Informed Approaches

Trauma Informed Care: Implications for Practice

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- Defining trauma….?
- What is a Trauma Informed Approach (TIAs)
- Barriers?
- Complex trauma?
- Contexts?
- Staff care and well being – who cares?
- Post traumatic growth
- The future of TIA and implications for practice..?

"While slicing rashers of bacon, your grocer severs the artery in his wrist"

"Returning from the clubroom after your meeting, with three of your Patrol, you hear a woman screaming 'Fire!' from an upper window of a lonely cottage on the moors. Running to the spot, you see smoke pouring from the window. The woman, holding a baby in her arms, has obviously lost her head; two bigger children are hanging over the window ledge crying."

"Eating a piece of bread and jam in camp, your newest recruit gets stung on the tongue by a wasp"

"You hear a scream from your neighbour's house, and running into their kitchen you find the baby, aged 18 months, has pulled the kettle of boiling water over himself, and his mother, white to the lips, is rocking to and fro. She falls to the ground as you go into the room and appears to be unconscious."

Guides Handbook 1946

Examples of type 1 and type 2 (complex) trauma

Type 1 trauma	Type 2 complex trauma
Fire or explosion	Childhood sexual abuse
Car accident	Childhood physical abuse
Industrial accident	Repeated domestic violence
Physical assault	Captivity ● Kidnapped ● Abducted ● Held hostage ● Prisoner of war ● Concentration camp
Sexual assault	Sex trafficking or slave trade
Sudden violent death ● Homicide ● Suicide	Exposure to genocide or other forms of organised violence
Single event combat trauma	Prolonged exposure to war as civilian or military veteran

Disasters are not included as they are so variable in terms of their characteristics

Proposed ICD-11 symptoms for PTSD and complex PTSD[8]

PTSD	Complex PTSD
Traumatic event (TE)	**Traumatic event (TE)**
Re-experiencing the TE (e.g. intrusive memories, flashbacks, or nightmares)	**Re-experiencing the TE** (e.g. intrusive memories, flashbacks, or nightmares)
Avoidance (of thinking about the TE, or of activities or situations reminiscent of the TE)	**Avoidance** (of thinking about the TE, or of activities or situations reminiscent of the TE)
Perception of current threat (e.g. hypervigilance or enhanced startle response)	**Perception of current threat** (e.g. hypervigilance or enhanced startle response)
Symptoms for at least several weeks	**Symptoms for at least several weeks**
Significant impairment in domains of function, e.g. personal, social, occupational etc	**Significant impairment** In domains of function, e.g. personal, social, occupational etc
	Emotional dysregulation Increased emotional reactivity, violent outbursts, reckless or self-destructive behaviour or prolonged dissociative states when stressed May also have emotional numbing, inability to experience pleasure or positive emotions
	Negative self-concept Persistent beliefs about oneself as diminished, worthless or defeated. Can be accompanied by pervasive shame or guilt
	Interpersonal disturbances Persistent difficulties sustaining relationships

Complex trauma

'It is the symptoms that should determine the diagnosis not the nature of the trauma (although there must be one). The data have supported our view that CPTSD should be distinguished by the type of symptoms, not the type of trauma'

(Brewin, 26 October, 2017, email correspondence).

TIAs defined as ….

- ‘System development model grounded in and directed by a complete understanding of how trauma affects service user’s neurological, biological, psychological and social development’ (Paterson, 2014)
- TI services can be distinguished *by trauma specific services which aim to treat the impacts of trauma..*
- Originated in the US: SAMHSA- established National Centre for TIC
- In UK – Scotland’s Mental Health Strategy(2012-2015), includes psychological trauma as key priority. ‘General Services should be trauma aware’ i.e. Primary care, mental health etc

TIA: Key principles

- Recognition
- Resist retraumatisation
- Cultural, historical and gender contexts
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, choice and control
- Safety
- Survivor partnerships
- Pathways to trauma specific care

Barriers….?

- Focus on biological basis of mental distress rather than human, familial or social issue
- Focussing on social and systemic causes of trauma places practitioners in opposition to powerful groups and is thus avoided
- Constant change and upheaval in services, wariness and weariness of new initiatives dwindling resources..austerity

Contexts

- Culture – *asylum seekers, refugees, FGM*
- Medical settings – *Burn trauma, traumatic childbirth*
- Sexual violence, abuse and domestic violence
- Children and families
- Industrial and transportation events/disasters
- Terrorism –*Tunisia, Borough Market, Brussels*
- Hostage taking
- Traumatic bereavement and loss
- Combat related - *Veterans Covenant*
- Civil and ethnic violence
- Workplace trauma – *emergency services*
- Natural disasters

What contributes to complexity…?

- Environment – social, economic, employment
- Previous history of trauma and abuse
- Lack of social/therapeutic support
- Reluctant/late help seeking
- Poor assessment, formulation, education concerning development and maintenance of problems
- Inadequate/poor previous therapeutic input
- Multiple
- Poor expectation management
- Inflexible therapeutic engagement
- No relapse prevention strategies
- No follow up
- Chronicity
- The system!

Grenfell

- Traumatic losses – life, home, livelihood
- Exposure to significant trauma
- High levels of subjective life threat
- Culture, language and meaning
- Uncertainty over future security
- Previous loss and trauma
- Secondary victimisation
- Complex support arrangements
- Turf wars and competing agendas
- Significant disenfranchisement from mainstream society

"We recommend that public sector employers should identify employees at higher risk of stress or trauma and produce a national framework which coordinates support for these employees and establishes clear accountability for their mental health."

Thriving at Work: The Stevenson and Farmer Review of Mental Health and Employers, The Public Sector, p.47, (October, 2017) Independent Review of workplace mental health needs

What is Vicarious Traumatisation?

- Is it a new phenomenon?
- Probably not, but:
  - focussed psychological interventions in response to traumatic life events are used increasingly more
  - the approach to working with individuals affected by trauma events has shifted from more psychodynamic ways of working to exposure-based approaches – systematic, in-depth processing of a trauma takes place
  - therefore listening and witnessing detailed aspects of a traumatic experience and the accompanying emotions are often an integral part of our work

- **Pearlman and Saakvitine (1995)** describe the phenomenon as *'…the cumulative transformation in the inner experience of the therapist (or worker) that comes about as a result of empathic engagement with the client's traumatic material'*

Organizational Factors

- **The results can be deleterious when organizations**:
  - Little or no respite for staff (e.g. shared coverage, adequate time off)
  - Unrealistically high work loads
  - Failure to provide enough qualified supervision
  - Deny the severity and pervasiveness of a populations' traumatic experiences and their after-effects
  - Failure to work with staff to identify and address signs of vicarious traumatisation or cumulative exposure
  - No opportunities for continuing education
  - Insufficient post event/incident support

Why provide support?

- Overwhelming evidence from 30 years of research – social support is a major protective factor following life events/trauma
- Types of social support – informational, practical, and emotional
- Type of social support required – function of context and individual needs – vary over time; importance of matching support provision to needs

Growth Following Adversity – *Post Traumatic Growth (PTG)*

- **Relationships are enhanced in some way** – *valuing friends and family more, feeling increased compassion and kindness for others*
- **Changing views of oneself** – having a greater sense of personal resiliency, wisdom and strength coupled with a greater acceptance of vulnerabilities and strengths
- **Changes in life philosophy** – *shifts in understanding of what really matters, finding a fresh appreciation of each new day, possible changes in spiritual beliefs*

The future of TIA in health and social care…..

- Raising awareness
- Education
- Investment
- Political will

http://www.bbc.co.uk/programmes/b07yszwr

Relevant reading

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