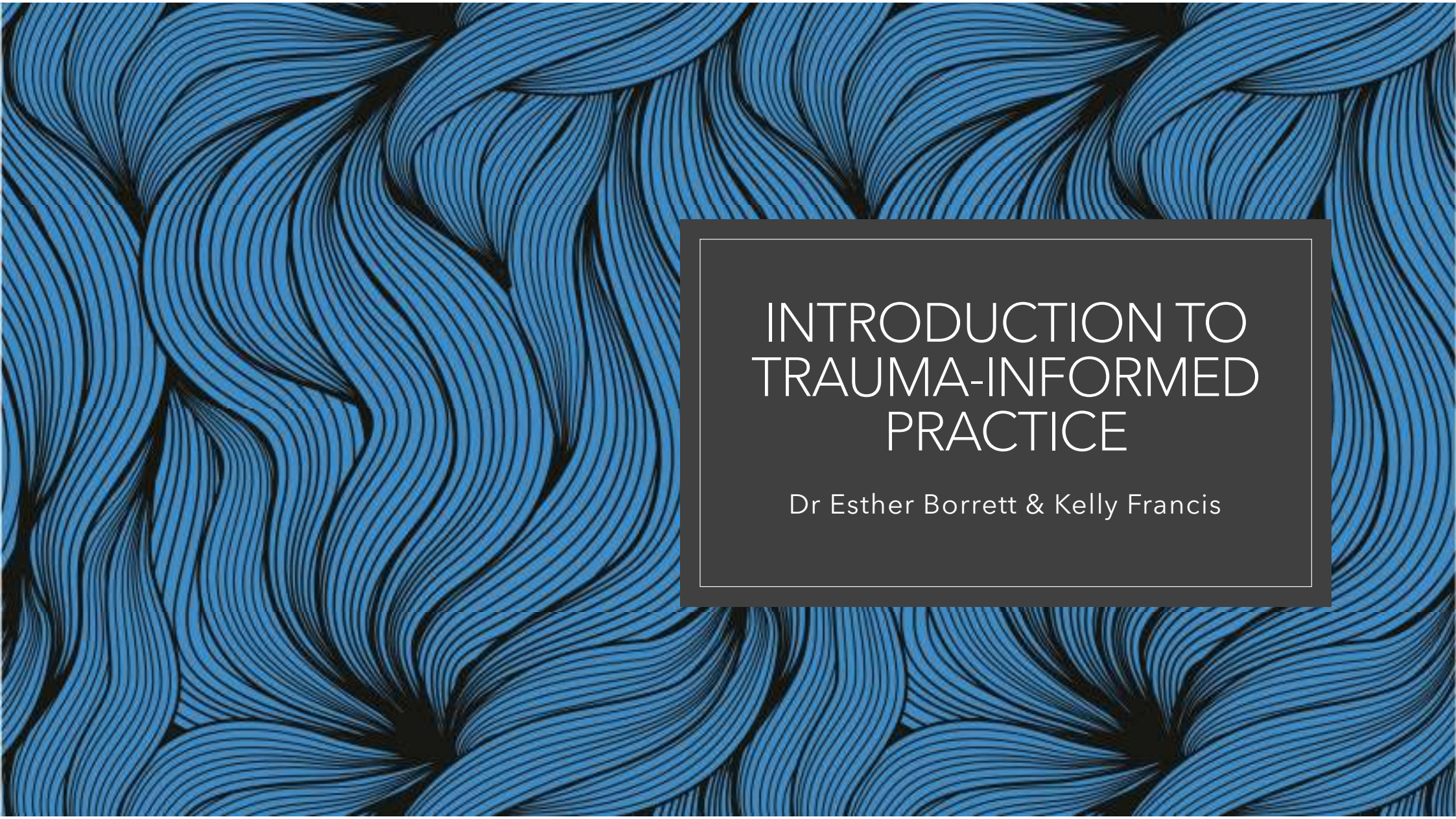


INTRODUCTION TO TRAUMA-INFORMED PRACTICE

Dr Esther Borrett & Kelly Francis


GENTLE REMINDERS
EXPECTATIONS
CONFIDENTIALITY

Objectives

- What is trauma informed practice?
- Reminder of the literature around trauma and it's consequences
- Consider the internal working model as a way to gain and insight into our CYP
- Move towards resilience; how can trauma-informed practice increase resilience?

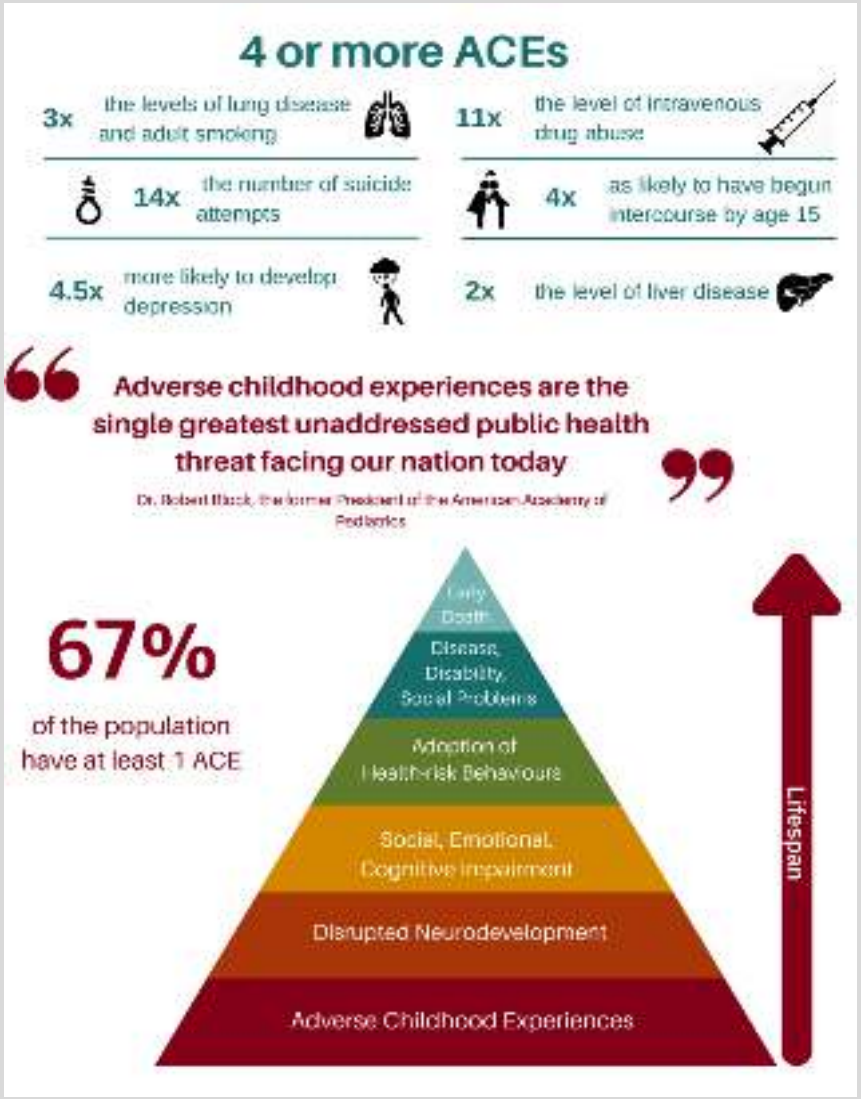
Trauma-informed practice

- What does it mean? Discuss in groups and share ideas….

Trauma informed services, as defined by Karen Treisman (2019) are those which embed the **R's**. Services which...

- ***Realise*** *the widespread impact of trauma, stress and adversity and understands potential paths for healing and recovery.*
- ***Recognise*** *the signs and symptoms of trauma in staff, clients and all others involved in the system.*
- *Actively* ***Resists*** *re-traumatisation (committed to being trauma-reducing instead of trauma-inducing)*
- ***Responds*** *by fully and meaningfully integrating, embedding and infusing knowledge about trauma into policies, procedures, language, culture, practices and settings*

- Trauma informed services are also ***Reflective*** in their practice, which involves curiosity about ourselves in the work we do. With a fundamental focus on ***Relationships*** at the heart of our work.



Adverse Childhood Experiences (ACES)

Started with US study

Prevalence

more than 1 in 5 experienced 3 or more ACEs.

ACE – The Research (UK Based)

Study 1: Bellis et al. (2014), 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England', BMC Medicine vol 12

48% of individuals experienced at least 1 ACE

9% of individuals experienced 4 or more ACEs

Study 2: Public Health Wales (2016), 'The Welsh Adverse Childhood Experiences (ACE) Study'

47% of individuals experienced at least 1 ACE

14% of individuals experienced 4 or more ACEs

Consequences

ACEs can have lasting, negative effects on:

- Health – diabetes, heart disease, cancer, STIs
- Well-being – teen pregnancy, suicide, eating difficulties
- Opportunity – education, employment, relationships

ACEs and associated conditions, such as poverty, frequently moving, and experiencing food insecurity, can cause **toxic stress** (extended or prolonged stress).

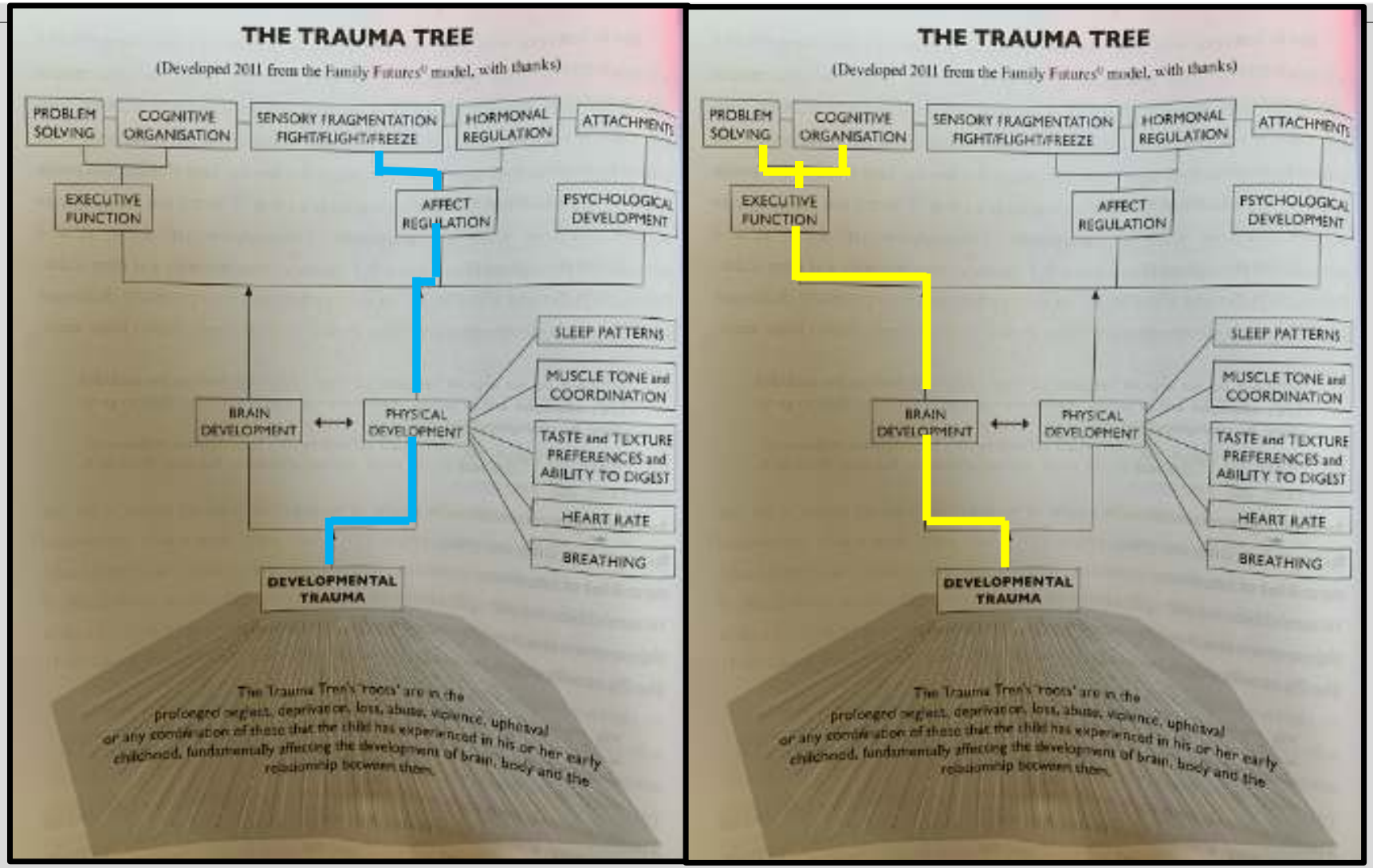
- "Strong, frequent or prolonged activation of the body's stress management system." (Centre on the Developing Child Harvard University, p.2, 2014)

Toxic stress from ACEs can **change** brain development and hormone systems affecting:

- Attention
- Memory
- Decision-making
- Learning
- Response to stress
- Emotion regulation
- Impulsivity
- Relationships

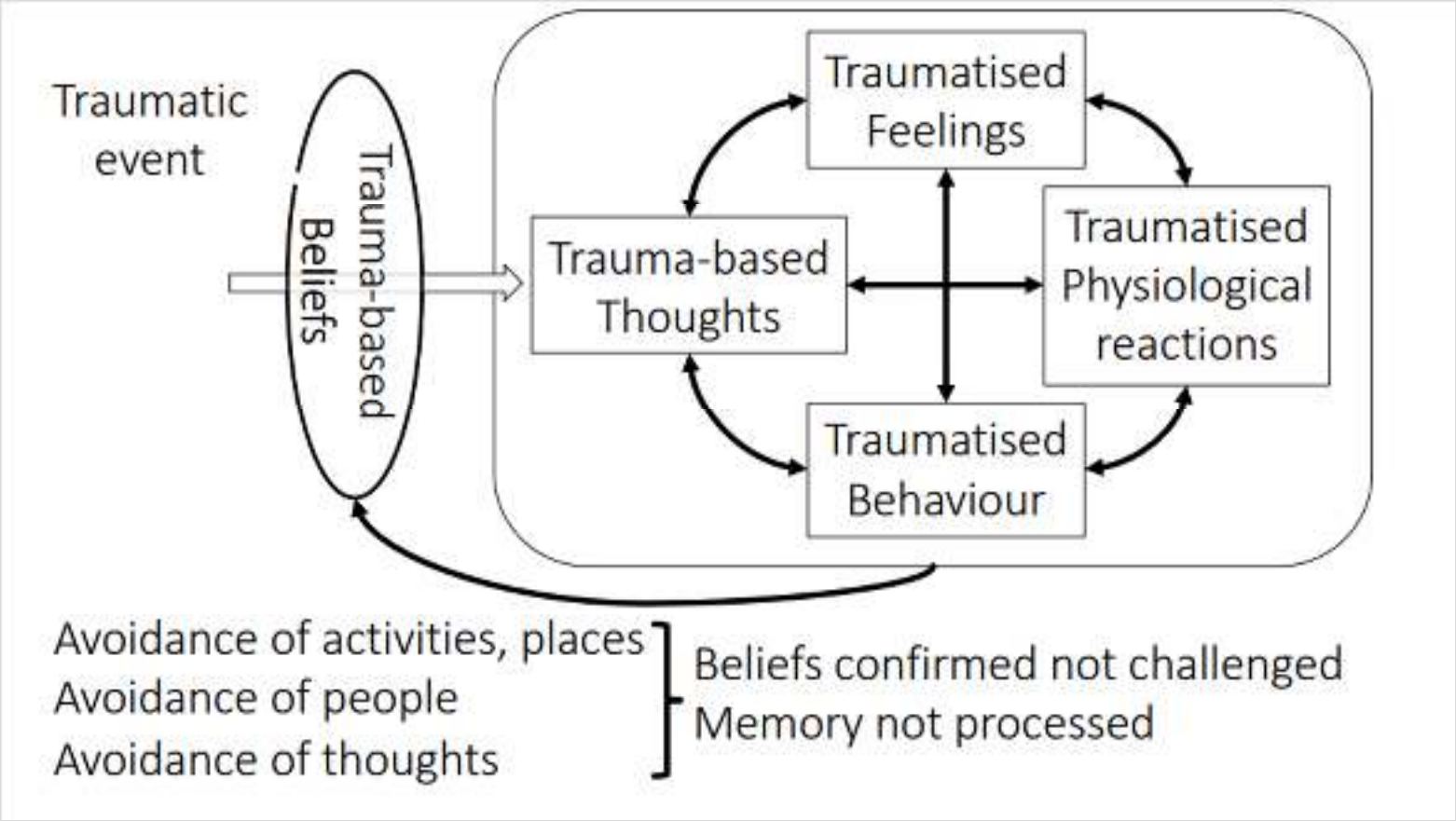
Toxic stress may also come from:

- Intergenerational trauma.
- Culturally historical and ongoing traumas.



Louise Bomber's Trauma Tree

Internal working model



Activity

Think of a child who you work with who has experienced ACES in their past

- Consider how this would have impacted on their internal working model:

1. What beliefs may they hold about themselves, others and the world?
2. What things that have happened might consolidate these beliefs?
3. How might they behave in school because of these beliefs?

"WHAT IF?"

USING A TRAUMA-INFORMED LENS TO REFRAME BEHAVIOUR

EdPsychInsight

https://www.epinsight.com | Twitter - @EPInsight

"It's just attention-seeking"

What if the child has been starved of attention in the past? What if the child wants to be remembered?

Try: regular check-ins; explicit communication about separations; transitional objects as a concrete representation of your connection with the child.

"They have no respect for authority"

What if the child has experienced a lack of respect and dignity in past relationships? What if they need to learn to trust you?

Try: making time to talk about their interests; finding moments for shared humour; communicating acceptance and empathy for their feelings.

"Praise and rewards never seem to work"

What if praise is too abstract for a child with a younger developmental age? What if the child feels shame about failing to earn a reward?

Try: non-verbal methods of showing warmth and approval; giving indirect feedback to a group of peers; scheduling time for play and relaxation as part of a preventative approach to emotional regulation.

"This is just manipulation"

What if the child is using behaviours which helped them stay noticed or survive in another environment? What if they learnt to prioritise their own needs?

Try: giving them opportunities to exert control; providing responsibilities which help them feel valued; using reassuring commentaries or visual schedules to make daily routines structured and predictable.

"Every day is constant disruption"

What if the child can't regulate their emotions as well as other children their age? What if they have lacked the sensitive, responsive and attuned interactions needed for taming the amygdala?

Try: a settling morning routine; visual communication about changes and transitions; a daily sensory diet; reducing demands when their stress is elevated.

"They want everything done for them"

What if the child has missed out on the period of healthy dependency on a caregiving adult? What if the bonds of attachment were disrupted by neglect, abuse and separation?

Try: getting alongside to convey safety and give encouragement; breaking down tasks into smaller steps; modelling and visualising organisational skills.

ACES critiques…

- Large piece of research – but… correlation is not causation. Shows there is a *relationship* between childhood adversity and health problems, but doesn't tell us how or why?

- Does not explore or explain the varied individual differences in responding to trauma

- What about the flip side…resilience? protective factors?

……ACEs are not a crystal ball but are useful starting point to consider the effect of childhood experiences

Relationships = the missing link?

Research has found that a relationship with one trusted adult during childhood can mitigate the impacts of ACEs on mental and physical wellbeing.

Borrett (2019) found that adult students when asked to reflect on their schooling and identify the aspects that helped them to be resilient identified support from key adults as the primary factor – every adult student named one teacher who believed in them

- "Every interaction is an intervention" (Karen Treisman)

Crittenden argues ACES misses the vital importance of relationships… we must consider ACES in light of the availability of attachment figures and how their intervention may predict the risk of psychological trauma. If an attachment figure is there to mediate, comfort after dangerous events then the likelihood of trauma is significantly reduced.

The Dynamic-Maturational Model of Attachment and Adaptation (DMM)

Crittenden's model takes into account the relational nature of trauma; Crittenden proposes 3 conclusions:

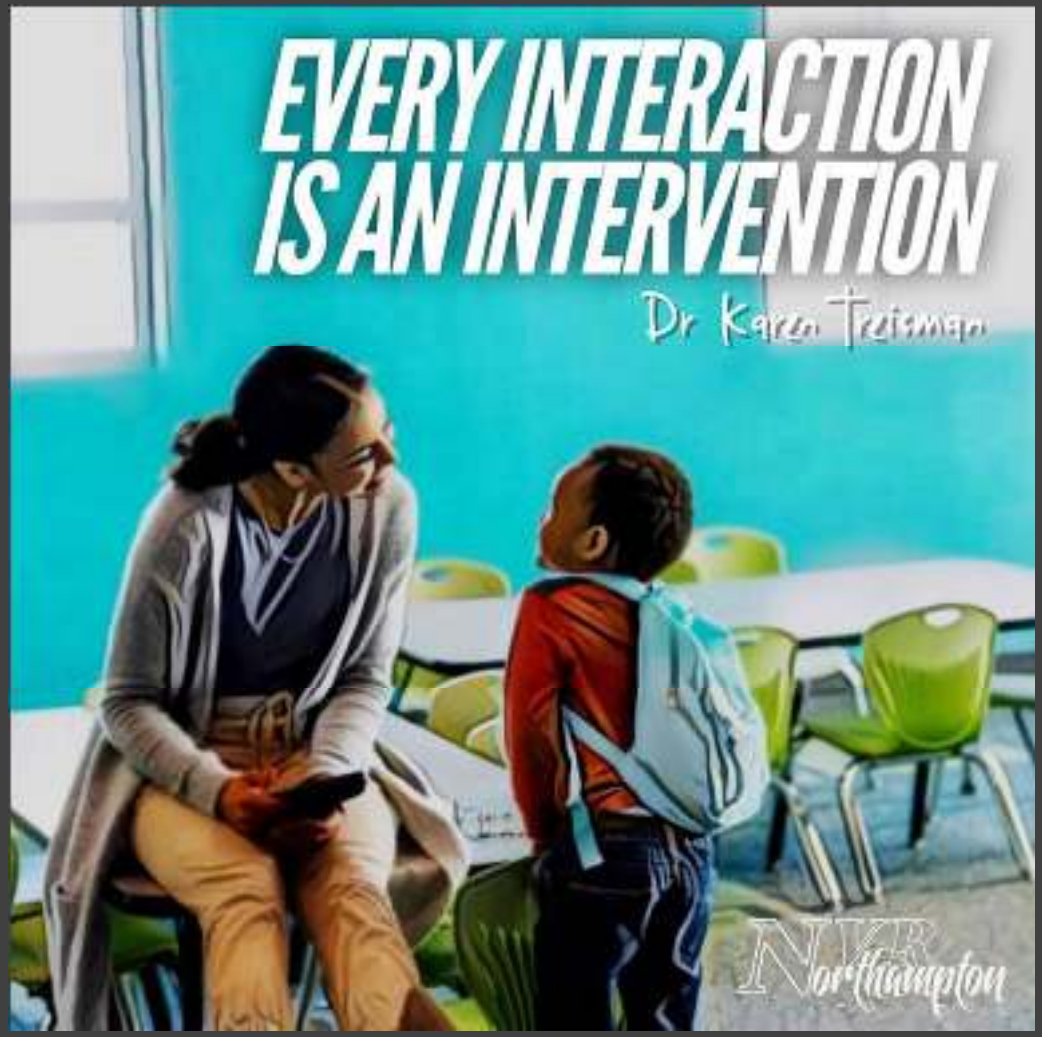
1. Attachment figures protect, comfort and facilitate learning
2. Psychological trauma depends on each individuals ZPD and the availability of attachment figures
3. Danger, attachment and development interact to affect the probability of psychological trauma

Relationships increase resilience

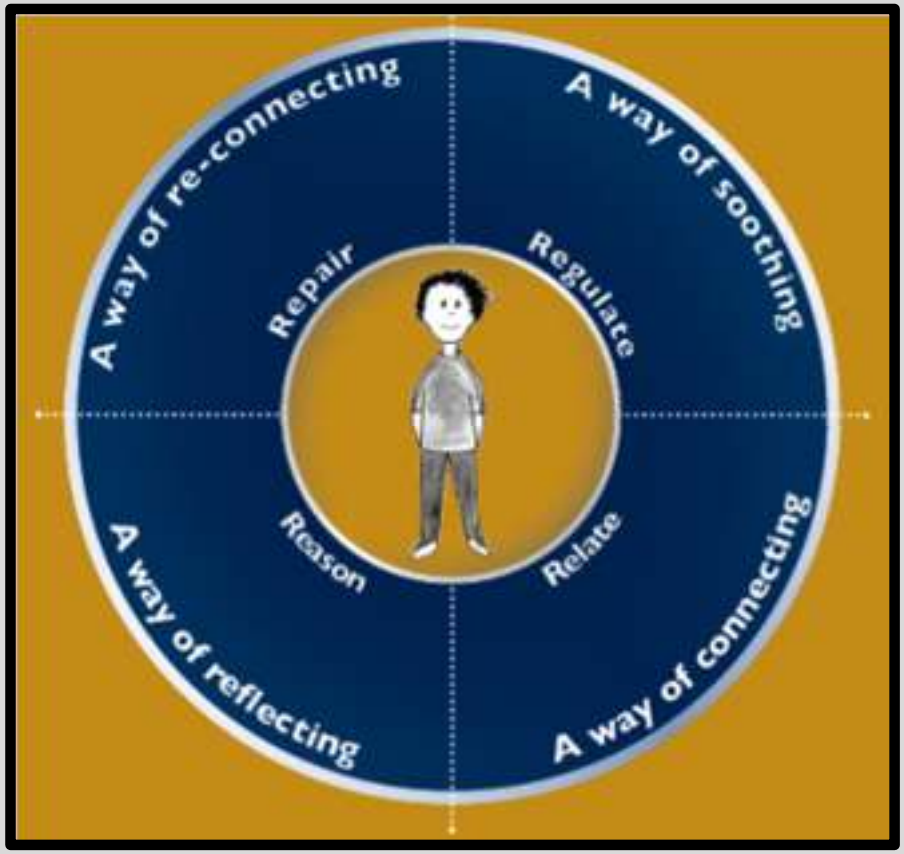
Danger scale (Crittenden, 1984) helps to put ACES in a relational context and identify which CYP are more susceptible to forming psychological trauma

1. Developmentally normally, expected dangers, from which the child was adequately protected and comforted (i.e. crossing the streets)
2. Developmentally normative dangers from which the child was protected, but not comforted. Developmentally inappropriate dangers from which the child was protected and comforted
3. Developmentally inappropriate dangers from which the child was neither protected nor comforted
4. Parentally inflicted dangers (no protection or comfort)
5. Events that are threatening to adults as well as children (wartimes, death of child or spouse)
6. Ongoing severe endangerment (domestic violence)

TRAUMA IS RELATIONAL AND RELATIONAL TRAUMA REQUIRES RELATIONAL REPAIR



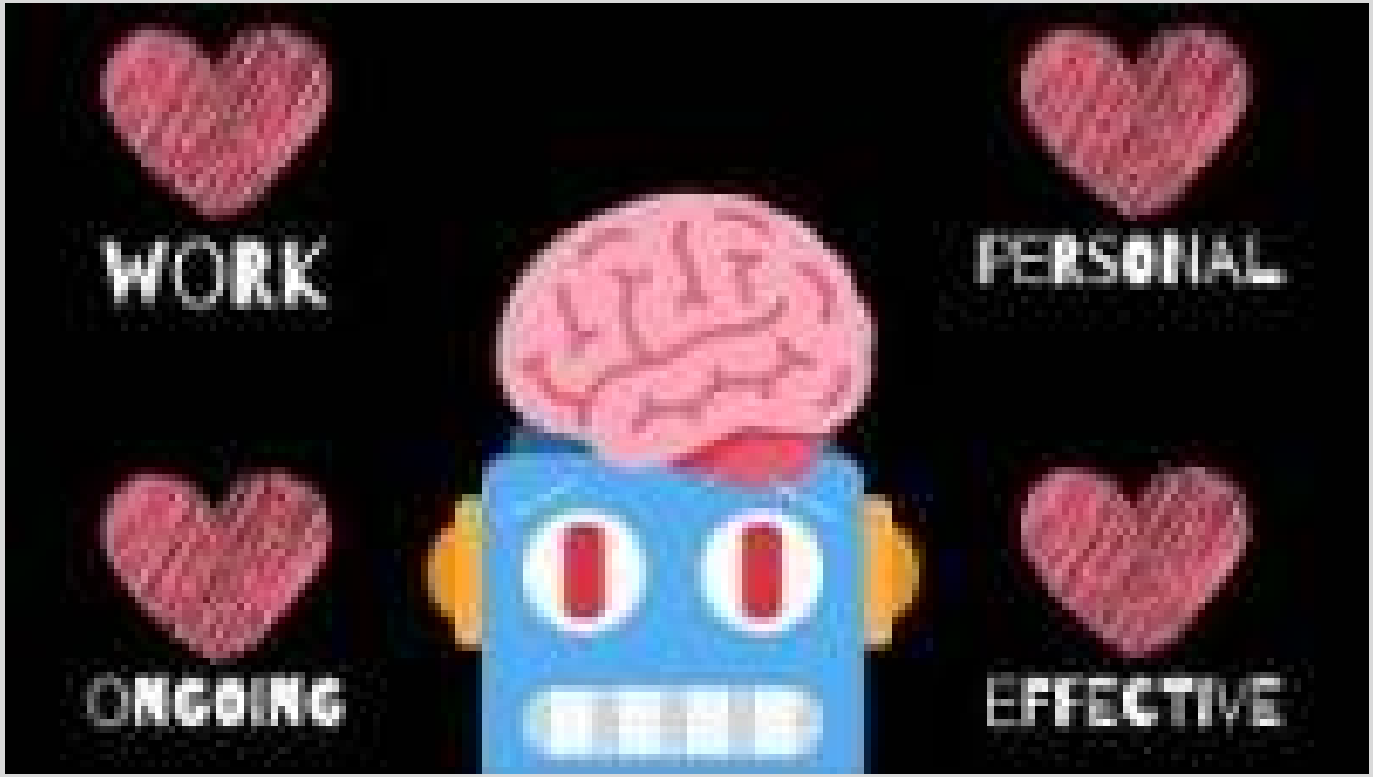
How can we utilise our relationships to build resilience?



Louise Bomber's 4 Rs *(Know Me to Teach Me)*

1. **Regulate.** We need to give children and young people who are experiencing toxic stress, experiences which are regulating and soothing to quieten parts of their brain.
2. **Relate.** Every relationship has the power to confirm or challenge all that has gone on before.
3. **Reason.** Through regulation and relation, we are attempting to free up both bodies and minds within a rich context of safety, security and stability. Then we can begin to facilitate fruitful discussions with young people about themselves and their world.
4. **Repair.** When behaviour or interactions don't go to plan. Young people rely on adults to remain curious and supportive even when they are try to push them away. This means not giving up on them and remembering that tomorrow is a new day

How can we utilise TIP to build our own resilience?



Protecting ourselves involves…

- Considering if our working environment is trauma-inducing or trauma-reducing, taking steps to minimise triggers and increase feelings of safety and security
- Imbedding reflection and supervision practice into working life; this can be peer supervision/reflective spaces opportunities, clinical supervision opportunities in groups or individual supervision sessions.
- Monitoring your own and your colleagues wellbeing, and utilise a clear pathway to seek additional support around needs.
- Self-care, whatever this looks like for you…

In practical terms our commitment should be:

1. Prioritising regulation through ensuring the CYP have their individual needs met, (food, drink, appropriate medication, personal belongings, comfort, environmental, sensory..) opportunities to employ regulation skills and co-regulate with them where they are lacking those skills

2. Engage in meaningful relationships with all our CYP and model a trusting, cooperative relationship based on values of genuine-ness, honesty and trust.

3. Ensure the first two steps are being met before trying to engage with reason, to teach boundaries and then move to engage the CYP with a dynamic and person-centred education

4. Acknowledge that things go wrong and be enthusiastic in seeking out opportunities for repair, model unconditional positive regard.

5. Trauma-informed self-reflection as a team, we need to ensure we are working on our own resilience and understanding our role in this process.

TASK: split into groups to think of what we do/what more we could do to support these Rs

Applied TIP – Using a Team Pupil approach

- Developed from 'Know Me to Teach Me' by Louise Bomber (2020)

- Team Pupil is a specific support network for both staff and the child or young person.
- It provides a supportive framework for staff to understand the importance of their relationships with children and young people being described as "challenging" or "hard to reach".
- It is comprised of 4-5 members of staff and/or adults around the child or young person who is experiencing or who has experienced emotional difficulties, relational trauma and losses.
- Follows the Four 'R's Model across four virtual sessions and uses information sharing, discussion and reflection to create a bespoke, person centred One Page Plan for the Team around a young person.
- **Reported Impact**: Increased understanding and awareness, protected time, reassurance and confidence in professional practice, practical tools and strategies, application of knowledge for other pupils.

References

- Know me to teach me, Michelle Bomber
- Karen Treisman, Therapeutic treasure box
- Find further information on trauma informed organisations/ Karen Treisman here:

http://www.safehandsthinkingminds.co.uk/links-websites-and-podcasts/

- Find further info about Crittenden's DMM model here:

https://www.acamh.org/freeview/pat_crittenden_psychological_trauma_resilience/?utm_source=Subscriber&utm_campaign=00db10b66b-EMAIL_CAMPAIGN_2019_12_02_03_10_COPY_01&utm_medium=email&utm_term=0_f59ca1eb20-00db10b66b-119206349

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