Trauma Informed Approach

THINKING TOOL

This Thinking Tool can help you to:

- Think about the way you work with children, young people and families who have experienced trauma
- Explore the key principles of a Trauma Informed Approach
- Identify any of your own preconceptions that may be influencing your practice

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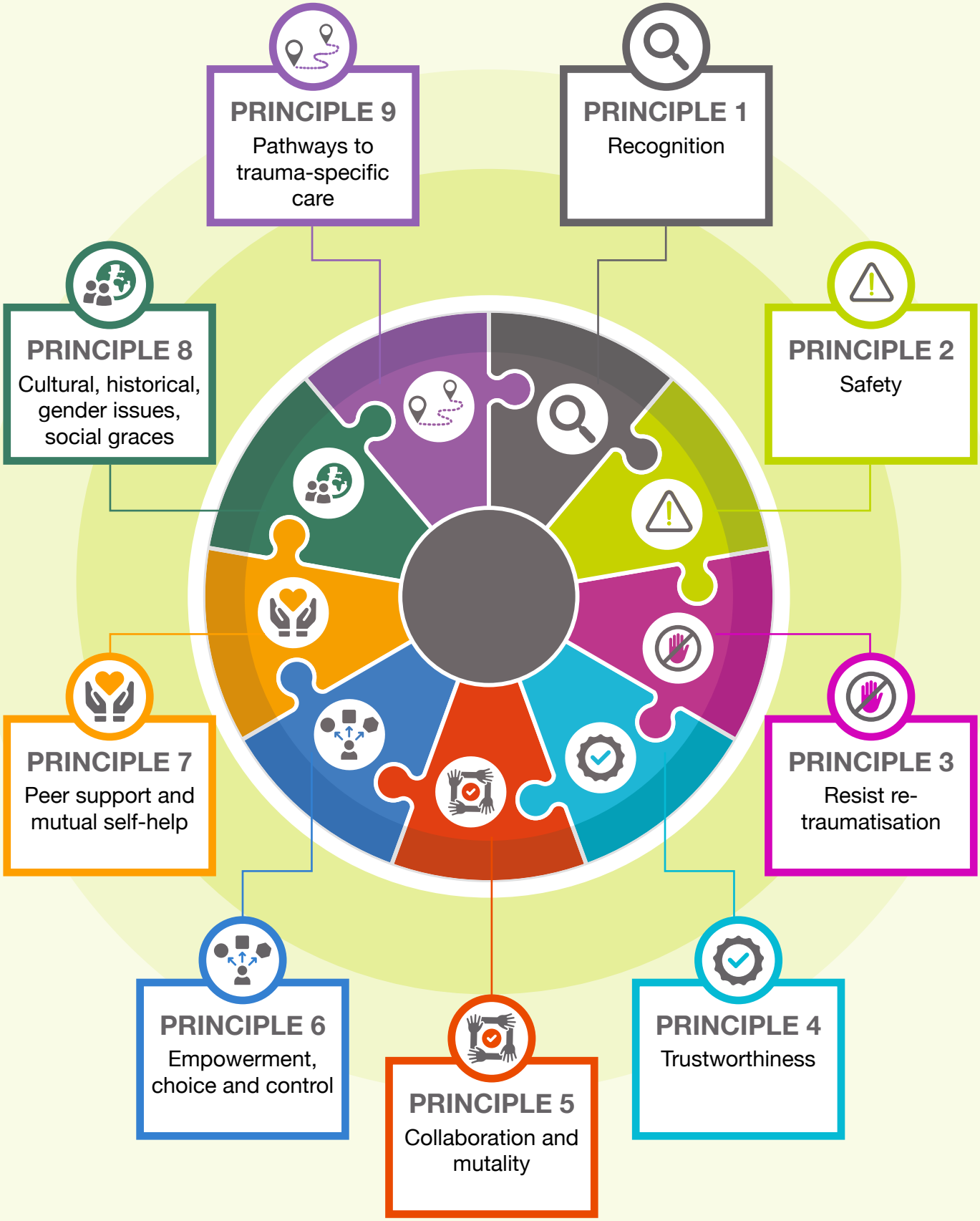
Trauma-informed practice is about understanding the theoretical basis that underpins the approach and is grounded in nine key principles and a set of four assumptions:

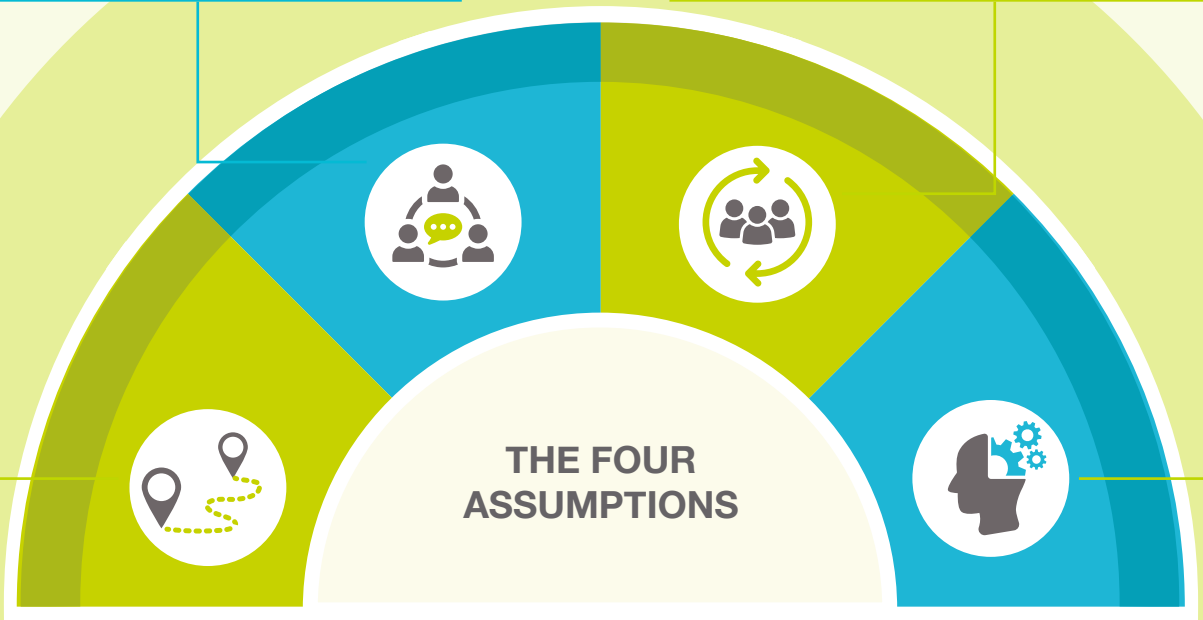


RECOGNISE

It's important to recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system

RESIST RE-TRAUMATISATION

Resist re-traumatisation by considering what may replicate the original trauma literally or symbolically



REALISE

Reflect on and realise the widespread impact of trauma, stress and adversity and seek to understand potential pathways for recovery

RESPOND

Respond by fully integrating knowledge about trauma into your language and practice and seek to influence policies and practices to include trauma knowledge

KEY REMINDERS

- **Trauma-informed approach (TIA), trauma- informed practice (TIP) and trauma-informed care (TIC) are terms that are used interchangeably**
- **An effective trauma-informed approach relies on us building effective, trusting relationship with the families we work with**

Indicators of Trauma - Fight/Flight, Freeze/Faint Response

Fight/ Flight	Fleeing/ Running	Difficulty concentrating	Difficulty sleeping	Difficulty maintaining eye contact	Pushing away	Hyper-Arousal
	Agitation	Easily startled	Anger	Shouting	Mistrust	
Feeling safe	Able to concentrate	Open to conversations	Balanced	Able to trust	Social connectedness	Window of tolerance
	Feeling safe (to own personal level)	Able to be themselves	Able to express themselves	Regular sleep pattern	Able to regulate	
Freeze/ Faint	Not being able to think	Low voice/ unable to speak	Cut off from bodily sensations and feelings	Foggy head	Shallow breathing	Hypo-arousal
	Withdrawn	Difficulty reaching out to other people	Time feels slowed down	Low energy	Feeling sleepy	

- Survivors of complex trauma can experience triggers in the here and now that remind the body and the brain of the past, thereby activating the nervous system into believing that it is under attack again, moving out of the 'window of tolerance' into hyper or hypo-aroused states.
- It is important to consider your own window of tolerance and how you're feeling before you start to work with a family and what support you'll seek if you find yourself reaching the boundaries of your tolerance.

This is an example of how you might make notes and reflect on how trauma may be impacting a situation, recognising the indicators of trauma:

WHAT Parent is refusing to take child to hospital appointments for diabetic (Type 1) check-ups and medication changes.

IMPACT Child's illness is deteriorating and quality of life is reduced.

WHAT Parent has good home care skills and is very knowledgeable about Type 1 Diabetes but is unable to continue to appropriately manage the diabetes as

IMPACT child's blood sugar levels are becoming more erratic and qualified medical expertise is needed to prevent further deterioration.

WHAT Parent became visibly agitated during the conversation and struggled to maintain eye contact. Spent some time talking about other things, praising care at home and interacting with the child.

REFLECT Parent explained that their son died in the same hospital, on the same corridor that the Diabetic clinic is on. Parent is experiencing re-traumatisation at the thought of entering the hospital and the corridor and does not feel able to physically be in the hospital.

WHAT NOW? Discussed various options including changing hospital location (explained I wasn't sure if this was possible), someone from naturally connected network taking child instead, health professionals attending home. Parent said that none of these options felt suitable and so it was decided to find parent an advocate who could help the parent feel in control of the situation and explore next steps.

Building Trusting Relationships

Building and maintaining good client/ practitioner relationships requires the practitioner to identify trauma reactions and then reflect before responding. It is important to be mindful of your own assumptions when you see some of the behaviours listed on the window of tolerance diagram.

If you can use some of the signals and behaviours to imagine what the person may be feeling you can start to reflect on why they might be acting that way and explore what that might mean for what you do next. "Every interaction is viewed as an intervention" (Treisman 2018).

Our organisation is committed to considering the conditions that help facilitate relational working and what creates barriers for building consistency and reliability when forming working relationships with families.

Tips for building trusting relationships:

- Try and find some common ground to begin conversations and start building a rapport
- Offer complete transparency to families when communicating; discuss what they can expect early on and be as open as possible about the future
- Be really clear about your concerns and about why you have become involved in the family's life
- Use active listening skills such as open questions, reflection and clarifying to ensure you understand what is being said to you and help the family or child/young person feel heard
- Use language appropriate to the person you are talking to in order to explain things, removing jargon, acronyms and professional language where necessary, or finding ways to explain this language clearly
- Maintain patience and boundaries when speaking to families
- Show that you are reliable and consistent, by doing what you've said you'll do when you've said you'll do it - this may look like under-promising and over-delivering.
- Make sure you're in the right place yourself to be having these conversations with families
- Understand that it's not always going to be possible to build this trusting relationship with everyone - if there is resistance, consider whether you are the right person to be broaching some of these conversations with the person

Reflection prompts for each of the nine principles to aid good relationship building:

PRINCIPLE 1

Recognition – trauma-informed care recognises that traumatic experiences have the potential to terrify, overwhelm, and violate, whether that trauma is within families, adults, children, communities, the workforce or ourselves.

- What are the assumptions that I, the practitioner brings to the interaction?
- Be curious about the child's or family's journey.
- How has trauma affected the way that this parent sees themself in relation to other people?
- Consider the purpose and function of the behaviour/response you're seeing. Is it about power and control? Difficulties in trusting? Defence mechanism? Lack of adaptive coping skills?

PRINCIPLE 2

Safety – Ensuring physical and emotional safety in the workplace for people using the service and for staff; a welcoming environment, respect for confidentiality, and redress.

- Client thought "I do not feel safe or comfortable in this room with no windows."
- Client thought "Will all my business be spread around the estate?"
- Client thought "Those social workers are here to take my children away so I will avoid the phone calls and ignore the letters."
- Based on previous experience, what set of assumptions might the family bring to this client/worker relationship?
- How can I empower the family to tell me what they need in order to feel safe?
- How can I make this person/family feel comfortable?

PRINCIPLE 3

Resist re-traumatisation – Consideration of what systemic structures, practices, policies, language, interaction, or the physical environment replicates someone's original trauma literally or symbolically – triggering the emotions and thoughts associated with the original experience and make a commitment not to repeat these experiences.

- How might my presence, my questioning be triggering the child or parent?
- How can you as an individual practitioner maximise the opportunities available to support effective relationships that avoid re-traumatisation?
- Could there be any subtle, or not so subtle environmental markers that may retrigger?
- In which venue is it best to hold this meeting?

PRINCIPLE 4

Trustworthiness and transparency – When trauma has been relational (between people), we need to rebuild capacity to trust individuals and organisations through clear communication, consistency in practice, openness, and honesty.

- Client thought "I cannot trust anyone, especially adults or people in authority."
- What needs to be created to build trust in the working relationship?
- Does the family already have any professionals they trust? How can you utilise this to build your own relationship?
- How will you ensure transparency? What resources could you use to share your concerns with the family and help them to plan for the future?

PRINCIPLE 5

Collaboration and mutuality – communicating and proactively 'doing with' a person rather than 'doing to'. Where processes are collaborative instead of coercive, and the understanding that healing happens in relationships and in the meaningful sharing of power and decision-making.

- How will I include the child's voice in this report?
- How can we enable the family to make changes?
- What psychological barriers do we need to overcome?
- What strengths can we draw and build upon?

PRINCIPLE 6

Empowerment, choice, and control – having a sense of choice and control within a person's support journey and providing clear and appropriate messages about people's rights and responsibilities.

- Client thought "I am powerless, they have made up their minds already."
- What are the things in my gift to change?
- How can I support the family to make informed choice?
- How can I offer choice, even if there are limited options?

PRINCIPLE 7

Peer support and mutual self-help – peer support for any trauma survivor can foster hope that recovery from trauma is possible. Aim to create reflective spaces for children, families and practitioners where they can reflect upon their experiences with their peers. Practitioners could also reflect with managers, use individual or group supervision, or case consultation to enlist support from colleagues, acknowledge personal limitations and vulnerabilities. Work can be done to identify natural supports and self-care.

- What makes it easier to do this work?
- What makes it harder to do this work?
- What groups might offer peer support to the child/young person, parent, staff member that can foster a sense of hope and solidarity?

PRINCIPLE 8

Cultural, historical, gender issues, social graces – it is important that organisations and practitioners within them are culturally competent, genuinely inclusive, and responsive to historical and current racial trauma, persecution of the LGBTQ community, and violence towards, and the disempowerment of women. We need to consider how trauma can and does disproportionately impact whole communities.

- What in my practice might the child or parent be experiencing as helpful, and what might be unhelpful or even oppressive?
- How is sociocultural trauma showing up in the working relationship?
- How does my presence impact the child/young person/family?

PRINCIPLE 9

Pathways to trauma-specific care - Organisations are able to offer trauma-specific interventions, and pathways are developed to enable access to trauma-specific treatments.

- If I were to refer someone to another service, how long until assessment?
- How long from assessment until treatment/service access?

Final thoughts:

'Trauma-informed practice' does not mean 'Trauma-specific treatment'. You are not expected to be a therapist or offer therapeutic interventions. Trauma-specific treatments are interventions designed specifically to help individuals work through their traumatic experiences and facilitate healing. A trauma-informed approach is not a specific intervention in itself, but a set of practices and strategies that allow services to be delivered in a welcoming and appropriate manner to those who have been affected by trauma.

There is no single universal definition of 'trauma-informed approach'. In a publication "Addressing Adversity" by YoungMinds (2018), trauma-informed approach is defined as "a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service users' neurological, biological, psychological and social development. It's about acknowledging where the person is in their journey and how the trauma may have affected and may be affecting them.

Utilising a practice model that recognises the impact of trauma and promoting the ways in which social care practice can be more effective when this is considered as part of everyday practice is crucial when faced with the intergenerational and community issues we come across. (Paraphased from Chadwick Trauma-Informed Systems Project, 2014).

… it is about looking at our practices and behaviour of children and families, through a trauma lens, constantly keeping in mind how traumatic experiences affect children and families.

At its core, trauma-informed model replaces labelling of clients or patients as being "sick", resistant or uncooperative with that of being affected by an "injury". Viewing trauma as an injury shifts the conversation from asking "what is wrong with you?" to "what has happened to you?".