

The Little Book of Trauma Informed

Trauma Support & Awareness | Trauma Informed Lancashire

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The importance of working with individuals, in a trauma-informed way, is to better to understand the impact of past events on their behaviour¹.

Trauma, is a **'common human experience'**

It happens to **YOU** and to **ME** and to those in the **COMMUNITIES** we live and work within.

The importance of working with individuals, in a Trauma Informed way, is to better understand the impact of past events on their behaviour¹.

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Foreword

It makes me very proud to present the “Little Book of Trauma Informed” to you. Prevention and Trauma Informed practice are a major part of the Lancashire Violence Reduction Network (LVRN), it is in our DNA and is a fundamental pillar of what we do. The LVRN and our multi-agency partners are committed to Trauma Informed Lancashire, and many have signed a pledge to Trauma Informed practice, undertaken self- assessments, developed organisational plans and some are even applying for a national charter mark. All of this with the aim of becoming more Trauma Informed.

It is our belief that very few people wake up one morning thinking they would be violent, there are often ‘causes of the causes’ and sometimes these underlying causes are related to personal trauma, social determinants, and health inequalities. Thus, trauma recognition and adapting your approach accordingly is a vital part of professional practice and when appropriate there is a need to challenge our existing systems. It’s not about easy options or shortcuts but becoming the best professional version of yourself to meet our community’s needs. Being human and treating people (including yourself) in the best way possible is a vital ingredient to Trauma Informed practice.

The more information and knowledge that we all have, the better service that we can give to the people that we engage with. This book covers important issues such as recognising the neuroscience of trauma, the biological indicators and changing our approach to trauma.

Of equal importance is the resilience and wellbeing of professionals working in this arena and how to manage yourself accordingly. A healthy workforce is more effective when we recognise that trauma is everywhere, and this includes in our own workplace. Showing yourself compassion, kindness, empathy and developing hope is just important as working with our local community members in a Trauma Informed way.

I hope that you find this resource enjoyable and useful and that by reading the book it makes a difference to your personal and professional practice. Good luck on your journey to becoming the best Trauma Informed version of yourself.

Superintendent Justin Srivastava

Lancashire Constabulary

**Lancashire Violence Reduction
Network**

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Introduction

Trauma is recognised as a profound, global, public health burden. The pervasive and harmful impact of traumatic experiences on individuals, families, and communities, and the inadvertent but widespread re-traumatisation of children and adults within existing services and systems, has made it essential to rethink 'how we do business'.

Although many people who experience trauma will progress in life without any long-term negative impacts, far too many will experience difficulties and traumatic stress reactions. That said, research indicates that with appropriate support, people can overcome traumatic events. However, many individuals and families have gone – and continue to go – without appropriate support or interventions.

Left unaddressed, trauma can prevent achieving good health and wellbeing. Over the years, a tendency

to focus on the presenting symptoms (e.g., violence or substance 'abuse'), at the expense of addressing underlying issues, has led to huge human and economic costs to society. Now, more than ever, there is an urgent need to tackle the impact of trauma and focus on how public systems can support people to prevent, as well as recover from traumatic events.

Only by working together, across systems and with our communities, will we reduce the complex and interconnected social determinants and inequalities, which drive trauma. Consequently, the LVRN's Trauma Informed Organisational Development Framework has been designed to cultivate collective, cross-sector learning, to support the ongoing development of Trauma Informed services.





What do we mean by trauma?

Decades of work has generated multiple definitions of trauma.

The Lancashire VRN has adopted SAMHSA's definition² which was produced following a review of existing trauma definitions and consultation with an expert panel.

“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.”

Section 1 - What is Trauma?³

Trauma is a term for a wider set of experiences or events that can happen at any time of life and includes some of the adversities in childhood known as **Adverse Childhood Experiences (ACEs)**⁴.

Trauma describes the **psychological impact of experiencing or witnessing a physically or emotionally harmful or life-threatening event**.

It may be a **single incident, prolonged or repeating experiences**.

It may **affect the way people relate to others or deal with day-to-day stresses**.

Long term activation of stress responses can also have **effects** on **physical health**.

50-69% of people will experience at least one traumatic experience in their lifetime⁵.

The term trauma, or traumatic experiences, cover many different

adverse life events. It includes the experiences we have in our relationships:

- With family, parents, or caregivers (including childhood neglect, abuse or having caregivers who are dependent on substances).

With our peers (including bullying, victimisation, harmful sexual behaviour and/or sexual violence).

The world around us (stranger violence, child trafficking).

Traumatic stress can arise from a significant loss (like losing a parent, carer, sibling, or a friend), or an unexpected event or incident (like witnessing or experiencing an accident, a natural disaster or terrorist incident).

These experiences can be a single incident, be repeated over a short amount of time, or endure over prolonged periods of our life.



It is estimated that at least a third of us will have been exposed to trauma in our childhoods⁶. However, it is very common for people to wait until adolescence or adulthood to try to make sense of the impact this has had on their lives and relationships with other people.

It is important that we look at what we do through a Trauma Informed lens. We can only deliver the right type of long or short term support by understanding what trauma does to our people and communities. By building positive relationships we will potentially start the recovery and healing process for our people.

When we talk about communities it is not just the public, we must never lose sight of our people within our own organisation. It is the community of all the teams that we socialise with outside of work.

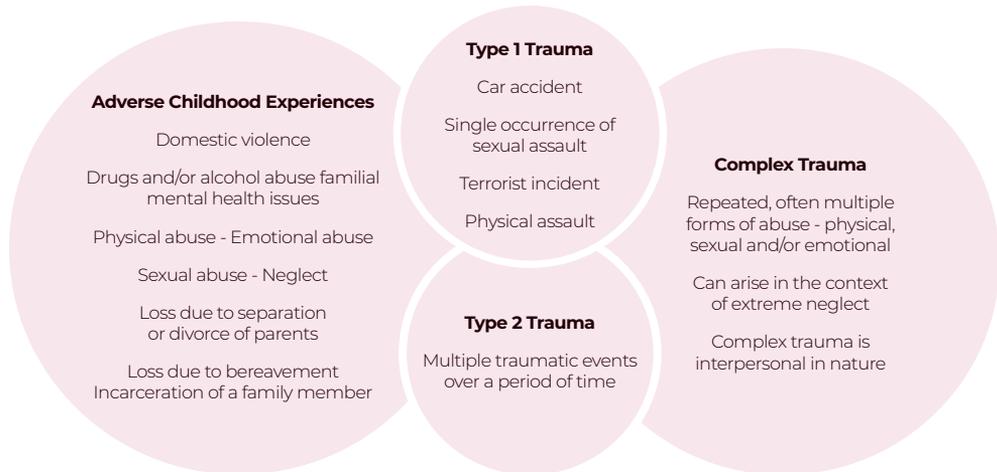


Potentially Traumatizing Events

Family member being incarcerated	Chronic stress
Substance use disorder	Community trauma
Terrorism	Emotional abuse
War	Racism
Witnessing violence	Abandonment/Separation
Neglect	Poverty
Natural disaster	Sexual/Physical abuse
Domestic violence	Bullying

(This is not an exhaustive list - **UK Trauma Council**)⁷

Types of Trauma



Type 1 Trauma⁸: Refers to either **one single event** - such as a **car accident, a single occurrence of sexual assault, a terrorist incident or a physical assault**. This type of trauma often leads to no long-term psychological difficulties, but in around 25% to 30% of cases, difficulties persist meeting the criteria for a diagnosis of post-traumatic stress disorder (PTSD).

Type 2 Trauma: Consists of **multiple traumatic events over a period of time**. The more serious impacts arise from either the cumulative impact of multiple forms of interpersonal trauma or any one form of abuse that leads to an ongoing sense of powerlessness and may result in Complex trauma

Complex Trauma: Consists of **repeated, often multiple forms of abuse - physical, sexual and/or emotional**. It can also can **arise in the context of extreme neglect**.

Complex trauma is interpersonal in nature - it is harm that occurs in the context of relationships and impacts on a child's or young person's capacity to develop positive future relationships.

This is **crucial in understanding how we can help young people with complex trauma** It is often **interpersonal difficulties between young people and professionals that get in the way of help**; For example, when young people make sporadic engagement with practitioners or 'dis-engage' altogether.⁹

Section 2 - Life Experience, Stress and Brain Development

Impact on the brain and the responses

In terms of trauma, the areas of the brain involved in responding to threat are in the lower and mid sections of the right brain. This means when threatened, human beings respond, initially at least, instinctively, and reflexively.

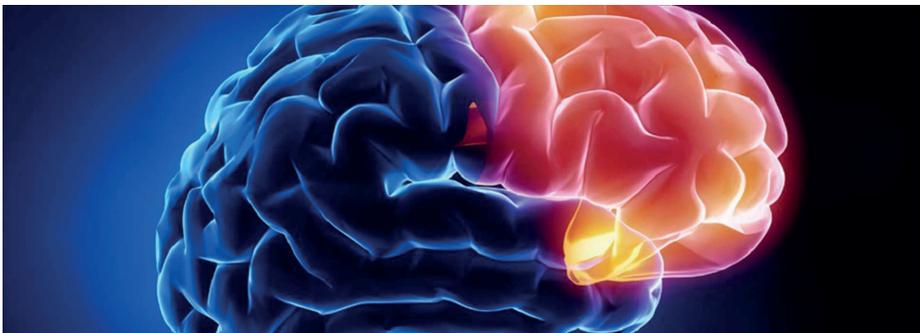
When threatened, the brain triggers the release of stress hormones to prepare the body to defend itself and becomes highly aroused in readiness to meet the threat. The brain surrenders oxygen to the body, and the high levels of stress hormones such as cortisol, affect memory, particularly long-term memory functioning.

In most situations, the threat or the fear is short lived, and the brain returns to normal functioning with the Hippocampus storing the memory of the threat and utilising these in further times of threat.^{10,11}

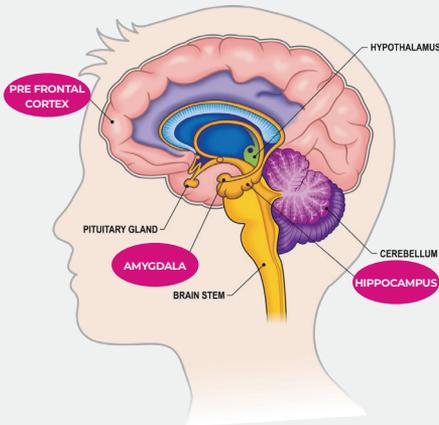
How does childhood trauma impact on brain development?

Our childhood brains develop from the 'bottom up' i.e., the brain stem first. The survival functions develop before those for planning and impulse control. Our brainstem works fully when we are born. It controls basic survival functions such as heart rate, breathing, sleep and hunger. We are also born with a functioning 'threat detection' system. In fact, the Amygdala can register a fear response in the final month before we're born. We can develop a 'memory' of fear before we have language (i.e., pre-verbal), or can understand where the fear comes from. These 'memories' are stored in our body as body memories and emotions.

During critical periods of development, trauma can badly affect different areas. Positive experiences can help development. Negative experiences impair development.¹²



Freeze, Fight or Flight



When there is a repeated threat, the lower part of the brain (Amygdala) becomes more dominant and access to thinking (Pre-frontal cortex) and prior experiences / memory (Hippocampus) is impaired and the brain becomes more and more primed for threat. Individuals may respond faster and in a more explosive manner, or dissociation may be seen in the individual – as a means of coping with the trauma. With repeated threat, normal responses to stress may cease to exist. The normative brain functions become altered.

Stress, the nervous system and the allostatic load



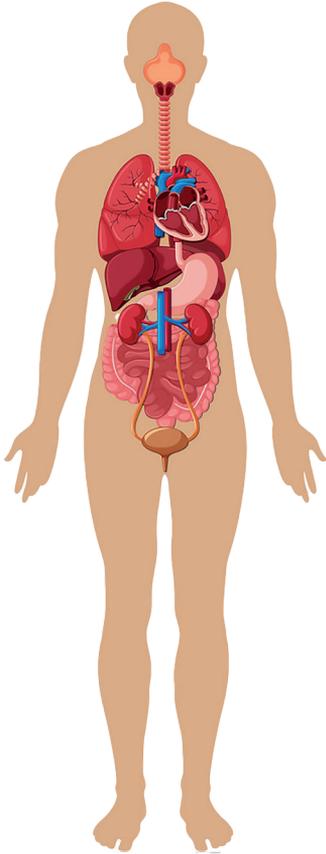
The allostatic load is “the wear and tear on the body”. It accumulates as an individual is exposed to repeated or chronic stress. As the allostatic load increases it also minimises an individual's ability to cope with uncertainty in the future.

The term was coined by McEwen and Stellar in 1993. It represents the physiological consequences of chronic exposure to fluctuating or heightened neural or neuroendocrine (nervous system) response which results from repeated or prolonged chronic stress.

In turn, increased allostatic load has been associated with multiple chronic diseases.¹³

Impact on the body and the brain

Toxic stress caused by ACEs / trauma affects short, and long-term health, and can impact every part of the body. This leads to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer and a range of mental health problems¹⁴.



- **Brain** – difficulty in concentration, anxiety, depression, irritability, mood, mind fog
- **Cardiovascular** – higher cholesterol, high blood pressure, increased risk of heart attack and stroke
- **Joints and muscles** – increased inflammation, tension, aches and pains, muscle tightness
- **Immune system** – decreased immune function and defences, increased risk of becoming ill, increase in recovery time
- **Skin** – hair loss, dull brittle hair, brittle nails, dry skin, delayed tissue repair
- **Gut** - bowel issues, indigestion, bloating, pain and discomfort
- **Reproduction system** – decreased hormone production, decrease in libido

How many times do we see unexplained illness in the children or adults we work with?¹⁵

Impact of trauma on Psychological and social functioning

Trauma can impact on our ability to form and maintain relationships.

Presenting behaviours in children and adults may be caused by one of the following:

Intrusive memories: Memories of traumatic events are more volatile, more vivid, and can be easily triggered. Our bodies also remember traumatic experiences, and we can find ourselves fighting, fleeing, freezing, or folding without being aware of the reason.

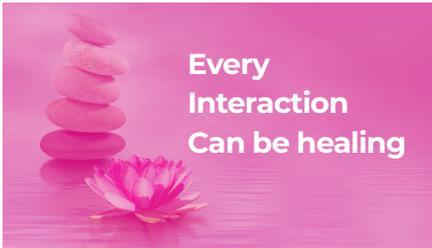
Avoidance: People may actively attempt to avoid anything that could even faintly be connected to the traumatic experiences they have had. This avoidance can end up depriving people of mutual and loving connections and progressing in their day-to-day lives.

Hyper-arousal: Experiencing trauma can leave us with the beliefs that we are vulnerable or powerless, we start to perceive the world as dangerous, and other people as potential threats. This means that we can spend much more of our time on a higher level of alert than most people experience. Someone may appear as if they find it difficult to concentrate and pay attention.

Anxiety: In the face of adversity, we latch onto behaviours or beliefs that give a sense of control, which might in the short term be quite reassuring. However, anxieties may appear if they do not perform the behaviour, and this then becomes a compulsion. This may be particularly true if children believe that they are in some way responsible for the events. They may not be conscious of why they are repeating this behaviour, and they may not make a connection between the traumatic event, and the need to behave in certain ways.

Dissociation: People may seem to block out thoughts, feelings, or memories. They may feel disconnected from their surroundings or even from their own bodies. Sometimes this can be difficult to spot in children because there may be no obvious signs on the outside of what is happening inside their minds and bodies. This is likely to affect their ability to learn and their ability to interact with others and it may look as if they are just daydreaming. These sorts of reactions are sometimes referred to as 'derealisation' (feeling as if things are not real) or 'depersonalisation' (experiencing your own thoughts and feelings as if they don't belong to you).

Section 3 – The Transformation to Trauma Informed Lancashire



Trauma Informed approaches (TIA) have been defined as:

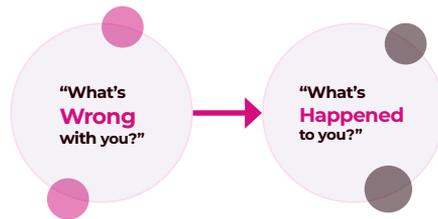
An organisational change process focused on preventing (re)traumatisation within services¹⁷

Trauma Informed practice has always been a 'golden thread' of our work within the Lancashire Violence Reduction Network (LVRN), supported by our commitment to adopt a public health approach when working with our partners and communities.

What is a Trauma Informed approach?

A TIA recognises the prevalence and potential impact of trauma. Including how trauma can affect someone's neurological, biological, psychological, and social development.

A TIA assumes that people have experienced trauma and understands that this may cause them to experience difficulties in feeling safe when using (the) service(s).



A TIA focuses on 'What's happened to you' rather than 'What's wrong with you?'; promoting resilience and supporting breaking the generational cycle of Adverse Childhood Experiences (ACEs).

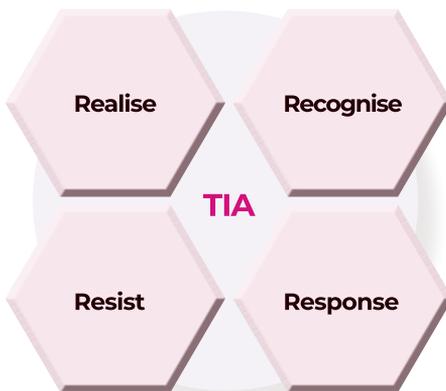
A TIA understands it's about cultural change evidenced through policies and procedures, including reflective practice, avoiding vicarious trauma and supervision for staff.

A Trauma Informed Approach to Practice

A Trauma Informed approach involves understanding, anticipating, and responding to a person's life experiences that may have led to trauma and subsequent and ongoing negative experiences and issues.

At a minimum, Trauma Informed practices endeavour to do no harm by avoiding retraumatising or blaming an individual for the efforts to manage their traumatic reactions. It is a philosophical / cultural stance that integrates awareness and understanding of trauma.

The 4 Domains of a Trauma Informed approach (TIA)



Realise: Realising the widespread impact of trauma and the potential pathways to recovery

- That anyone may have experienced trauma.
- That the impact of trauma may be different for everyone.
- That 'after trauma' the world is experienced in a different way.
- That people with a history of trauma may be resistant to engagement with services.
- The importance of relationships in preventing and recovering from trauma / ACE's
- That our own staff may have suffered from trauma / ACE's that may be unresolved.

Respond: Respond in a way which is in keeping with our knowledge of trauma

- Ask the question: 'What has happened to you?' NOT 'What is wrong with you?'
- Does the response consider a person's history, promote resilience / support in order the 'break the cycle' - generation of ACEs / trauma?
- Seek to understand the cultural changes evidenced through policy and procedure and minimise the impact of vicarious trauma on staff.

Recognise: Recognising the signs and symptoms of trauma

- How trauma can affect neurological, biological, physiological, and social development.
- That we need to be curious and non-judgemental about changes in behaviours, emotional regulation, and self-esteem.
- That for those people that have suffered trauma it may cause them to experience difficulties in feeling safe when accessing services.
- Recognise in yourself that if you are 'drowning in our own dysregulation you lose capacity to help others'.

Resisting re-traumatisation

- Understanding the cultural / historical / gender context of the individual and the trauma / ACEs vulnerability.
- Build trust and transparency.
- Ensure that collaboration is both internally and externally.
- Empowerment / choice / safety are the foundations of your work with individuals.
- Policies and procedures grow and reflect a Trauma Informed approach.

The 6 Principles of Trauma Informed Practice¹⁹



SAMSHA's six key principles of a Trauma Informed approach are:

Safety: Where all individuals using the service or working for the service feel physically and psychologically safe.

Trustworthy and Transparency:

Where decisions and actions are conducted with transparency to ensure the maintenance of trust.

Peer support: Whereby individuals with lived experience are the key drivers for building safety, trust and using their narrative to promote healing.

Collaboration and Mutuality: Which involves the recognition that everyone at all levels of the organisation has a role to play in becoming Trauma Informed meaning a balancing of power may be required.

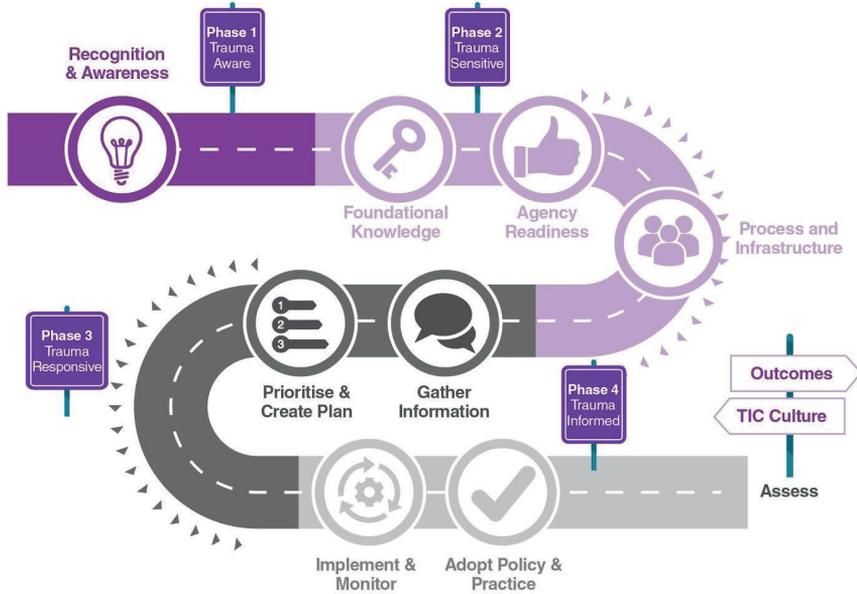
Empowerment, Voice and Choice:

To ensure that staff and individuals accessing the service have their strengths recognised and expanded upon, where an underlying belief exists that healing from trauma is possible and individuals accessing the service are supported to actively participate in decision making.

Recognition of Cultural, Historical and Gender issues: Where actions are taken to move past biases and there is embedding of responsive policies with regards to cultural needs; this also involves acknowledging and addressing historical trauma.

Workforce and Strategic Development

The Pathway to Trauma Informed Organisations²⁰



The LVRN has developed a framework to support organisations and services in developing Trauma Informed approaches and practices across the whole Lancashire footprint. The framework, known as the Organisation Development Toolkit, is

a 4-phase toolkit that support leaders and practitioners to recognise their current practice and make plans and provision to consider and embed the Trauma Informed approach across their service / organisation.

Promote discussion about how we respond to trauma:

- Reflect on current practices.
- Identify what Trauma Informed practices and resources organisations already have in place.
- Guide organisations to understand the process of embedding a Trauma Informed approach.
- Carry out self and peer evaluations against specific statements.
- Facilitate collaborative learning.
- Identify developmental needs and next steps.
- Develop a common language within and across multi-agencies.
- Utilise the Lived Experience voice.

Encourage leaders to:

- Think about their organisation through a Trauma Informed lens.
- Develop infrastructure to support cultural change.
- Incorporate understanding of trauma in all policies and practices.
- Develop reflective practice and critical thinking.
- Minimise the impact of vicarious and secondary trauma.
- Provide effective supervision to the whole workforce.
- Utilise the Lived Experience voice.

The 4 phases of becoming a Trauma Informed Service/Organisation

Phase	Definition
Trauma Aware	The organisation has a basic understanding of what trauma is, its prevalence and recognises how it can impact on people who use services and staff.
Trauma Sensitive	The organisation has begun to: explore the Trauma Informed principles in daily work; build consensus; consider the implications of embedding Trauma Informed practice; and is preparing for change.
Trauma Responsive	The organisation is readily responding to trauma, including support for both the people who use the service and staff, and has begun to change the culture to align with the Trauma Informed principles.
Trauma Informed	A Trauma Informed (TI) approach is the norm, accepted and embedded in the organisation so it no longer depends on a few 'champions', 'coaches' or 'leaders'. The organisation continues to work with partners (people with lived experience, communities, and multi-agencies) to strengthen and adapt its Trauma Informed approach. The programme or service has been rigorously evaluated and outcomes demonstrate the positive impact of changes made.

Why use a phased approach?

By taking a phased approach we:

- Anticipate that different organisations will be at different points along their Trauma Informed journey.
- Recognise that different people within organisations, are likely to be at different points along the phased continuum.
- Encourage you to refer to the most appropriate phase depending on your (individual, team or) organisation's current practices.
- Consider that implementing a Trauma Informed approach takes time; it is a gradual process of continual development (not a training package or a tick-box exercise) and requires 'buy-in' throughout the whole system.

Section 4 - Working with trauma

Understand and embed the principles in practice

Prepare well: Know the case history, check facts out rather than asking the individual to repeat history and events.

Notice the physical signs: Emotional arousal beyond tolerable levels results in either hyper-arousal (akin with fight and flight) or hypo-arousal (akin to freeze and flop).

Breathing - is it becoming shallow, rapid?

Restlessness - is the person fidgeting?

Draw attention to the current, non-threatening, reality - you might say: "right here, right now nothing bad is happening" or asking them a question that is not related like- 'would you like a glass of water' may bring them back to the here and now and increase the functioning of the thinking part of their brain.

Use what you know of your client's good experiences, relationships and 'safe place' talk about a pet, toy or positive experience they have shared before.

Be predictable: Your responses, including non-verbal, are key to the relationships and the trust that is developing.





The principles of a Trauma Informed approach and impact on an individual and communities

Safety

I don't feel threatened

Trust

They do what they say

Peer Support

I feel supported

Collaboration

We are in this together

Empowerment/Person-centred

I am taking control of my life

Cultural, Historical and Gender issues

I am being seen and heard

Trauma Informed Schools – A Trauma Informed Approach in Action

In recent years, the way the brain develops has become much more commonly understood by those who work with children and young people. There is ample evidence to show that those who have endured high levels of adversity in childhood or insecure early attachments are more likely to experience significant difficulties in the wider world, including their place of learning.

Neurobiological research is clear that toxic levels of stress and / or the absence of a protective relationship in early childhood can create long standing changes to the way that the brain develops and performs, alongside long-term physical health problems.

Those affected by trauma are often misrepresented as aggressive and unpleasant, sulky, and uncommunicative, disinterested or less able. Young people whose home life may have not granted them security, warmth, and a nurturing environment, all too often find themselves in school on the receiving end of punitive discipline: they are isolated, excluded or shouted at, raising the survival / stress responses of their brain to an even higher state. To make matters worse, their negative reputations, lack of self-esteem and difficulty maintaining relationships, result in a social stripping that leaves them isolated amongst their peers, bereft of positive role models and at risk of exploitation or negative

influences.

Trauma Informed practice is not a licence for under attainment and poor behaviour. The challenge for the nurturing, Trauma Informed school or college is to use an understanding of what is the root cause of a difficult students' behaviour to inform a relentless optimism for their future potential and worth. Such a place of learning never gives up. It challenges the child to be the best version of themselves possible, reminding the young person that the school cares deeply about them and care enough to insist they behave and learn well. This is unconditional positive regard in practice.

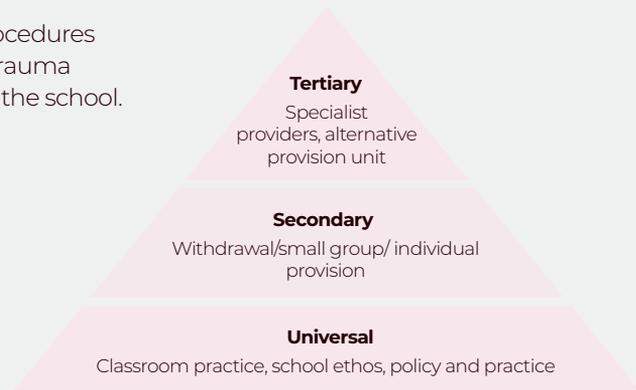
Such a school or college adopts a 'Me with You' approach which means that they recognise the relationships should be maintained at all times. Trauma Informed schools know that discipline is to teach rather than punish, they acknowledge the importance of structure and consistency whilst ensuring that everyone understands the justice of differentiating approaches to meet need. Trauma Informed schools know that the behaviour of dysregulation or neural diversity should not be taken personally, that behaviour is communication, and the role of the school is to maintain a safety of compassionate, reliable professionalism, to not enter or exacerbate the chaos that may be raging inside a person's head.

Schools seeking to embed Trauma Informed practice have a real commitment to making Trauma Informed practice part of the culture and practice of their school, using some, or all of the following actions:

- Assess their existing practice and prepare plans that are included within whole school strategic plans and progress reported to governors/ trustees.
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- Appoint Trauma Informed leads to organise ongoing CPD (Continuous Professional Development) throughout the school year.
- Initiate systems to provide reflective practice for staff and other measures to preserve staff well-being.
- Ensure induction procedures inform new staff of Trauma Informed practice in the school.

- Work with all staff to ensure operational policies and documentation provide clarity on how to implement Trauma Informed principles e.g., staff handbook, behaviour policy.
- Share understanding and principles of Trauma Informed practice with the whole community, including children and parents.

Becoming a Trauma Informed school requires a commitment to culture change and ongoing work alongside training and a CPD programme. It is not possible to achieve through a one-off training session. Trauma Informed schools commit to Trauma Informed practice across the whole school, providing support and personal development for all children differentiated to meet need across three levels - universal Level, secondary level, and tertiary level.



Universal Level Provision addresses the social and emotional development and support available for all children in a school, both the explicit and implicit curriculum offer i.e., that which is taught directly in lessons and that which is communicated through the school values and ethos. Universal provision could include the following:

- Emotional literacy and regulation training
- Understanding trauma and impact
- Understanding how to support those who are impacted by trauma
- Understanding of whole school policy and expectation
- Programmes that meet contextual needs as identified by data sets. E.g., Recognising criminal exploitation and grooming behaviour
- Child /young people consulted about school and class experience /levels of wellbeing / optimum classroom environment. Feedback used to inform strategic, and class based planning

Child/Young Person

Community

- Guest speakers – third sector / lived experience groups to contribute to learning programmes for pupils
- Community information available on trauma in communities – what is trauma, how does it impact on individuals, families, and communities?
- School publicity, marketing materials and newsletters make reference to / inform about school approach to Trauma Informed practice
- Appropriate multiagency and sector support is available to meet needs of children, families, and staff

- Whole staff training – what is trauma, how to identify, impact on brand and cognitive development?
- Attachment theory – impact and identification
- Ongoing staff CPD
- Participation in policy development and workshops on Trauma Informed approached and language
- Ongoing individual support / coaching conversations from peers / school trauma champion
- Opportunities for reflective practice systemised and regularly accessed
- Staff appointment and induction procedures support Trauma Informed practice

Staff

Strategic

- Senior leadership commitment
- Trustees / Governor awareness / information
- Trauma Informed practice evident in strategic planning documents and evaluation systems
- A Trauma Informed lead / champion is identified and supported in carrying out role
- Trauma Informed spaces are created and resourced
- Monitoring and evaluation systems are in place with clear and appropriate success criteria
- Trauma needs of individuals and cohorts are identified and shared as appropriate

Secondary Level Provision addresses the needs of those who require further support than that which can be realistically delivered in a whole class setting, those who would benefit from small group or individual interventions and could include the following:

- Participate in small group interventions to meet specific needs. E.g., learning catch up, time out, reflection spaces, learning mentor support
- If appropriate, time given to reflect on behaviour, impact on self, peers, and teacher/adults
- Helped to consider steps to repair and restore
- Supported to understand emotions, how they are experienced and how they impact themselves and others

Child/Young Person

Community

- Third sector and community groups deliver workshops in response to group need. E.g., knife crime, violence against women and girls, anti-bullying
- Parents / carers are consulted and informed regarding admissions and assessments
- Parents / carers are informed of coverage and involved in progress of their child

- Trauma Informed language workshops
- Emotional coaching principles
- Reflective practice implemented
- Restorative conversations – training and resources
- Specific resources prepared and collected. E.g., emotional literacy, coping with grief, anger management, academic catch up



Staff

Strategic

- 
- Admissions criteria identified and clear
 - Success criteria understood
 - Sufficient resource made available
 - Rationale understood by trustees / governors

Tertiary Level Provision addresses the needs of those who require intensive or specialist provision but do not meet the threshold for full time special school provision. Such young people may require alternative provision within the school for short term or may require regular specialist therapeutic programmes. This may include the following:

- Participate in small group interventions to meet specific needs. E.g., learning catch up, time out, reflection spaces, learning mentor support
- If appropriate, time given to reflect on behaviour, impact on self, peers, and teacher / adults
- Helped to consider steps to repair and restore
- Supported to understand emotions, how they are experienced and how they impact themselves and others

Child/Young Person

Community

- Third sector and community groups deliver workshops in response to group need. E.g., knife crime, violence against women and girls, anti-bullying
- Parents / carers are consulted and informed regarding admissions and assessments
- Parents / carers are informed of coverage and involved in progress of their child

- 
- Nurture group or equivalent training
 - Emotional coaching principles practiced
 - Admissions panel participation to oversee admissions and reintegration
 - Assessment and monitoring resources are used to track progress sighted on reintegration
 - Specific resourced prepared and collected. E.g., emotional literacy, coping with grief, anger management, academic catch up
 - Ed psych advises regularly re assessments and admissions / reintegration

Staff

Strategic

- 
- Admissions criteria identified and clear
 - Admission and reintegration panels are attended by members of the senior leadership team and Ed Psych resource made available to support staff
 - Success criteria understood
 - Sufficient resource made available
 - Rationale understood by trustees / governors
 - Commitment to whole school support and understanding

Workforce Support

What about us, the professional?

Understanding compassion fatigue, vicarious trauma and burn out?

Working with trauma survivors and not expecting to be affected by trauma is like swimming in the sea without getting wet. We need to consider how we look after staff and manage their needs.

Think about:



Alongside the emotional impact with how this may be seen in presenting behaviours of staff:

Professional Quality of Life

Both positive and negative aspects of work influence the professional quality of life. This includes individual, community, national, and even international crises. They can affect any professional, especially those working with people who experience trauma and suffering. What is in place to support, protect and develop staff both on a personal and professional basis within your organisation?

Prevention Strategies:

- Increase your self-care. Make taking care of yourself a priority. You deserve the same attention as everyone else you care for.
- Increase organisational opportunities for care (i.e., staff lunches, recognition of services).
- Increase supervision as support in times of need. Supervisors are an important protective factor in our work, reach out to them and colleagues for support.

***Understanding
individual impact
can improve your
ability to help keep
your own balance***

The Importance of Reflective Supervision in Practice

One of the key components for Trauma Informed practice is the reflective practice culture across all organisations. Having space and time to support our workforce develop skills and knowledge that is transferable to practice is key to becoming a Trauma Informed Lancashire. This in turn supports communities and individuals we work with to have the opportunity to understand their histories, their lives and support good outcomes.

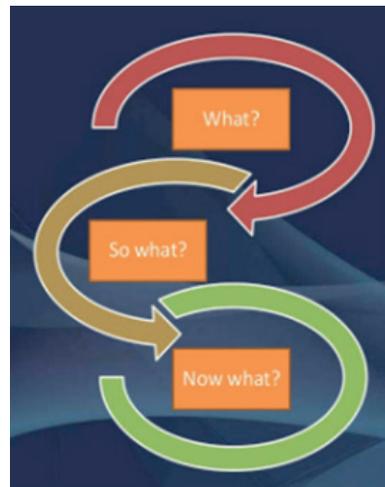
What does reflective practice offer organisations and the people/communities we work with?

- An enhanced ability to make decisions which show good judgement, awareness of risk and systemic impact
- A growth in the capacity to generate innovation through the technique of asking open questions and attending to the answers with an open mind
- The ability to be compassionate to self and others and inspire trust through demonstrating trustworthiness.

Reflective Practice should promote both:

1. Reflection in action – thinking about what we're doing while we're doing it.
2. Reflection on action – thinking about the event after it has occurred in order to improve your strategies and approach in the future.

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Support Organisation

Home - Mind - there are over 140 local Minds across England and Wales which provide services such as talking treatments, peer support, and advocacy.

Side by Side: our online community - Mind - a supportive online community for anyone experiencing a mental health problem.

NSUN - Independent, service-user-led charity for people with experience of mental health issues. Provides information, networking opportunities and peer support.

ACAT Counselling and therapy Association for Cognitive Analytic Therapists (ACAT) Information about cognitive analytic therapy, including a list of accredited therapists.

British Association for Counselling and Psychotherapy (bacp.co.uk) Professional body for talking therapy and counselling. Provides information and a list of accredited therapists.

ASSIST Trauma Care Information, helplines, and support ASSIST Trauma Care assisttraumacare.org.uk Information and specialist help for people who've experienced trauma or are supporting someone who has.

FRANK (talktofrank.com) FRANK 0300 123 6600 Confidential advice and information about drugs, their effects, and the law.

NAPAC The National Association for People Abused in Childhood (NAPAC) 0808 801 0331 - A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.

OneinFour One in Four Advocacy service, counselling service (available over Skype and in several languages) and information for people who have experienced sexual abuse.

Samaritans 24-hour emotional support for anyone who needs to talk.

The Survivors Trust -local specialist services for survivors of sexual violence, including advocates and Independent Sexual Violence Advisors (ISVAs).

Together: A leading UK mental health charity (together-uk.org) Together UK Supports people with mental health problems, including through peer support.

Victim Support Victim Support 0808 168 9111 Provides emotional and practical

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Trauma
Informed
Lancashire