

NICOLA LESTER

Session 2:

Developing trauma informed practice

July 2020

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AIMS OF THE SESSION

1. Introduction to trauma informed practice
2. Integrating the 6 trauma informed principles into practice
3. Using the SENSE model to structure trauma informed interventions

INTRODUCTION TO TRAUMA INFORMED PRACTICE

A trauma informed approach recognises the widespread impact of trauma and stress and the potential for re-traumatisation. It actively seeks to reduce this possibility by understanding what is needed to foster resilience and coping and by promoting opportunities for recovery.

TRAUMA-INFORMED PRACTICE

There are six key principles of being 'trauma-informed':

1. Safety
2. Choice (restoring choice and control)
3. Facilitating connections
4. Supporting coping
5. Responding to identity and context
6. Building strengths

SAFETY

(THIS INCLUDES BOTH PHYSICAL AND EMOTIONAL SAFETY)

Creating emotional safety is achieved by drawing on the key components of effective communication skills:

- Being patient
- Being non judgmental
- Being kind
- Being consistent
- Being honest
- Being understanding
- Listening actively
- Bearing witness to distress

BEARING WITNESS TO DISTRESS

‘People have said, ‘Don’t cry’ to other people for years and years, and all it has ever meant is, ‘I’m too uncomfortable when you show your feelings. Don’t cry’. I’d rather have them say, ‘Go ahead and cry. I’m here to be with you’.

(Quote from *The World According to Mister Rogers*, p58)

CHOICE (RESTORING CHOICE AND CONTROL)

- It is important to try and give people as much choice and control as possible
- Remember that you are working in collaboration or partnership with the person
- Rather than thinking about doing things 'for' or 'to' someone, think of it as doing things with them.

FACILITATING CONNECTIONS

- Taking the time to understand a person's networks of support and encouraging them to connect with them
- Developing a relationship based on reciprocity and trust

SUPPORTING COPING

- Working within the person's level of tolerance and respecting their boundaries
- Prioritising their needs over what you need to do

RESPONDING TO IDENTITY AND CONTEXT

It is important to think about who you are working with in terms of their:

- Gender
- Background and family
- Religious beliefs
- Political affiliations
- Circumstances

BUILDING STRENGTHS

- People affected by trauma are extremely resilient
- It is essential to acknowledge their strength and courage and use this as a starting point for any engagement

INTEGRATING A TRAUMA
INFORMED APPROACH TO
PRACTICE



PRINCIPLE 1: EMOTIONAL SAFETY

- Are all contacts with beneficiaries welcoming, respectful and engaging? How so?
- Do beneficiaries receive clear explanations and information about service delivery and each activity/intervention?
- Is the rationale made clear for these activities/interventions?
- How are staff attentive to the signs of beneficiary discomfort/unease?
- Do staff understand these signs in a trauma informed way? (i.e. have they attended training and demonstrated this knowledge and understanding?)
- How are boundaries managed?
- Is there a potential for boundaries to become blurred? (e.g. the potential for personal information sharing, touching, exchanging home phone numbers, contacts outside of professional appointments). How is this potential managed?

PRINCIPLE 2: RESTORING CHOICE AND CONTROL

- How much choice does each beneficiary have over what services they receive?
- Does the beneficiary choose how contact is made? (i.e. by phone, email or letter)
- How does the organisation build in small choices that make a difference? (i.e. when would you like me to call? how long would you like the session to be? where would you like it to take place?)
- Is the beneficiary informed about the choices and options available? If so, how?

PRINCIPLE 3: SUPPORTING COPING

- How are the priorities of beneficiaries recognised and accounted for in the organisation's activities and interventions? (i.e. how are goals established?)
- How are the needs of beneficiaries balanced against service requirements?
- How are beneficiaries supported to cope? (i.e. crisis management planning, identifying resources, enhancing access to social and professional support)
- How is the concept of 'coping' assessed and understood by delivery staff? (i.e. avoidance of negative language such as 'dysfunctional' or 'poor' coping strategies)
- In routine service provision, how are coping skills assessed, recognised and enhanced?
- For each contact, how can delivery staff ensure that the beneficiary feels validated?

PRINCIPLE 4: FACILITATING CONNECTIONS

- How do service providers identify sources of social support for beneficiaries? At what stage does this occur? (i.e. initial referral, intake assessment, care planning)
- What are the opportunities for involving 'supporters' (identified members of the beneficiary's social support network) in their care?
- What is the process for involving 'supporters' in activities and interventions? (i.e. how is consent sought? how is privacy and confidentiality managed?)
- What opportunities are there for whole family/systems interventions as part of the delivery of services? (i.e. working with groups)
- Are 'peer support' initiatives offered as part of the activities/interventions of the organisation? If so, in what form?

PRINCIPLE 5: RESPONDING TO IDENTITY AND CONTEXT

- How is information collected regarding gender, ethnicity, religion, family and social circumstances? (i.e. at point of referral, intake assessment, follow-up consultations)
- What processes are in place to avoid making assumptions? (i.e. is the information provided by the beneficiary rather than being completed by the organisation?)
- How do activities and interventions delivered by the organisation account for identity and context? (i.e. assessment of individual needs, providing beneficiaries with choices regarding services)
- How is equality and diversity managed by the organisation? How is this integrated into care delivery?
- What processes does the organisation have in place to promote inclusivity in its activities, interventions and settings?

PRINCIPLE 6: BUILDING STRENGTHS

- How are the strengths of beneficiaries recognised and enhanced in service delivery?
- Does the organisation communicate a sense of realistic optimism about the capacity of beneficiaries to reach their goals? If so, how?
- How can each contact be focused on skill-development and enhancement?

APPLYING A TRAUMA INFORMED APPROACH TO WORKING REMOTELY: CHALLENGES

Demonstrating therapeutic skills can be incredibly challenging when you are providing support remotely as it is difficult to pick up on visual cues which may indicate that your approach needs adjusting.

Sometimes it can be really helpful to acknowledge this challenge from the outset in your conversation and to encourage verbal feedback to be given.

Responding to distress when offering support remotely is another challenge and sometimes it can be difficult to know how to manage this in a way that feels supportive and demonstrates empathy.

APPLYING A TRAUMA INFORMED APPROACH TO WORKING REMOTELY: RECOMMENDATIONS FOR PRACTICE

- If someone is audibly distressed and tearful, encourage them to take their time.
- Ask if they need to take a break for a couple of minutes whilst you stay on the line.
- Before ending the call, ask them what they intend to do after the call. Is there someone they can speak to further to gain more support? Do they have plans for the rest of the day?
- Remember, if you don't know what to say, just acknowledge this.
- Try to present information in a way that is manageable.
- Check understanding and seek regular feedback

APPLYING A TRAUMA INFORMED APPROACH TO WORKING REMOTELY: FOLLOW UP

- Follow up telephone calls with an email or text message to:
 - summarise the conversation
 - set out action points
 - remind them of the next appointment
- Follow up text messages or emails should be:
 - written in an accessible way (try to use the same words you would in a conversation)
 - take the time to explain things clearly
 - use shorter paragraphs and bullet points
 - personalise where possible

DEVELOPING A TRAUMA INFORMED REFLECTIVE PRACTICE PROCESS

- 3-stage model of reflection
- Structured by asking 3 questions: 'What?', 'So What?' and 'Now What?'
- Underpinned by an understanding of the 6 principles of trauma informed practice
- Reflective practice can be formal or informal, written or generated through discussion

DEVELOPING A TRAUMA INFORMED REFLECTIVE PRACTICE PROCESS

WHAT?

- Explain what happened by describing the situation or incident

DEVELOPING A TRAUMA INFORMED REFLECTIVE PRACTICE PROCESS

SO WHAT?

- What was your experience of what happened?
- What went well, what didn't go as planned?
- What are the influencing factors?
- Could you have dealt with it differently?
- Did you demonstrate evidence of trauma informed practice?
- If so, which principles did this relate to?

DEVELOPING A TRAUMA INFORMED REFLECTIVE PRACTICE PROCESS

NOW WHAT?

- What might you do differently next time?
- What have you learnt?
- How can you integrate a trauma informed approach to your practice in the future in relation to this event?

USING THE SENSE MODEL TO STRUCTURE TRAUMA INFORMED INTERVENTIONS



MAKING SENSE OF TRAUMA: INTRODUCTION TO THE MODEL

- The SENSE model was first developed in response to the Manchester bombing
- It has been adapted to structure psychosocial support to other critical incidents in both the UK and overseas
- It is comprised of 5 key stages
- Trauma informed rather than trauma focused

STAGE 1: STABILISATION

Addressing immediate practical and emotional needs.

Asking basic questions such as:

- What do you need?
- What would be helpful at the current time?

Sometimes when people have experienced stress or trauma they may find it difficult to identify what they need.

When someone doesn't know how to articulate their needs, offer them choices and options.

Even if someone isn't sure what they need, they are often able to tell you what they don't need.

STAGE 2: EDUCATION

Helping people to understand and recognise how they feel.

STAGE 3: NORMALISATION

Information and understanding will provide reassurance that responses to the crisis are normal and expected.

STAGES 2 & 3: EDUCATION AND NORMALISATION

Providing information about the effects of trauma on the mind and body can help someone to feel more in control.

This will provide reassurance that they are responding 'normally' and remind them that it is their experience of the trauma that is 'abnormal' and not how they are coping and responding to this.

Using the analogy of the mind's information processing system being similar to the digestive system can be an effective way of helping someone to understand how their experience of trauma is being processed and to explain how this may affect other things in their lives, such as sleep, concentration, memory, ability to retain and process other information and increase a sense of overwhelm and confusion.

It may be beneficial to write down these explanations so that the person can refer to them regularly to reduce anxiety and feel reassured.

STAGES 2 & 3: EDUCATION AND NORMALISATION

Remember:

- Provide a safe and non-judgmental space for someone to discuss how they are feeling
- There is no right or wrong way of coping, your role is to support and enhance however someone is coping
- They are coping in the best way they know how
- Start by trying to understand someone's way of coping:
 - how is this helpful to them?
- It is only after developing a relationship with someone that you might start to be able to explore alternative coping strategies in a safe and supportive way
- Prioritise safeguarding and risk management, there may be times when a referral to mental health services is needed

STAGE 4: SOCIAL SUPPORT

Facilitating connections with family, friends and wider support networks.

Interventions should focus on:

1. Identifying sources of social support
2. Considering how access to social support can be strengthened and enhanced

STAGE 4: SOCIAL SUPPORT

Identifying sources of social support

1. Identify who is a positive source of support (this can include family, friends, professionals and other members of the community)
2. How and why are they supportive? (What do they offer which is helpful?)
3. How best can this support be accessed?

STAGE 4: SOCIAL SUPPORT

Mapping social support

It can be helpful to work with someone to create a map of their social support systems to identify these sources of support and think about where they fit in terms of the level of support they provide.

Sometimes social support maps may also include the details of other people in their lives who are not as helpful and this can be a good way of identifying how those around impact on them, both negatively and positively.

For example, someone may live with a parent but perceives them to be unsupportive. This is useful to know and can be marked accordingly on the social support map to help you to understand who is and isn't available to them.

STAGE 4: SOCIAL SUPPORT

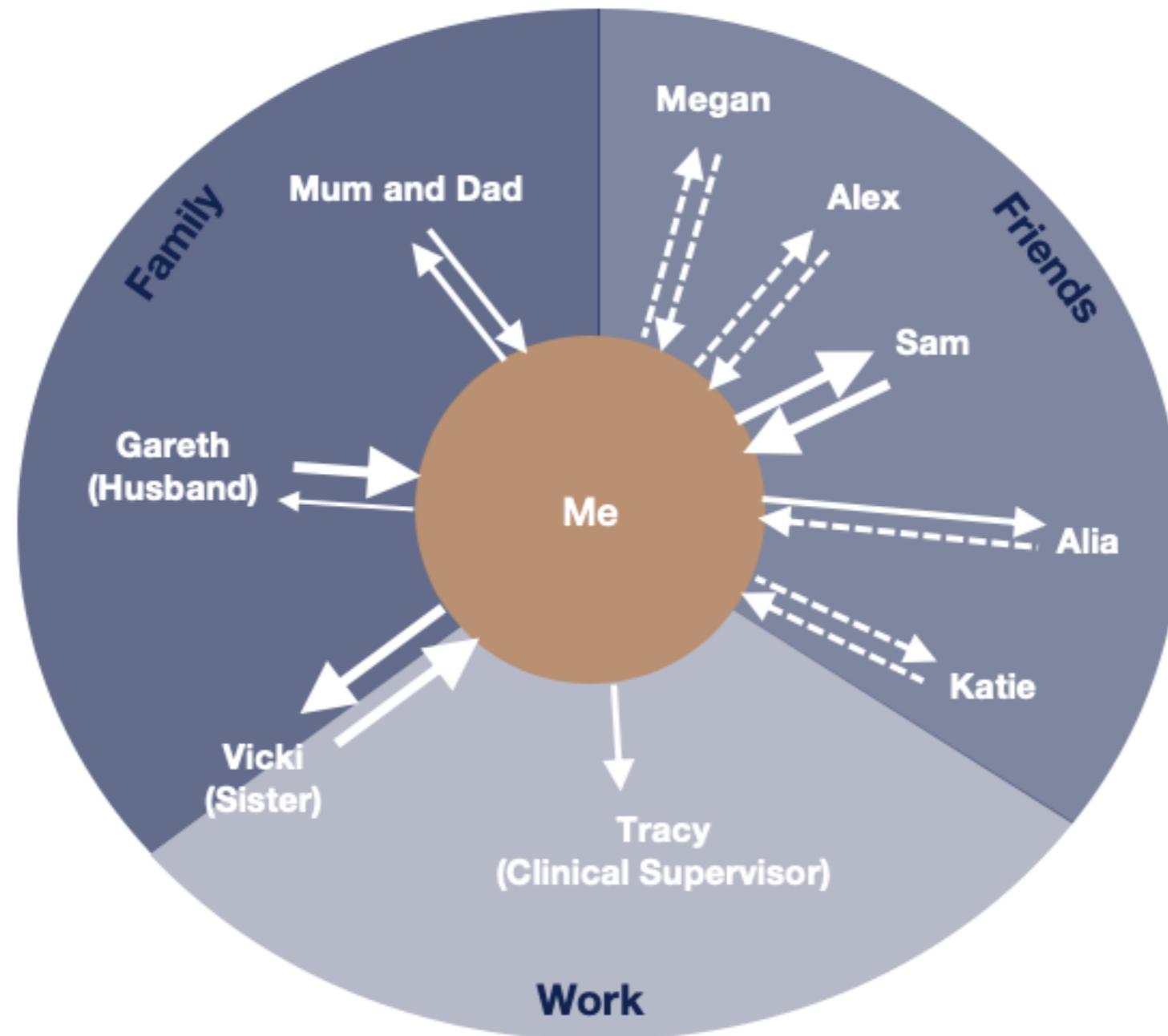
Mapping social support

There are a number of different formats for mapping social support

- Encourage them to develop their own format and present the information in their own way.
- Once created, you can ask questions about the map to enable you to gain an insight into the quality and availability of support.
- Often the process of creating a social support map can be therapeutic and transformative in its as it encourages reflection on the support that is available and helps to identify gaps in access to social support.
- This in turn motivates someone to consider their relationships and how they can be strengthened and enhanced.

STAGE 4: SOCIAL SUPPORT

Mapping social support: Example 1



STAGE 4: SOCIAL SUPPORT

Mapping social support: Example 2

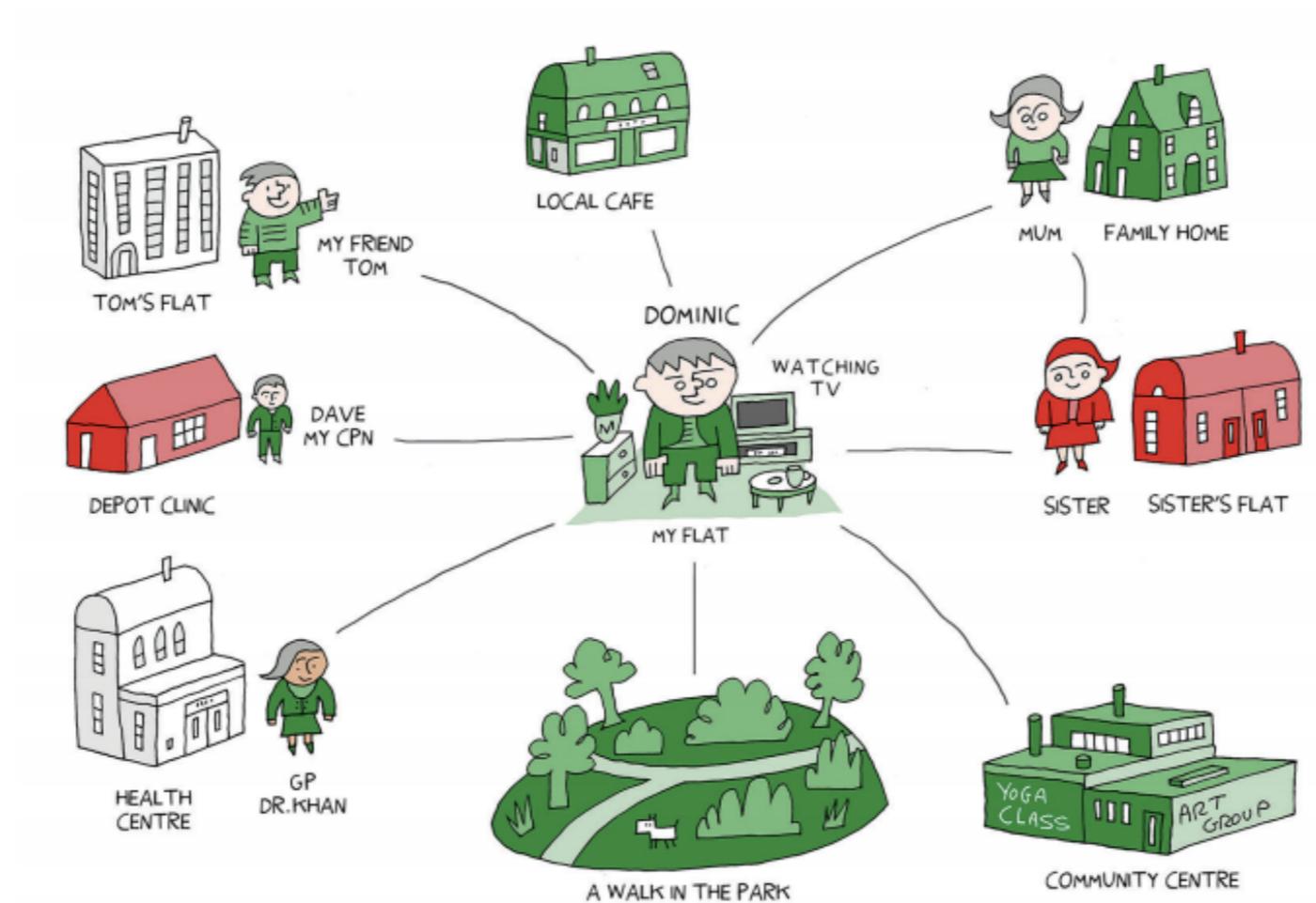
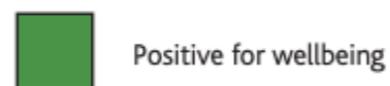


Illustration by Daryll Cunningham



Positive for wellbeing



Neutral for wellbeing



Negative for wellbeing

<https://mcpin.org/wp-content/uploads/Our-briefing-paper.pdf>

STAGE 4: SOCIAL SUPPORT

Consider how access to social support can be strengthened and enhanced.

Using a systemic approach, not only addresses individual needs but helps to mobilise the strengths of someone's relationships with others.

Strategies for enhancing relationships include:

- Providing information, education and direct input to members of their social support network
- Interventions can be offered separately or through joint interventions
- The best course of action is dependent on the preferences of the person you are supporting, provide them with a choice and ensure they are comfortable with the approach

STAGE 4: SOCIAL SUPPORT

Challenges of working systemically

- Managing and maintaining confidentiality

Agree what information can be shared from the outset

- Managing expectations

Openness, honesty and transparency are essential

- Managing conflict

Remaining impartial and maintaining a facilitator (not problem-solving) role

STAGE 4: SOCIAL SUPPORT

Strengthening and enhancing social support networks

- Encourage engagement with family or group focused activities
- Focus on promoting opportunities to create a sense of connection and improve communication through spending time together rather than specifically analysing or solving difficulties
- Family or group focused activities can be therapeutic in their own right

STAGE 5: ENGAGEMENT

The final stage of the model is focused on promoting the person's engagement with sources of support and activities which they find meaningful and beneficial.

This includes both formal and informal support such as psychology/psychiatry services as well as engaging in other activities like yoga, meditation, sport or arts and crafts in recognition of their therapeutic effect and the ways in which such activities may support coping and increase a person's access to sources of social support within the wider community.

STAGE 5: ENGAGEMENT

- Work in collaboration to explore someone's needs and interests (consider whether this should be extended to their wider social support network).
- The aim is to create a **personalised support plan** comprised of information about resources and services which are relevant and appropriate.
- There are often a wide range of local and national services providing different types of support but they can be difficult to navigate.
- A personalised support plan can be used to promote access and engagement and reduce overwhelm and confusion.
- It helps to structure this support and allows for a person-centred and collaborative approach with opportunities to regularly review their needs.

STAGE 5: ENGAGEMENT

Personalised support plans

- Take the time to research the support services which are available to ensure accurate information.
- Contact relevant services in advance to confirm their eligibility and find out more information.
- It is easier to recommend services if you have additional understanding about the support that they can offer.
- Be aware that information on websites may have changed and, if there is a wait for services, it is important to know this beforehand to manage expectations.

STAGE 5: ENGAGEMENT

Personalised support plans

- How this information is presented is important
- Write down information so it can be referred to at a later time
- You could think about presenting it in a letter form to make it more personal and to highlight why these services have been suggested and how they might be beneficial
- Reiterate that someone can engage at their own pace, it is important that they access services when they feel ready

USING THE SENSE MODEL TO CREATE SESSIONAL INTERVENTIONS

The stages of the SENSE model can be delivered across 6 sessions.

It is designed to be implemented in chronological order but should remain responsive to the needs of those you are working with.

You may apply several stages in a single session (for example, stabilisation, education and normalisation) or use several sessions to identify and enhance social support or develop a personalised support plan.

The sixth session should be used to review progress and consider whether additional sessions are needed.

If additional sessions are needed it is important to set out clearly the purpose and benefit of these sessions.

INTRODUCTION TO SESSION 3: THERAPEUTIC SKILLS AND CREATIVE WAYS OF WORKING

- Key skills for therapeutic practice
- Creative ways of working
- Working with loss and bereavement

QUESTIONS



THANK YOU



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