

Trauma Informed Care

The move to becoming Trauma Responsive

Learning outcomes

- Increased awareness of how trauma impacts on behaviours & life choices
- Increased awareness of toxic stress, Adverse Childhood Experiences (ACEs) & trauma across the life course
- Increased awareness of how health practitioners can build resilience to help children & adults heal and recover through the use of trauma informed care

Two important factors to promote healing from trauma



Secure attachments



Self care and self compassion

In November 2022 the Office for Health Improvement & Disparities released Guidance – *Working definition of Trauma-informed practice*

[Working definition of trauma-informed practice - GOV.UK](https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice)

www.gov.uk

Types of Stress

Positive Stress

The body's normal and healthy stress response to a tense situation/event.

Example:

First day of school or work.

Tolerable Stress

Activation of the body's stress response to a long-lasting or severe situation/event.

Example:

Loss of family member, but with supportive buffers in place.

Toxic Stress

Prolonged activation of the body's stress response to frequent, intense situations/events.

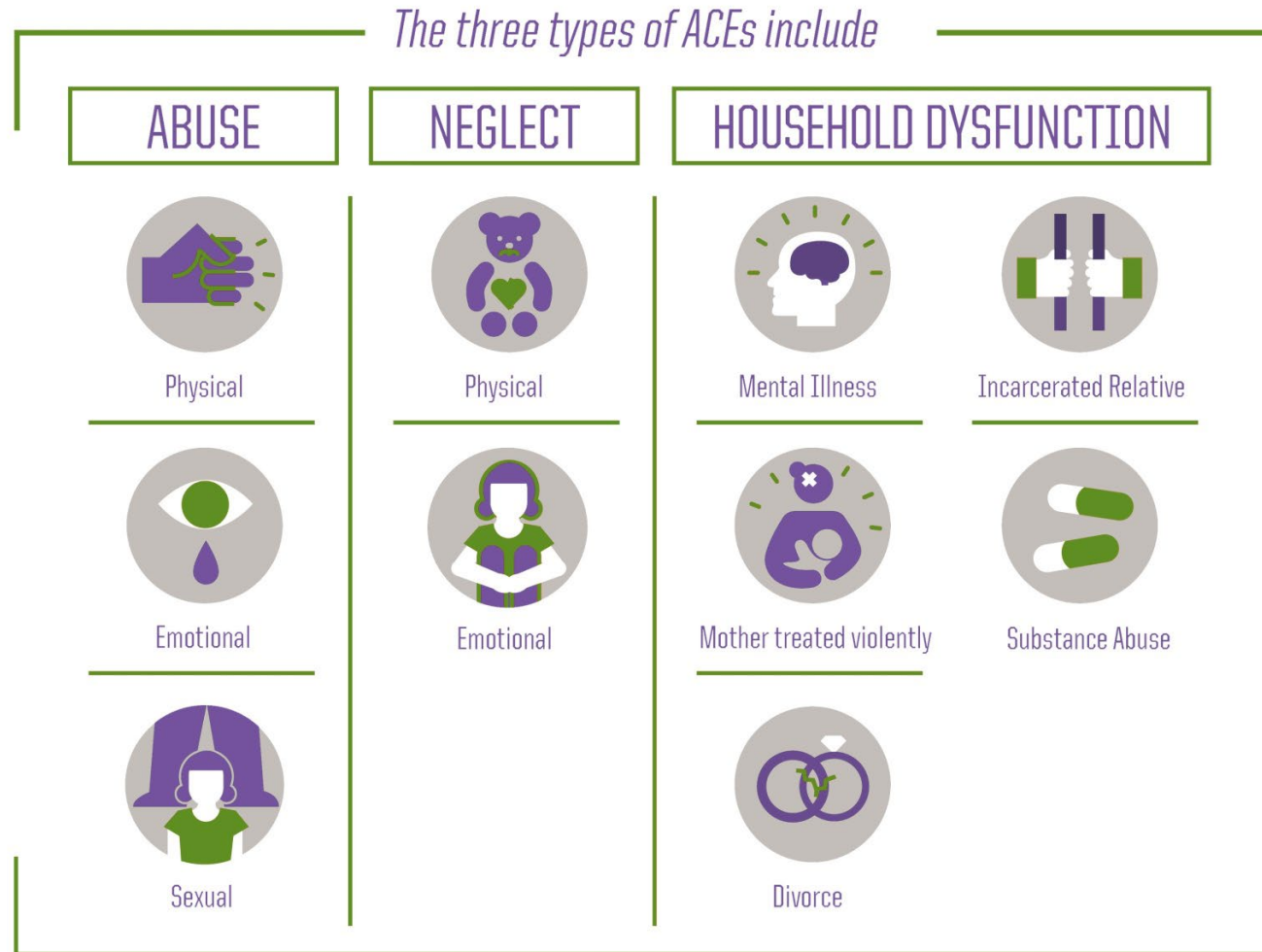
Example:

Witnessing domestic violence in the home, chronic neglect.²

Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

The ACE's questionnaire

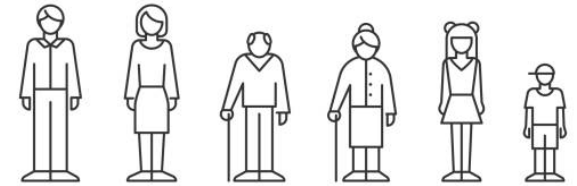
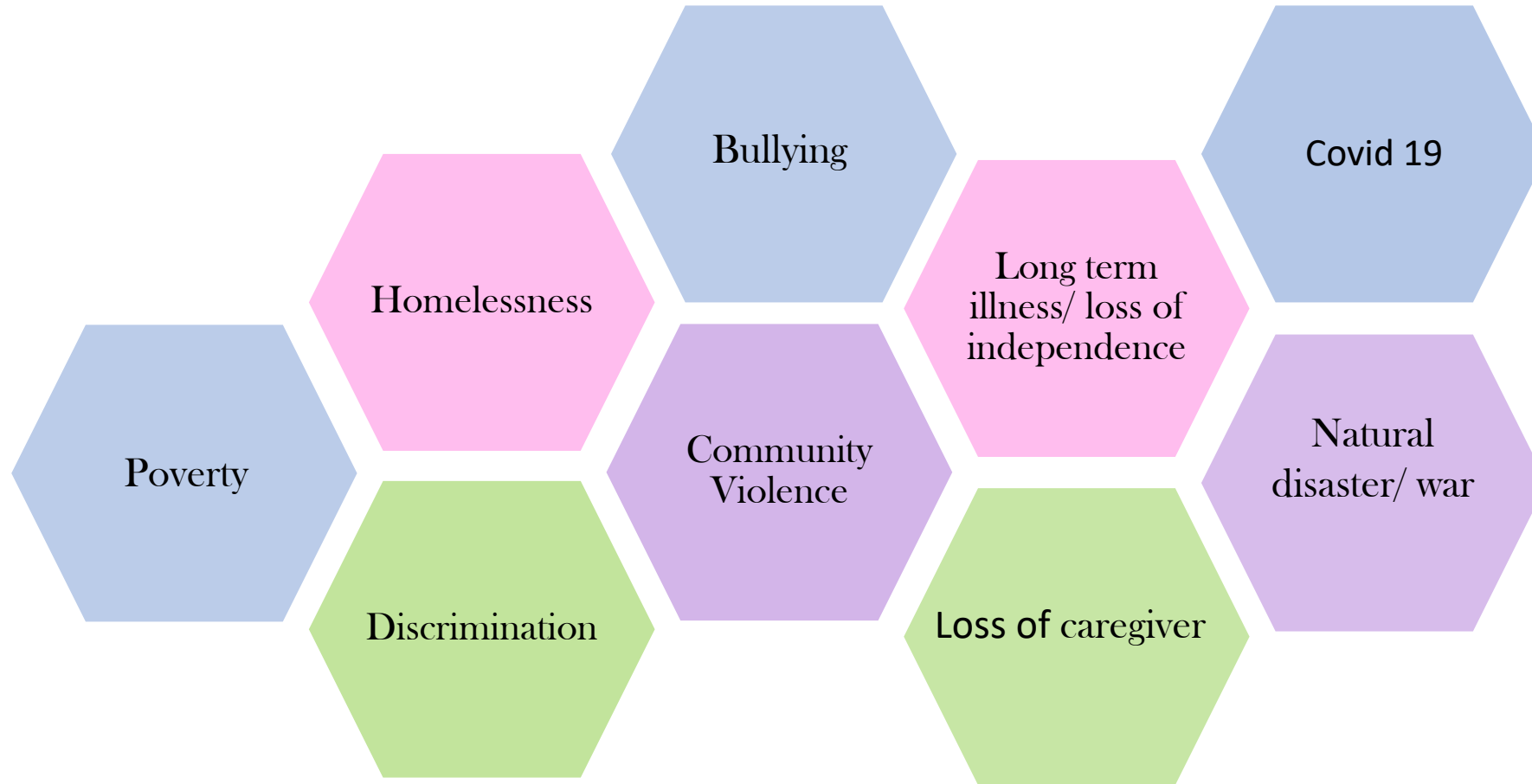


ACEs High

- A wealth of research has highlighted strong associations between ACEs and poor social & health outcomes
- Cumulative & prolonged stress in a child's body & brain profoundly alters the development of their brains, immune systems and resistance to disease
- Increases susceptibility to criminality and exposure to risk



Trauma across the life course

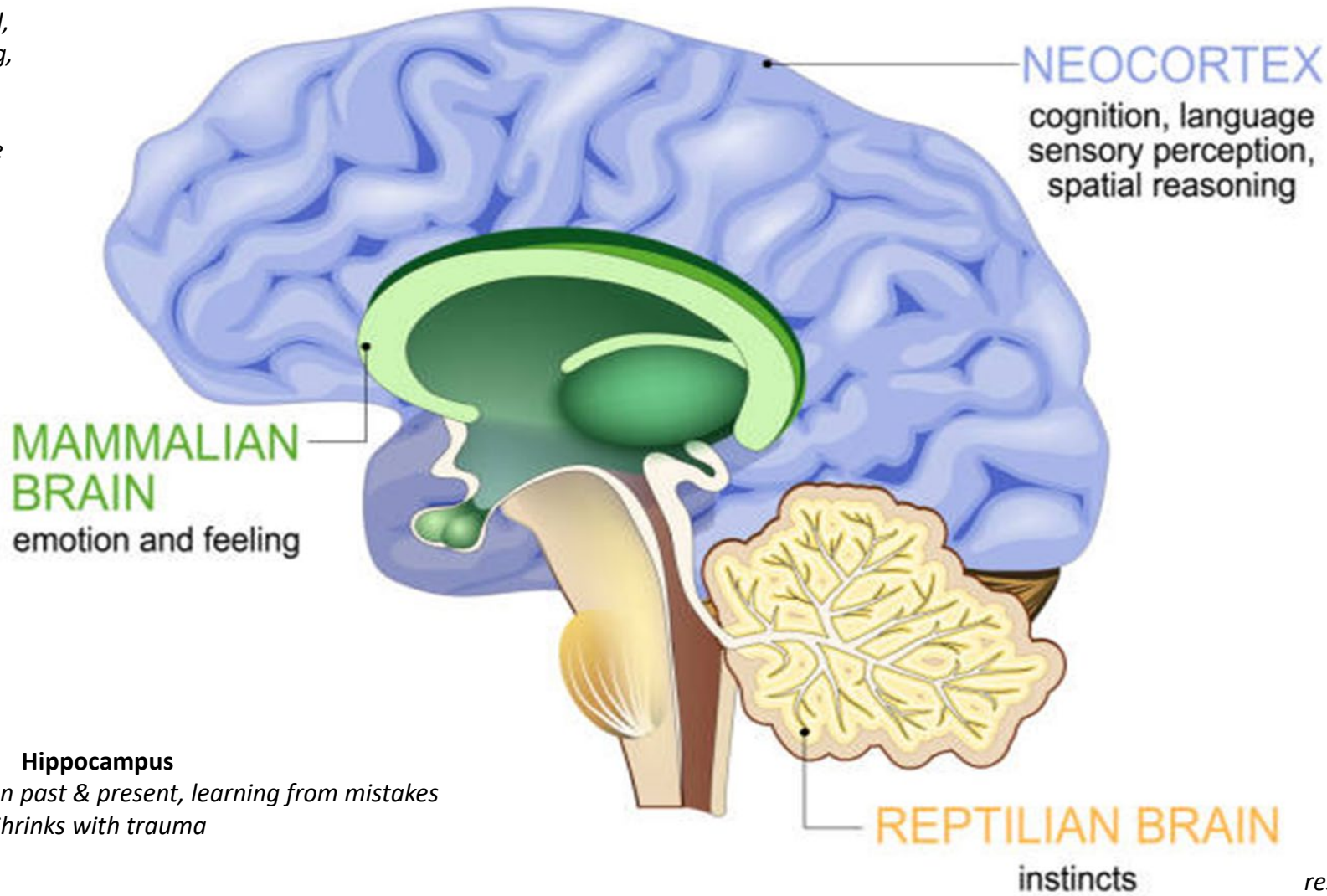


Trauma increases the risk of developing Health Harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely** to be a high-risk drinker
- 6 times more likely** to have had or caused unintended teenage pregnancy
- 6 times more likely** to smoke e-cigarettes or tobacco
- 6 times more likely** to have had sex under the age of 16 years
- 11 times more likely** to have smoked cannabis
- 14 times more likely** to have been a victim of violence over the last 12 months
- 15 times more likely** to have committed violence against another person in the last 12 months
- 16 times more likely** to have used crack cocaine or heroin
- 20 times more likely** to have been incarcerated at any point in their lifetime

Pre-Frontal Cortex
*Reduced impulse control,
empathy, logical thinking,
reasoning, emotional
regulation
Trauma reduces volume*



Trauma Truth

To our brain what is familiar is safe, and
safety is our brains #1 priority.

“If a child is familiar with chaos in
their home & suddenly she is
placed in a safe environment free of
chaos, she will seek & provoke the
familiar stress in the new
environment to feel safe.”

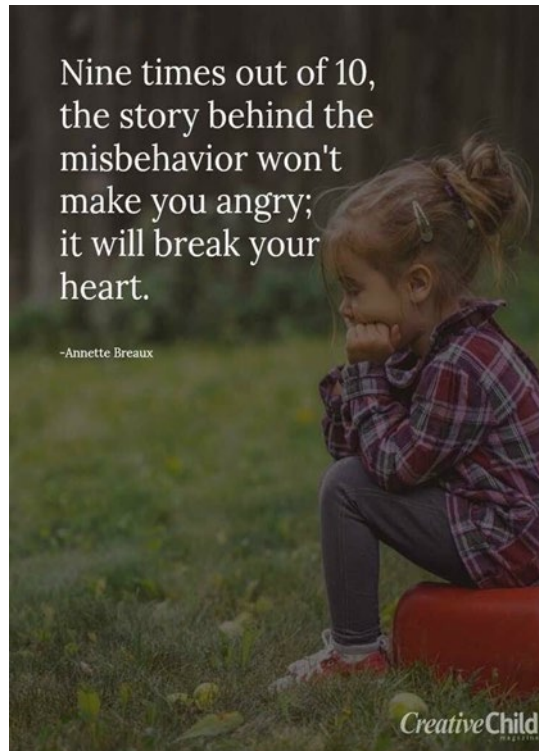
Blocked Trust

Context

If we are traumatised we don't feel safe, our brain is so focussed on that so we miss other experiences. Once we are safe we can learn, but we have no curiosity if things aren't safe. If we experience safety externally we can then start to apply it to internal safety. Until we are safe internally, we have limited memory, limited awareness of emotions.

Blocked trust is when young children block the pain of rejection and the capacity to delight in order to survive in a world without comfort and joy

Hughes & Baylin (2012) Brain-Based Parenting –The neuroscience of caregiving for healthy attachment



Signs (extending into adulthood)

- Chronic readiness to defend -hypervigilance, big emotions, defensive reactions
- Negativity bias – see negative but not positive, only remember negatives
- Mindless, habitual, survival based behaviour - especially 'provisioning' or hoarding
- Give up on learning and don't bother trying anything different
- Brain's social monitoring switch (amygdala) is biased towards stress and assuming threat everywhere
- Hide inner life-suppress vulnerable emotions
- Block the pain of rejection- release opiates that numb psychological pain
- Block social joy – won't last so turn it off

The Disguise of Trauma

Trauma Responses	How people get described
Fight	<i>Challenging, disruptive, non-compliant, hostile, argumentative, over sensitive, or aggressive</i>
Flight	<i>Difficult to engage, avoidant, evasive, did not attend or hard to reach</i>
Freeze	<i>Un-responsive, shows no emotion, numbed out or not interested</i>
Flop	<i>Need to take responsibility, in denial, not ready for therapy, unmotivated</i>
Friend	<i>Attention seeking, disguised compliance, not meaningfully engaging, deceitful, or dishonest, needy</i>

What we may see.....

Symptoms

- Hypersensitivity/ increased arousal
- Helplessness/ Hopelessness
- Shame & guilt
- Extreme anxiety
- Flashbacks
- Dissociation/ numbing out
- Lack of purpose
- Depression
- Difficulty sleeping

Behaviours

- Extreme reactions
- Rule defiance
- Trouble with problem solving/ reasoning/ long term planning
- Mistrust of people
- Volatile, aggressive, defensive, impulsive
- Difficulty in emotional regulation
- Hyper-avoidance
- High risk behaviours
- Difficulty paying attention
- Fear of change

TRADITIONAL VIEW



TRAUMA INFORMED VIEW

Acting out	Emotionally dysregulated
Anger management problems	Scared/fight, flight, freeze
Willful and naughty	Maladaptive patterns
Manipulative	Seeking to get needs met
Uncontrollable	Lacking skills
Pushing buttons	Negative template or worldview
In need of consequences to motivate	In need of skills to self-regulate
Slow/delayed	Dissociative

Showing their hand

- ❖ Roll out of routine enquiry –good or bad?
- ❖ Being Trauma informed – patient focused?
- ❖ Impact of obtaining an ‘ACE score – interventions, referral, stigma?

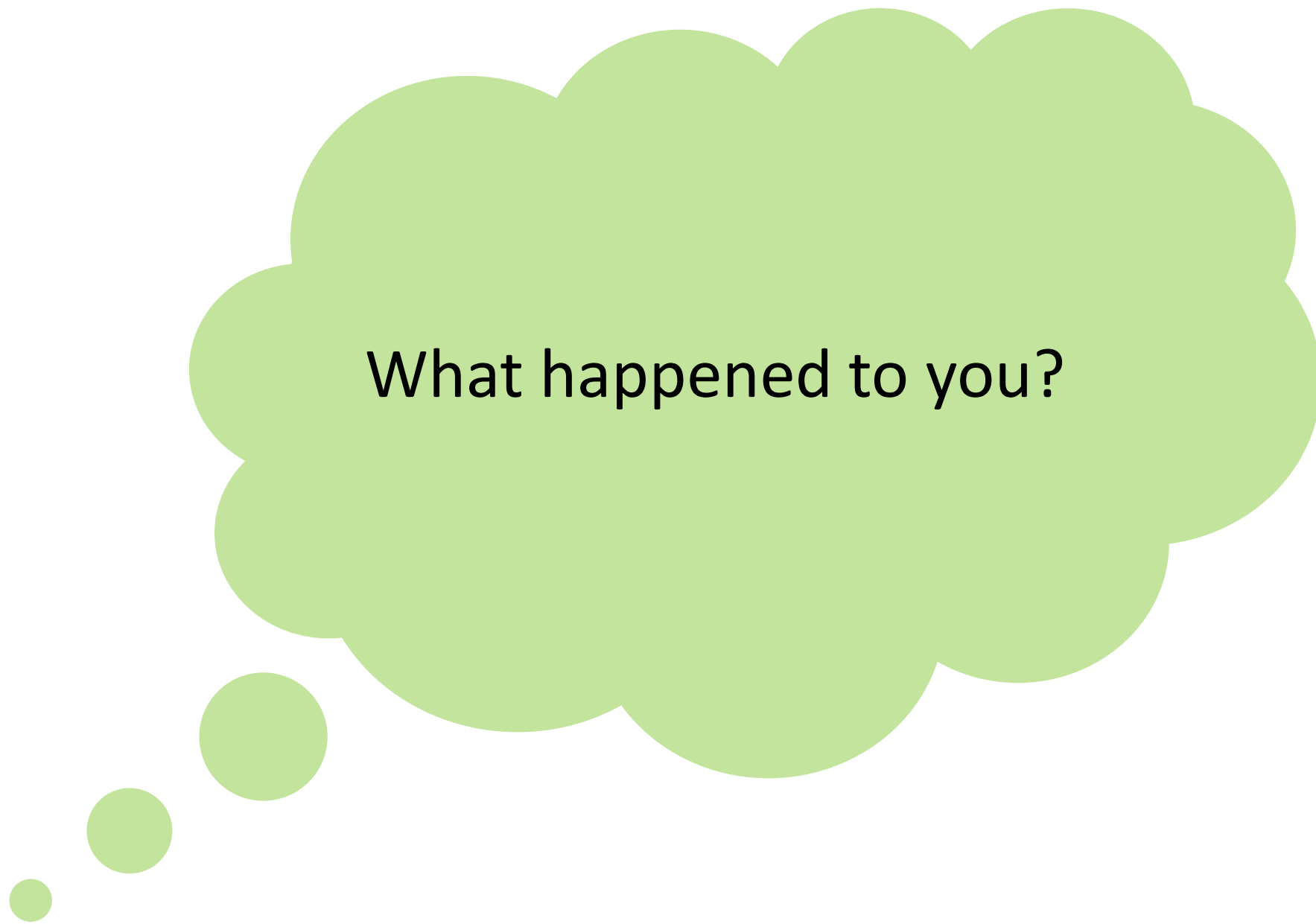
Pennies in the Bank Approach (adapted) – positive experiences deposit into a person’s wellbeing bank account however withdrawals are made during times of stress

Being in credit = improves outcomes & resilience

Overdrawn = deficit will impact on wellbeing credit rating

Our job as society is to make as many deposits into people’s wellbeing bank accounts as we can – *unconditional positive regard*

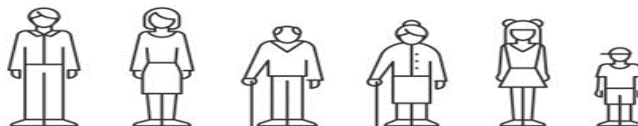




What happened to you?

Trauma Informed Practice

- Stops us from pathologising behaviour
- Asks us to assume that everyone we meet has experienced trauma
- Promotes self care and self compassion
- Enables collaboration and connection
- Aids recovery and healing



Trauma Informed Practice

Safety

Trust

Choice

Empowerment

Collaboration

Cultural Considerations

It's about relationships

So it is in relationships with other people that one learns to understand oneself. And by understanding one's self, one begins to understand other people. Thus the world of relationships is both the problem to be solved and the means to its solution.

(Howe et al, 1999)

Trust is the glue of life.
It's the most essential
ingredient in effective
communication. It's the
foundational principle that
holds all relationships.

Reachable Moments

Waltham Forest SCR into the death of Jaden Moodie identified **'Reachable Moments'**

A 'reachable moment' describes an unplanned opportunity that arises where a professional has a chance to offer insight to a young person. It constitutes the opportunity to break through a carefully constructed façade that is resistant to the development of personal insight

Similar concept are described as 'critical moments'

- ✓ Contact with a health professional

Think 'Every Contact Counts'



Trauma in Focus

Finding the Balance	
Standardised	Individualised
Task Focused	Patient Focused
Isolated Event	Continuous Process
Passive Participant	Active Collaborator
Instruction	Incentive

“We want thriving, not just
surviving”

(Caring for Better Health, 2018)

A bridge to hope

Promoting Health Literacy

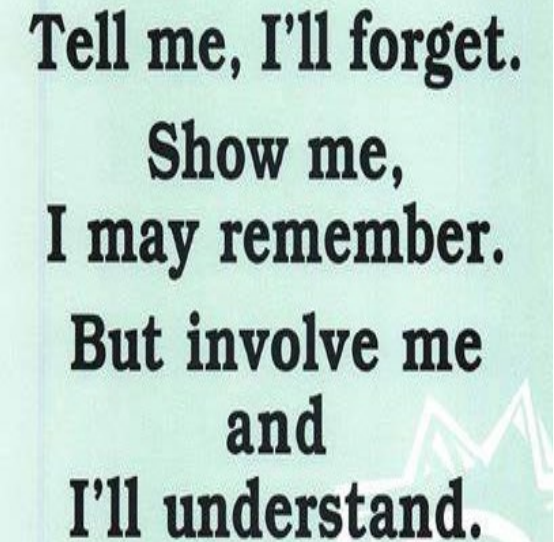
“People’s capacity to obtain, process & understand basic health information and to access services needed to make appropriate health decisions”

Health literacy includes the ability to understand:

- Instructions for taking medications
- Appointment letters
- Health leaflets
- Doctor's directions
- Consent forms

..... and the ability to negotiate complex health care systems!

Health literacy is not simply the ability to read



**Tell me, I'll forget.
Show me,
I may remember.
But involve me
and
I'll understand.**

....but for the person

You are, in your caring interactions, their *Spring*. And in the depth of the bitter cold of their *Winter*, you create hope; you build an internal representation of a better world
A world where people are decent and kind and good. Their hope will whisper in the Long dark night of Winter **‘these hard times will pass’** (abridged by JQ from Perry 2013)



Be the Sun to their Moon



‘How do you do it?’ said the moon
‘how do you stay on track?’
‘I keep it simple’ said the sun
‘and I keep coming back

Lemm Sissay MBE