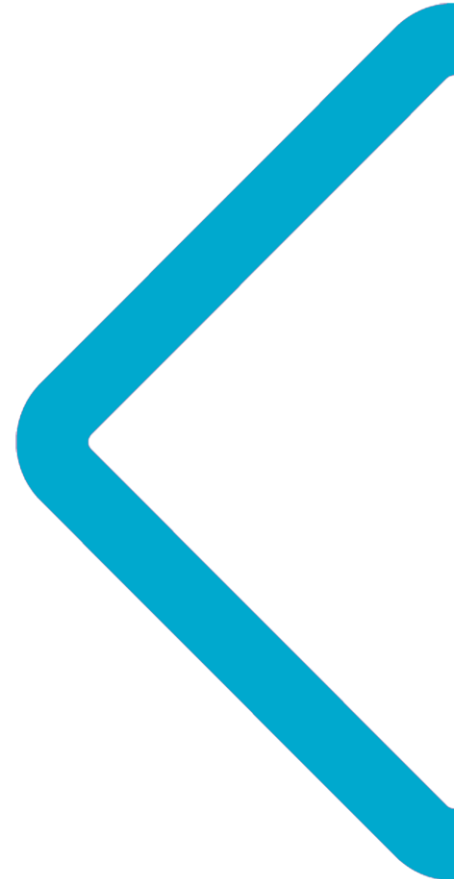


Trauma informed Care & Professional Curiosity

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Aim of the Session

- Aim:
- Overview of Trauma Informed Approach to care
- To understand importance of professional curiosity

Trauma Informed Care

- What is trauma?

Trauma Informed Care

- 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 – flight or fight response
- Understanding the impact of trauma is crucial to safeguarding
- Consider what's driving someone's behaviour

Trauma Informed Care



Trauma Informed Care

- Recognise the signs, symptoms and widespread impact of trauma
- Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.
- It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.
- Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

ACEs Adverse Childhood Experiences

- ACEs linked to poor health outcomes, early death
- People who live in poverty, women/girls, LGBTQ, gender diversity, ethnic minorities are more likely to experience ACEs, peer issues (adverse community experiences)
- The impact is taken into adulthood – lasting impact

ACEs Adverse Childhood Experiences

- ACEs and trauma is most likely a contributing factor to domestic abuse, abuse, alcohol and substance misuse, mental health, criminal behaviour, parenting and family dynamics
- What we find is that service responses not trauma informed or culturally sensitive
- Lack of recognition
- Re-traumatization – retelling story – attributed to poor record keeping and ineffective communication between teams and agencies

Trauma Informed Practice

- Prevent re-traumatisation
- It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.
- The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

Key principles of trauma-informed practice

- There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration.
- Safety
- The physical, psychological and emotional safety of service users and staff is prioritised, by:
 - people knowing they are safe or asking what they need to feel safe
 - there being reasonable freedom from threat or harm
 - attempting to prevent re-traumatisation
 - putting policies, practices and safeguarding arrangements in place
 - environment

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Key principles of trauma-informed practice

- **Trustworthiness**
- Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:
 - the organisation and staff explaining what they are doing and why
 - the organisation and staff doing what they say they will do
 - expectations being made clear and the organisation and staff not overpromising

Key principles of trauma-informed practice

- **Choice**
- Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:
 - ensuring service users and staff have a voice in the decision-making process of the organisation and its services
 - listening to the needs and wishes of service users and staff
 - explaining choices clearly and transparently
 - acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

Key principles of trauma-informed practice

- **Collaboration**
- The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:
 - using formal and informal peer support and mutual self-help
 - the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
 - focussing on working alongside and actively involving service users in the delivery of services

Key principles of trauma-informed practice

- **Empowerment**
- Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:
 - validating feelings and concerns of staff and service users
 - listening to what a person wants and needs
 - supporting people to make decisions and take action
 - acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Key principles of trauma-informed practice

- **Cultural consideration**
- Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:
 - offering access to gender responsive services
 - leveraging the healing value of traditional cultural connections
 - incorporating policies, protocols and processes that are responsive to the needs of individuals served

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4 Rs of Trauma Informed Care

- Realize – impact of trauma, consider it and potential support paths
- Recognize – Signs and symptoms of trauma
- Respond – ensure trauma informed approach to care is integrated into practice. Operate with a universal expectation that patient, carers, families have experienced trauma. How would this perspective change the way you interact with others?
- Resist – retraumatizing patients, families and carers

Trauma Informed Care - In practice?

- Create a culture of compassion and kindness for all individuals who use our services
- Universal expectation – everyone we encounter has experienced trauma
- Remember - Trauma responses are normal reactions to abnormal events
- Avoid re-traumatizing
- Better understanding of correlation between ACEs/trauma and mental health, alcohol and substance misuse, domestic abuse, parenting and criminal activity
- Maintain a calm environment to decrease hyperarousal
- Non-judgmental approach, nonverbal and verbal skills

Trauma Informed Care - In practice?

- Secondary trauma - Emotional duress that results when someone tells us about the firsthand trauma experiences
- Vicarious trauma - Cumulative transformative effect on the helper of working survivors of trauma events
- Compassion fatigue – inference to others offering, especially as a result of repeated exposure to others suffering
- Burnout – exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress and frustration

Professional Curiosity

- Safeguarding and Domestic Homicide reviews across health and social care in England have repeatedly identified that the involved professionals have become fixed in their understanding and analysis of the issues, leading to 'pervasive belief systems' about cases, a lack of professional curiosity and unwillingness to consider alternative hypotheses.
- This means that all agencies and practitioners need to work together – the first step is to be professionally curious.

Professional Curiosity

- Professional curiosity is the capacity and communication skill to explore and understand what is happening to a person, rather than making assumptions or accepting initial explanations. This can be described as the need for practitioners to practice 'respectful uncertainty' and being open to exploring different understandings
- It is natural for a practitioner to want to believe the best of a family or person, being overly optimistic, or just accepting another's view. Thinking the unthinkable isn't about assuming the worst, it is considering all possibilities. Keep an open mind and be able to think objectively about the evidence presented, and if it changes over time. Be prepared to accept information that does not fit with previous assumptions and assessments
- Practitioners will need to think outside of the box beyond their usual professional role

Professional Curiosity

- Disguised Compliance

This involves a person, parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions in order to allay professional concerns and, ultimately to diffuse professional intervention. Examples can include, not reporting domestic abuse to the police so it appears that it has stopped happening, attending a run of appointments and engaging with professionals for a short period of time.

Professional Curiosity

- How can you develop my skills?
 - Be open-minded, don't take everything at face value
 - Think the unthinkable
 - Never assume and, be wary of assumptions already made
 - Pay as much attention to how people look and behave as to the attention paid to what they are saying

Professional Curiosity

- How can you develop my skills?
 - Use case history and explore information, as well as other professionals
 - Review records, record accurately, check facts and feedback
 - Talk to other professionals, including your colleagues inhouse
 - Promote healthy challenge so you can all work together to understand the situation and to explore the range of possible explanations for a situation