TRAUMA INFORMED PRACTICE HANDBOOK

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SECTION 1: DEVELOPING KNOWLEDGE AND AWARENESS OF PSYCHOLOGICAL TRAUMA

INTRODUCTION

This handbook serves as a reference guide to accompany the series of training workshops focusing on Trauma Informed Practice.

Developing an understanding and awareness of the impact of psychological trauma, and integrating a trauma informed approach to practice, will take time and require commitment and contribution from all staff at every level of the organisation. It is important to provide staff with the right support and resources to enable them to create programmes and policies and to develop an organisational culture, which is underpinned by best practice in the field. As such this handbook provides additional information and ideas across a range of topics.

The purpose of the handbook is to encourage creativity and flexibility and to empower staff to develop new and diverse ways of working. It also focuses on ensuring that the self-care needs of the staff themselves are acknowledged and addressed throughout, in recognition that the starting point for implementing trauma informed approaches to practice in every context, begins with looking after ourselves.

2. DEFINING TRAUMA

The word 'trauma' is often used to describe experiences or situations that are emotionally painful and distressing and, most importantly, overwhelm a person's ability to cope, leaving them feeling powerless. The terms 'stress' and 'trauma' are often used interchangeably – a person may experience a series of stressors which are not perceived as necessarily being 'traumatic' but when they accumulate and build up they can evoke a trauma response.

It is essential to remember that when a person experiences trauma symptoms this is, in fact, a very normal response to an abnormal event. There is a risk when we encounter someone who has experienced trauma that we might pathologise what is essentially a normal response and overlook their ability to cope and their resilience. This response may often be generated as a result of a sense of helplessness and overwhelm on the part of the person to whom the trauma is disclosed.

It is especially important when working with trauma to focus on understanding the response to the event rather than focusing on the event itself and judging whether or not it should be considered stressful. What is stressful, or even traumatic, for one individual may not be for another so it is important to take the time to understand the meaning which has been attributed to that particular event and to avoid making assumptions.

What is considered as a 'traumatic' event has frequently been defined in reference to circumstances that are outside of the normal realm of human experience. However, everyone is different and what is outside of the normal realm of human experience for one person may not be the same for another. Ultimately, it is the perception of the event or experience, which will determine the extent and nature of the impact it has on the person.

Other definitions of 'trauma' in the literature include:

'an inescapably stressful event that overwhelms people's existing coping mechanisms'

(van der Kolk and Fisler, 1995).

'the unique individual experience of an event or of enduring conditions in which the individual's ability to integrate his or her emotional experience is overwhelmed (i.e. his or her ability to stay present, understand what is happening, integrate the feelings and make sense of the experience) or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity'

(Pearlman and Saakvitne, 1995).

'...a toxic condition, a mixture of intense anxiety, absolute helplessness and a loss of control'

(Peichl, 2007)

3. THEORIES OF TRAUMA

There are a number of different theories of trauma, which have been developed by clinicians, researchers and theorists working in the field. However, the training workshop focuses on two main theories to provide a relatively straightforward and accessible way of helping people to make sense of, and understand, the effects of trauma:

The 'glass jar'

The 'glass jar' theory is derived from the 'pint glass' model, which was originally developed by military psychiatrist, Gordon Turnbull. Turnbull used the concept of a 'pint glass' to provide an explanation of the effect of trauma to military personnel to make it more relatable to them. This theory has been adapted to the 'glass jar' to account for the different contexts that this training has been provided in so that it is accessible and relevant to all populations.

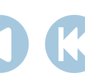
In his theory Turnbull proposes that when someone is born they have an empty pint glass inside of them. Gradually as we go through life, stressors (which can be biological, social and psychological in nature) are experienced from early childhood (for example, bullying at school, parents getting divorced or a bereavement in the family) and these begin to fill the glass. The more stressors that are experienced, the fuller the glass becomes until eventually it becomes so full that there is a risk that it will overflow and cause a stress reaction. As such there may be times in our lives when we are able to cope with significant amounts of stress only to find that something relatively minor (in comparison) threatens to overwhelm us. This is because the glass is so full we have entered into what is known as the 'discomfort zone' right at the top of the jar where there is a high risk that the glass will overflow.

'Shattered assumptions'

The second theory is that of 'shattered assumptions' proposed by Ronnie Janoff-Bulman. In her seminal work she proposes that, in general, people believe that the world is a good and safe place, or more specifically, that their world is good and safe. Although we, of course, know that the world may not always be good and safe (particularly when exposed to media reports of war, conflict, violence and devastation), we are able to psychologically distinguish between the world in general and the world in which we live. Janoff-Bulman proposes that experiencing a traumatic incident can change how people view themselves and the world around them, shattering their assumptions about the world. This shattering of assumptions means that the traumatic material created as a result cannot be easily integrated into the person's current view of the world and requires that they re-create a view of it which accounts for this new awareness.

The theory of 'shattered assumptions' may also encourage us to recognise that those who have been exposed to trauma in the past may, in fact, have developed certain levels of resilience. Their experiences of trauma have meant that they have had to create a worldview which accounts for the possibility that the world and in particular, their world, will not always be a safe and good place. As such they are able to cope when they are exposed to stress and trauma in the future.

experiencing a traumatic incident can change how people view themselves and the world around them, shattering their assumptions.



4. DEVELOPMENTAL TRAUMA

The following section focuses on developmental trauma, which is sometimes referred to as 'Adverse Childhood Experiences' (ACEs). These are terms used to describe childhood trauma such as chronic abuse, neglect, separation or adverse experiences, which happen within a child's significant relationships, for example, with a key attachment figure such as a parent or caregiver.

Although developmental trauma is concerned specifically with children, it is important to understand how trauma experienced during childhood may shape and influence the behaviour of young people and adults. Often young people and adults who exhibit challenging behaviour are labelled as 'dysfunctional', 'damaged' or even diagnosed with some form of 'personality disorder'. Rarely is it considered that they may have been exposed to trauma. Nor do we think about how this trauma may have impacted on how they have developed into a young person or adult.

Adopting a trauma informed approach to practice focuses not on 'what is wrong' with a person, but instead it seeks to understand 'how have they come to be like this' and 'what has happened to them'. This is why it is crucial to understand the impact of trauma on a child's development and to appreciate the multitude of ways in which this might influence and shape their behaviour and their ability to cope and survive in the world.

In the context of the 'glass jar' and 'shattered assumptions' theories of trauma, when a baby is born, they grow up believing that the world is a safe and good place until a time when something happens which suggests that this might not always be the case. For example, if someone significant in their lives becomes ill or they experience a bereavement; if they are bullied at school or, in more extreme cases, if they suffer abuse, neglect or something disrupts their attachment to a parent or caregiver. Research into early childhood trauma shows that this negatively affects a child's development over time. Not only do they start to establish unhealthy coping strategies as a way of helping them to survive these difficult experiences, they also fail to develop the essential skills which children need, such as being able to manage their impulses, contain their emotions and solve problems.

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Even when a child's exposure to the trauma has stopped, the coping (or survival) strategies do not automatically switch off, instead the child remains in 'survival mode'. A child who experiences danger operates out of what is known as their 'primitive' brain, this is the part of the brain which is responsible for our survival systems, flight, fight or freeze.

When a child has been exposed to trauma, particularly over a long period of time, they are

trapped developmentally in their primitive brain. This means that very little information can be passed to other parts of their brain where rationalising can happen. Instead, they focus all their energy on this survival and so there is very little remaining for the development of other skills such as processing and retaining new information, reasoning or empathy or being able to accurately understand and interpret the actions of others.

To understand the impact of developmental trauma, it is useful to think about how the brain develops during childhood.

- The 'brainstem' or 'primitive' brain develops first and is responsible for sensory, motor and survival skills.
- Next, the 'limbic' brain develops. This is responsible for attachment and emotional development.
- Finally, the 'cortical' brain is developed which is responsible for thinking, learning, language and inhibition.

When young children experience trauma very early on in their lives, they may not have developed the language skills to make sense of their experiences so their memories are 'sensory memories'. Memories, which occur before language skills are developed are known as 'implicit' which means that the child cannot later recall and talk about them. Instead, their body has stored the memories within their sensory systems. Because traumatised children become stuck in their 'fear mode' as they grow up, their hyper-vigilance and sensitivity to signs of danger reduces their capacity to filter out other irrelevant sensory experiences such as background noises, sights, sounds and smells. This then means that their sensory system becomes overloaded and overwhelmed, leading to difficulties in being able to regulate or contain their responses and causing both under-reactions and over-reactions in their responses. Signs of sensory problems may include a strong dislike of being touched, avoidance of certain foods and textures, being easily overwhelmed by noise and crowds, poor concentration and attention, restlessness and appearing to be constantly on high alert.

Dissociation

Dissociation is a survival mechanism and one which is incredibly helpful when children are exposed to high levels of trauma and danger. It enables children (and adults) to cope with, and ultimately survive, the most intolerable of traumatic experiences by creating a disconnect or detachment between the mind and the body so that the pain is not remembered. However, when a child has experienced developmental trauma, they may continue to dissociate even when they are not in danger.

Children are often not aware that they have a tendency to dissociate as they are not able to articulate what is happening to them. Instead, dissociation may lead to behaviours, which may be misinterpreted as naughty or challenging. For example, the child may present as though they are not listening and lacking in focus.

When children are exposed to trauma, the part of the brain that is responsible for emotional regulation does not get the opportunity to fully develop.

Patterns of attachment

Children who have been exposed to trauma learn a range of attachment strategies in order to prevent harm and danger and to keep a parent/carer as close as possible (even if the parent/carer is also the danger). Traumatised children tend to develop one main/dominating attachment strategy, which can be what is known as either an 'insecure avoidant' or 'insecure preoccupied' pattern of attachment.

Insecure avoidant attachment

These children learn in early childhood that showing their feelings triggers danger or causes the parent/caregiver to reject or withdraw from them. As such, they learn to hide their emotions and to pretend that everything is okay. Inside they may feel vulnerable and frightened, but they present themselves to the outside world as bright, confident and, absolutely fine. However, according to the 'glass jar' theory, these children can exhibit problems later in childhood as they may become triggered by stressors, which could lead to their 'glass jar' overflowing and for them to become emotionally overwhelmed.

Insecure pre-occupied attachment

In contrast, these children learn the importance of showing their feelings in order to get noticed and to attract the attention of their caregiver/parents. They learn to exaggerate their behaviour, often appearing as angry, hostile, aggressive and disruptive, whilst, like the insecure avoidant child, on the inside, they are actually feeling frightened, vulnerable and anxious.

Some children may exhibit both signs of avoidant and pre-occupied attachment depending on the circumstances that they face. This can sometimes lead to confusion and additional challenges for those working with these children as they try to establish how best to support, contain and manage their behaviour consistently.

Emotional regulation

Emotional regulation is a skill, which is learnt in early childhood. When children are exposed to trauma, the part of the brain that is responsible for emotional regulation does not get the opportunity to fully develop. Instead, it gets stuck in the 'toddler' phase of emotional regulation where they are dependent on an adult/caregiver. Regardless of how old a child (or even an adolescent or adult) is, their ability to regulate their emotions is the same as a 3-year old and so they may cry, scream, shout, stamp their feet, slam the door, hit, kick or run away. Often these types of behaviours are labelled as 'attention seeking' or 'naughtiness' rather than being recognised as an inability to regulate emotion, which stems from their experiences of trauma. As such, it might be more useful to think of these behaviours as 'attachment seeking' rather than 'attention seeking'.

Children who have difficulties regulating their emotions may adopt what are considered to be 'unhealthy' coping strategies instead such as, self-harming behaviours, drug and alcohol use and sexual encounters as ways of either triggering emotions or to alleviate high levels of anxiety.

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Behavioural regulation

Everybody has their own 'window of tolerance' when the demands from the world around them are both tolerable and bearable. When a child is in their 'window of tolerance' they are able to think and learn. However, when a child has been exposed to trauma, this 'window' is much narrower, meaning that, when increased demands are made of them, even minor ones, they will move very quickly outside of their 'window of tolerance'. This may then trigger children to present as both overly-aroused (often associated with the flight and fight response) or hypo (under) aroused (when their system effectively shuts down).

If the child could change or control their behaviour, or if they had the ability to draw on more adaptive and functional coping strategies, they would do so.

Using the 'glass jar' theory, a child who has been exposed to trauma will have less room or resilience in their glass jar. Consequently the slightest thing may lead to the liquid inside to spill over the sides causing them to become either hyper aroused or hypo aroused as they struggle to cope with the additional demands which have been made of them.

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During these times, when children feel most vulnerable and under-threat, they will revert to their survival strategies in order to cope. Many of these will be interpreted as problematic and dysfunctional by those around them. It is important to remember that these behaviours stem from a place where they feel helpless, vulnerable and lacking in control rather than labelling them as 'naughty' or 'bad'. If the child could change or control their behaviour, or if they had the ability to draw on more adaptive and functional coping strategies, they would do so.

Cognition

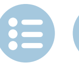
Children who have experienced trauma frequently struggle with under-developed cognitive skills which affects their ability to do certain things like plan for the future, solve problems, organise themselves and learn from their mistakes. This is because they are often stuck in their limbic brain and use up all of their available resources and energy trying to stay safe and work out if the people around them can be trusted or not.

Self-concept and identity development

Children who have been exposed to trauma, particularly over a prolonged period of time are left with a deep sense of being unlovable, bad and unwanted. This starts to become how they see themselves and how they believe that others view them, regardless of how much reassurance is provided. This, in turn, may lead to a sense of confusion about where they fit in the world and a constant search for external validation from others. This can create a certain level of vulnerability to being exploited in relationships or lead to self-sabotaging behaviour when they are in 'good' relationships.

Working with developmental trauma in young people and adults

Developmental trauma can be extremely challenging to both understand and work with, especially as many of the behaviours exhibited are often destructive and difficult to manage. Likewise, these behaviours are often labelled as 'naughtiness' or perceived as deliberate acts rather than the result of disrupted development due to prolonged exposure to trauma during childhood. There is no easy solution, but a good starting point is to understand the cause of this behaviour and to shift the focus from asking someone 'what is wrong with you?', to considering 'what has happened to you?'. Rather than concentrating on the behaviour, remember that the behaviour is a form of



communication. The person is trying to tell us something about how they feel, about both themselves and the wider world around them.

Many of the skills needed for therapeutic engagement with psychological trauma will be beneficial when working with people who have experienced developmental trauma but are also hugely beneficial for working with anyone regardless of whether or not they have been affected by trauma. These skills include establishing a sense of safety, building and maintaining trust within relationships and, perhaps most significantly for those affected by trauma, having the capacity to facilitate a sense of 'repair' within these relationships.

Forming attachments and relationships with people who have been exposed to developmental trauma will be a continuous challenge and may be difficult to maintain. When this is the case, how these relationships are repaired and rebuilt becomes very important.

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5. THE IMPACT OF TRAUMA AND THE POSSIBILITY OF POST-TRAUMATIC GROWTH

The way that we think, learn, remember things, feel about ourselves and other people, and the way that we make sense of the world, are all profoundly altered by traumatic experience.

A trauma or stress response is a normal reaction to an abnormal event and most people who encounter trauma and stress are incredibly resilient. People are capable of making sense of a traumatic event and after a period of time, are even able to extract positive new insights and learning and discard the negative aspects of the memory.

This work is done through the mind's adaptive information processing system, which works in a similar way to the digestive system. When the digestive system works well it is capable of extracting the nutrients from food and using them in the body to keep it healthy and functioning, whilst at the same time, eliminating the toxins. Sometimes though, the digestive system breaks down and adverse physical symptoms may be experienced as it struggles to function. The same can happen to the mind's adaptive information processing system when someone experiences a trauma that overwhelms them. When this happens, the mind's adaptive information processing system slows down and sometimes becomes stuck. This can cause the traumatic memory to become stuck, which means that all of the emotions, thoughts and feelings associated with the trauma are re-experienced over and over again. This explains why people experience symptoms such as nightmares, intrusive thoughts and flashbacks as they re-live the trauma.

It is crucial that we give the mind's adaptive information processing system the time and opportunity to work through the trauma to make sense of it. The challenge of working with trauma is to know if, how and when to intervene. During this period of 'making sense' of the trauma, the person may experience some of the symptoms of post-traumatic stress disorder, for example; low mood, irritability, anxiety, intrusive thoughts, flashbacks and disturbed sleep (including nightmares). During the immediate aftermath of a traumatic event, these symptoms are to be expected and are a sign that the mind's adaptive information processing system is working hard to make sense of it. This also explains why people may find it difficult to concentrate, focus and retain information immediately after an incident as their minds are so busy doing this work.

After four weeks, if these symptoms haven't reduced, or if they are getting worse, or are being experienced in such a way as to impact on a person's functioning, more structured psychological assessment, intervention and treatment may be needed. This initial stage (up to 4 weeks post incident) is referred to in the clinical guidelines as the 'active monitoring' period to reflect that most people are capable of processing their trauma and recovering without needing to be referred to mental health services.

Further information about the clinical management of trauma can be found in the National Institute for Health and Care Excellence (NICE) guidelines on post-traumatic stress disorder and includes information on trauma focused treatment and interventions for children and adults.

Making sense of trauma

The SENSE model is an effective way of structuring interventions to be offered in the immediate aftermath of a trauma in a way which accounts for this 'active monitoring' period. Derived from the six principles of trauma-informed practice, the SENSE model is comprised of five interventions: stabilisation, education, normalisation, social support and engagement. Each of these interventions has been recommended as best practice in the wider literature on psychological trauma.
In creating the word 'SENSE', the order of the letters reflect the chronology in which the interventions should be offered.

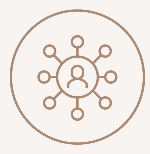
Post traumatic growth

In addition to likelihood of recovery from trauma, there is also the potential for individuals who have been affected by trauma to experience 'post-traumatic growth'. This is the idea that a person might actually grow into a stronger, more resilient person precisely because of their experience of trauma. As such, it is important to focus on a person's resilience and strengths rather than their perceived weakness. When working with developmental trauma in particular, people are often labelled as 'difficult' and we consider them to be dysfunctional and damaged. In fact, if we consider the ways in which their behaviours and views of the world have been adapted to account for their experiences, what we can actually see is remarkable resilience and strength as they continue to cope and survive in a world, which for them is fundamentally unsafe and continually traumatising.

For example, immediately after a trauma, the emphasis is on **STABILISATION** to ensure the physical and emotional safety of the person affected and that their immediate needs are met.

This is followed by providing information and **EDUCATION** about the signs and symptoms of trauma and promoting an understanding of how trauma may affect an individual as a way of 'normalising' or validating these experiences and offering reassurance.

The **NORMALISATION** of symptoms coupled with education, introduces the idea of empowering the individual and their wider social support network to monitor their own symptoms and where necessary to facilitate early referral to psychological services for more structured monitoring and treatment.



The importance of assessing the presence and availability of **SOCIAL SUPPORT** to reduce the impact of stressful life experiences and to protect those affected from going on to develop PTSD and other mental health difficulties is well established and this forms the fourth stage of the intervention.

The final stage is **ENGAGEMENT**: either encouraging engagement with specialist support services; promoting the individual's engagement with their wider social support network; or assisting them to re-engage with their own values and goals to regain a sense of purpose and control.

6. UNDERSTANDING THE LONG-TERM IMPACT OF STRESS AND TRAUMA

It is important to consider the long-term impact of exposure to stress and trauma. The section on developmental trauma examined the type of behaviours and patterns which were adopted by children (and adults) in response to prolonged exposure to trauma. It can be helpful to understand how stress affects the body, particularly over the longer term, as we may encounter signs of long-term and chronic stress in those we work with which will in turn impact on how they engage with us.

We also need to be aware of the impact of this type of work on ourselves. It is often challenging and difficult, both in terms of our work directly with beneficiaries through the delivery of programmes, and, more broadly, working for organisations with limited funding where instability and uncertainty may be a common feature of the work environment.

Stress is a natural physical and psychological reaction and in the short-term can be extremely beneficial in enabling us to cope with threatening and dangerous situations. Our body responds to stress by releasing hormones creating the 'fight' or 'flight' response which is needed for survival.

Stress responses can be extremely helpful to our functioning and ability to achieve things, particularly when we are under pressure. It can also be quite addictive to work in this way. However, over the longer term, the stress response becomes less helpful and starts to impact on our physical and psychological health. If stress levels stay elevated for longer than necessary the following difficulties may be experienced:

- high blood pressure
- poor digestive health and altered appetite (leading to weight gain or loss)
- changes to sexual and reproductive health
- compromised immune system
- increased risk of heart disease, diabetes and stroke
- headaches and dizziness
- muscle pain and muscle tension (increased risk of injury)
- having flashbacks, dreams or nightmares about the event
- not being able to feel emotions (feeling numb and detached)
- not feeling connected to other people (isolating ourselves from others)
- not enjoying the activities that we previously did
- staying away from situations that remind us of the event
- feeling anxious, on edge, being startled easily and always on the look-out for threats
- having problems sleeping
- irritability and anger and difficulties managing our emotions

There is a need to recover after a period of acute stress. This can be difficult to do, particularly as the feeling of being 'stressed' can be helpful to us and is often a preferred state enabling us to feel powerful and functional. However, if we don't factor in the time to recover, it is likely that at some point we may find ourselves experiencing exhaustion and difficulties coping.

SECTION 2: KEY SKILLS FOR THERAPEUTIC PRACTICE

7. THERAPEUTIC SKILLS

This section begins with an introduction to the skills, which are needed to enable us to develop effective relationships with those we are working with. Whilst we are not delivering 'therapy', it remains essential to establish good relationships to minimise the potential for re-traumatisation and to enhance the possibility that our approach will be supportive and beneficial to those we are working with. It is important to remember that these skills are just as useful as a way of engaging with people who have not been affected by trauma and should be considered as 'best practice'.

There are 8 key therapeutic skills:

1. Being patient

We need to demonstrate our ability to be patient at all times, particularly when working with individuals who challenge our approach and, perhaps, impact negatively on the other people that we are also working with. Often the best way of demonstrating our patience is to try to understand someone's behaviour rather than seeking to change the behaviour straight away. Remember that all behaviour is trying to tell us something about what is going on for that person, at that time and can be a useful source of information.

2. Being non-judgmental

Linked to a number of components is the importance of being non-judgmental. It is essential to treat everyone the same regardless of any personal feelings we may have towards them or about their behaviour. It is natural to judge each other - this is a normal human reaction, but it is equally important to make sure that this judgment is not evident when we are working with someone in need of support as this will affect the relationship that we are able to create and maintain with them. Strategies like reflective practice (discussed in section 3) may be a useful way of increasing self-awareness and helping us to recognise the impact of our judgements and how they might be managed.

3. Being kind

Kindness can be difficult to enact consistently, particularly if someone rejects our attempts to offer support and help, or are dismissive of our ideas and suggestions. Everyone we work with should be treated with what is known as 'unconditional positive regard'. This means always trying to view them positively, regardless of how they behave or how challenging their behaviour.

It is important to remember that we are only human though and there are some circumstances when 'unconditional positive regard' may be difficult to enact. Again, reflective practice and accessing support from our colleagues could be a useful way of managing this. Most significantly though, is understanding that to be able to offer kindness to others, it is vital that we are kind to ourselves first; this can be achieved by looking after and addressing our own self-care needs. (discussed in Section 3)

4. Being consistent

This means treating everyone in the same way all of the time. For example, always being kind, supportive, understanding and patient, no matter how someone behaves. Being consistent in how we treat people allows us to develop good therapeutic relationships, which in turn enables people to feel safe and supported.

5. Being honest

Sometimes it is incredibly difficult to be honest, particularly if we know that it might cause pain to the person that we are trying to help. For example, if there is need to make a safeguarding referral or raise a concern to other services or a parent/caregiver, it may be tempting not to be completely honest for fear of causing distress. However, qualities such as honesty, openness and transparency can actually be incredibly helpful in strengthening the relationship and a useful way of enabling the people that we are working with to feel safe. Managing expectations and establishing boundaries from the outset when we begin to work with someone is particularly important.

6. Being understanding

In order to understand someone's experiences and how they are making sense of these, it is essential to take the time to establish a good relationship with them to ensure that they feel safe and able to trust us with their stories. We may not always be able to understand how someone has made sense of their experiences (particularly if we might

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have made sense of them differently), but it is important to remain as objective as possible and not to impose our meaning on their experiences. It is also crucial to remember that the focus should be on the impact of the experience, rather than judging the experience itself. When working with trauma, the effect of the trauma is unique to each individual, each experience will be different and so will the meaning which the person creates from these.

7. Listening actively

It is important to demonstrate our ability to listen to someone's experiences and to actively engage with them in order to understand them. This can be achieved by asking them questions to elicit further information and by continually checking that we have understood them correctly.

8. Being willing to bear witness to another person's distress

Perhaps most crucial is our ability to bear witness to another person's distress. This requires us to manage own sense of helplessness and simply be present whilst they tell their story. We may encounter people who disclose such significant levels of trauma that we feel overwhelmed and unable to know where to start or how to begin to help. In these circumstances it is important to remember the significance of being present and willing to listen as they tell their stories. Never underestimate the impact of simply being there in these moments and how beneficial this will be for those we are working with.

Other components of being therapeutic

Therapeutic use of self

To establish or enhance the relationship, we may choose to refer to our own experiences to demonstrate understanding or to offer reassurance and support. In doing so, we may be able to achieve a deeper level of connection with the person we are trying to help. For example, referring to past experiences of uncertainty and difficulty could be an effective way to suggest coping strategies. Using ourselves can be a good tool, however, we do need to be careful not to compare our experiences or to suggest that we understand exactly how the person feels. Rather we should focus on, and be respectful, of the uniqueness of their experiences and spend time listening to their stories to enable us to appreciate the meaning which has been created for them.

When working with trauma, the effect of the trauma is unique to each individual, each experience will be different and so will the meaning which the person creates from these.

This may be challenging to do, particularly if we have had our own experiences of trauma, which are similar to those of the person we are working with. Remember to try and focus on the impact of the trauma and not on the trauma itself and to remain non-judgmental and objective. It will also be important for us to take some time to reflect after these interactions, to think about how it made us feel about our own experiences; they are just as important, and reflecting on this will increase our self-awareness.

Demonstrating empathy

Empathy is defined as the ability to understand and share the feelings of another person. Being empathetic is an essential ingredient in establishing a good relationship. We can demonstrate empathy by doing the following:

- Putting aside our own viewpoint and trying to see things from the other person's point of view
- Validating their perspective (demonstrating that we understand how they are feeling)
- Listening and checking our understanding of their perspective

Transference and counter-transference

When we engage with someone who has experienced trauma and enter into a therapeutic relationship with them, it is possible that we may experience what is known as 'transference' and 'counter-transference'. This can have an impact both on ourselves as well as on the quality of the relationship we establish with those we are supporting. It is important to have some understanding of the potential for 'transference' and 'counter-transference' and how this occurs, as this will enable us to become more self-aware and help us to look after ourselves when engaging with trauma work.

Transference may occur when certain unconscious feelings, fears or emotions, which the individual has experienced in the past, (often in their interactions with others) are 'transferred' onto us. Some examples of transference could include where the individual may have had painful experiences and finds trusting people difficult and, therefore, is mistrustful of us and presents as challenging to work with; or perhaps they have experienced rejection in the past and consequently are keen to seek our approval and acceptance at all times; or we may remind them of someone else (for example, a friend or family member) and so transference may be either negative or positive, depending on the feelings that they associate with those memories.

Sometimes we respond to this transference and feel under pressure to behave in a certain way to placate the person or win their trust. As such, we may end up treating them differently to other people that we work with. This is known as 'counter-transference'.

It is normal and to be expected that we might experience both transference and counter-transference when working with people affected by trauma. However, it is important to be aware that this might be happening and to notice how we behave and feel after these interactions. Remember to take some time to reflect on these experiences to increase self-awareness. It may also be helpful to discuss these experiences with the person themselves as these feelings may actually be a useful indicator of how they are experiencing this relationship with us.

When it goes wrong

Everyone makes mistakes and gets things wrong when they are trying to support and help other people. Sometimes we might say the 'wrong' thing or trigger someone to become angry or distressed. On other occasions, we may simply not know what to say in response to a situation. This is a very normal experience. We are dealing with human emotions, which can be complex, and responses may not always be rational. It is inevitable that things will not always go the way that we had planned and anticipated. However, what is most important is how we recover from these mistakes, what we learn and how we apply this learning in the future. Reflective practice (discussed in Section 3) is helpful as it provides a structure in which to think about these experiences and guides us to consider how it might have been done differently. That said, it is important not to be too critical of ourselves and our practice. Remember that the process of reflection should be constructive and not destructive.

if we believe that we may have said the wrong thing, or if we regret something that we've said, the easiest thing is to acknowledge it openly, be honest and apologise.

On a more practical note, if we believe that we may have said the wrong thing, or if we regret something that we have said, the easiest thing is to acknowledge it openly, be honest and apologise. Whilst the person we are working with might still have been affected by our mistake, they are likely to appreciate both our honesty and the apology and this will help to protect or repair the relationship.

It can also be useful to encourage people to give us feedback about how they have found our approach. For example, have they found it to be too challenging? Would they prefer a more directive approach? Always remember to ask them what they need. This is important in enabling us to get our 'style' right when we are working with someone.

With more experience we will begin to develop our own approach and start to instinctively know how to respond to people that we are working with.

When we find it difficult to know how to respond to someone, particularly when they present as distressed or disclose experiences of trauma, it can be helpful to be honest and say something like: 'I can hear that you are in a lot of pain, I am sorry that I don't know what to say to help but I really want to listen to/hear your story and to understand your experiences'.

With more experience we will begin to develop our own approach and start to instinctively know how to respond to people that we are working with. Remember though, everybody is different and we need to continually adapt our style, it is an ongoing challenge and the learning is continuous. It is essential to be kind and patient with ourselves and to remember that no one is perfect, and everyone makes mistakes. It is how we recover and learn from these mistakes which is most important.

Therapeutic engagement for psychological trauma

When working with people who are impacted by trauma it is important to be aware of the effect that trauma has on the mind and to remember those we are working with may:

- Be easily overwhelmed and feel frightened and out of control
- Find it difficult to understand, retain and process information
- Find it difficult to focus and concentrate
- Present with child-like coping strategies (e.g. shouting, crying or even hitting out)
- Be unable to contain (regulate) their emotions
- Present with high levels of irritability, anxiety and agitation (on edge)
- Present as completely closed down and disconnected from the world around them

When interacting with someone who presents as either traumatised or distressed, we should try to engage them by:

1. Asking them about their immediate needs and supporting them to meet these
2. Helping them to understand the impact of trauma on both their mind and body
3. Using this information to provide them with reassurance and support
4. Connecting them with their social support networks (often this involves working with them to identify who are good/positive sources of support)
5. Providing additional support and information to those people the individual has identified as being in their social support network

All of these activities will contribute to effectively stabilising the person. It is not until

they feel safe and secure that any meaningful work will be able to be undertaken.

Dissociation and its management

The term 'dissociation' was discussed in Section 1 on developmental trauma. As well as encountering individuals who struggle to focus and concentrate, we may find that people can dissociate when we are working with them. Dissociation is one way in which the mind copes with too much stress and leads the person to become disconnected from the world around them. When we are working with someone it is really important to keep them connected to the here and now. These are known as 'grounding' techniques, where the aim is to try and bring someone back to the present and orient them to the here and now. There are several ways in which you could do this, for example: we may ask them to focus on their breathing; or to notice their feet on the ground; or even give them something to hold or touch.

Dissociation is one way in which the mind copes with too much stress and leads the person to become disconnected from the world around them.

8. IMPLEMENTING TRAUMA INFORMED APPROACHES TO PRACTICE

A trauma informed approach recognises the widespread impact of trauma and understands what is needed to facilitate resilience and recovery.

The two core ideas which underpin trauma informed practice are:

1. **The understanding that anyone seeking services or support may have experienced trauma.**

2. **Any professionals or organisations offering support need to recognise and understand the effect of trauma in order to facilitate recovery.**

Every member of staff, regardless of their role, should strive to develop a trauma informed approach in their individual practice. However, there is also a need for organisations to adopt a trauma informed approach across all aspects of the service to create a *trauma informed organisation.*

Adopting the principles of being trauma informed at both the individual and organisational level enables us to develop and integrate trauma informed approaches to our work. There are six key principles (as defined by Goodman et al, 2016) which should underpin individual practice and overall service delivery to ensure that activities and interventions are trauma informed:

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

1. Safety

Creating emotional safety can be achieved by drawing on the key components of being therapeutic: being patient; being non-judgmental; being kind; being consistent; being honest; being understanding; listening actively and being able to bear witness to another person's distress.

2. Choice (restoring choice and control)

It is important to try and give those we are working with as much choice and control as possible. We should think of our relationship with those we are supporting as a partnership. Rather than thinking about doing things 'for' a person, we need think of it as doing things 'with' the person.

3. Facilitating connections

Although we can offer support and input, it is important to try and connect the person to their own social support networks and to keep them engaged with positive sources of support. This may be family, friends or other community members and it is often helpful to try and consider how we might involve a person's support network in our work in some way. This may simply be through providing them with education and information or by offering them the time and space to talk about their own needs. It is important to remember that those family members and friends who are offering support to other people may also need some support for themselves in order to be able to sustain this role over the longer term.

4. Supporting coping

It is our ultimate aim when working with people affected by trauma to support them to cope. Remember that it is not about treating the

developing trauma informed practice is an ongoing process which requires a continued commitment to learning from, and reflecting on, practice

trauma or solving all of their difficulties. We can support coping by identifying strengths, asking about their immediate needs and providing them with information and reassurance. In addition, simply providing them with the space and time to talk about their difficulties and share their stories can be therapeutic and support coping.

5. Responding to identity and context

It is especially important to think about who we are working with, their gender, their religious beliefs, their background, their political affiliations and their circumstances. We need to acknowledge that all of these factors play a part in how people manage their difficulties and how they make sense of their experiences. It is important to respect that this may mean different things for different people, for example, someone might find comfort in their faith when they are faced with adversity and pain, whereas another person may reject their faith altogether. It is essential to remain non-judgmental and to take the time to establish a good relationship to facilitate this understanding of identity and appreciation of context.

6. Building strengths

Finally, the starting point for any engagement is to recognise and acknowledge the strength and resilience of those who we are working with.

Remember that developing trauma informed practice is an ongoing process which requires a continued commitment to learning from, and reflecting on, practice. Mapping the six principles of being trauma informed against our individual and organisational practices can often be a useful way of identifying areas of achievement and to create ideas for change and enhancement. A series of mapping tools are included in the appendix to guide this assessment process. Adapted from Fallot and Harris' (2009) 'Self-assessment and Planning Protocol for Creating Cultures of Trauma Informed Care', the assessments focus on both the experiences of beneficiaries and staff. This is a useful reminder that the starting point for implementing trauma informed approaches to practice, in every context, begins with looking after ourselves.

9. USING THE SENSE MODEL TO STRUCTURE TRAUMA INFORMED SUPPORT

The SENSE model was initially developed in response to the Manchester bombing in May 2017. It has since been adapted to structure psychosocial support to other critical incidents both in the UK and overseas.

The five stages of the SENSE model can be delivered in a variety of different ways, including face to face, via email, telephone and online. Whilst it is suggested that the five stages are implemented in chronological order to provide a sense of structure and purpose, each stage can be delivered as a standalone intervention, depending on the needs of those we are working with. It may be beneficial to explain the stages as this will help the person to feel that they are making progress, particularly if we build in regular opportunities for review.

Addressing people's immediate practical and emotional needs is an important first step in any engagement.

Stage 1: Stabilisation

Addressing people's immediate practical and emotional needs is an important first step in any engagement. At this stage the priority is to find out if people have what they need and to ask them what would be helpful and beneficial and to work with them to address any unmet immediate needs.

Asking basic questions are a good starting point, 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 due to feeling overwhelmed. When people don't know how to articulate their needs, it might be useful to offer them choices and options, for example, 'Would it be helpful if I organised the following...?' Whilst people are not sure of what they need, they are usually able to tell us what they don't need, and we can start to work out what is most helpful from there.

Providing information about the effect of stress and trauma on the mind and the body can often be helpful to enable people to feel more in control

Presenting people with choices and regularly checking in and asking, 'What do you need?' may be helpful throughout each stage of the model to ensure that we remain person-centred and continually responsive to them.

Stages 2 and 3: Education and Normalisation

Helping people to understand and recognise how they feel can be beneficial. This will provide them with the reassurance that they are responding 'normally' and remind them that it is their experience of trauma or the source of stress which is 'abnormal' (and has upset the normal balance of their lives) and not how they are coping with this.

Providing information about the effect of stress and trauma on the mind and the body can often be helpful to enable people to feel more in control and to take on the responsibility for monitoring their own symptoms, particularly in the immediate aftermath of a traumatic event.

Use of the analogy of the mind's information processing system being similar to the digestive system is often an effective way of helping people to understand how their stress and 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 any anxiety and receive continued reassurance. Again, we may also need to remind them of this information as we work through the other stages of the model.

It is important to provide a safe and non-judgmental space and to remind them that there is no right or wrong way of coping

It is particularly important at this stage to provide a safe and non-judgmental space for the person to discuss how they are feeling and to remind them that there is no right or wrong way of coping. When someone experiences stress and trauma, they often compare how they are coping to those around them which can be very unhelpful and, in some cases, can leave them with a sense of failure. No matter how someone is coping, the emphasis should be on that they are coping and our job is not to judge or change this but rather to support and enhance their coping. Remember, they are doing what they need to do at the moment. This can be more challenging in situations when someone is engaging in what might be considered risky or dysfunctional coping strategies such as using alcohol or drugs or engaging in self-harming behaviour. In these situations managing safety and risk remains a priority and this will necessitate a referral to mental health services for additional input, however, if we continue to provide support, a good starting point is to try and first understand their behaviour and how this helps their ability to cope rather than seeking to change it. Start by asking, 'How is this helpful to you?' 'What is the effect?' Once we have built an understanding of how the behaviour is beneficial, we may be in a better position to explore whether there is anything else (less risky) that might also be helpful or to consider if there are times when these coping strategies are less helpful.

Promoting access to social support is a key component of the SENSE model in recognition of the value of a person's wider network of support in offering further assistance.

Stage 4: Social Support

Promoting access to social support is a key component of the SENSE model in recognition of the value of a person's wider network of support in offering further assistance. At this stage, interventions should focus on:

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

1. Identifying sources of social support

The first step is to assist those we are working with to identify who in their lives are a positive source of support. This does not necessarily need to be restricted to family and friends but may also include professionals and other members of the community. Once these people have been identified it is worth exploring and taking the time to understand how and why they are considered to be supportive. What do they offer that is helpful? Equally important is to understand how this support is best accessed, for example, in person, over the telephone or via text messages or email.

It can be useful to ask people 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 us to understand who is and isn't available to them.

There are a number of different formats for mapping social support, many ideas can be found online, but it is recommended that we encourage the person to develop their own format and present the information in their own way. Once created, we can ask questions about the map which in turn will enable us to gain an insight into the quality and availability of support. If the person that we are working with has responsibility for caring for/providing support to others it may also be worth asking them to map who they support in return. Again, this can help build a picture of their lives.

Often the process of creating a social support map can be therapeutic and transformative in its own right as it encourages reflection on the support that is available and helps to identify gaps in access to social support which in turn motivates people to consider their relationships and how they can be strengthened and enhanced.

Often the process of creating a social support map can be therapeutic and transformative in its own right as it encourages reflection on the support that is available and helps to identify gaps in access to social support

2. Considering how access to social support can be strengthened and enhanced
Once sources of social support have been mapped, the next step is to consider how this support can be strengthened and enhanced. Here, interventions use what is known as a 'systemic' approach which seeks to not only address people's needs on an individual level but also helps people to mobilise the strengths of their relationships with others within their social system. Strategies for enhancing these relationships (and the subsequent support which is offered) includes providing information, education and direct input to individuals within a person's networks of support. This strengthens their capacity to both offer and, perhaps more importantly, to continue to offer this support. These interventions can either be offered separately to our work with the person that we are directly supporting or through joint interventions (for example, meeting with the person and members of their social support network together). Often the most appropriate course of action is dependent on the preferences of the person we are directly supporting and it is important to provide them with a choice about which approach feels more comfortable.

A 'systemic' approach which seeks to not only address people's needs on an individual level but also helps people to mobilise the strengths of their relationships with others within their social system.

As well as being a shift from how we might normally work, this approach may also raise challenges in relation to managing confidentiality. In the event that we meet with family members or friends separately, it will be important to agree with the person we are working with what information can be shared and to provide them with an update after our conversation so as to protect our own relationship with them and to ensure that the concepts of openness, transparency and honesty remain intact. This may be difficult, particularly if the family member/friend wishes to ask for more information than covered by the consent to share or if they have

their own concerns which they wish to share confidentially. It can be helpful to have discussions about confidentiality and sharing information from the beginning to manage everyone's expectations and address any anxieties.

Social support networks can also be strengthened by promoting opportunities for families and other groups to spend time together engaging in different activities. Family or group focused activities in themselves can be therapeutic. For example, we could encourage families to think about their favourite family memories and activities and help them plan these activities in the future. Again, the focus is on encouraging a sense of connection and improving communication through spending more time together rather than trying to specifically analyse or solve difficulties.

Family focused activity ideas include

- **'Our family' and 'Where we live'**

Encourage each family member to draw a self-portrait on a larger piece of paper with a picture of their home.

- **'You make me happy when...'**

Ask each individual family member to write a message to another member of the family starting with 'you make me happy when...'

This is a good way of starting conversations amongst the family by asking them to identify what each other does which is helpful and supportive.

- **'You can help me by...'**

This is another good way of asking each family member to identify what they need from each other.

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. It is important to work in collaboration with the person to explore their needs and interests and, in some circumstances (if there is a need to strengthen the wider social support network), we may also extend this to consider the needs and interests of family members and friends in our planning. The aim is to create a personalised support plan which is comprised of resources and services which are relevant and appropriate for the person we are working with to promote access and encourage their engagement with these services. There are often a wide range of local and national services available to provide different types of support, but they can be difficult to navigate. Creating a tailored package of support which is relevant to the person's individual interests and needs can be beneficial to promote their access and engagement and also to reduce a sense of overwhelm and confusion. A personalised support plan also provides a structure to this support and allows us to work in partnership with them to continually review their needs and to set realistic goals.

A personalised support plan also provides a structure to this support and allows us to work in partnership with them to continually review their needs and to set realistic goals.

It is essential to reiterate that the person should engage with these sources of support when they feel ready and that there is no pressure for them to do this immediately.

It is therefore necessary to take the time to research the support services which are available locally and nationally to ensure that we provide accurate information in the support plan. Once we have identified relevant services it can be useful to contact them in advance to confirm their eligibility criteria and to find out more about their service before listing them in the support plan. It will make it easier to recommend services if we have this additional understanding about the support that they can offer. Remember that information on websites may have changed and if there is a waiting list it is important to let people know this from the outset to manage their expectations.

How this information is presented to those we are working with is also an important consideration. It is recommended that writing this information down will be helpful so that people can refer to it at a later time. It may be useful to include the information in the form of a letter to make it more personal and to highlight why these services in particular have been selected and what we think they can offer. It is also essential to reiterate that the person should engage with these sources of support when they feel ready and that there is no pressure for them to do this immediately. It is important that they work at their own pace and only engage when they wish to as this will increase the likelihood of them remaining engaged over the longer term.

10. CREATIVE WAYS OF WORKING

The following section outlines a number of ideas for creative ways to engage with children, young people and adults. Engaging in creative activities can often be therapeutic in its own right and can be effective in a variety of different forms. For younger children, promoting opportunities to engage in art and play can be helpful to provide them with another outlet for sharing their experiences, telling their stories and expressing their feelings. For adolescents and adults, art and play can also be beneficial as can using social media, photography and film. Creative activities do not always have to have a therapeutic purpose. Often the therapeutic effect is derived from simply engaging with, and enjoying, the activity in itself.

Working creatively with people who have been exposed to trauma can be extremely beneficial to:

- Stabilise and support them to regulate their emotions
- Encourage them to develop adaptive and effective coping strategies
- Understand how they are feeling
- Identify potential triggers
- Increase self-awareness
- Develop a therapeutic relationship to enable them to feel safe to share their experiences and stories
- Provide them with a variety of ways in which to tell their stories

Many of the creative ideas listed below can be used in your current programmes in a variety of different forms. For example, using coaching cards or the 5-word story to engage people at the beginning or end of a session might be a good way of encouraging them to share how they are feeling. Asking participants to create their own trauma jars may be an effective way of educating them about trauma and increasing their self-awareness. It may also prove a useful tool for measuring the impact of the programme.

For younger children, worry dolls could be a helpful way of managing anxiety and encouraging children to share their feelings and can be used both during the session and at home. There are also several workbooks which are a useful guide for generating ideas and helping to structure creative ideas in practice.

A summary of creative ideas is listed below and full explanations and details for all of the activities can be found in the appendix:

- Building a 'feelings volcano' – encouraging people to identify their feelings. This is a particularly useful activity for people who struggle to manage their anger and contain their emotions.
- Creating a 'Who is there for me?' bracelet made from different colours of thread. This activity is a good way of helping people to identify who is in their social support network and to remind them of the people who care for and support them.
- Developing a 'Mental Health First Aid' kit comprised of objects which are comforting and promote self-care.
- Using coaching cards as a way of getting people of all ages to engage, connect with and identify how they are feeling in a more creative (and less directive) way.
- The '5-word' story as a way of engaging with people who find it difficult to talk about themselves.
- The 'glass jar' to provide education about the impact of trauma using the theory discussed in Section 1 as well as to consider their level of resilience and to prompt conversations about how this might be enhanced.
- Worry Dolls are a useful resource for young people and are particularly effective when someone is experiencing high levels of anxiety. Children or young people can be encouraged to give the Worry Dolls to an adult as a way of expressing their anxiety and to prompt the adult to provide reassurance and support.
- Building a 'memory box' is a good way to connect with someone who has experienced any form of loss. The box is used to encourage the person to share their memories, photographs and other objects associated with the loss.
- The Photovoice project is a way of encouraging children and young people to engage with the world around them and to make sense of their experiences through taking photographs and writing narratives to accompany them.

SECTION 3: SELF-CARE AND RESILIENCE

11. UNDERSTANDING VICARIOUS TRAUMA, 'BURNOUT' AND COMPASSION FATIGUE

Given the stressors that we are faced with in our work and the likelihood of encountering individuals who have been exposed to some form of trauma, it is important to understand the potential for us to experience compassion fatigue, vicarious trauma and burnout. These are terms which have been developed to define the negative effects of working in a high stress environment where staff are not only exposed to high levels of stress, but also work with people who have experienced psychological trauma.

The three concepts are interlinked and yet distinct:

Compassion fatigue refers to the emotional and physical erosion that takes place when staff are unable to take the time to recover from the stressors of their work.

In contrast, vicarious trauma describes a profound shift in the person's worldview, which comes from engaging with people who have experienced trauma. Just as those we are working with may need to adjust their worldviews in order to integrate the trauma experience into their lives, we may also need to do the same when we are exposed to high levels

of trauma. When we connect with a person's experience of trauma, we may do so in a way that overwhelms us and causes us to experience our own trauma response, almost as though we have been exposed directly to it for ourselves.

Empathy, compassion and the ability to connect with someone and their trauma are often considered to be risk factors for professionals, which may cause them to experience vicarious trauma. However, they are also the essential qualities needed to work therapeutically and effectively with trauma, and therefore self-care is extremely important.

Finally, 'burnout' is a term, which has been used since the early 1980s as a way of describing physical and emotional exhaustion that staff may experience if they feel powerless and overwhelmed at work. This is more likely to be experienced by staff who are working in organisations which are considered to be unstable (which is often the case when working for charitable organisations with limited funding).

12. STRATEGIES FOR SELF-CARE AND PEER SUPPORT

It can be extremely demanding and challenging to work with individuals who have been exposed to trauma. Over time it may have an impact on our ability to cope with and derive a sense of enjoyment and satisfaction from our role. Paying attention to and taking the time to address our self-care needs is essential.

Self-care

There are a number of ways in which we can respond to our self-care needs and different strategies will suit different people. There is no single approach and it is about taking the time to identify for ourselves what works for us, what helps us to relax and replenish.

Some of the self-care ideas, which have been generated by participants attending training workshops previously, include:

- **Establishing and maintaining a routine.**
  It may not always be possible to maintain our routines, for example if we are required to travel with work or there is a sudden increase in our workload. However, identifying the things we find helpful about our current routine may be a good starting point and then we can try to ensure that these aspects are sustained regardless.

- **Focusing on things that we enjoy and making an effort to implement them regularly.**
  This is especially important during times of increased stress when this may be more challenging to do

- **Remaining connected with family and friends.**
  Again this may be challenging to do, particularly if we find it hard to explain our work to other friends and family or if maintaining confidentiality prevents us from sharing some of our experiences or challenges of our work. Even if we cannot share aspects of our work with our friends and family, we should make the effort to explain to them what might be helpful from them, what we need from them in order to feel supported.

- **Maintaining a healthy work-life balance.**
  It can be challenging to maintain a 'work-life balance' and there are, of course, times when this will be more difficult. However, it is important to be aware of how full our glass jars are becoming and to actively think about how we can create more space and resilience for ourselves. Remember the essentials of good sleep, eating well and finding the time to relax (even if it is just for a brief time each day) and planning enjoyable things to look forward to in the future.

> Paying attention to and taking the time to address our self-care needs is essential.

Peer support

Another way of ensuring that we address our self-care needs is to establish and engage with peer support initiatives like social events and the creation of peer support networks, for example, the creation of a 'WhatsApp' group to share ideas and experiences. This is particularly important when there are limited opportunities to discuss our work with family and friends and can be an effective additional source of support and learning.

When we have management responsibilities for other members of the team, our role may include the need to provide support directly to staff, either in response to a specific case or incident, or if we become aware that they are experiencing stressors (either work-related or impacting on their professional and psychological wellbeing).

When providing direct support to staff we should consider the following:

- The importance of asking them what they need from us or from the wider organisation. We should be careful to avoid making assumptions about what we think they need.
- Try to encourage them to connect with their wider social support network (e.g. family and friends)
- Try to provide them with education and information about their stress response. This will be helpful in providing them with the reassurance that they are 'normal' in their reaction and give them the confidence to monitor their own symptoms and to address their own self-care needs.
- Focus on their resilience and strength and try to think creatively about how best to support them in the workplace (based on an understanding of what they perceive that they need)

A further way of enhancing self-care is through reflective practice, which is discussed in more detail in the following section.

13. INTRODUCTION TO REFLECTIVE PRACTICE

Reflective practice is a good way of developing our self-awareness and managing difficult or challenging situations which we may have encountered. This will enable us to build up our experience and continually learn from and develop our practice.

Reflective practice is also an effective way of addressing our self-care by focusing on the impact of our work on our own wellbeing. There is a strong evidence base suggesting that engaging in reflective practice is an effective way of preventing or reducing the possibility of experiencing compassion fatigue and burnout as well as being a useful tool for continued learning and professional development.

Reflection is a process of turning experience into learning and a way of exploring experiences in order to learn new things from it. By engaging with and reflecting on practice, it provides the opportunity to reach new understandings and appreciations of what has happened and to then apply this to develop and enhance our practice in the future.

Reflection involves taking the unprocessed, raw material of an experience and engaging with it as a way to make sense of what has occurred.

Reflection involves taking the unprocessed, raw material of an experience and engaging with it as a way to make sense of what has occurred. It involves exploring often messy and confused events and focusing on the thoughts and emotions which accompany them.

There is a danger that personal reflection can focus on the negatives of a particular situation or incident, when in fact it should involve a balanced evaluation of what happened and pay attention to opportunities for learning rather than criticising practice. Remember that reflective practice is not just useful for difficult or challenging experiences, it can also be an effective way of learning from positive or successful experiences to generate new ideas and learning to share with colleagues. If a practice or a case has evoked a strong reaction (e.g. anger, frustration, sadness, anxiety, satisfaction, excitement, happiness) it is worthy of reflecting on.

Although reflection often takes place after something has happened, this does not always have to be the case. It may be useful to consider that there are three occasions of reflection (Boud, 2001):

1. Reflection in anticipation of events: The emphasis here is on how we can make the most of future events/experiences in our work. This involves asking the question as to how we might usefully prepare for what is to come.

2. Reflection in the midst of action: Through noticing, intervening and reflection-in-action we may be able to guide ourselves through difficult or challenging events. Firstly, noticing is about becoming aware of what is happening in and around us - both the external world of events and the internal world of thoughts and feelings.

Intervening refers to the actions we may take to change the situation in which we find ourselves. Finally, reflection-in-action describes the process of all three features working together to make sense of the event and the effect of our interventions.

3. Reflection after events: This involves returning to the experience, attending to feelings and reviewing the experience to generate new understanding, insights and learning.

There are a number of different models of reflective practice to help us to structure this activity.

Johns (1995) model of reflection uses five questions to prompt reflection:

1. Description of the experience - what happened?
2. Reflection - what was my experience of what happened?
3. What are the influencing factors?
4. Could I have dealt with it better?
5. What have I learnt?

Kolb (1984) Experiential Learning Cycle

1. Concrete experience (what actually happened?)
2. Reflective observation (reviewing/ reflecting on what actually happened)
3. 'Abstract conceptualisation' (concluding and identifying learning from the experience)
4. Active experimentation (planning/trying what has been learnt)

Probably the most accessible and straightforward of models (and the one most commonly used) is Driscoll's (2007) model, which uses three questions to trigger reflection on practice:

1. What? (What we did)
2. So What? (What happened as a result)
3. Now What? (What might we do differently next time)

There are a number of different ways that we can engage in reflective practice, either formally via:

- Regular and structured reflective practice sessions with managers or designated colleagues (e.g. on a monthly or quarterly basis)
- Regular group reflective practice sessions (either with managers or an external facilitator), where staff members take it in turns to present a case, topic or question each session

Or informally in the following ways:

- Maintaining a reflective practice journal (this may also be a useful tool to prepare for structured sessions with managers/external facilitators). This is also an effective way of recording our learning and developing a portfolio.
- There are also several downloadable Apps available which can help to guide our reflective practice and provide a platform for recording learning (see resource section)
- Establishing a peer support 'reflective practice' WhatsApp group or Facebook page. This may be a useful way of sharing experiences, gaining feedback from colleagues and exchanging learning and ideas for future practice. It is also a good way of strengthening team cohesion and strategies for peer support.

  If social media is utilised as a platform for peer support reflective practice, a policy may need to be created in order to address issues of confidentiality when sharing ideas and discussing practice-related experiences.

14. IMPLEMENTING A REFLECTIVE PRACTICE FRAMEWORK

There are a number of different formats for implementing reflective practice. These can be both informal and formal, delivered individually with staff or in a group setting with a number of staff.

Managers may wish to assume the responsibility for initiating reflective practice sessions with their teams. Alternatively they may choose to involve an external facilitator to avoid potential challenges such as role conflict, concerns about confidentiality and the implications of disclosing areas of difficulty in their practice. In larger organisations, where there are a number of managers, it may be possible to allocate a reflective practice facilitator from outside of the staff members' direct line management to avoid some of these challenges. Additionally, specific members of staff (both managers and non-managers) may be selected to attend further training to enable them to take on this specialist role. Finally, it may be most effective to adopt a combination of internally and externally facilitated reflective practice sessions using both informal strategies (such as encouraging staff to maintain a reflective journal and the establishment of peer support reflective practice groups) and more formal initiatives (such as monthly reflective practice workshops/meetings) with additional input from an external facilitator on a quarterly, bi annual or even an annual basis.

Again, there is flexibility with regards to the regularity of formal reflective practice initiatives. They may be implemented monthly, quarterly or even annually. However, the more regularly reflective practice sessions are initiated, the more effective they will be, both in terms of increasing staff self-awareness and promoting staff self-care and wellbeing, and as a means of increasing continued professional development and learning.

Strategies for engaging staff

It may initially be challenging to engage staff in reflective practice activities, particularly if this is a new practice within the organisation and not one with which they are familiar.

There are a number of strategies which might be effective to encourage staff to prepare for more formal reflective practice sessions. These include:

1. Encouraging staff to maintain a 'reflective practice' journal both as a way of developing their reflection skills as well as preparing for the session.
2. Coaching cards and the '5-word story' may be a useful way of initiating conversations, particularly if they have not prepared a case for the session. This will allow the facilitator to gain an insight into how they are feeling or provide cues to seek more information (see creative ways of working in Section 2 for more details).
3. Encouraging completion of a standard reflective practice form. Some members of staff may find it helpful for new processes to be more formalised. This could include asking staff to complete a standard reflective practice form to send to their facilitator prior to the session to provide a clear structure and mandate in preparation (see appendix 2 for an example).

Organisations will likely differ in how formalised they wish for this process to be and there is no right or wrong way of initiating reflective practice. It is important to achieve some form of

balance between actively encouraging staff to engage in reflecting (to ensure that they receive the benefits, both personally and professionally) whilst at the same time making sure that the activity doesn't become yet another burden for staff as this may in turn limit its value and impact.

Managing relationships

Regardless of the background of the person facilitating the reflective practice session (manager, non-manager or external facilitator), it is important to consider how the relationship between the facilitator and the staff member is managed to ensure that the session is supportive, helpful and positive, as opposed to critical and negative.

Given the potential conflict if a manager assumes the facilitator role, negotiating and establishing some form of written and verbal contract between staff member and facilitator might be helpful to provide assurances with regards to the purpose of the session, address concerns about confidentiality and set out clearly the expectations for both parties. For example, it is important to establish a structure for the session, direct the staff member to prepare for the sessions in a particular way and agree how the session will be recorded and how long it will last. It may also be useful to consider other practicalities such as how the session will be organised (for example, booking a time at the end of each session for the next) and the procedure for cancelling or postponing a session.

the reflective practice process should be constructive and developmental rather than destructive

Facilitator skills

Many of the qualities and skills of an effective facilitator are the same as those outlined in Section 2 and are the key components of being therapeutic. In addition, Todd and O'Connor (2005) propose the four 'As' of good clinical supervision, which are also essential for facilitators:

1. Available
   Facilitators should be open, receptive, trustworthy and non-threatening.

2. Accessible
   Facilitators should be easy to approach and speak to.

3. Able
   Facilitators should have real knowledge and skills to share.

4. Affable
   Facilitators should be pleasant, friendly, reassuring and supportive.

Trauma informed approaches to reflective practice

To ensure that reflective practice opportunities are used to promote staff wellbeing, self-awareness and self-care, it is important to ensure that the implementation of these sessions adheres to the six key principles of the trauma informed approach.

1. Ensuring physical and emotional safety

This may be achieved by encouraging the staff member to select the venue for the reflective practice session to enable them to choose a location where they feel comfortable.

Creating a sense of emotional safety in the session will be achieved by drawing on the key components of being therapeutic (being patient, being non-judgmental, being kind, being consistent, being honest, being understanding and listening actively).

2. Choice (restoring choice and control)

For example, providing the staff member with choices with regards to the timings, length and frequency of the reflective practice sessions. During the session itself, it is important to encourage the member of staff to take control of the time and determine how best to use it.

3. Facilitating connections

Facilitating connections may be done in two ways as part of the reflective process. A key aspect of the reflective session is to provide an opportunity for the staff member to make sense of their experiences and this may be enhanced by encouraging connection with their colleagues (to access peer support and exchange ideas) and with further reading and opportunities for learning (such as training workshops). The second aspect of the reflective practice session is concerned with supporting coping. As such, facilitating connections is about encouraging the staff member to engage with strategies for self-care and to maintain a connection with positive sources of support.

4. Supporting coping

As outlined above, a core function of the reflective practice session is to support the staff member to cope with both the demands of their work and the wider responsibilities of their role. This may be done by identifying strengths, asking about immediate support needs and providing information and reassurance.

5. Responding to identity and context

As well as considering the staff member in terms of their own identity and context, it is equally important to consider the context in which they work and those they are working with. Reflective practice sessions need to be both aspirational and realistic in terms of promoting good practice whilst recognising the limitations of what can realistically be achieved given the knowledge, training and resources available.

6. Building strengths

The reflective practice process should be positive and encouraging for staff rather than an opportunity to criticise or judge. Its purpose is constructive and developmental rather than destructive. As such, facilitators should take the time within the session to identify and enhance strengths and recognise resilience and commitment, regardless of the outcome of the case, which is brought for discussion.

Finally, the process of reflection can also be a useful tool to support the development and integration of trauma informed approaches to practice by helping to identify areas of good practice and learning for the future.

Using the questions on the reflective practice form in the appendix, we are prompted to think about how we have demonstrated evidence of trauma informed practice and, more specifically, which of the 6 principles have guided this. This question is then repeated in the final stage to support us to identify areas for development.

Remember that developing trauma informed practice is an ongoing process and reflective practice may be a valuable method of supporting continued professional development for ourselves, our colleagues and the wider organisation.

The reflective practice process should be positive and encouraging for staff

APPENDICES

CREATIVE WAYS OF WORKING: IDEAS AND INSTRUCTIONS

1. Picture/coaching cards

Coaching cards are a good way of encouraging people of all ages to engage, connect with and identify how they are feeling in a more creative (and less directive) way. Coaching cards are a pack of postcards displaying a range of different pictures. The purpose of the activity is to ask people to select a card which best represents how they are feeling and either ask them to explain their choice to a partner or to the wider group.

For example, in a previous exercise when this activity was undertaken, one of the women in the group chose a card displaying a ripened (red) tomato next to a green (un-ripened) tomato. She explained that the green tomato represented how she felt as she was new to the group and she was worried that she was not as confident or developed as others in the group.

Not everyone will be able to come up with such a detailed explanation and some people may tell you that they simply liked the picture and may not be able or willing to connect any feelings to this. In this case, it is worth exploring with them what they liked about the picture and starting the conversation in this way instead. Remember that there is no right or wrong way of doing the activity, whatever individuals wish to tell us about their choice is useful information and gives us an insight into how they are feeling.

The activity can be adapted to ask people how they would like to feel (instead of how they do feel) or even repeated after a period of time to see if they feel differently about themselves by choosing a different card to represent their feelings.

There are other variations of the picture cards, which have a question on the back to prompt reflection. For example: 'What do you want to achieve?'; 'How do you relax?'; 'When were you really lucky?' These may be another useful way of starting conversations with people and gaining an insight into their lives. This could also be a good resource for initiating conversations with staff during reflective practice sessions, particularly if they are struggling to bring specific cases for discussion (see Section 3 for more details).

For children, picture cards may be adapted to display pictures of emotions to help them to identify which emotions they are experiencing which can then act as a prompt to find out more about how these emotions are expressed and managed.

Although sets of picture cards can be purchased, this activity might also be a useful way of encouraging creativity. For example, we could ask people to develop their own picture cards by taking photographs on their phones of facial expressions, objects or other scenes and coming up with their own questions to use as prompts to explore their feelings. This will promote a sense of ownership and control and will mean that they are more likely to engage with the activity if they have created the resources for themselves.

2. The '5-word' story

The '5-word' story is exactly that, a story consisting of just 5 words. This can be a good way of engaging individuals who find it difficult to talk about themselves or to give you information. You can ask them to create a 5-word story on any subject: how they are feeling; how their week has been; what they think about the future; how they see themselves. The words don't necessarily have to construct a coherent sentence, it may just be a group of five different words. Once the person has presented their five words, you can then explore further why they have chosen these words? What prompted this? What do these words mean to them? This can be an effective way of starting a conversation and will also provide you with a good insight into how the person is feeling and what they are thinking. This may be a particularly good strategy to use with a staff member during the reflective practice session to engage them in thinking about their work in a more structured way.

3. The 'glass jar' self-awareness activity

Each individual is presented with an empty glass jar and access to three different coloured liquids/ juices (e.g. orange, cranberry and blueberry) which represent different sources of stress.
For example:

Blueberry could represent family/social related stress

Orange could represent work/school related stress

Cranberry could represent past stress or trauma, which still impacts on their lives today

Once the activity is completed you can ask questions about how full the glass jar is as well as comparing the colours of the liquid in the jar and exploring what this means for the person. In order to move the conversation on to thinking about resilience you can ask people to think about how much room there is in their glass jars to enable them to cope with more stress and what they might need to do in order to empty out some of the liquid to create more room.

This activity can also be adapted to use other resources such as different coloured sand or pebbles instead of liquid. Depending on the nature of your work, it may also be a useful tool for measuring the impact of your work on self-awareness and resilience and you could encourage individuals to take photographs of the glass jars and keep a record of any changes when the activity is repeated.

4. Working with 'Worry Dolls'

The indigenous people from the Highlands in Guatemala created Worry Dolls many generations ago as a remedy for worrying. According to legend, children tell their worries to the Worry Dolls, placing them under their pillow when they go to bed at night. By morning the dolls have gifted them with the wisdom and knowledge to eliminate their worries.

Although normally aimed at younger children, Worry Dolls may be another useful resource for young people and are particularly effective when someone is experiencing high levels of anxiety. In addition to placing Worry Dolls under their pillow at night, children or young people can be encouraged to give the Worry Dolls to an adult as a way of expressing their anxiety and to prompt the adult to provide reassurance and support.

As well as the traditional Guatemalan Worry Dolls, there are other variations such as the 'Worry Monster' who destroys worries by eating them and the 'Worry friend teddy bear' who stores worries in his pouch (see resources section for additional ideas).

5. Creating a 'memory' box

A memory box can be a useful tool to engage with someone who has experienced any sort of loss (not just a specific bereavement). It is a way of encouraging someone to identify and connect with the loss in a creative way. Memory boxes can either be purchased (see resources for more details) or can be built and decorated (e.g. using an empty shoebox). The purpose of the memory box is to use it to store memories, photographs and other objects associated with the loss. Working in collaboration with the person to create the box may facilitate opportunities for them to talk about the meaning of the objects and to share their story in relation to the loss.

Using a memory box is a good way of ensuring that these precious memories are protected and stored safely. It can also be an effective way of containing the emotions associated with the loss and providing a sense of control for the person. They can look at the memory box when they want to connect with the loss, in a more organised and positive way and can be reassured that those memories are stored safely during those times when they do not want to engage with this.

Creating a memory box is a useful activity for learning more about a person's perception of loss, the meaning that they have derived from this and how they are feeling in the here and now. It often generates more information than asking a person directly about their experiences of loss and may feel like a much 'safer' way of sharing experiences as well as forming an active part of their meaning making processes.

6. Using workbooks

There are a number of workbooks available to guide our work. These are predominantly aimed at children, however, they may provide ideas which can be adapted for use with young people and even adults depending on how they are implemented in practice. If you remember the section on developmental trauma, trauma in childhood impacts on the way that a child develops, and goes on to influence their behaviour during adolescence and adulthood. As such, even when working with adolescents and adults, they are likely to exhibit childlike strategies for coping, which may benefit from many of the approaches in these books. Here, it will be important to find a way of applying these ideas without patronising those we are working with, whilst recognising that this may be the most effective level to work at when trying to stabilise and regulate emotions. Using other strategies such as social media, photography and film might be a good alternative to drawing and completing a workbook.

Two books, which are useful as guides for ideas are:

- 'My Resilience Workbook'.
  Although a very basic book, it provides a range of ideas for encouraging people to identify when they experience particular emotions and the strategies, which help them to manage these emotions. It also asks questions about family and potential sources of support.

- 'Muddles, Puddles and Sunshine'.
  This is an activity book, which predominantly focuses on working with bereavement and loss. However, it also has some good activities for identifying feelings, sources of support and coping strategies.

7. Building a 'feelings volcano'

Equipment required:
A piece of card
Paper
Glue
Sticky tape

1. Scrunch up lots of paper into balls about the size of a fist
2. Get a big piece of card
3. Start to build up the volcano by sticking the paper balls on the card
4. When it is dry paint the volcano
5. Make a template in the shape of a spiral then trace lots of spirals onto coloured paper
6. Complete each of the sentences below onto each spiral
   Spirals:
   I am scared that...
   I am angry about...
   I get confused when...
   I am worried because...
   I feel sad because...
   I feel guilty about...
   I feel excited about...
7. Cut out the spirals and stick them onto the volcano

8. Who is there for me?

Sometimes it feels like there aren't any people who care, or that there are not enough people to talk to. It can be a good idea to remind the person who these people are by encouraging them to make their own friendship bracelet by following the instructions set out below:

1. Make a list of six different people who care about them
2. Choose a different colour thread for each person on the list
3. Tie all of the thread together at one end and tape the knotted end to a table
4. Twist or plait the thread together to make a pattern
5. Tie a knot at the end and ask someone to help them tie the bracelet around their wrist

This activity may be particularly useful when someone has experienced a bereavement as a way of encouraging children and young people to identify and connect with their social support network.

9. Make a personalised mental health first aid kit

What kind of things would be found in a real first aid kit? Make a list.

Now make a list of things that might help in the event of a bad day.

A variation of this activity could involve children and young people creating their own 'mental health first aid kit' to include items such as 'Worry Dolls', calming glitter jars and lavender-scented play dough (for relaxation).

10. The Photovoice project

The photovoice project is a way of encouraging children and young people to engage with the world around them and to make sense of their experiences through taking photographs and writing narratives to accompany them. You could direct the group to take specific pictures to represent the following:

- what makes you think of the future?
- what connects you to the past?
- the here and now?

Alternatively, you can simply ask them to take photographs which represent any aspect of their lives and then ask them to choose their favourite one to share with the group.

If cameras are not available, children and young people should be encouraged to use their phones instead. You could create a Facebook page for them to upload their photographs and ask for a narrative to accompany them which explains the meaning behind the photographs.

Before starting the project it is important to ensure that children and young people are reminded of the following rules:

- They must ask for permission before taking pictures of other people
- They must not go into any areas which are unsafe or unauthorised
- They must not take photographs in any prohibited areas

If resources allow, those participating in the project should be given a hard copy of their chosen photograph to keep and there may be opportunities to organise an exhibition of the photographs and to involve families and members of the wider community in the initiative. Further inspiration can be found at Migrant Child Storytelling https://migrantchildstorytelling.org/

MAPPING TRAUMA INFORMED PRACTICE

Adapted from Fallot and Harris' (2009) 'Self-assessment and Planning Protocol for Creating Cultures of Trauma Informed Care', this section comprises of a series of mapping tools which focus on both the experiences of beneficiaries and staff.

Mapping the six principles of being trauma informed against our individual and organisational practices can often be a useful way of identifying areas of achievement and to create ideas for change and enhancement.

A set of questions for each of the six principles of trauma informed practice is used to guide us in reflecting on our practice and it is suggested that this process is used to first consider the experiences of our beneficiaries and then repeated to take into account the experiences of staff. These questions are set out in this section to guide you in achieving a culture of Trauma Informed Care.

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 1 (Beneficiaries)

Principle 1: Safety - ensuring physical and emotional safety

Key questions:

To what extent do the activities and interventions of the organisation ensure the physical and emotional safety of beneficiaries?

How can service delivery be modified to ensure this safety more effectively and consistently?

Consider the following for physical safety:

- Where and when are activities and interventions delivered?
- Who is present? (i.e. reception staff, security personnel)
- What impact do other staff have?
- Is the building easy to navigate? (i.e. clearly signposted)
- Are reception and waiting areas comfortable and inviting? How so?
- Are interview/consultation rooms comfortable and inviting? How so?
- Are doors locked or open? Are there easily accessible exits?
- Are toilets easily accessible?
- Is there adequate personal space for beneficiaries?
- How is risk assessed, managed and addressed across all activities and interventions?
- Has the organisation learnt and implemented lessons from previous incidents involving risk? If so, explain how this has been done?

Consider the following for emotional safety:

- Are first 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 specific goals and objectives made clear?
- Does each contact conclude with information about what comes next? How is this conveyed? (i.e. written, verbal?)
- 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?)
- Does the organisation provide clear information about the services which will be provided, who they will be delivered by, at what stage and what the objectives are?
- 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?
- What is involved in the informed consent process? How does the organisation demonstrate that consent is adhered to? Are the goals, risks and benefits clearly outlined and does the beneficiary have a genuine choice to withhold consent or give partial consent?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 2 (Beneficiaries)

Principle 2: Choice (restoring choice and control)

Key questions:

To what extent do the activities, interventions and settings enhance experiences of choice and control?

How can services be modified to ensure that experiences of choice and control are maximised?

Consider the following for 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?
- To what extent are the individual beneficiary's priorities given weight in terms of the services received and goals established?
- How are beneficiaries advised about their rights and responsibilities?
- Are there any negative consequences for exercising particular choices? (i.e. missed appointments)
- Does the beneficiary have a choice about who attends various meetings? How is this choice conveyed?
- How can services be modified to ensure that collaboration and power-sharing are maximised?
- Do beneficiaries have a significant role in planning and evaluating the organisation's services? How is this built into the organisation's activities?
- Is there a beneficiary advisory board? What is their role and responsibilities?
- How are the priorities of beneficiaries elicited and then validated in formulating a plan?
- How does the organisation and its activities and interventions cultivate an approach of doing 'with' rather than 'to' or 'for'?
- How do activities and interventions communicate a belief that the beneficiary is ultimately the expert on their own experience?
- Do providers identify tasks on what both they and the beneficiary can work simultaneously? (i.e. information-gathering)

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 3 (Beneficiaries)

Principle 3: Supporting coping

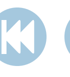
Key questions:

To what extent do activities and interventions recognise and support coping?

How can services be modified to maximise support for coping?

Consider the following for 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 and affirmed?



MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 4 (Beneficiaries)

Principle 4: Facilitating connections

Key questions:

To what extent do the activities, interventions and settings facilitate connections with sources of social support and other professionals and support services within the local community?

How can services be modified to enhance connections with sources of social support and other professionals and support services within the local community?

Consider the following for 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?
- How are needs of 'supporters' assessed and addressed? (i.e. direct support, information and advice, referral to other services)
- For children, young people and vulnerable adults, are beneficiaries provided with a choice to identify their own 'supporters'? If so, how is this managed?
- How are the rights and wishes of parents and caregivers managed within the service?
- What are the processes for managing and sharing confidential information? How is consent sought? How are beneficiaries provided with choices?
- Does the organisation provide opportunities for joint or partnership working with other professionals and support services to maximise the services offered to beneficiaries?
- How are relationships with other professionals and service providers managed?
- How are relevant support services identified and information about these shared with beneficiaries? (i.e. verbal, written)
- How do service providers promote access to, and engagement with, other professionals and services? (i.e. via the development of a personalised support plan)
- How is information about other service providers documented and maintained?
- How are these services evaluated? What feedback mechanisms are in place?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 5 (Beneficiaries)

Principle 5: Responding to identity and context

Key questions:

To what extent do the activities, interventions and settings recognise and respond to identity and context?

How can services be modified to enhance the organisation's recognition and response to identity and context?

Consider the following for 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?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 6 (Beneficiaries)

Principle 6: Building strengths

Key questions:

To what extent do the activities and interventions recognise resilience and focus on building strengths?

How can services be modified to maximise resilience and strength?

Consider the following for 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?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 1 (Staff members)

Principle 1: Safety-ensuring physical and emotional safety

Key questions:

To what extent do the activities, interventions and settings ensure the physical and emotional safety of staff?

How can services be modified to ensure this safety more effectively and consistently?

Consider the following for physical safety:

- How is the physical environment considered safe? (i.e. accessible exits, adequate space for comfort and privacy)
- Is health and safety training a key component of staff induction? If so, how is this implemented? (i.e. mandatory training)
- Are there processes in place to report health and safety concerns? How are these addressed? (i.e. timeframe, formal or informal responses)

Consider the following for emotional safety:

- What processes are in place to support staff to raise clinical concerns?
- What support is available to staff to enhance their psychological wellbeing and self-care? (i.e. clinical supervision, access to employee assistance programmes, welfare support, gym membership, flexible working patterns)

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 2 (Staff members)

Principle 2: Choice (restoring choice and control)

Key questions:

To what extent do the organisation's activities, interventions and settings maximise staff experiences of choice and control?

How can services and work tasks be modified to ensure that staff experiences of choice and control are enhanced, especially in the way that staff members' work goals are met?

Consider the following for restoring choice and control:

- Is there a balance of autonomy and clear guidelines in performing job duties?
- Is attention paid to the ways in which staff members can make choices in how they meet job requirements?
- Where possible, are staff members given the opportunity to have meaningful input into factors affecting their work? (i.e. size and diversity of caseload, hours, leave, access to training, approaches to care, choice of supervisor)
- Does the organisation have a process for implementing change that encourages collaboration amongst staff at all levels, including support staff?
- Are staff members encouraged to provide feedback and suggestions? If so, how?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 3 (Staff members)

Principle 3: Supporting coping

Key questions:

- To what extent does the organisation provide support for staff?
- How can the organisation be modified to maximise staff support?

Consider the following for supporting coping:

- Is there an understanding of the emotional impact of direct care? If so, how is this conveyed?
- Do all staff members receive annual training in areas related to trauma, including the impact of workplace stressors? How is this audited?
- How is self-care encouraged and supported with policy and practice?
- Do all staff members have access to, and regularly receive, clinical supervision? How is this time protected and prioritised?
- Is clinical supervision clearly separated from administrative supervision that focuses on managerial issues?
- Are staff provided with a choice of supervisor?
- Do senior management make their expectations of staff clear? How is this conveyed?
- How is a culture of openness, honesty and transparency fostered within the organisation?
- How are staff valued and respected?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 4 (Staff members)

Principle 4: Facilitating connections

- To what extent does the organisation support staff to develop and maintain connections with colleagues and wider networks of support?
- How can the organisation be modified to enhance connections between colleagues and wider networks of support?

Consider the following for facilitating connections:

- What processes are in place to encourage and promote access to peer support?
- What processes are in place to encourage team cohesion? (i.e. regular team meetings, social activities, team away days)
- How are staff supported to maintain a ‘work-life’ balance? (i.e. flexible working, family friendly policies)
- How are the needs of the families of staff members accounted for by the organisation? (i.e. childcare vouchers, flexible working during school holidays, carers leave)

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 5 (Staff members)

Principle 5: Responding to identity and context

Key questions:

- To what extent does the organisation recognise and respond to identity and context?
- How can the organisation be modified to enhance their recognition and response to identity and context?

Consider the following for responding to identity and context:

- What processes does the organisation have in place to promote inclusivity in recruitment, selection and management of staff?
- How is equality and diversity managed by the organisation in relation to the management and support of staff?
- How are the individual needs and circumstances of staff accounted for in organisational policies and processes? (i.e. flexible working, family friendly policies, leave granted for religious events)
- Is equality and diversity training mandated for all staff?
- Has the organisation appointed an equality and diversity lead? Is there a comprehensive and accessible process in place to escalate concerns?

MAPPING TRAUMA INFORMED PRACTICE-EXERCISE 6 (Staff members)

Principle 6: Building strengths

Key questions:

- To what extent does the organisation focus on developing and building the strengths of its staff?
- How can the organisation be modified to enhance opportunities for staff development?

Consider the following for building strengths:

- Are staff subjected to regular performance reviews? Are these strength-based and collaborative? How so?
- Are staff members offered development, training, or other support opportunities to assist with work-related challenges and difficulties?
- Are staff members offered development, training, or other support opportunities to build on their skills and abilities?
- How are development opportunities identified and assessed?
- How do processes support and encourage staff development? (i.e. recognition of qualifications, time off for study leave)

REFLECTIVE PRACTICE FORM

Please ensure that if you refer to any individuals that you have worked with that you use a pseudonym to protect their identity and to maintain confidentiality

1. WHAT - What happened?

- Describe the situation/activity.
  Remember that this section is concerned with the concrete experience-what actually happened/ what did you actually do?

2. 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?
- How did you demonstrate a trauma informed approach?
- Which principles did you use to guide your approach?

3. NOW WHAT - What might you do differently next time?

- What have you learnt?
- What are your plans for implementing what you have learnt?
- Are there any barriers to implementing what you have learnt?
- How can you integrate a trauma informed approach to your practice in the future?
- Which principles will you use to underpin your approach?

RESOURCES AND LINKS

Memory boxes

There are a number of different types and styles of memory boxes available. My favourite is a plain white memory box from Winston's Wish as this provides the opportunity to decorate the box as well. Remember that memory boxes can also be made from empty shoe boxes and can be adapted to be a memory jar or collage instead.

https://shop.winstonswish.org/products/memory-box-white

Worry Dolls

Different varieties and sizes of Worry Dolls can be purchased directly from Amazon.

https://www.amazon.co.uk/Worry-Dolls-Set-colorful-bag/dp/B007MAI25Q

Worry Monsters

Worry Monsters in a range of colours can be purchased directly from Amazon.

https://www.amazon.co.uk/Childrens-Monster-Companion-Fluffy-Orange/dp/B01DCEQ608

'My Worry Friend Teddy'

Made by Brown Betty Blue and available from Not On The High Street in a range of different animals

https://www.notonthehighstreet.com/brownbettyblue/product/my-worry-friend

Instructions on how to make calming glitter jars

www.preschoolinspirations.com/glitter-jars

Workbooks

'Muddles, Puddles and Sunshine', Diana Crossley and Kate Sheppard

https://www.amazon.co.uk/Muddles-Puddles-Sunshine-Paperback-Activity/dp/1869890582

'My Resilience Workbook' Naomi L. Baum

https://www.amazon.co.uk/My-Resilience-Workbook-Naomi-Baum/dp/1534712348

Coaching cards

There are several different types of coaching cards, all of which can be purchased from Amazon. Some of them specifically target children, whilst others can be used with adults to facilitate engagement and conversations as well as to promote self-reflection.

For children:

Mood cards

https://www.amazon.co.uk/Mood-Cards-Emotions-Confidence-Well-Being/dp/1859063926

Picture coaching cards

https://www.amazon.co.uk/Coaching-Cards-Every-Day-Barefoot/dp/0992898943

For young people and adults:

Coaching picture cards

https://www.amazon.co.uk/Coaching-Picture-Cards-beautiful-professionals/dp/0995756309

To promote self-reflection:

Deep pictures

https://www.amazon.co.uk/metaFox-Deep-Pictures-English-Supervision/dp/B07GYTDQCM

Trauma Glass Jars

Glass jars in a range of styles and sizes can be purchased from Hobbycraft or you could re-use a jam jar.

See www.hobbycraft.co.uk for ideas for a range of different sized jars.

Guided Reflective Practice

Journals

The Reflective Journal', Barbara Bassot

https://www.amazon.co.uk/Reflective-Journal-Barbara-Bassot/dp/1137603488

'The Reflective Practice Journal', TheHappyPlannerCo (available from Etsy)

https://www.etsy.com/uk/listing/677721298/reflective-practice-journal?ref=related-5

Apps

'CPDMeAPP'

Available to download from: http://www.cpdcloud.co.uk/

Guided Self-Care Journals

There are a number of self-care guided workbooks, all available from Amazon.

'Self-care sessions workbook', Alexandra Elle

https://www.amazon.co.uk/self-care-sessions-workbook-Alexandra-Elle/dp/1725632276

'A NOTE2SELF MEDITATION Journal', Alexandra Elle

https://www.amazon.co.uk/ANOTE2SELF-Meditation-Journal-Alexandra-Elle/dp/151958730

'This is for You: A Creative Toolkit for Better Self-Care', Ellen M. Bard

https://www.amazon.co.uk/This-You-Creative-Toolkit-Better/dp/1786782103/

REFERENCES AND FURTHER READING

For an introduction to trauma:

Janoff-Bulman R (1995) *Shattered assumptions: Towards a new psychology of trauma*
Free Press: New York

Pearlman L and Saakvitne K (1995) *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* Norton: New York

Peichl J (2007) Innere Kinder, Täter, Helfer & Co: EgoState-Therapie des traumatisierten Selbst Klett-Cotta: Stuttgart

Turnbull G (2011) *Trauma* Bantam Press: London

van der Kolk B and Fisler R (1995) Dissociation and the fragmentary nature of traumatic memories Trauma Information Pages
Available at: www.psych.utoronto.ca

National Institute for Health and Care Excellence (NICE) (2018) *Post-traumatic stress disorder*
NICE Guideline 116
Available to download from: https://www.nice.org.uk/guidance/ng116/chapter/Recommendations

For more information for developmental trauma:

Beacon House: Therapeutic Services and Trauma Team
Developmental Trauma Close Up
Available to download from:
https://beaconhouse.org.uk/wp-content/uploads/Developmental-Trauma-Close-Up.pdf

For more information on trauma informed practice:

Fallot R and Harris M (2009) Creating Cultures of Trauma-Informed Care (CCTIC):
A Self-Assessment and Planning Protocol *Community Connections*

Available to download from:
https://www.theannainstitute.org/CCTICSELFASSPP.pdf

Goodman L, Sullivan C, Serrata J, Perilla J, Wilson J, Fauci J and DiGiovanni C (2016) Development and Validation of the Trauma-Informed Practice Scales
Journal of Community Psychology 44 (6) 747-764

For more information on reflective practice:

Boud D (2001) Using journal writing to enhance reflective practice *New Directions for Adult and Continuing Education* 90 9-17

Driscoll (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals.* 2nd Edition. Bailliere Tindall, Elsevier: Oxford

Johns C (1995) Framing learning through reflection within Carper's fundamental ways of knowing in nursing *Journal of Advanced Nursing* 22 (2) 226-234

Kolb D (1984) *Experiential learning: experience as the source of learning and development* Prentice Hall: Engelwood Cliffs, NJ

Todd C and O'Connor J (2005) Clinical Supervision. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

For more information on vicarious trauma, compassion fatigue and burnout:

Moulden H and Firestone P (2007) Vicarious Traumatisation: a framework for understanding the psychological effects of working with victims *Journal of Traumatic Stress* 3 (1) 131-149

Pulido M (2007) In their words: Secondary traumatic stress in social workers responding to the 9/11 terrorist attacks in New York City *Social Work* 52 (3) 279-281

Saakvitne K and Pearlman L (1996) *Transforming the pain: A workbook on vicarious traumatization* Norton: New York, USA

Tedeschi R and Kilmer R (2005) Assessing strengths, resilience and growth to guide clinical interventions *Professional Psychology Research and Practice* 36 (3) 230-237

The stories behind the images:

Photograph of Ranger David Gordon Dalzell, from Bangor, Northern Ireland. Taken by Derek Eland as part of his project 'Diary Rooms: Being human on the front-line in Afghanistan'. David had taken a photograph of the child and was showing it to him. The little boy had never seen a photograph of himself before. Both David and the child's friend are captured in Derek's photograph, explaining that it is an image of him. The photograph was taken shortly before David's death. He was killed on 4th February, 2011 whilst serving in Afghanistan with 1st Battalion, The Royal Irish Regiment. Permission to include the photograph and the story behind it has been given by his parents, Gordon and Susan Dalzell who told me that whilst 'to the World he was a soldier...', to them '...he was the World'.

Photograph reproduced with kind permission from Derek Eland.

Photograph taken by Amar, a Syrian photographer and member of the White Helmets. Amar's distinctive style of photography is to capture objects of war positioned against brightly coloured flowers. Like many of the members of the White Helmets, instead of seeing devastation and destruction as a result of Syria's ongoing conflict, Amar chose to see hope and a brighter future. His optimism has been influential in developing Nicola's own approaches to working with psychological trauma.

White Helmet Volunteers planting flowers to brighten the Syrian streets as part of their community engagement work.

Photograph reproduced with kind permission from the White Helmets.

Members of the White Helmets delivering an educational workshop to children and young people in their local community.

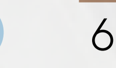
Photograph reproduced with kind permission from the White Helmets.

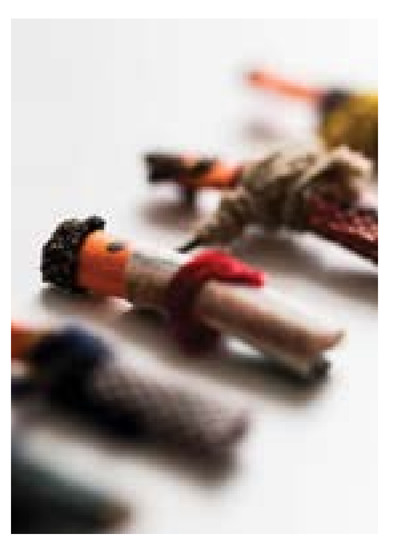
Nicola's signature homemade 'trauma informed' cupcakes are used during training workshops and consultancy sessions to highlight the importance of focusing on staff wellbeing and enhancing morale within the workplace as part of developing a trauma informed approach to practice.

As part of the Soldiers in Mind service, 'combat teddy bears' were specially made for bereaved military families, using material from the military uniform of their loved one. Each of the bears are hand-stitched and display the name, rank, service number and operational tour on which their loved one lost their life as well as a personalised embroidered message on the bear's paws, chosen by the family.

Kind permission was given by Sally, mother of Private Eleanor Dlugosz who died in Iraq in 2007, aged 19, whilst serving with the Royal Army Medical Corps, to photograph the combat teddy bears created in her memory.

The indigenous people from the Highlands in Guatemala created Worry Dolls many generations ago as a remedy for worrying. According to legend, children tell their worries to the Worry Dolls, placing them under their pillow when they go to bed at night. By morning the dolls have gifted them with the wisdom and knowledge to eliminate their worries. In the aftermath of the Manchester bombing, Worry Dolls were used extensively when working therapeutically with children to provide them with a way of expressing their fears and anxieties and to seek reassurance and support.





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