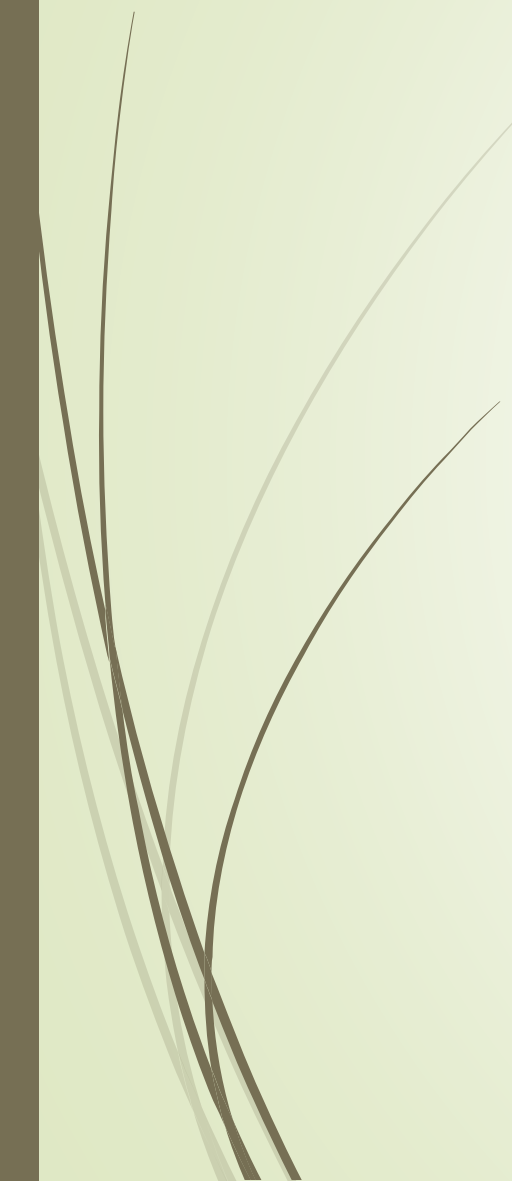


Trauma Informed Care (TIC)

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Topics for today

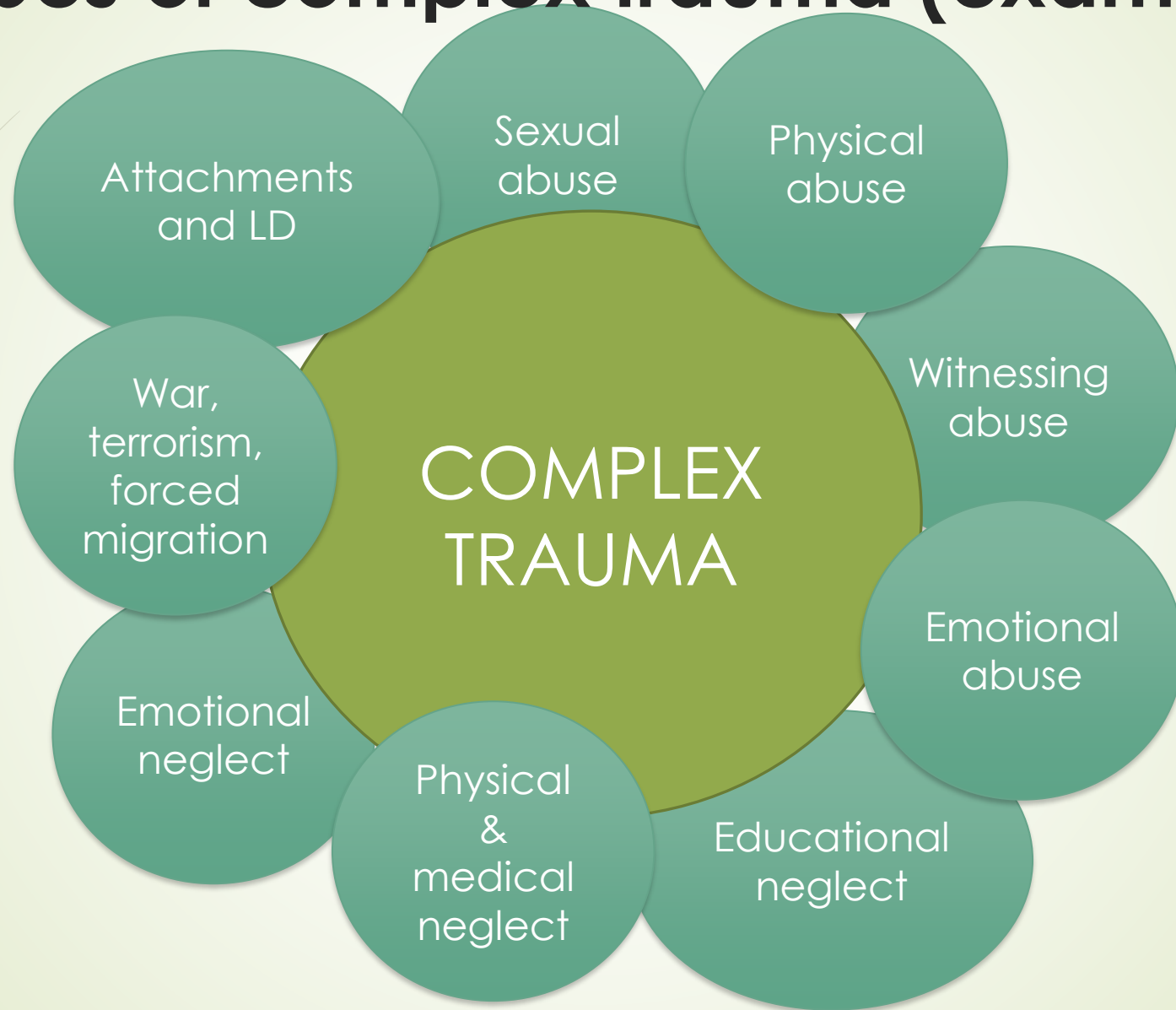
- What is complex trauma / PTSD?
 - Types of trauma
 - Impact of trauma
 - Trauma informed care (TIC)
- 

Complex Trauma

- ▶ An event experienced or witnessed which presents threat to self or others evokes fear, helplessness or shock (APA, 2000) - in a context in which the individual has little or no chance of escape.
- ▶ Ongoing symptoms can be acute or chronic and include: negative mood, intrusive thoughts about the event(s).
- ▶ Hypersensitivity and hyper arousal to things related to the events e.g. smells, noises



Types of complex trauma (examples)



Effects of trauma



Under constant threat:

Emotional brain is over-reactive, constantly in survival mode.

Thinking brain is underdeveloped.

Which can impact upon:

Relationships

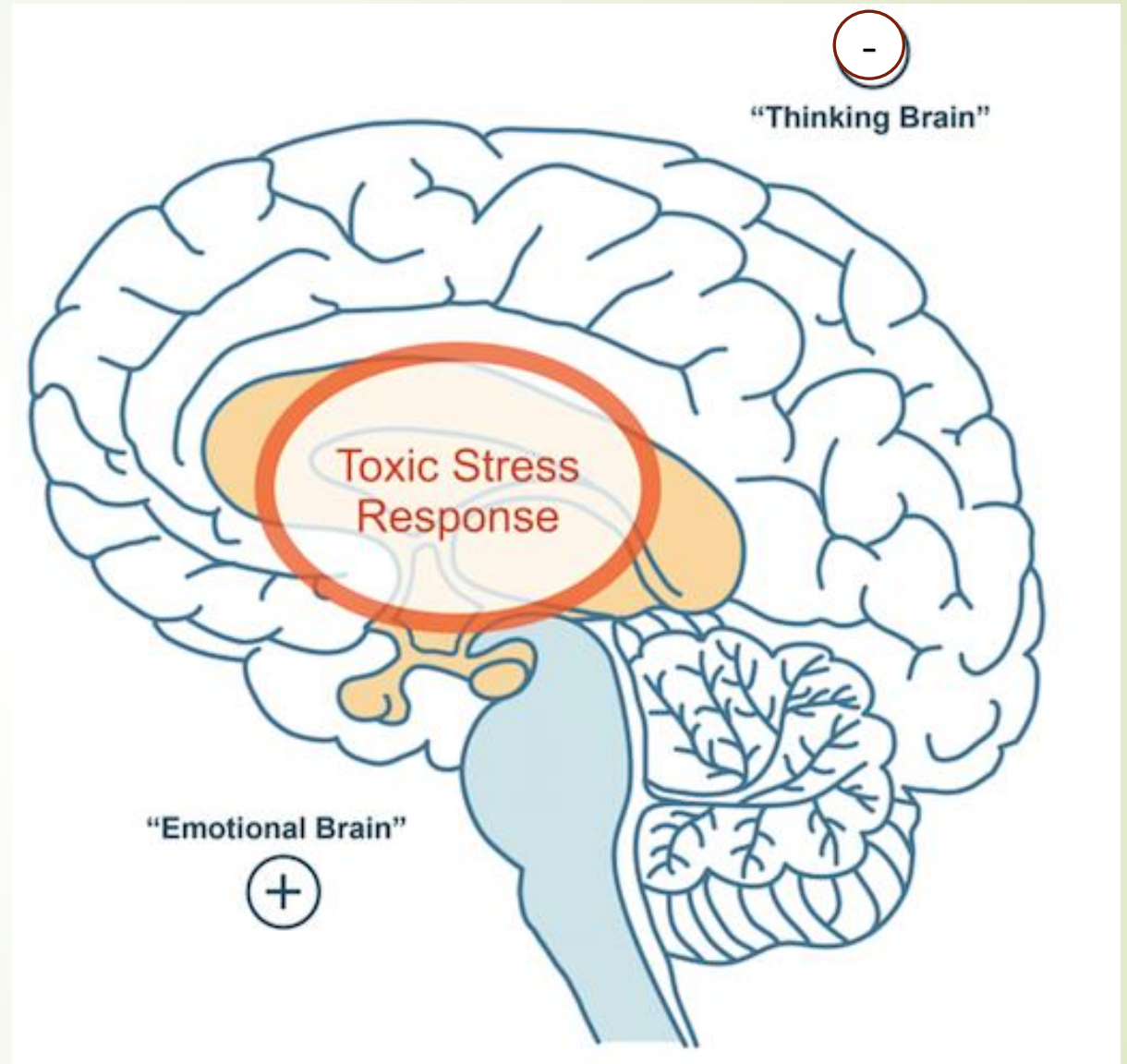
Emotional regulation

Behavior

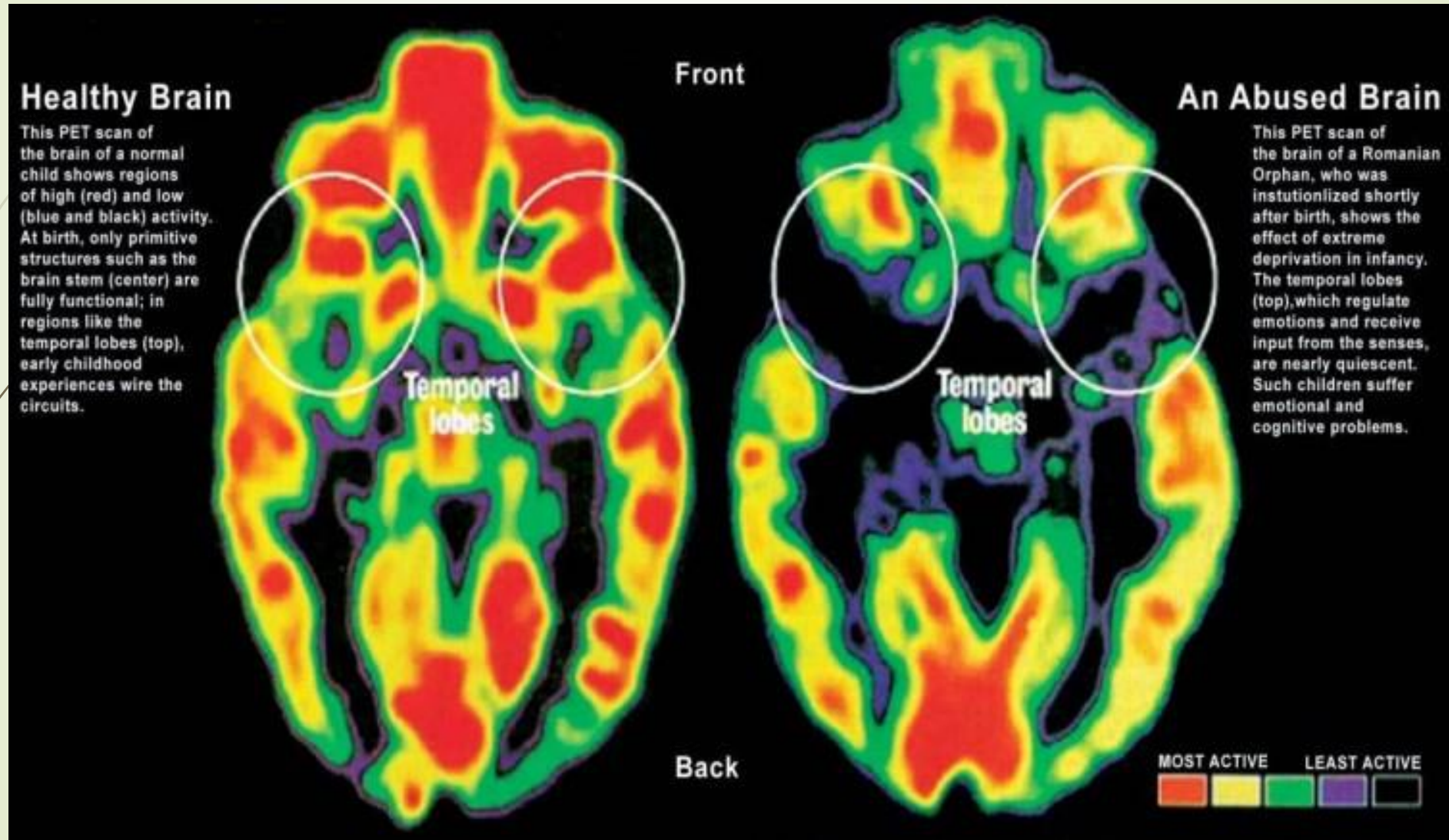
Cognition

Dissociation

Self-concept and future orientation



The impact of trauma on the brain



Complex Trauma or EUPD or Neurodiversity?

Neurodiversity

Emotions: Emotional distress; different expression of emotion; anxiety; depression; impulsivity

Relationships: non-typical ways of building these; could avoid; looks like withdrawal; lack of social skills

Trauma

Emotions: distress "triggers," suicidal thoughts, dissociation, flashbacks, anxiety, and depression

Relationships: Avoid relationships; blame themselves for relationship problems; clearer on self identity (but damaged)

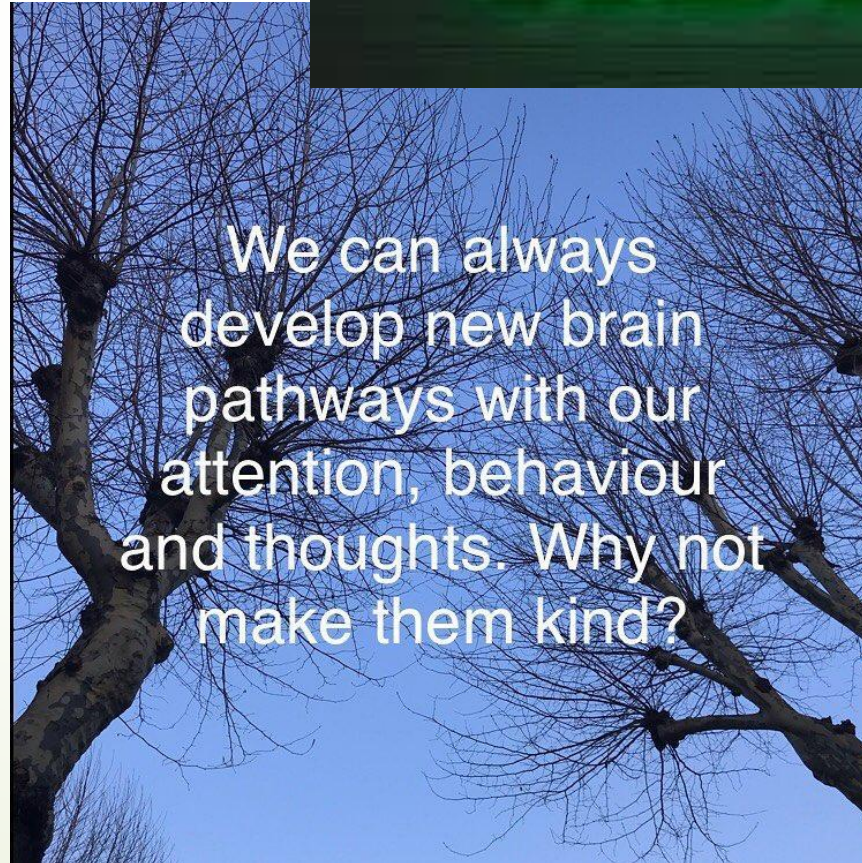
EUPD

Emotions: distress "triggers," suicidal thoughts, dissociation, flashbacks, anxiety, and depression; impulsivity

Relationships: Fear of abandonment but may seek relationships; self harm; struggles with self identity

The impact of trauma on the brain

- ➔ Neuroplasticity of the brain
 - the ability of the brain to change continuously throughout an individual's life
 - means we can change the formation of the pathways.
 - Neurodiversity – requires a different approach, more intervention needed.





What does being trauma informed mean?

- What does trauma informed care look like in practice?
- Who can be trauma informed?
- Why do we think trauma informed focus is helpful?

Create your ideal TIC service?



- What would they look like as staff?
- What would staff voices sound like?
Soothing/calm/low/soft/strong
- What does your rehabilitative service smell like?
- Does your trauma informed service have a texture, e.g. soft, smooth, strong?

- When you are struggling what would you like your service to offer you in a way of comfort?
- Unconditional acceptance?
- Non-judgement?
- Warmth, care, kindness?
- Strength and wisdom?
- Genuineness?
- Hope?

Aims of Trauma Informed Care (TIC)

- To view challenging behaviour as symptoms
 - To view through lens of trauma when finding ways of working together with people.
 - Avoid re-traumatising and increasing ways of acting with autonomy/choice
 - To help people who have high levels of shame and self-criticism
 - Collaboration
 - Autonomy
 - Respect
 - Empathy
 - Safe
- (Covington, 2016)
- LD: The difficulties of moving into the parental role vs collaborative.




Why is TIC important

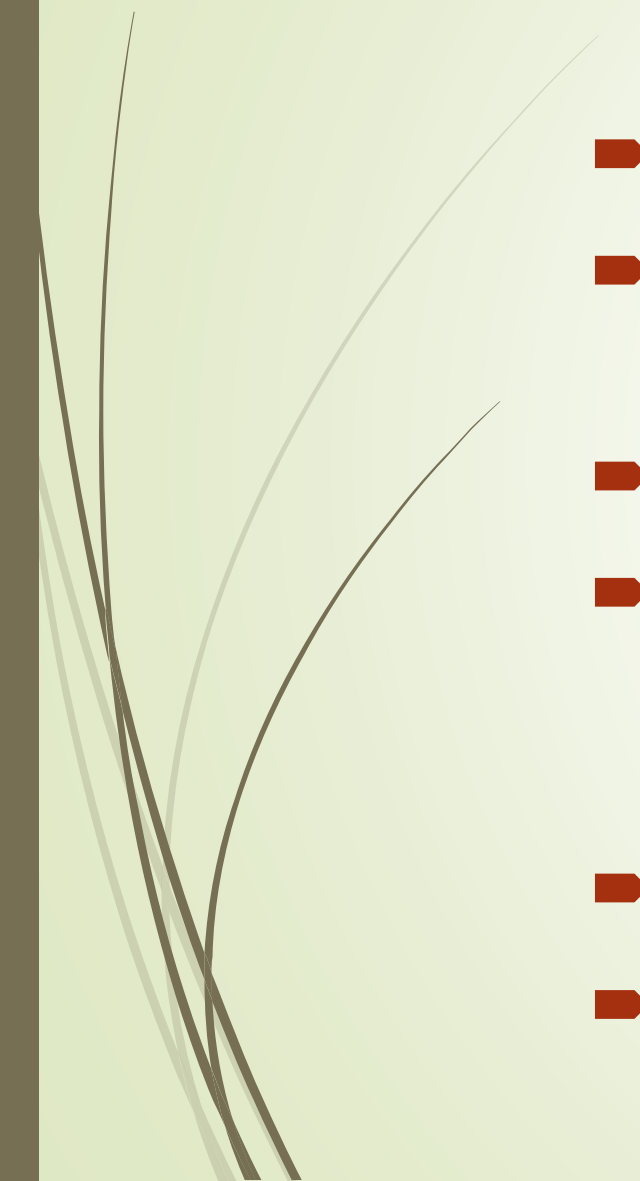
- ▶ People who have committed offences inspire few positive responses (such as sympathy, care, wish to support) but many will have experienced early adversity
- ▶ Working with TIC requires being collaborative, compassion-focussed, respectful and needs to provide a safe environment to allow space to validate emotions
- ▶ Understand adverse childhood experiences (ACEs) - known to impact on thinking styles, coping strategies, emotional regulation and relationship (including attachment) style; impact on attachment for LD.
- ▶ Those who offend have higher rates of ACEs changing the neurochemistry of the brain which can be improved by a corrective emotional experience
- ▶ Explores what is behind anger - which can be seen as defence to threat
- ▶ Helps to tolerate conflict within boundaries
- ▶ Helps to develop secure attachment

Where do we start?

- TIC needs to involve the whole environment, not just individual practitioners
- Understands presenting problems and resistance can be masking past experiences
- Environment needs to be compassionate, respectful, safe and pervasive
- Recognises that a negative environment can evoke re-traumatisation
- Recognises therapeutic breaches can be repaired
- Asks 'what happened to you', not 'what's wrong with you'
- **Recognises hurt people hurt people**



Obstacles to seeking help (Levenson, Willis, & Vicencio, 2017)

- Concerns about confidentiality
 - Fear of being judged or legal consequences, loss of career, family, physical harm
 - Personal confusion
 - Concerning behaviour- i.e. excessive use of pornography, using sex to cope with negative emotions; drug use
 - Fear of lack of secrecy as result of stigma
 - **Shame and guilt**
- 

Feeling shame



Imagine if you defined yourself by that act

- Bring to mind a time when you felt ashamed (nothing too distressing) but that you can revisit briefly. Let the emotions occupy your body briefly
- How does it feel in your body and where?
- What thoughts come with it?
- What would other people think if they knew?
- What emotions do you feel?
- What does it make you want to do?

Compassion

Think about how we can approach that for our own well-being and that of those we are working with



Let that fade and recall a time when you felt content and happy

- How does it feel in your body and where?
- What thoughts come with it?
- What would other people think if they knew?
- What emotions do you feel?
- What does it make you want to do?

Benefits of trauma informed care

Clients

- Feeling safe and supported;
- Increased engagement;
- Understanding symptoms may be linked to childhood trauma;
- Care experiences do not add to previous trauma;
- Starting on a recovery journey;
- Improved outcomes.

Staff

- Better understanding of patients' behaviours.
- Increased compassion, hope and resilience; and tolerance.
- Reduced stress and burnout;
- An improved ability to take a less 'black-and-white' approach.

Agencies

- A clear framework for the values and philosophy of care
- Better engagement with clients;
- Better staff retention;
- Reduced staff sickness and absence;
- The creation of insightful and compassionate workplaces.
- Less demand on services

Your role

- Trauma informed approach is a **way** of doing things – reframing our perspective - **not** a new set of interventions.
- It is policy, a practice, a process and a product. It can be measured and reported on – and success can be realised.
- This approach can integrate into and part of every aspect of prevention, treatment, rehabilitation, and community [re]integration; it should be central to our work.





CHALLENGE

YOURSELF

- Think about something you have heard today.
- Think about one thing you can change and use in your everyday practice.



Key readings

- ▶ Levenson, J.S., Willis, G.M., & Prescott, D.S. (2017). *Trauma Informed Care. Transforming treatment for those who have sexually abused*. Safer Society Press.
- ▶ Lee, D. (2012). *Recovering from trauma using compassion focussed therapy*. Robinson: London
- ▶ Richard Shuker and Geraldine Akerman (Series Editors). Geraldine Akerman, Adrian Needs and Claire Bainbridge (Eds.) (2018) *Transforming environments and rehabilitation. A guide for practitioners in forensic and criminal justice*. Taylor & Francis Group. ISBN 978-1-315-95912
- ▶ Welford, M. (2016). *Compassion focussed therapy for dummies*. Chichester: Wiley.