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Trauma Informed Practice

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Aims of this presentation

- Background to trauma informed care/practice
- What trauma-informed practice is
- Why it is important
- What it looks like

Increasingly cited in policy in health and social care

The NHS Long Term Plan 2019

The plan describes:

*A new community based offer (that) will include access to psychological therapies, improve physical health care, employment support, personalised and **trauma informed care**, medicines management and support for co-existing substance misuse...and proactive work to address racial disparities.*

Defining Trauma

A response to anything that is overwhelming and that happens too much, too fast, too soon, or too long.

It is coupled with a lack of protection or support. It lives in the body, stored as sensation: pain or tension - or is a *lack of* sensation, like numbness.

It does not impact us all in the same way. Context is critically important.

Karine Bell, Resmaa Manakem, Besel van der Kolk.



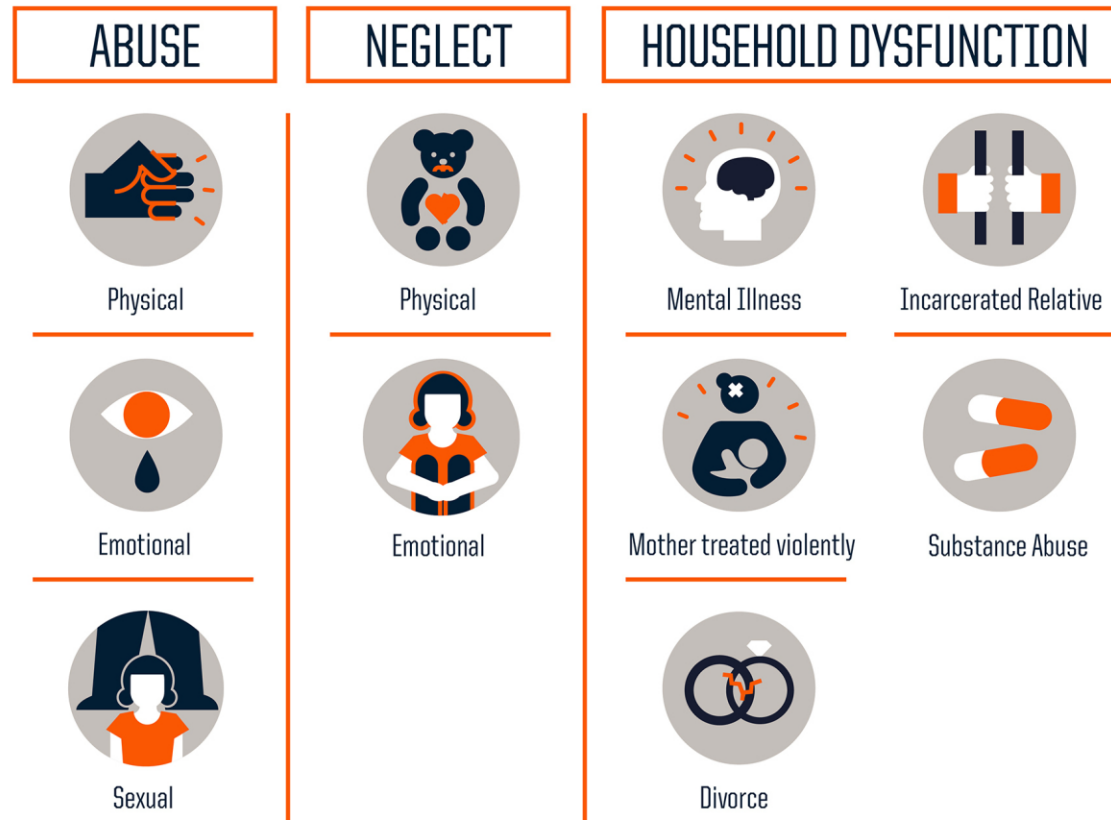
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Adverse Childhood Experiences (ACES)

ACES are stressful or traumatic events that happen in childhood. They include:

- Events that affect a child or young person directly, such as abuse or neglect.
- Things that affect children indirectly through the environment they live in.
- Living with a parent with Mental Health Difficulties
- Domestic Abuse
- They can be single events, long-term or repeated experiences

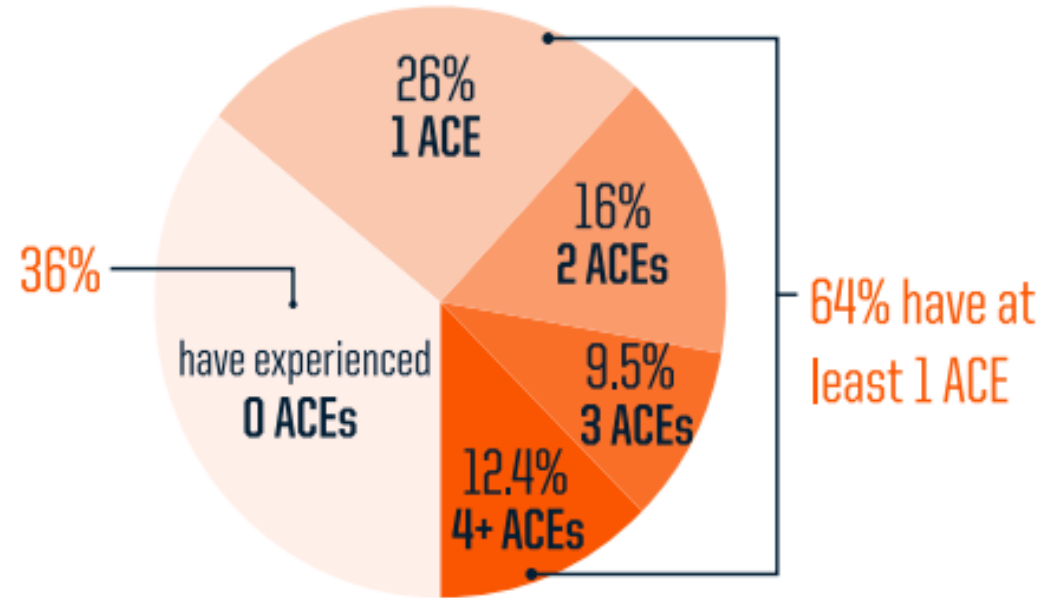
Adverse Childhood Experiences (ACES)



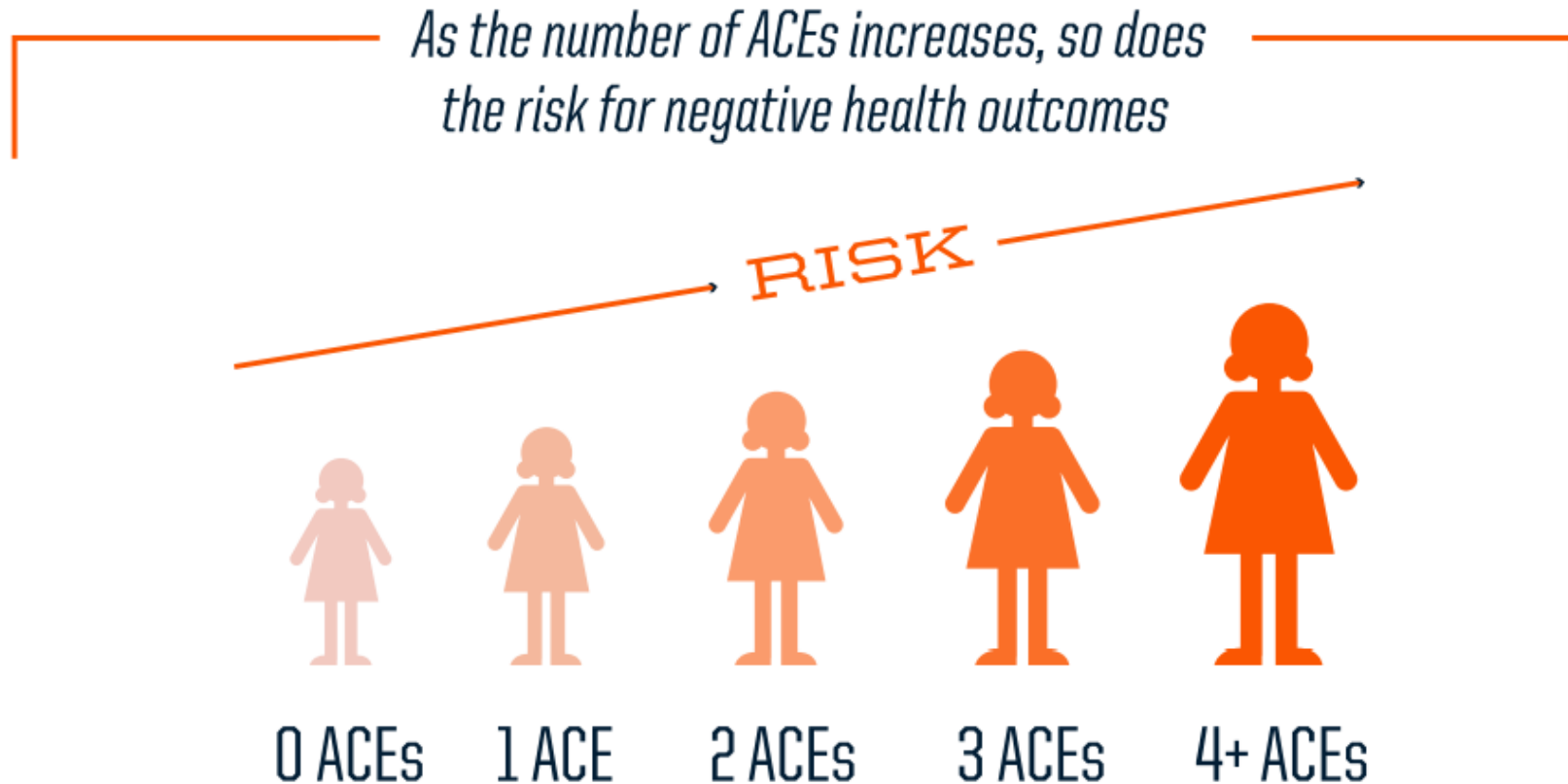


Prevalence

*Of 17,000 ACE
study participants:*



Cumulative Impact (dose effect)



ACEs are significant and strong risk factors for poor mental and physical health, and poorer social, educational and economic outcomes in adulthood.

Compared to those with zero ACEs, individuals with 4 or more are:

- 12.2 x more likely to attempt suicide
- 9.7 x more likely to have used IV drugs
- 8.8 x more likely to have been in prison/police cell in last 12 months
- 7 x more likely to have problems with alcoholism
- 4 x more likely to develop lung disease
- 2.9 x more likely to develop heart disease
- Individuals with 6 or more ACEs die 20 years younger than those with none.

Trauma Informed Practice

- Awareness of trauma and its consequences.
- Knowing how trauma can play out in current settings.
- Understanding different ways services can make people feel threatened or unsafe.
- Doing what we can to help people feel safer when accessing help.

Potential Benefits of Trauma Informed Care

- Early indicators - staff knowledge etc links to positive impact on client outcomes
- Helps clinicians (and service users) understand the root cause: more compassionate care – less blame and judgement
- Experience of our services - satisfaction
- More therapeutic relationships - engagement
- People do best when they feel safer and more secure
- The emphasis placed on creating a culture of wellness and reducing staff burnout



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Five Pillars of Trauma Informed Practice

Safety

Choice

Collaborate

Empower

Trust

(Cultural consideration)



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Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking what they need to feel safe
- there being reasonable freedom from threat or harm
- attempting to prevent re-traumatisation
- putting policies, practices and safeguarding arrangements in place



Choice

Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- ensuring service users and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of service users and staff
- explaining choices clearly and transparently
- acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships



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Collaborate

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- using formal and informal peer support and mutual self-help
- the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
- focusing on working alongside and actively involving service users in the delivery of services



Empower

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and service users
- listening to what a person wants and needs
- supporting people to make decisions and take action
- acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth



Trust

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- the organisation and staff explaining what they are doing and why
- the organisation and staff doing what they say they will do
- expectations being made clear and the organisation and staff not overpromising



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Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- offering access to gender responsive services
- leveraging the healing value of traditional cultural connections
- incorporating policies, protocols and processes that are responsive to the needs of individuals served



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How do we hold on to 'people' at the centre?

Working in partnership with experts by experience

Co-produced and delivered training

Experts sharing their stories and experiences: telling what is helpful/unhelpful on the training



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Questions and comments