A Brief Introduction to Trauma Informed Practice

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This brief introduction is designed to help you understand
the impact of trauma on the children, young people, families,
and communities you encounter in your work and,
through the framework of 'Trauma-Informed Practice',
find ways of improving safety, resilience, and well-being for yourself,
your colleagues, and the individuals and communities
you encounter in your work.

Trauma can be defined as 'an exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others, and generates a reaction of helplessness and fear' *(American Psychological Association, 2013)*. Traumatic experiences can take many forms, and can include acute traumas such as natural disasters or car accidents, or ongoing, repeated trauma such as war, childhood maltreatment, domestic abuse, community violence, racism, bullying, and poverty. We expect that children who are exposed to multiple, or chronic, traumatic experiences early in life may show signs of **developmental trauma**, resulting in difficulties with sensory processing, emotional and behavioural regulation, forming attachments, poor self-esteem, and cognitive problems *(Teague, 2013)*.

Our minds and bodies are hardwired to store the traumatic memories, to help us survive and stay safe. Many of the responses that we develop following a traumatic event might not make sense to others who aren't aware of what has happened, but they are often our best, most logical efforts to stay safe. For example, some people become hypervigilant, and are in a constant state of arousal; they may be tense, fidgeting, 'on edge', and even hostile. They might also have physical symptoms including nausea, trembling, or may experience panic attacks. They may be angry or fearful, and may have difficulty explaining or rationalising these emotions.

This can be particularly true for children who have experienced developmental trauma, and the behaviours we see as a result can be challenging and disruptive to children themselves- and to others. For example, we might observe extreme mood shifts, aggression and agitation, difficulty focussing or being still, sleep disturbances, self-harm, sensitivity to touch or sound, challenges related to cognition and language processing *(van der Kolk, 2014)*. They may also learn to cope with past or present trauma by 'checking out', feeling numb and detached from themselves and their surroundings. This is called 'dissociation'- and it is an important adaptive survival instinct that kicks in when someone is psychologically overwhelmed.

Developmental trauma forms and shapes how children and young people understand who they are in the world - it is a foundation planted with seeds of low self-worth, shame, guilt, and diminished self-efficacy

All of these responses can be easily misinterpreted by social workers, teachers, police officers, judges, and health professionals who do not have a good understanding of trauma- and how human brains and bodies are hardwired to survive and respond to traumatic experiences. As a result, their trauma responses can be misinterpreted by professionals as behaviour that is naughty, out of control, wilfully risk seeking, emotionally cold, or manipulative.

As traumatised children and young people go through life, their capacity to respond to new stressors and challenging events (e.g. an ongoing global pandemic!) is often reduced, when compared to their peers who haven't been exposed to chronic trauma. If they have experienced the absence of safe adults and/or an environment that facilitates their ability to self-soothe in times of stress, it can mean that they don't develop a frame of reference for how to:
- manage impulses
- regulate emotions
- pay attention
- identify danger or assess for safety (and so put their own safety at risk)
- understand how to experience safe healthy relationships *(D'Andrea, et al, 2012; Teague, 2013)*

Living with trauma responses can be very difficult, making even routine activities (i.e. waking up, showering, caring for siblings, sitting still and listening in the classroom) and forming healthy relationships feel incredibly challenging. These challenges can persist into adulthood, and the consequences for problematic behaviours (resulting from trauma responses) are often severe.

Finally, working with traumatised individuals and families can be very challenging for professionals, particularly in the context of organisations and wider systems that leave them feeling ill-equipped and under-resourced to meet the needs of people in their care. As a result, professionals may experience vicarious trauma.

NOTE: Our capacity to manage an acute trauma (eg. Covid-19) will be impacted by our experience of prior traumas. If you've suffered multiple, ongoing traumas then we might expect your capacity to manage the current crisis to be diminished. Alternatively, you might find that you're managing a current crisis very well because you've already had a lot of experience dealing with traumatic events.

Trauma Informed Practice

A 'trauma-informed' approach to practice represents a way of working across disciplines that first and foremost recognises the impact of traumatic experiences on peoples' daily lives alongside their capacity for growth, healing, and resilience. A trauma-informed approach, as first described by Farris and Hallot (2001), includes:

1. Recognising signs and symptoms of trauma
2. Acknowledging the impact that traumatic experiences can have
3. Intentionally seeking to avoid re-traumatising others
4. Incorporating an understanding of trauma and resilience into practice and organisational policy

Trauma-informed practice is inherently strengths-based, enabling professionals across a range of disciplines to:

conceptualize negative behaviors as coping strategies that were once adaptive in the traumagenic environment but which have become self-destructive or harmful across different domains of human functioning. By viewing the collective experiences of the individual in this holistic way, behaviours that seem irrational, self-destructive, or even abusive are reconceptualized as survival skills that once helped the individual respond to threatening encounters but which now impede the ability to tolerate distress and set boundaries (Levenson, 2017: 107).
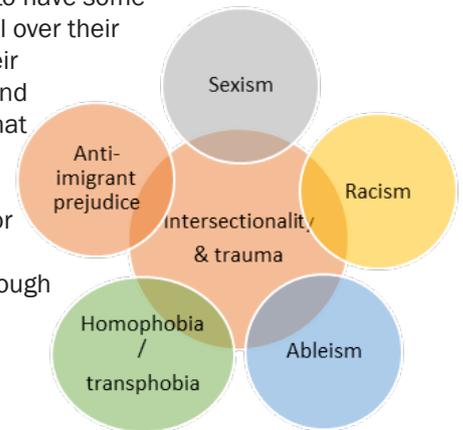
In many ways, a trauma-informed approach represents a paradigm shift, and a new way of thinking about the human experience that conflicts with many of the organisational and policy structures currently designed to meet the needs of traumatised people. This approach contrasts with the medicalisation of human suffering, and the coercive practices that often prioritise organisational needs over teachers and children *(Sweeney, Clement, Filson, & Kennedy, 2016).*

"An abnormal reaction to an abnormal situation is normal behaviour"

Victor Frankl

The 6 principles of trauma-informed practice

Safety	**Trustworthiness & Transparency**	**Peer Support**
Collaboration & Mutuality	**Empowerment, Voice & Choice**	**Cultural, Historical & Gender issues**

Professionals across a range of disciplines can consider how these principles apply within their own professional role, by considering the following:

- Working to gain trust and demonstrate transparency
- Looking for opportunities to give people choices, enabling them to have some renewed control over their own bodies, their relationships, and the decisions that affect them
- Providing opportunities for people to feel empowered through building skills, recognising strengths, and understanding resistance

- Being honest and predictable whenever possible
- Being aware that disruptive and harmful behaviour (e.g. substance misuse, aggression, self-harm) is often the clearest indication of trauma
- Reframing traumatised children's emotional and behavioural difficulties as trauma responses
- valuing collaboration
- Keeping people informed about what is going to happen to them, and what choices they do have
- Being honest, predictable and PERSISTENT
- being sensitive and aware of the traumatic experiences rooted in cultural, historical, race or gender issues
- Being prepared to give traumatised children space and time (lots of time) to begin feeling safe
- Seeing 'every interaction as an intervention' *(Treisman, 2017)*
- Being willing to validate feelings in a non-judgemental manner, asking *'what has happened to you?'* instead of *'what is wrong with you?'* and *'what have you done?'*
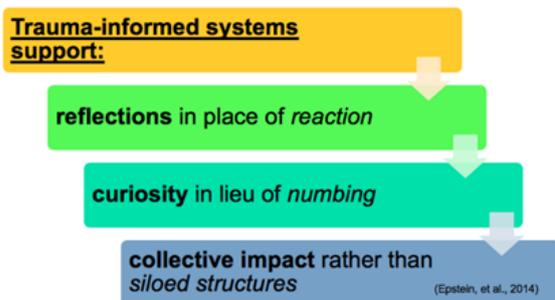
In addition, organisations must ensure professionals are supported in a trauma-informed way (Bloom, 2003) by:

- accepting stressors as legitimate
- promoting a strong team-work culture and high degree of cohesion
- providing opportunities to debrief, gain support, and access reflective supervision
- identifying common stressors
- facilitating open communication.

Some professionals will have their own experiences, or histories of trauma, and it is important to be compassionately curious and reflective about their own responses in difficult professional situations.

Trauma-informed systems support:

reflections in place of *reaction*

curiosity in lieu of *numbing*

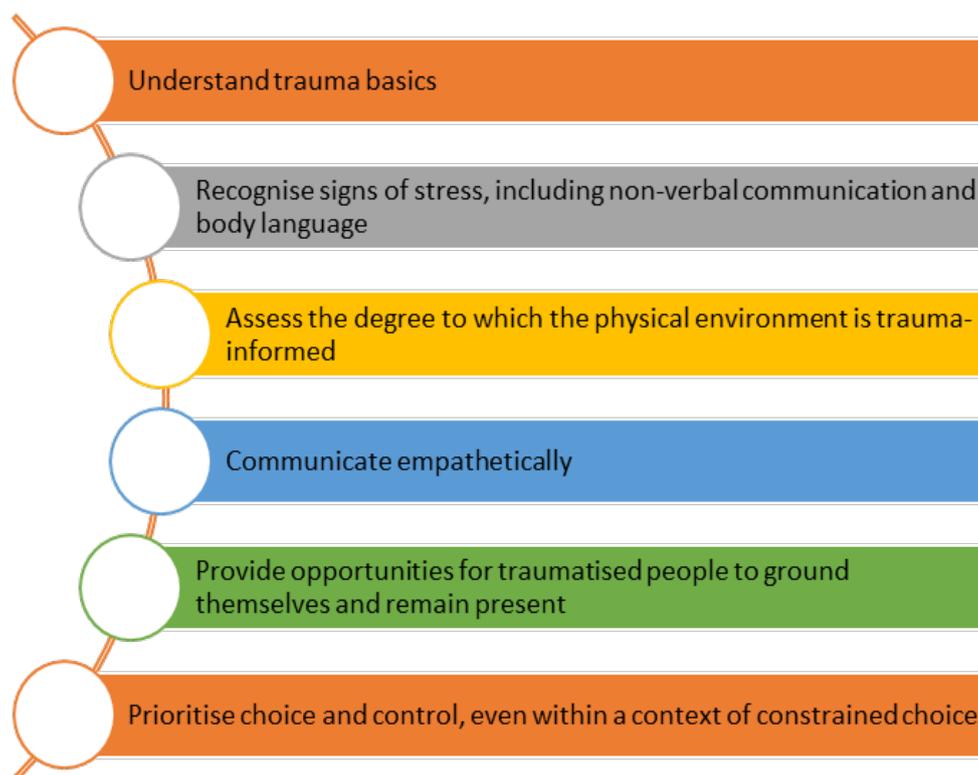**collective impact** rather than *siloed structures* (Epstein, et al., 2014)

Ultimately, professionals who are supported and contained within supervisory structures, and a supportive teamwork culture, are better able to engage in trauma-informed practice, ensuring they contribute to a trauma-informed system that replaces reactions with reflection, numbing with curiosity, and seeks collective impact for traumatized children, young people, their families, and communities.

Planning for trauma-informed practice

Trauma-informed practice is a framework that needs to be interpreted differentially to fit the unique contexts professionals work within. That means trauma-informed practice in your organisational culture needs to be interpreted by the school, for the school. Sometimes getting started can be tricky, so here are some tips and tricks that can be helpful.

First: it's important to first ensure everyone has a shared understanding of what trauma-informed practice means, and a shared set of tools they can draw from to engage children in a way that promotes relational safety and stability.

Understand trauma basics

Recognise signs of stress, including non-verbal communication and body language

Assess the degree to which the physical environment is trauma-informed

Communicate empathetically

Provide opportunities for traumatised people to ground themselves and remain present

Prioritise choice and control, even within a context of constrained choice

One useful tool is understanding what psychologist, Dan Seigel, called the 'window of tolerance'. This metaphor helps us understand why it's difficult for traumatised people to regulate their behaviour and emotions when other people seem to manage just fine.

When we notice someone is outside their window of tolerance, the last thing we want to do is respond punitively or make them feel ashamed- shame is the enemy of emotional and relational safety. What we can do is help them come back into their 'window of tolerance'-into the present moment, and into their bodies- by helping them to feel grounded. Grounding is a term that essentially means drawing attention to what is happening physically, in our bodies or surroundings, instead of getting trapped by the difficult thoughts in our minds. Grounding is a tool that is useful for us all, and is especially important following experiences of stress and/or trauma.

Tools for grounding can be physical, allowing us to fully engage our 5 senses. We can also utilise mental grounding techniques as a way of silencing intrusive or racing thoughts and bad memories. Common mental grounding techniques include mindfulness, making lists of things that you know (favourite films or animals), and gratitude.

WINDOW OF TOLERANCE

Adapted from Siegel, 1999 & NICABM, 2019

HYPERAROUSAL

You are in fight or flight mode- the reaction takes over and you feel fidgety, aggressive or angry, full of energy, hypervigilant, overwhelmed, anxious, and out of control

WINDOW OF TOLERANCE

You feel present, grounded, and able to deal with whatever is happening right now. You might feel sadness, stress, pressure, or just be generally upset but you are able to manage those feelings in your body, and your mind can stay focussed.

HYPOAROUSAL

You feel zoned out, numb, disconnected from your body, disconnected from what you might be saying aloud, really tired or spacey and you just want to shut down. Again- this reaction just takes over- it isn't something you are choosing.
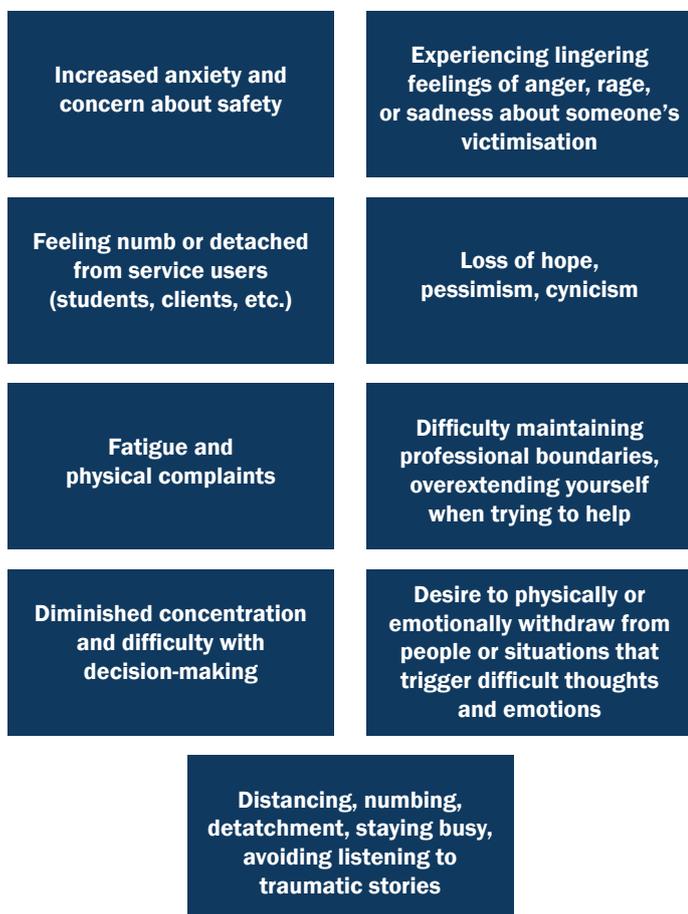
Whilst the framework of trauma-informed practice provides a helpful way for making sense of difficult and challenging behaviour, working with traumatised people can take its toll on professionals in any discipline or role. The term 'vicarious' or secondary trauma refers to the common experience of feeling indirectly traumatised by exposure to children's primary experiences of trauma.

No one is immune to experiencing vicarious trauma, which can leave us feeling numb, angry, hopeless, feeling persecuted ('why me'?), exhausted, guilty, physically unwell, and finding it difficult to be creative or empathetic.
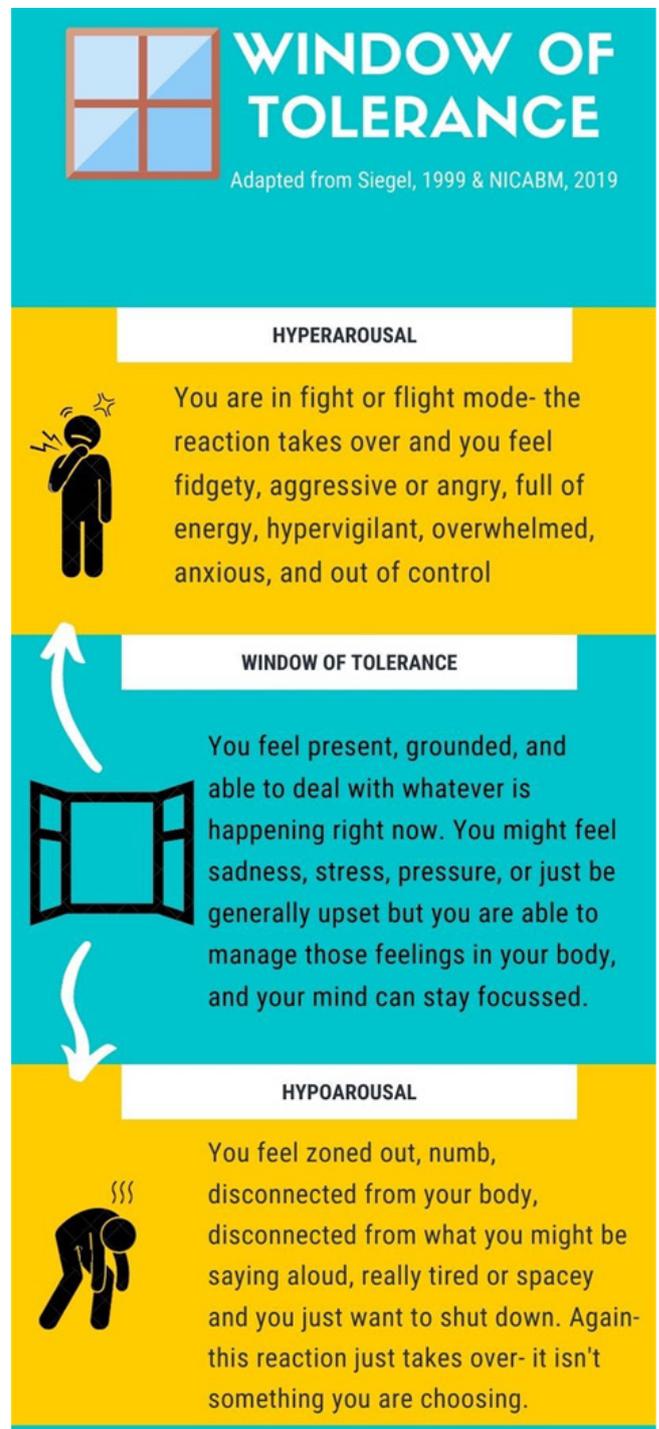
Below is a list of common indicators of vicarious trauma experienced by professionals across a range of disciplines:[1]

Increased anxiety and concern about safety	**Experiencing lingering feelings of anger, rage, or sadness about someone's victimisation**
Feeling numb or detached from service users (students, clients, etc.)	**Loss of hope, pessimism, cynicism**
Fatigue and physical complaints	**Difficulty maintaining professional boundaries, overextending yourself when trying to help**
Diminished concentration and difficulty with decision-making	**Desire to physically or emotionally withdraw from people or situations that trigger difficult thoughts and emotions**
Distancing, numbing, detachment, staying busy, avoiding listening to traumatic stories	

In addition to feeling the impact of vicarious trauma resulting from exposure to traumatised children, families, and communities, organisations experience stressors that can feel traumatic to staff, too- whether they are directly or indirectly affected by them (Berthold, 2014). These stressors include: excessive workloads, a sense of powerlessness, frustration about bureaucracy, inadequate resources, inadequate opportunities for professional growth *(Berthold, 2014)*, re-structuring, redundancies, change of leadership,

> **"It is not just about adverse childhood experiences, but also about adverse community experiences, adverse cultural experiences, and adverse organisational experiences."**
>
> ***David Labby***

> **In a trauma-informed organisation, it is essential to acknowledge the impact of working with traumatised individuals, families and communities on professionals.**

inspecting bodies and inspection processes, funding cuts (or the threat of), and serious incidents *(Treisman, 2018)*. In reflecting on experiences of vicarious trauma, it's important to acknowledge the role these systemic factors can play.

How you can work to reducing the potential impact of vicarious trauma and increase resilience:

- Increase your self-observation - recognise and chart your signs of stress, vicarious trauma and burnout
- Take care of yourself emotionally - engage in relaxing and self-soothing activities, nurture self-care
- Look after your physical and mental wellbeing
- Maintain a healthy work/life balance - have outside interests
- Be realistic about what you can accomplish
- Use peer support and opportunities to debrief
- Take up training opportunities
- Find a therapist to help you work through what you are feeling and find strategies that will help you cope and thrive
- Practice self-compassion
- Take breaks and time off when you need
- Seek social support from colleagues and/or family members.

How organisations can work to reduce the impact of vicarious trauma and increase workforce resilience:

Research tells us that even the most brilliant self-care strategy can be undermined by an organisational culture that is trauma-inducing rather than trauma-reducing *(Treisman, 2018)*. Take a look at the list below and consider which of these items are present in your organisational culture and/or you believe could be implemented *(Bell, Kulkarni, & Dalton, 2003; Saakvitne & Pearlman, 1996)*:

- Normalise the impact of stressors and the emotional impact of working with traumatised kids
- Decrease isolation through group supervision and opportunities for multidisciplinary discussion
- Promote flexibility of roles
- Encourage professional boundaries, including boundaries around working hours
- Provide resources for self-care (e.g. counselling, well-being focussed activities)
- Encourage open communication.

1 Sources: https://safesupportivelearning.ed.gov/sites/default/files/Building_ TSS_Handout_3secondary_trauma.pdf
https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/ vicarious-trauma-signs-and-strategies-for-coping

SELF COMPASSION
based on the work of Kristin Neff

COMPASSION MEANS:
'to suffer with'. We do this when we feel warmth, caring, and a desire to help the person who is suffering. When we have compassion for someone, we have some understanding of what they are going through and we treat them with kindness even when they fail or make mistakes- we don't judge them harshly.

SELF COMPASSION IS:
turning these feelings and thoughts inward- feeling a desire to care and help yourself. If you are having a difficult time, you choose to think about why and treat yourself with kindness, rather than judging yourself harshly. According to Kristin Neff, there are 3 elements of self-compassion: self kindness, a sense of common humanity, and mindfulness

• SELF KINDNESS
Being kind to ourselves feels like being warm and understanding to ourselves when we fail, suffer, feel inadequate, or fall short of our own expectations.

• COMMON HUMANITY
When we feel like we always have to get it right, we are rejecting our humanity- or making extreme exceptions for ourselves. Recognising our humanity means believing that suffering and falling short are human experiences, and ones we don't experience alone.

• MINDFULNESS
Being mindful involves having a balanced view of negative emotions. We don't exaggerate them or suppress them. Mindfulness is not judgemental- we neither ignore or supress feelings of failure and disappointment- instead, we notice them.

prepared by Dr. Kristine Hickle

What difference does this make?

Professionals who have adopted trauma-informed practice as a framework in their work have said *(Hickle, 2018)*:

"We see people in all their different forms of brokenness and this is a different way of approaching that brokenness."
(Senior Social Worker)

"In conferences I often have angry and traumatized people, and to be able to recognize that quite quickly and talk to the person that is traumatized, rather than the angry person that is shouting at you, cuts straight in sometimes in a really powerful way, because you can bring somebody back to work with you."
(Child Protection reviewer)

"I think I have been more aware of my own responses to the complexities around the work we do and how this can impact on the workers involved (including myself), looking after ourselves is important, as is recognising when we are struggling. I am able to read my triggers better now."
(Parenting and Early Years Manager)

For more resources, visit:
https://padlet.com/k_hickle/TIpractice

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