

Trauma-informed Practice in the Adult Social Care Sector

23rd September 2022



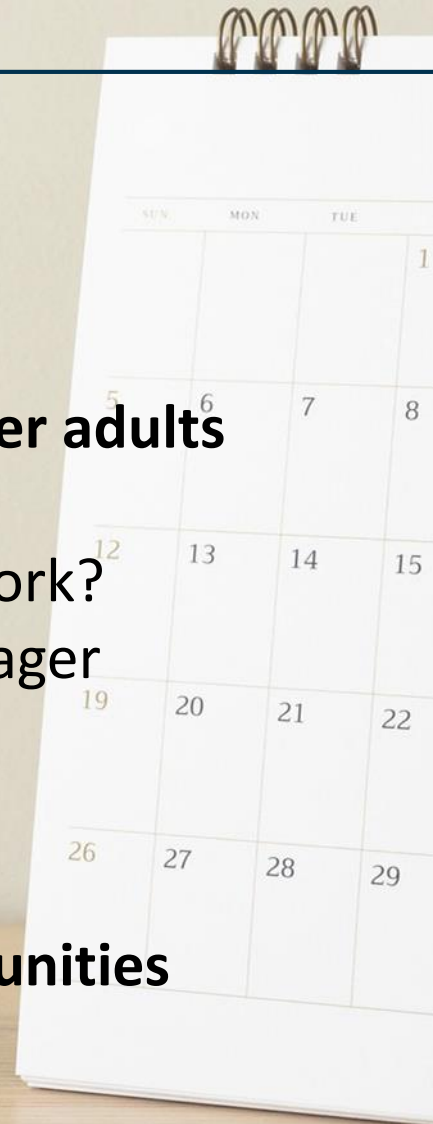
Welcome!

Jess Alexander – Head of Workforce, Scottish Social Services Council



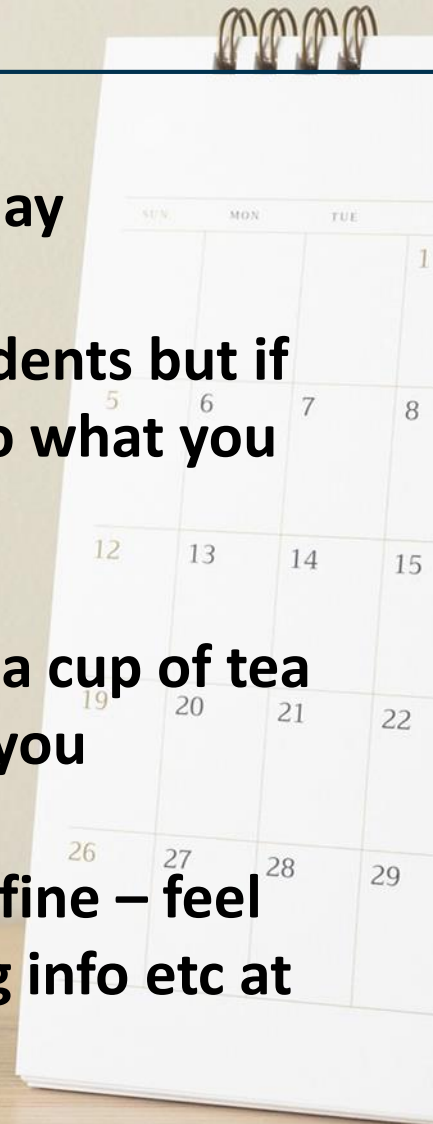
Session Agenda

- **What is trauma-informed practice (TIP)?**
- **Trauma-informed practice and older adults**
- **Implementing trauma-informed practice in an older adults care home setting:**
 - What are the practicalities involved with this work?
 - Q&A between presenter and a care home manager currently implementing TIP
 - Open Q&A session
- **Trauma-informed practice: challenges and opportunities**
 - Feedback exercise
 - Group discussion



Wellbeing Reminder

- We will be talking about psychological trauma today
- We won't be discussing specifics of traumatic incidents but if you need to take time out at any point – please do what you need to do to be safe and well
- Take some time away from the discussion – make a cup of tea – do some deep breathing or whatever works for you
- If you need to leave the session that is absolutely fine – feel free to check in with us afterwards for any missing info etc at trauma@improvementservice.org.uk



What is trauma-informed practice?



Dr Amy Homes, Clinical Psychologist with Lived Experience

Trauma Informed Care/Practice

A whole system, consistent approach that recognises that everyone who interacts with organisations may have a history of trauma that may/may not be known about.

An organisational change framework:

- Culture
- Policy
- Environment
- Practice

Trauma Informed Continuum



Adapted from Karen Treisman, 2016

The Disability Discrimination Act (2005)

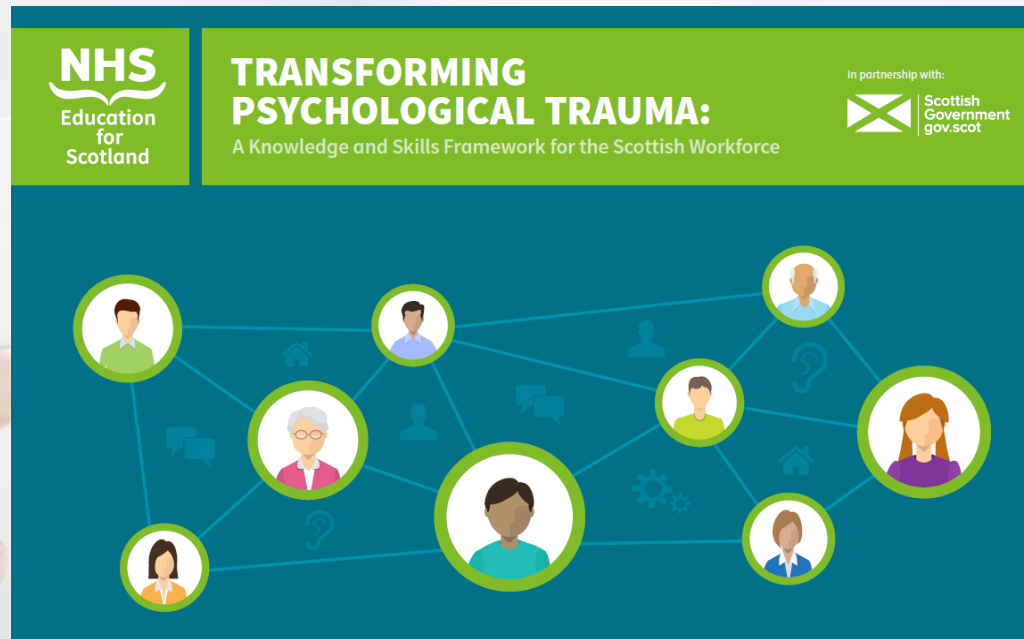
- A tartanised example from Harris & Fallot
- The act states that service providers must make reasonable adjustments to their services and promised to ensure disabled people can access them
- They are not delivering services for people with disabilities – they have become “disability-informed.”

Universal Precautions

A trauma informed system or organisation treats everyone in ways that protect the survivor from re-traumatisation and supports recovery. Much like universal precautions taken for infection control purposes – e.g. Assuming that all bodily fluids might contain a blood borne disease.

Developing a Trauma-Informed Workforce

- Recognise
- Respond
- Reduce



Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce (SG+NES, 2017)



Trauma Informed

All members of the workforce

- Sewing Seeds/ Opening Doors Animations
- Trauma Lens Practice workshop



Trauma Skilled

Workers likely to come into contact with those affected by trauma

- E-Learning module
- PFA module
- Window of tolerance workshop



Trauma Enhanced

Workers with a remit to respond to people affected by trauma

- Safety + Stabilisation
- Survive+ thrive
- Video/webinar content



Trauma Specialist

Workers with a specific remit to provide specialist interventions

- Specialist workshops e.g. CBT for PTSD
- Specialist skills masterclasses

Trauma-Informed Walkthrough

Safety Choice Collaboration Trust Empowerment



Access
Contacting the service, communications before reaching it



Environment
Location, entrance, waiting areas, external and internal fabric, decor, posters, reading materials



Relationships
Every conversation and interaction with every member of staff from first to last



Supporting recovery
Availability/ access to trauma responsive care, support and interventions



Partnership working
Multi-agency working and communications between all related organisations & services



Materials & media
Leaflets, websites, posters, information



Policies & procedures
Organisational structures, operational policies, recruitment



Communications & language
Team meetings, conversations, letters.

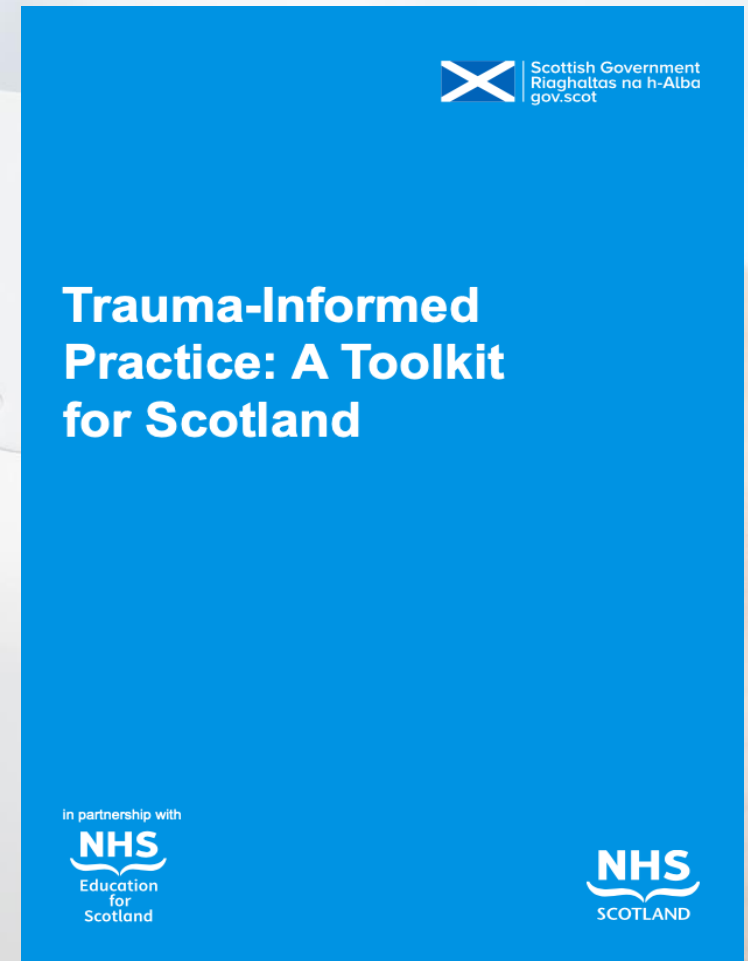
Service Elements

Throughout your journey, you may deal with one, a selection or all of the Service Elements, in no particular order, depending on how your experiences unfold.

Trauma-Informed Practice: A Toolkit for Scotland

Developed based on:

- Existing literature on principles and components of TIC
- Identifying existing example of TRC in Scotland
- Qualitative fieldwork with staff and service users
- Analysing and reporting findings in toolkit format



A background image showing two hands holding white puzzle pieces against a light blue background. The puzzle pieces are interlocking, symbolizing connection or a complex problem being solved.

Trauma-informed practice and older adults

Dr Victoria Thomson, Head of Programme – Psychology of Dementia Workstream, NHS Education Scotland

Understanding Trauma



Considerations for the Adult Social Care Sector

Prevalence

How are prevalence rates impacted by the following characteristics?

- Older age (65+)
- Frailty and complex physical health conditions
- Limited mobility
- Cognitive impairment/dementia
- Sensory impairment

Risk Factors

Longer life span

Cohort issues

Higher burden of care

Elder Abuse and domestic violence

Multiple losses

Transitions

Environmental issues

Dementia

Trauma in Dementia

There is a complex relationship between trauma and dementia:

- Worsening of symptoms/initial onset in later life
- Trauma memories may be more resistant to the effects of dementia
- Changes to trauma buffers & self management
- Increased risk of re-experiencing
- Increased risk of re-traumatisation

Re-experiencing

- Dementia often impacts upon the person's ability to protect themselves against traumatic memories and control triggers.
- Flashbacks can be more intense and visceral for people living with dementia.
- These memories and flashbacks can lead to significant distress, which may seem to be lacking a trigger.

Re-traumatisation

People living with dementia are more likely to experience re-traumatisation:

- Environmental changes
- Memory and sensory difficulties
- Relationships dynamics

Emotion Regulation

1. Attachment

2. Window of Tolerance

3. Dissociation

4. Adaptive Beliefs

5. Relationship Difficulties

6. Surviving the Surviving

Trauma Response or Distressed Behaviour?

Flashback

Hallucination

Hypervigilance

Paranoia

Nightmares

Sleep
Disturbance

Hyperarousal

Agitation
Aggression

Trauma-Informed Care

Realises the widespread impact of trauma and understands potential paths for recovery

Recognises the signs and symptoms of trauma in residents, families, staff and others involved in the system

Responds by fully integrating knowledge about trauma into policies, procedures and practices

Resists re-traumatisation

Recognising Trauma in Clients

- Comprehensive review of records
- Routine enquiry for residents who are able to engage with this
- Enquire with family
- Health and social care professionals
- Functional analysis and behaviour monitoring assessments

Responding

Creating conditions for clients to:

- Feel physically and emotionally **safe**
- Have genuine **choice** over their life and the care they receive
- Have the opportunity to engage with workers **collaboratively**, to achieve common goals?
- Feel **empowered**, having their strengths and abilities recognised and independence supported
- Have a sense that staff and organisations providing care are trustworthy and transparent

Resisting Re-traumatisation

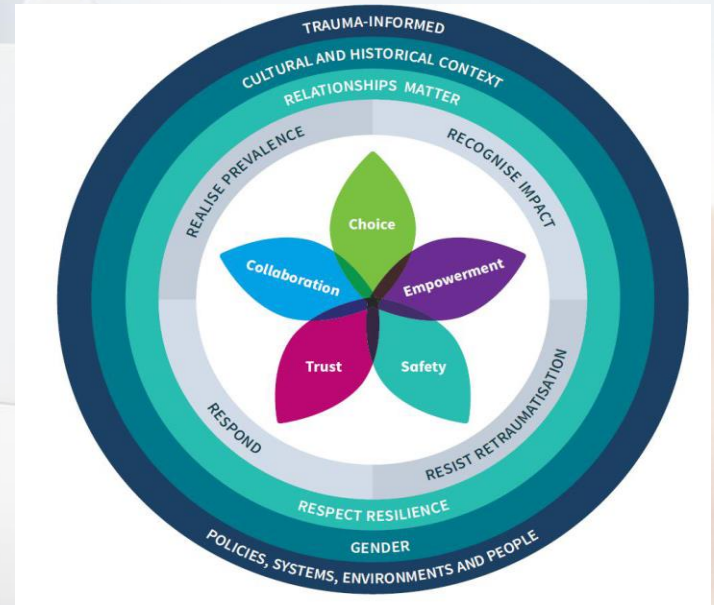
Minimising the risk of situations/environments that create emotions, thoughts, physiological responses, that mimic those of a trauma response.

Safety Choice Collaboration Empowerment Trust

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Further info at:
<https://transformingpsychologicaltrauma.scot/>



Implementing trauma-informed practice in an older adults care home setting – the practicalities

Dr Amy Homes, Clinical Psychologist

Lizzie Leigh, Assistant Psychologist

Margaret-Rose Smith, Manager – Kinning Park Care Home

Implementing TIP in Care Homes – what does this look like?



Dr Amy Homes, Clinical Psychologist
Lizzie Leigh, Assistant Psychologist

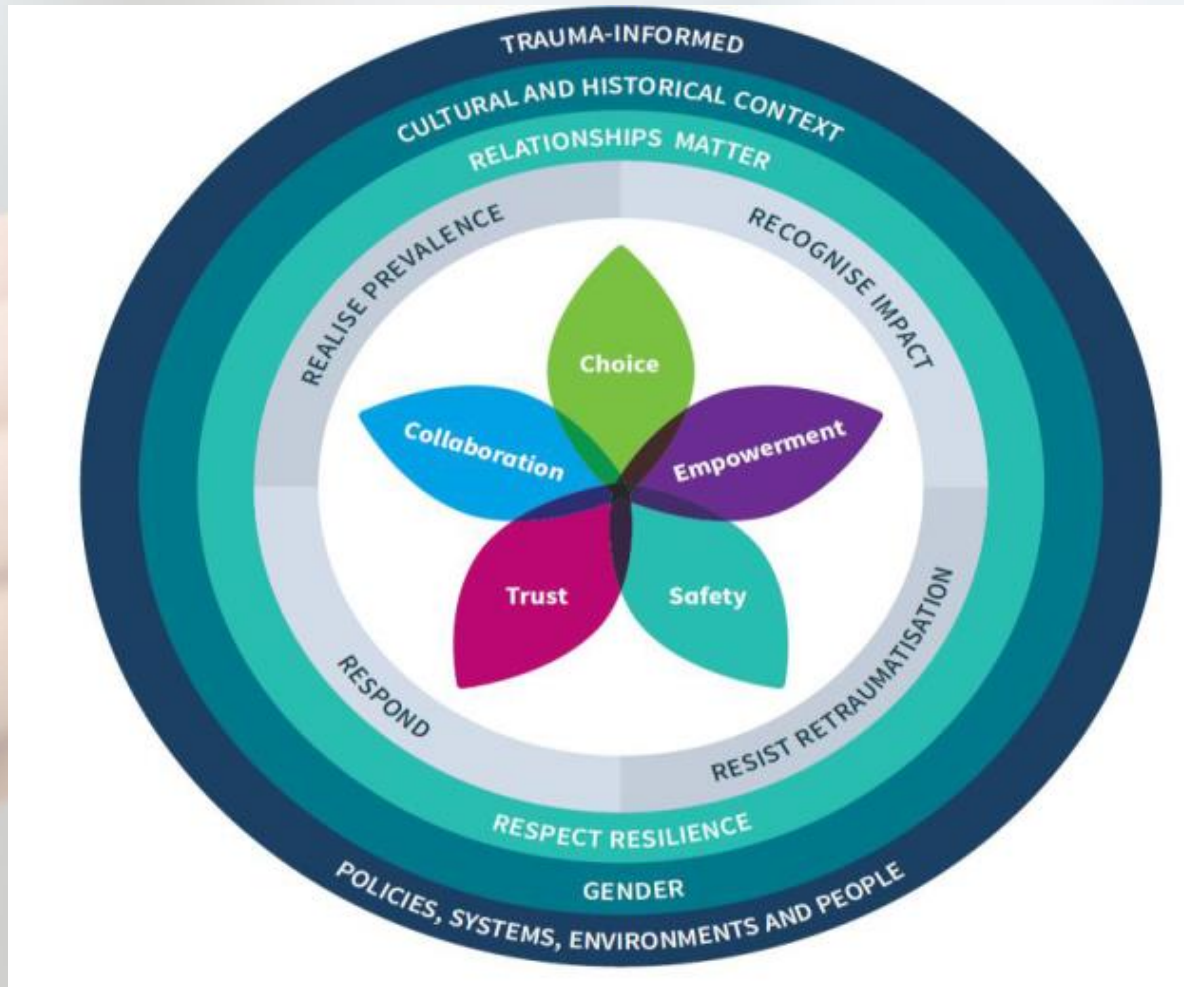
Peer Support and Learning Group Pilot

Aim: To allow managers of care homes to take the learning provided through the National Trauma Training Programme (NTTP) training resources and the TIP toolkit, and work with peers to navigate the challenges in embedding TIP within the care home setting, particularly in their recovery from the COVID-19 pandemic.

Peer Support and Learning Group Pilot

- Initially seven care homes (mixture of small/larger homes and private/ local authority)
- Sent consent forms and information sheets to all
- Completed 3 full days Trauma Training through teams (covering Trauma basics/ Trauma skilled recap; specific day training for trauma and older adults; day on Trauma Informed Practice (TIP))
- Implementation packs
- Peer Support and Learning Groups delivered via zoom (Sept – Jan) (n=5)
- General format – updates by care home discussing progress, barriers, receiving advice from peers and consultancy advice
- Also specific input tailored to needs/ wants of group (Implementation science, Evaluating TIP, Focus group re pilot)

Key Principles of TIP



SAFETY PRINCIPLE

- Efforts are made throughout the organisation to ensure that staff and clients feel physically and psychologically safe.
- Staff and clients should experience the setting and the interpersonal interactions taking place within the setting as safe, inviting, and not a risk to their physical or psychological safety.

Safety

Physical Environment

Making the environment feel homely and safe. Decorations made by residents were used to create a homely feel in both the clients' private spaces and communal areas.

Ensuring the environment is as stimulating as possible (interaction board, activity scheduling, sensory rooms)



Safety

Emotional Safety

Creating psychological safety - providing person centred care

An environment that instils a sense of safety, privacy, confidentiality and the presence of caring others

- Proximity to other residents
- Preference for staff members – continuity of care where possible
- Bedroom environment
- Positioning in communal area

Discussing and making a plan re language to be adopted (Ladies and Gentleman)

"...I reflected a bit and then I mentioned to staff, "You are aware that this lady hasn't maybe had the best nurturing environment and that's maybe why she tries to push everybody away."

It's interesting how their approach to her has changed just with hearing that she has experienced something traumatic and I think now we're not hearing as much negativity as such, it's not so much about how she's been shouting at folk because they're going in with a different kind of approach, more understanding."

Care Home Manager

Physical and Emotional Safety of Staff

Staff Wellbeing is central to TIP

- If Staff are not well, they can't give the best care they can
- There is likely to be higher levels of sickness and attrition
- Care Homes are a challenging environment to work in.....
- Thomson et al. (2007) – 68.8% of staff reported being involved in an incident where they feared for their personal safety and 71.4% witnessed an event where they feared for a colleague

Physical and Emotional Safety of Staff

- Recognised as an area of importance for the Care Homes.
- Some had already started implementing Staff Wellbeing training
- Others had started to monitor wellbeing – to ensure they are identifying staff needs and responding to these

“We’re quite lucky that, you know, we use the scales and we’re able to check their wellbeing to make sure the team were back on track and they understood where we could improve things, what could happen to make sure that their needs were taken care of as well as the individual that was quite traumatized” – Care Home manager

TRUST PRINCIPLE

This principle refers to the degree to which organisational operations and decisions are conducted with:

- **transparency**
- **the goal of building and maintaining trust**
- **among clients and their family members, and among staff and others involved in the organisation.**

Trust

Restoring attachments through caring and compassionate relationships.

Using consistency, doing what you say you are going to do when you are going to do it.

Allowing them space to talk about their experiences without trying to problem solve or distraction.

Making sure they have someone they trust and have a relationship with to perform other tasks, especially intimate tasks.



CHOICE PRINCIPLE

- Throughout the organisation, clients and staff are supported to make decisions and choices, and to set their own goals.
- The organisation recognises that giving people choice can help address power imbalances.
- Clients and staff therefore have meaningful choice and a voice in the decision-making process of the organisation and its services.

Choice

- In routines (Meal times - offering residents options eg. breakfast in their room or in the communal space with others, choice of meal
- In care tasks for example, location of tasks
- Engaging in activities appropriate for their level of functioning – outings where appropriate, baking, etc.
- Promoting independence - lady who wanted to be involved in cleaning



COLLABORATION PRINCIPLE

- **Recognise value of staff and clients' experience in overcoming challenges and improving the system as a whole**
- **Attempt to level power differentials between different staff groups and between staff and clients, implemented through formal or informal use of peer support or mutual self help**
- **Recognition that healing takes place in the context of relationships and in the meaningful sharing of power and decision-making**

Collaboration

Where possible, how much do you work in collaboration with residents and families in relation to common values and goals? Especially during transitions and care plans

Care Homes spoke about realising now how important it was to ask about any potential big T or little t traumas with residents or families. When this happened it opened up a dialogue which aided collaboration.



Collaboration

Another care home recognised that once these discussions started, they didn't have any links with services where they could refer a person or their family on for emotional support.

They approached Rape Crisis (another Trauma Informed organisation), to talk to them about how they can get access to their services for residents if needed.

This worked well as Rape Crisis were also keen to start working more with older adults



EMPOWERMENT PRINCIPLE

Efforts made by the organisation to share power and to give clients and staff a strong voice in decision-making, at both individual and organisational levels.

Each level of the organisation, including management, operations, service delivery and staff training, is designed to be empowering for both staff and clients.

Staff are empowered by mechanisms of organisational support, and clients are empowered by services that are person-centred, and based on belief in the resilience of individuals and their ability to heal and recover from trauma.

Empowerment

Working alongside leaders and senior management can be empowering for staff.

Support from stakeholders in a company-wide TIP training reassured staff of both the importance of the program, and its viability in addition to an already demanding workload:

“The chief executive, she’s been in touch and we’re looking at the statement of intent and she’s really on board and really wants to be involved and to help move this forward ... It’s been so important in starting the journey to have them involved and on board, it makes it clear to everyone else we’ve got that senior management buy in by signing the statement of intent” -



Q&A

Trauma-informed practice – challenges and opportunities

Group feedback and discussion



A close-up photograph of two hands holding two white puzzle pieces. The hands are positioned on the left and right sides of the frame, with the puzzle pieces held between them. The background is a soft, out-of-focus light blue and white. The text 'Thank you!' is overlaid in a large, dark blue font across the center of the image.

Thank you!

trauma@improvementservice.org.uk