

Trauma informed care
during a pandemic - a
CAMHS perspective



Keeping safe today

Trauma is an emotive subject and today's training may trigger some difficult feelings

If needed, please take time out and come back when you feel ready
We are all here to support each other

Today

Quick recap of tic

RRR



Pandemic through a trauma informed lenses

What have young people told us about their experience of the pandemic

NO, NO

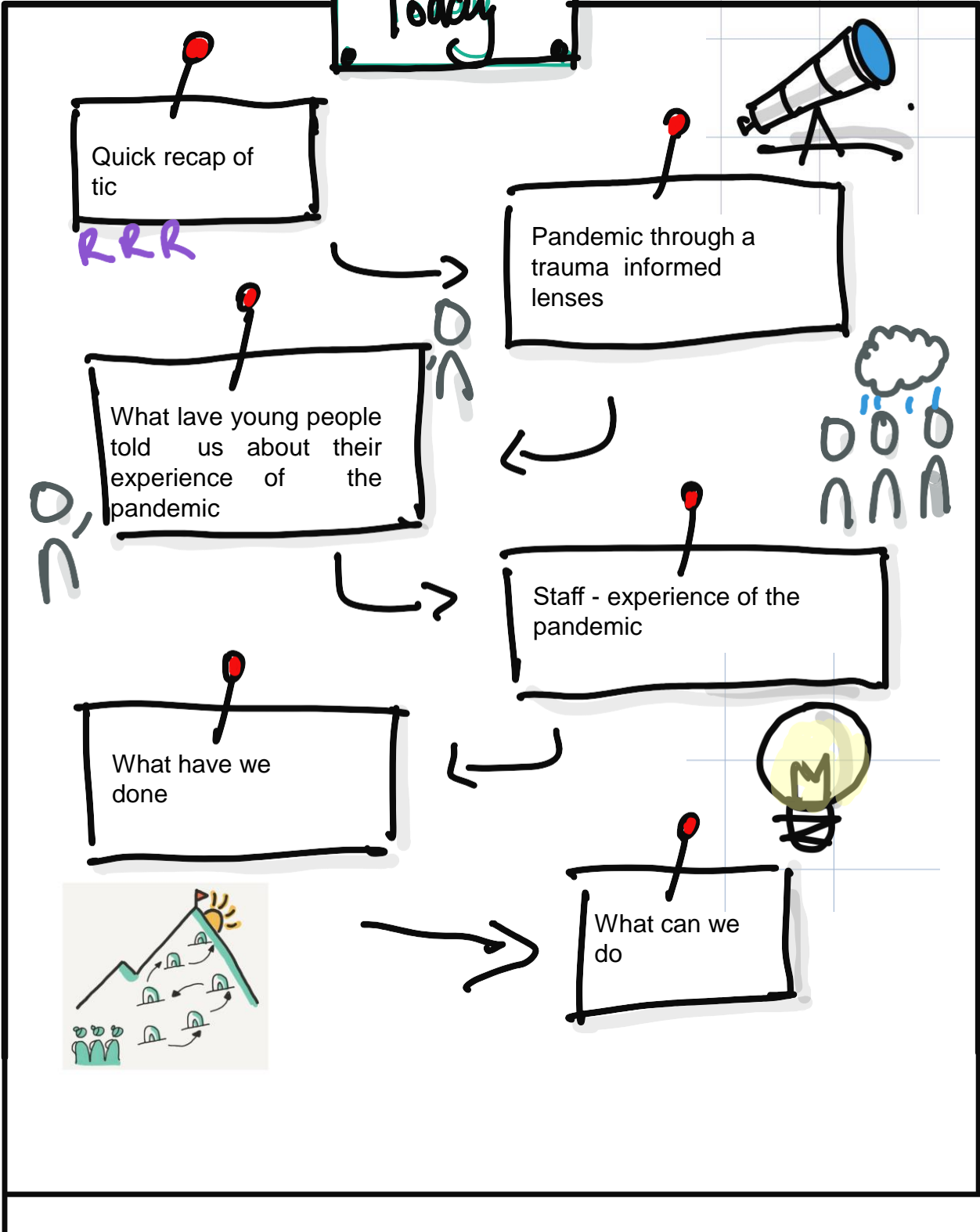


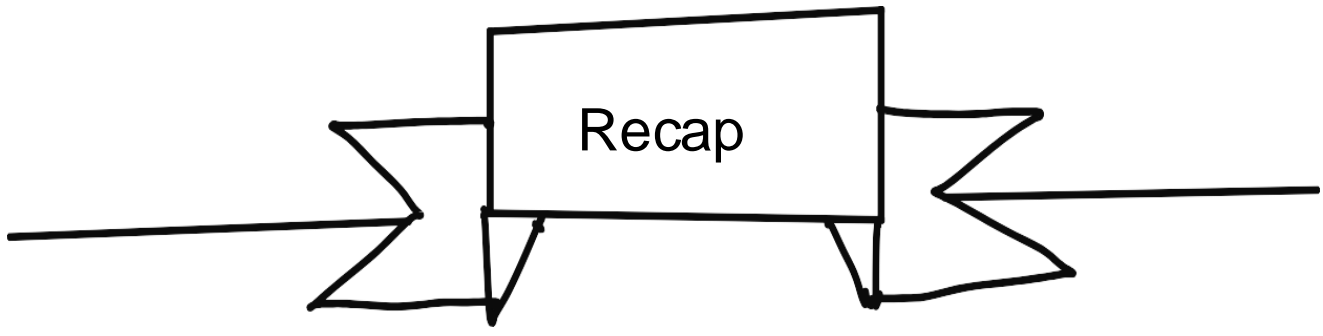
Staff - experience of the pandemic

What have we done



What can we do





EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Trauma-Informed Care (TIC)

It isn't about what's wrong with a person. It's about what happened to a person.

TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

5 KEY PRINCIPALS:

- Safety**
Creating areas that are calm & comfortable

- Trust**
Providing clear and consistent information

- Choice**
Providing an individual options in their treatment

- Collaboration**
Maximising collaboration among health care staff, patients and their families in organisational & treatment planning

- Empowerment**
Noticing capabilities in an individual

THE FOUR R'S OF TIC

REALISE

All people at all levels have a basic **realisation** about trauma, and how it can affect individuals, families, and communities

RESIST RE-TRAUMATISATION

Organisational practices may **compound trauma** unintentionally, trauma-informed organisations avoid this.

UNIVERSAL SCREENING



Prevents misdiagnosis and inappropriate treatment planning

RECOGNISE

People within organisations are able to **recognise** the signs and symptoms of trauma

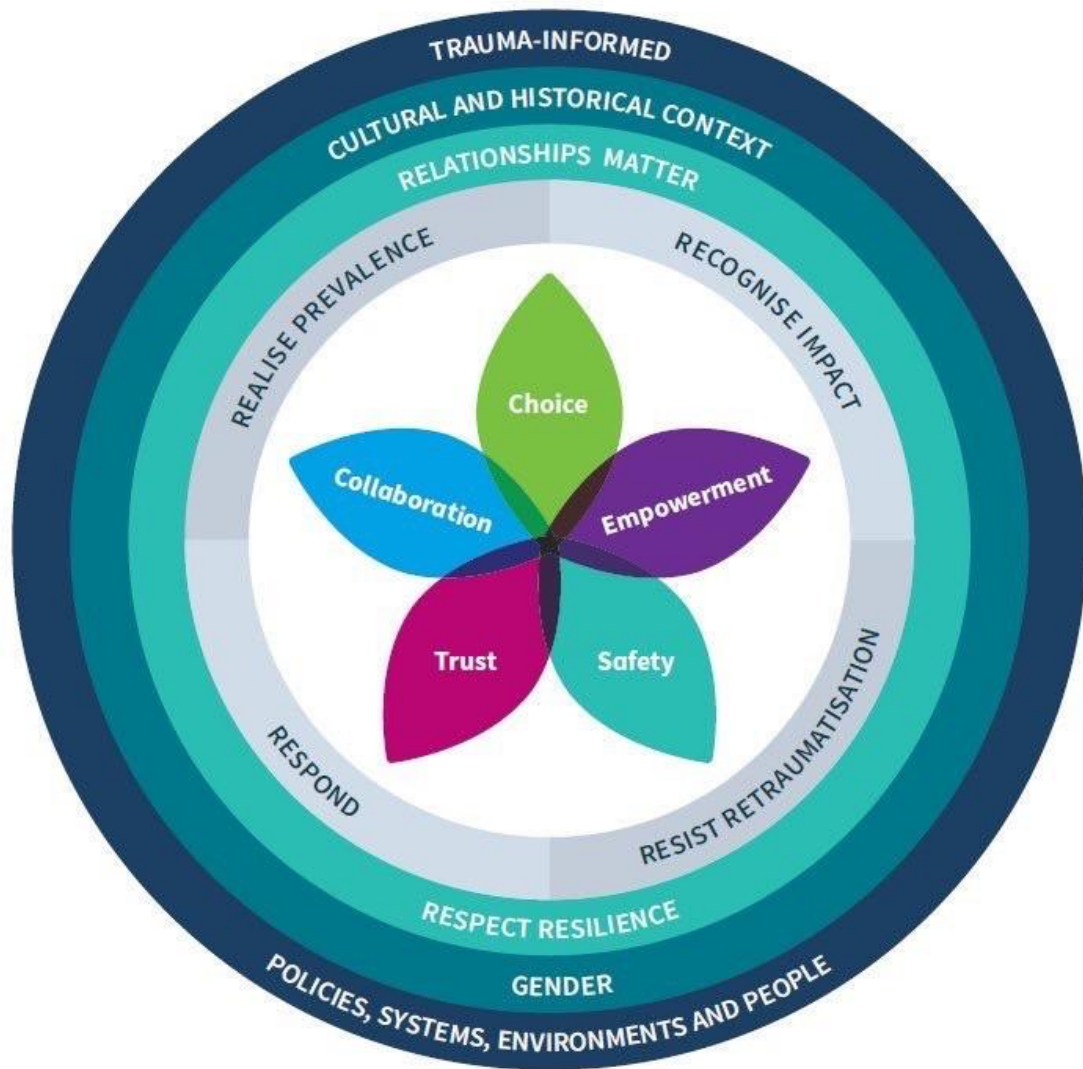
RESPOND

Programmes, organisations and communities **respond** by practising a trauma-informed approach

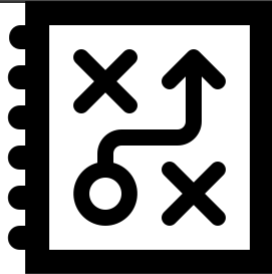
“ Trying to implement trauma-specific clinical practices without first implementing trauma-informed organisational culture change is like throwing seeds on dry land. ”

Sandra Bloom, Creator of the Sanctuary Model

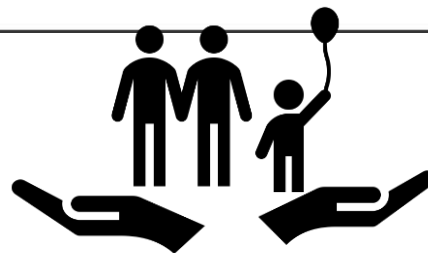
It is not just trauma therapy



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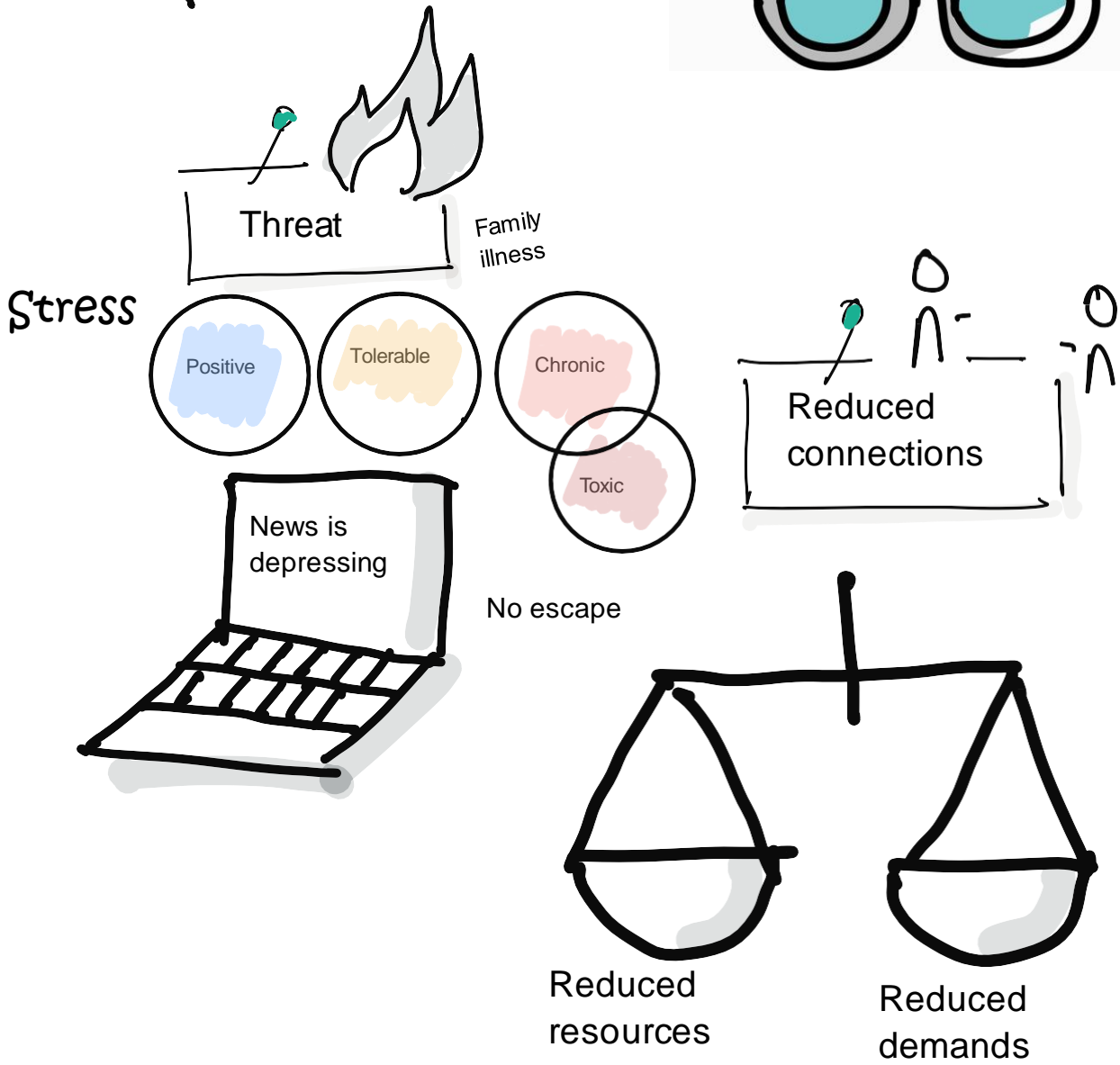
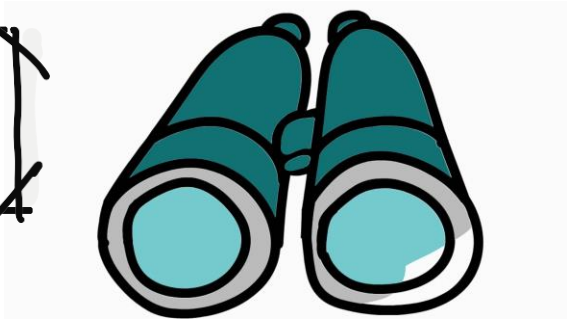


Moving from process
driven targets



A culture of commitment not to repeat traumatic experiences and in whatever way possible to restore a sense of safety, power and worth. Support reflections in place of reaction, curiosity in lieu of numbing, self care instead of sacrifice, and collective impact rather than siloed structure (Epstein, K., et al., 2014)

The pandemic through a trauma lens



Impact on Young people

Lots of people
struggling

Stressful

Missing friends,
family and
experiences

Worries about exams
and future

Loneliness

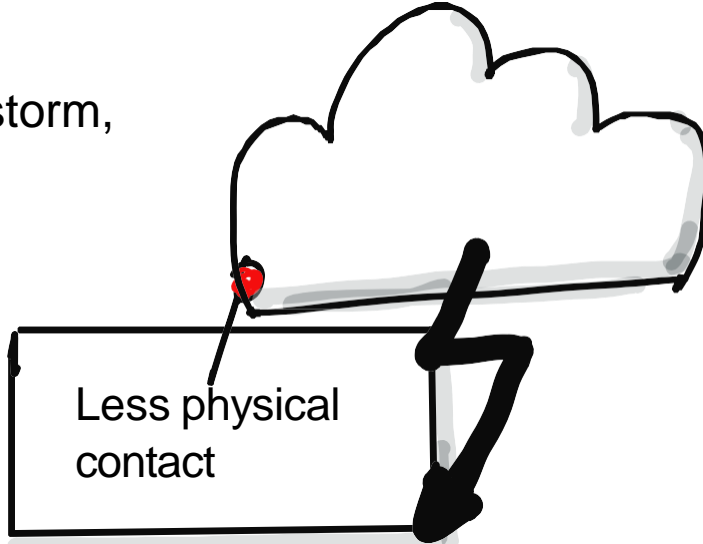
frustration and
sometimes anger, about
the impact of the
pandemic on their lives

Not as safe



Same people,
same walls

Thunderstorm,
stormy



Less physical
contact

A bit all over the place
some days ok, some
days no motivation

What impact has the
pandemic had on
our mental health

Got used to it,
routine.

This is
life

Loneliness

Social
media

More time at
home and more
time on the
internet

News

lost
connections

Boredom, low
mood, anxiety,
compulsions



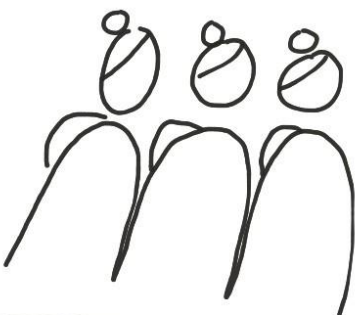
Adversity

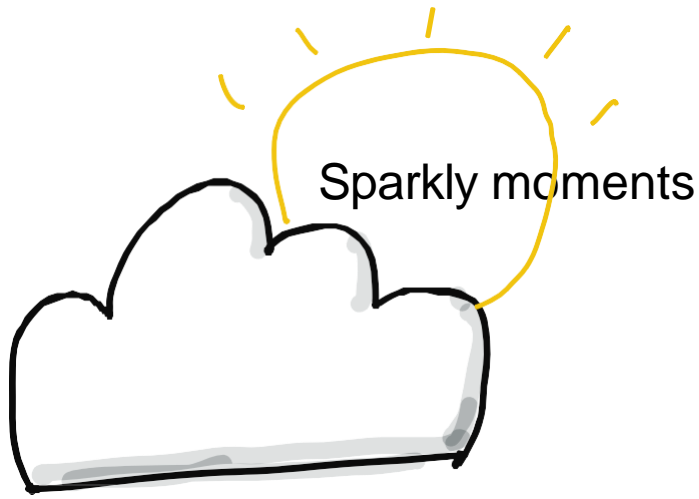
Being stuck in the house
could bring back
memories

children who often face more barriers to accessing their rights even when there is no global pandemic, more have also faced struggles on average than their peers. Disabled children and young people are more likely to be worried about coronavirus, more likely to feel sad, more likely to feel unsafe. Children and young people of Black, Asian and other ethnic minority ethnicities are more likely to feel lonely and less likely to say they feel safe

More time spent in own head,
less distractions.

Therefore more opportunity for
flashbacks





enjoy learning at their
own pace from home



Calming



Time with family



Time away from
school



Not having to
see people

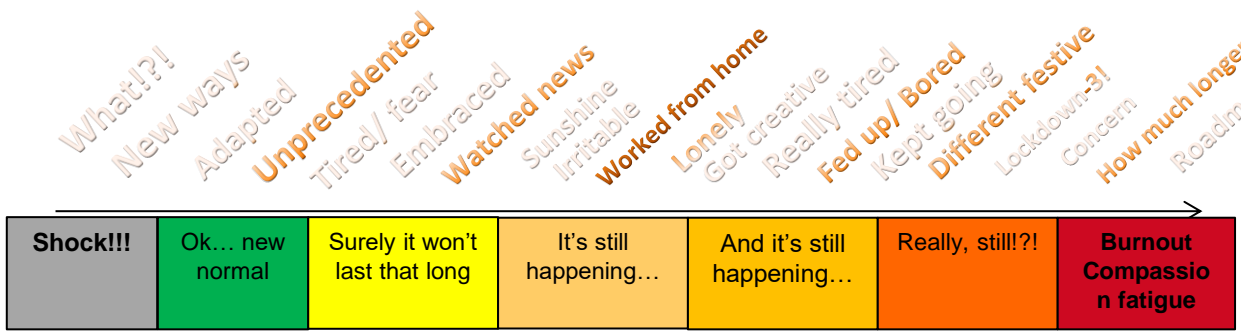


STAFF EXPERIENCE

March 2021 signals 12 months of Covid life!

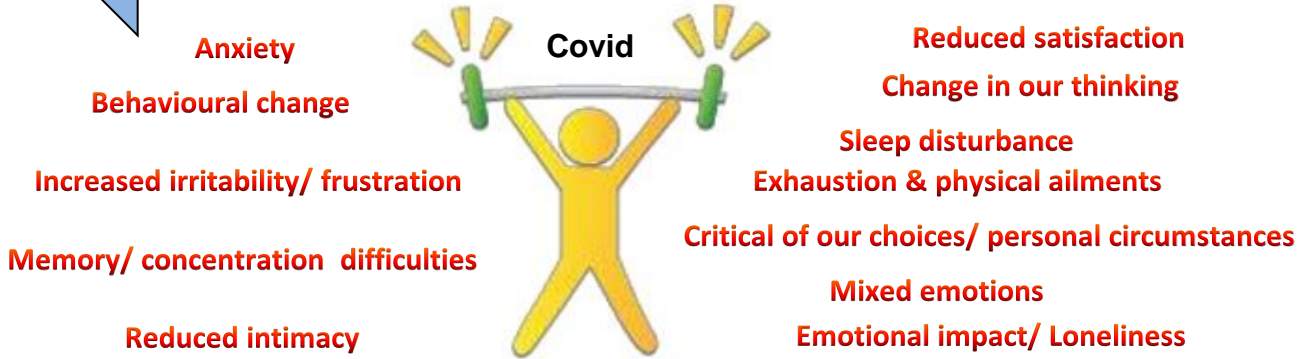
March 2020

March 2021

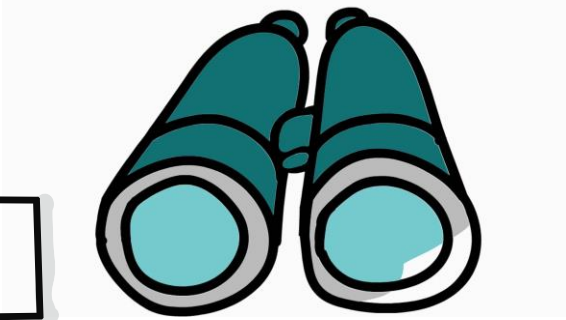


Cumulative effect of adversity, leads to negative outcomes

Importance of self care; psychological safety, wellbeing, support, flexibility



Compassion fatigue



Burnout



Moral injury



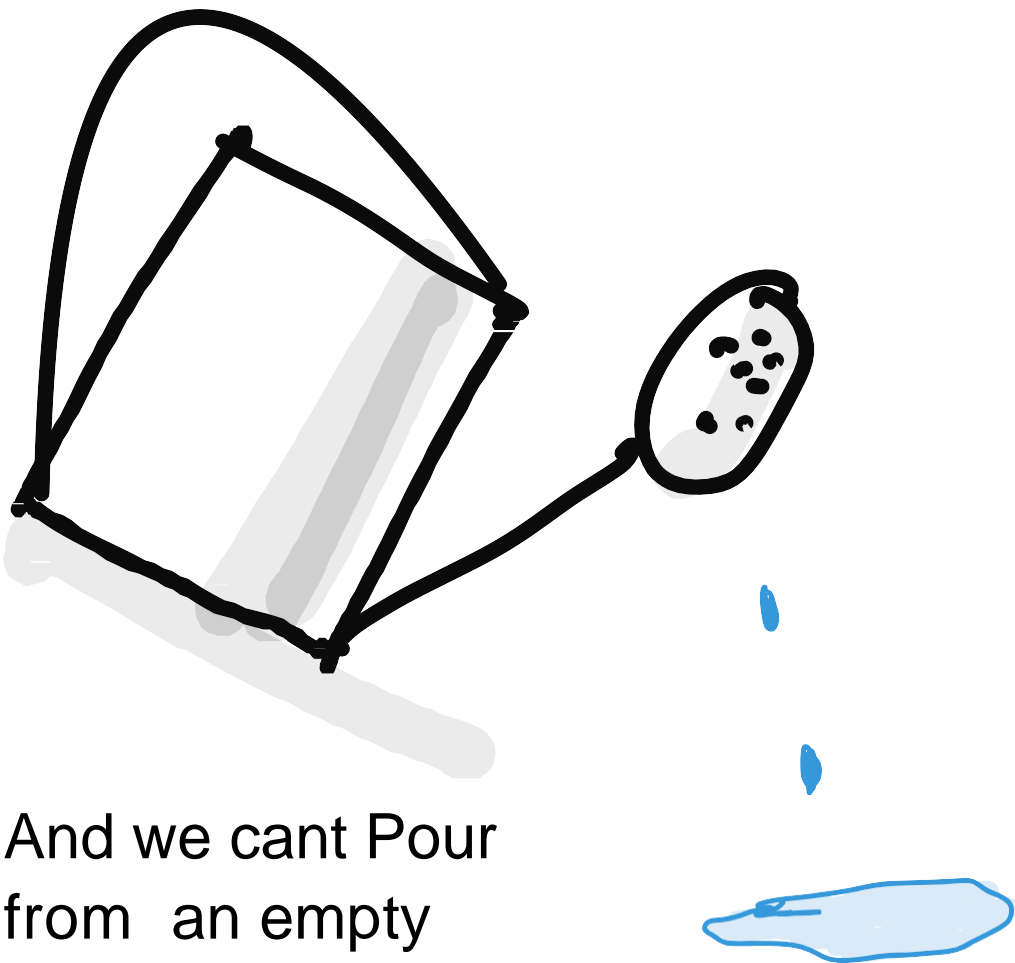
Vicarious trauma



Staff experience

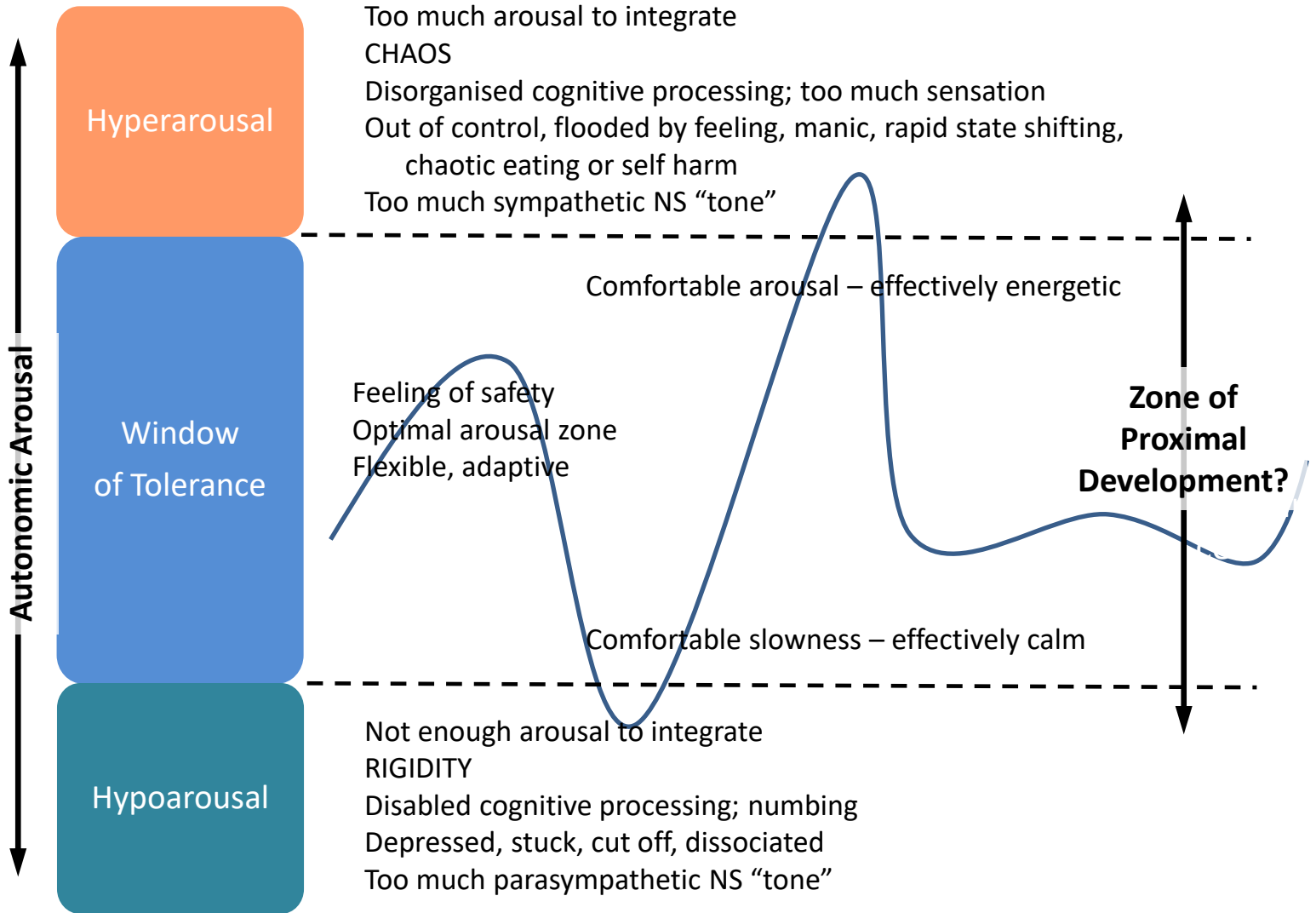


The bucket is full
but the Jug is
empty



And we cant Pour
from an empty
jug

Shrinking the window



Experience of services

What young people said they like...

It was good not to be rushed and going at my pace

It was good because nobody said to me 'No! You should not think that!'

After a while I did feel confident and it was easier to talk because I got to know the person

It was alright because the worker knew my Mam already so I did not have to explain everything

What our young people would like us to change

They ask and ask and ask – and I don't know why they are asking – 'irrelevant stuff'

It is helpful not to be asked random questions – I thought 'what are you on about?!'

I don't like being asked 'why?' all the time

Being late

I think it is better if my foster Mam comes first to talk because I don't have to talk and be worried or nervous about seeing the person – because they are strangers and I have never met them

What our parents and carers have told us

They often feel they have to 'fight' for appropriate support.

Felt 'patronised' and 'not believed' about their journey so far

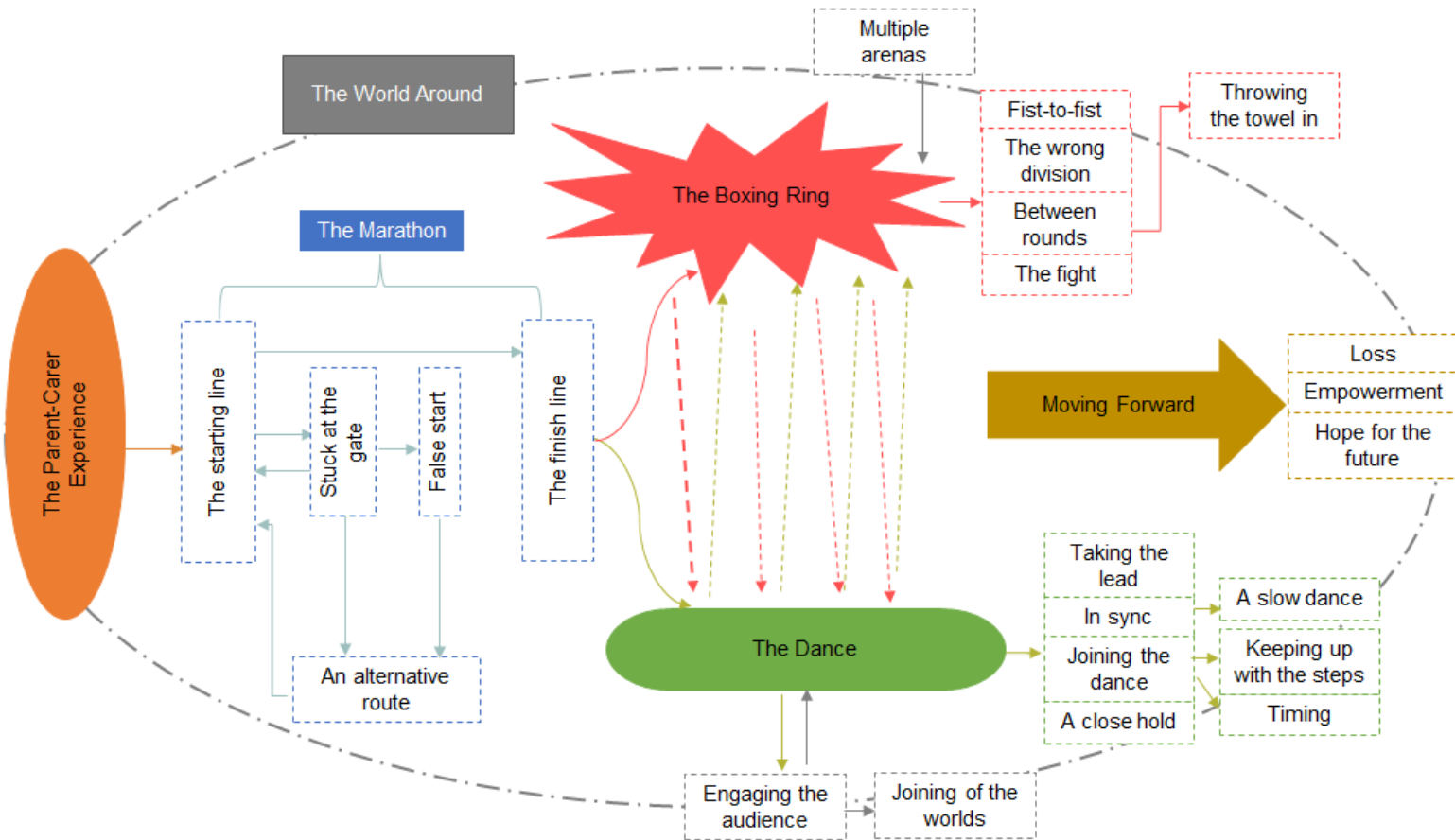
Difficult and sensitive information was often spoken about in front of the child – upsetting for both carers and young people.

When the child or young person was present, the conversation became problem saturated – parents felt they were being negative about their children.

Carers and parents felt 'blamed' – felt they were often pointed to parenting courses before having had a chance to explain their experiences.

Felt workers often did not appreciate that children with trauma will often present as younger than their chronological age

Having to get into a ring with a professional boxer after you've just finished a marathon



Overall themes and messages

Being calm, friendly, sensitive and empathic from the outset is key

Helping a young person to feel they are safe and secure is more helpful than going straight in with a solution or therapeutic approach - this will potentially stabilise a challenging situation.

Since many young people who have experienced trauma also struggle with trust, it is important to work at their pace and it will take time before we gain their trust.

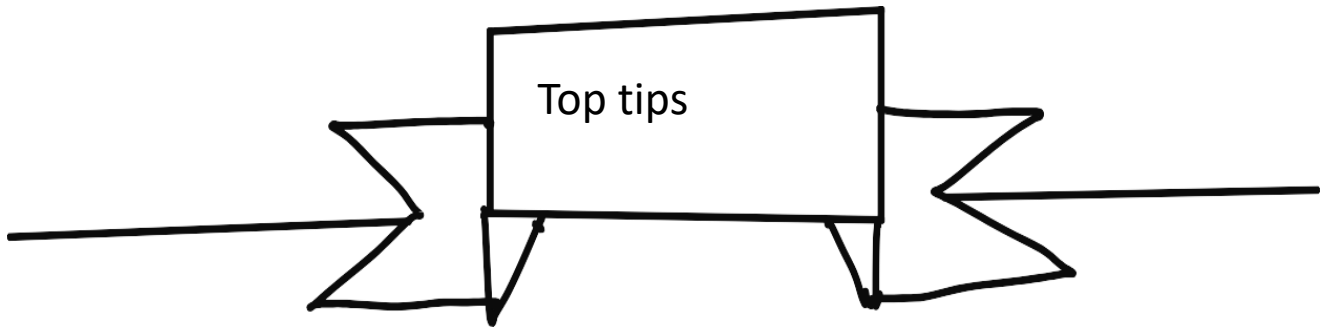
They often want parental/carer support when our processes assume they do not, equally caregivers want to be involved and may need their own support

Consider the wider system, impacts from other services and school

Empowerment is key, tuning into strengths and resilience already in the family, inspiring hope for the future

Recognise endings can be hard and emotive, whether planned or unplanned

It is not 'rocket science'!



Top tips from young people

Be predictable be

available Be

consistent

Answer phone, call back. Write

down the right thing

Try and talk about other things away from the pandemic. Normal conversations

Escape the negativity

What have we done so far

Awareness around
impact of trauma:

Shame,
Trust,
Stress,

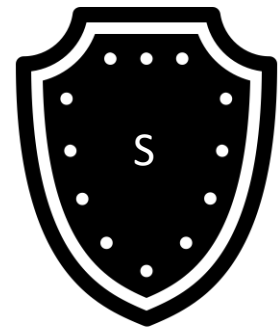
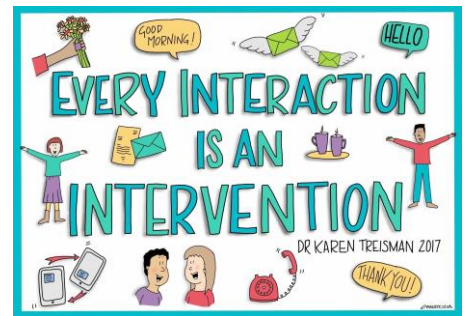
empowerment

co production

choice

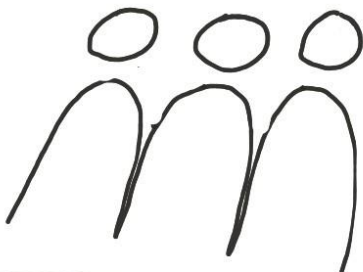
trust

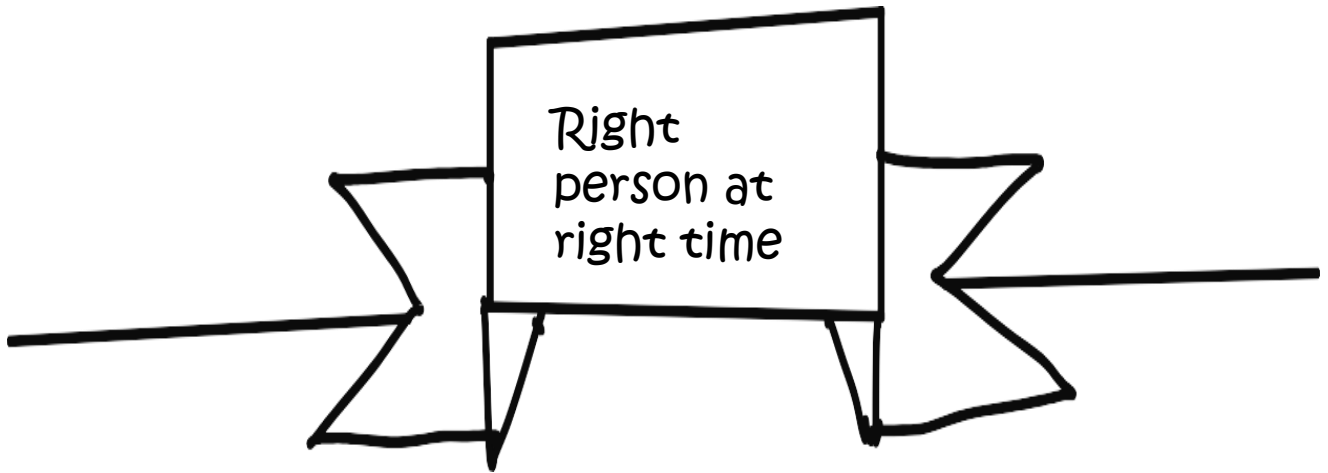
safety



WE DO NOT
SEE THINGS
AS THEY ARE,
WE SEE
THINGS AS
WE ARE.

Anais Nin





It is important that this question is asked by the right person, at the right time – i.e. the main clinician who will be involved rather than someone who will only be involved for a short period of time.

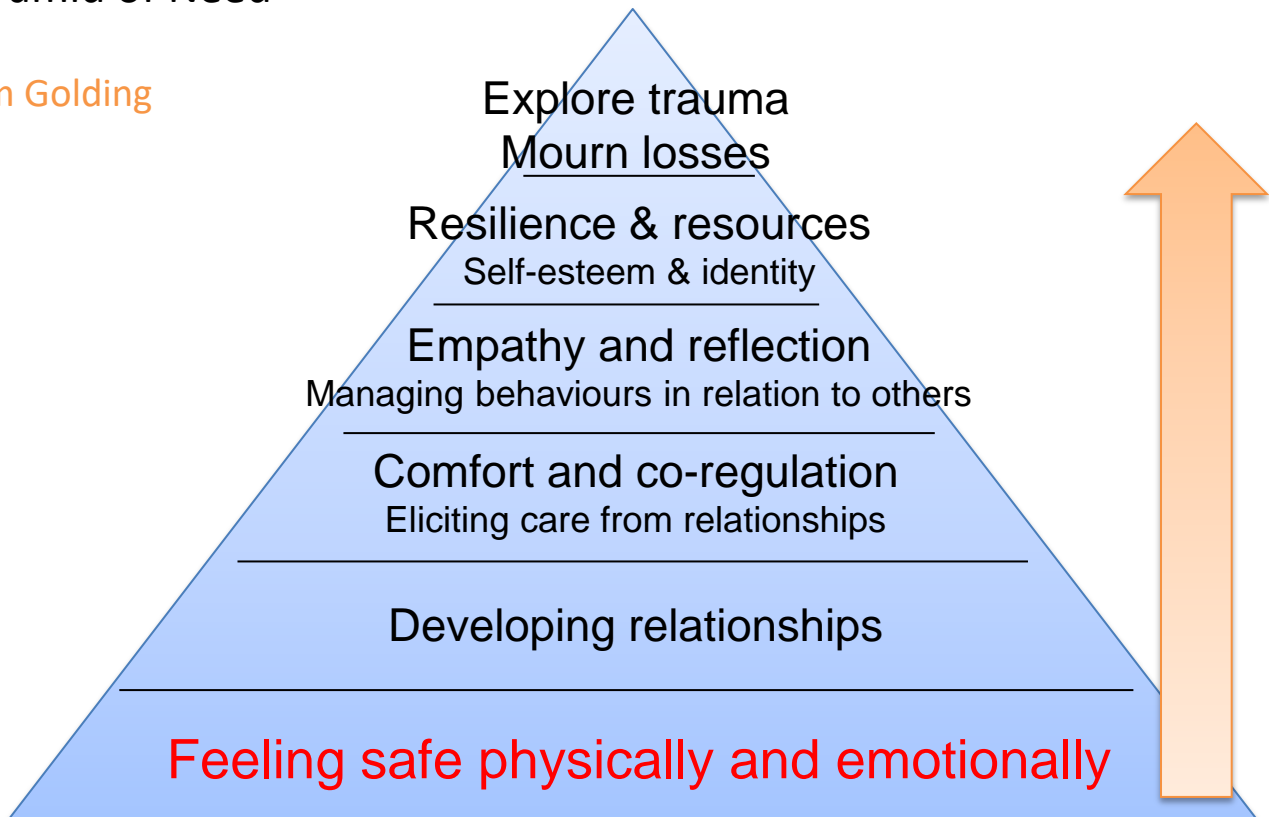
Ask the question sensitively and with careful timing, which fits the need of the young person. If you don't ask the question, record why you felt it was not appropriate to do so.

Example: Not getting a young person or family member to repeat their story,

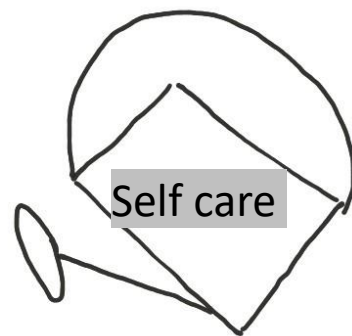
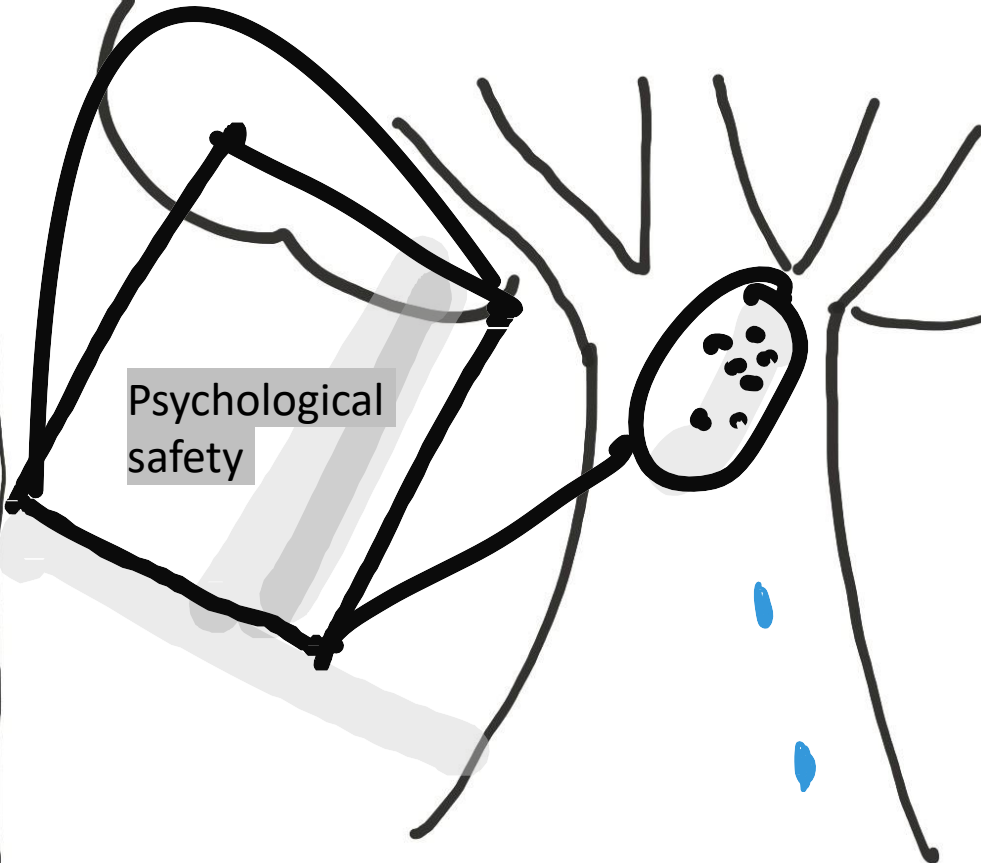
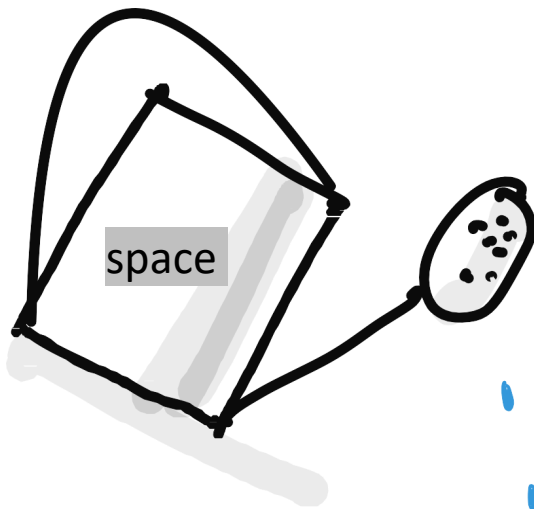
Pacing intervention,

Pyramid of Need

Kim Golding



How do you create TIC in your environment



WHAT'S THE DIFF?

Trust and Psychological Safety

Psychological safety is the belief that your environment is safe for interpersonal risk-taking. It's similar, but slightly different from, trust.

TRUST

Will **YOU** give others the benefit of the doubt when you take a risk?



"Bob is probably going to freak out if I disagree with him."

PSYCHOLOGICAL SAFETY

Will **OTHERS** give you the benefit of the doubt when you take a risk?



"My team expects me to speak up. It's how we do things."

Sources: Edmondson, A. C. (2002). Managing the risk of learning: Psychological safety in work teams. Boston, MA: Division of Research, Harvard Business School, and Frazier, M. L., Fainshmidt, S., Klünger, R. L., Pezeshkan, A., & Vacheva, V. (2017). Psychological safety: A meta-analytic review and extension. *Personnel Psychology*, 70(1), 113-165.



wendyhirsch.com

Difference between empathy and compassion

BE KIND to YOURSELF by KRISTIN NEFF

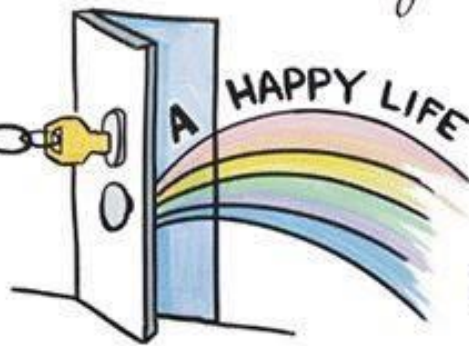


SELF-COMPASSION
A SOURCE of STRENGTH
and RESILIENCE

RESEARCH
AND MORE
RESEARCH



self-compassion



1 SELF KINDNESS



WE ARE AS CARING
TOWARD OURSELVES
AS WE ARE TOWARD
OTHERS

2 RECOGNIZING OUR COMMON HUMANITY



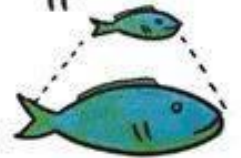
SHARED HUMAN
EXPERIENCE

3 MINDFULNESS

BEING OPEN TO THE
REALITY OF THE
PRESENT MOMENT

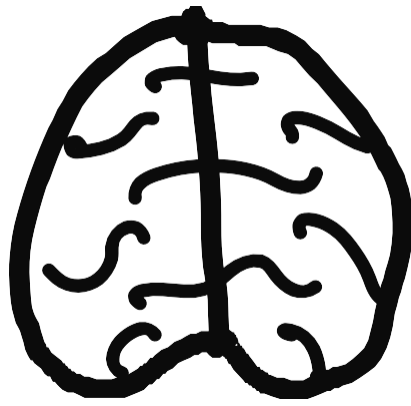


ACKNOWLEDGE
OUR SUFFERING
WITHOUT
EXAGGERATING
IT



MOMENT
of CONNECTION
WITH OTHERS





Space to think

Reflective practice

Noticing own
triggers/responses

Formulation time

Processing time

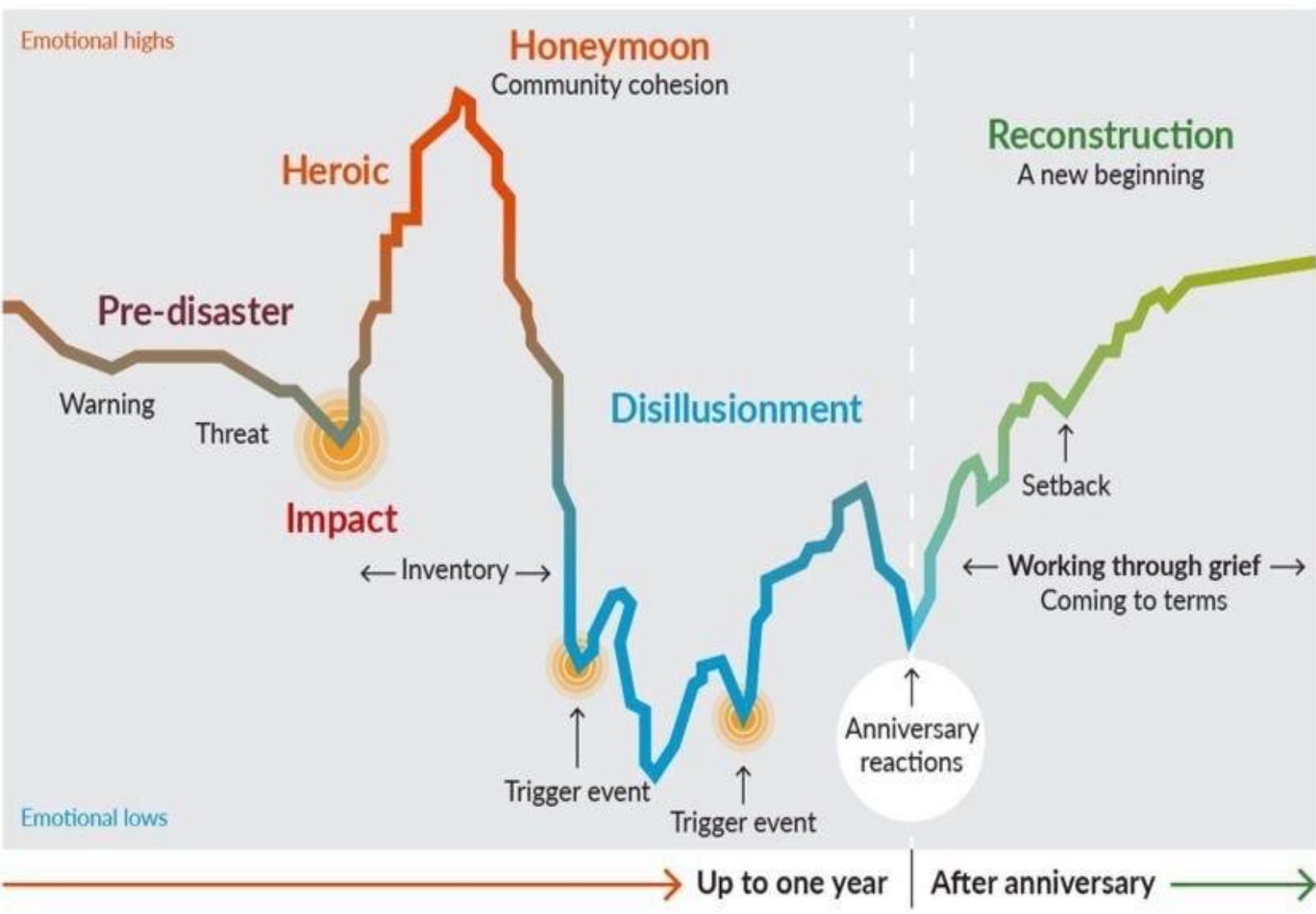
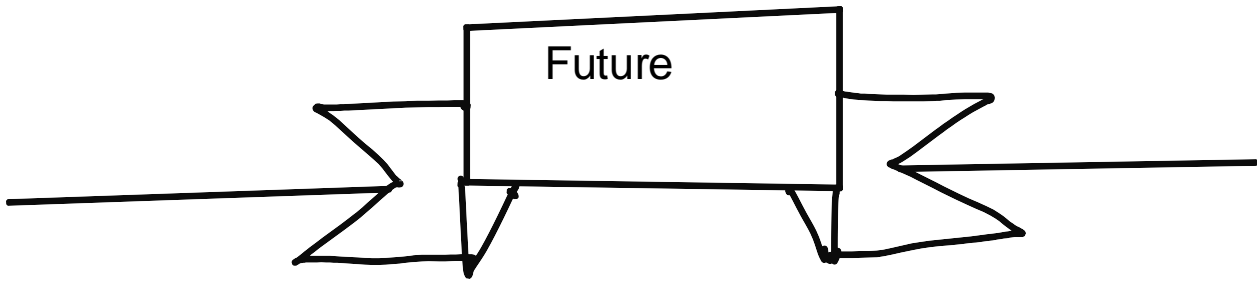
Escape time

SELF CARE

What takes you back into your window?

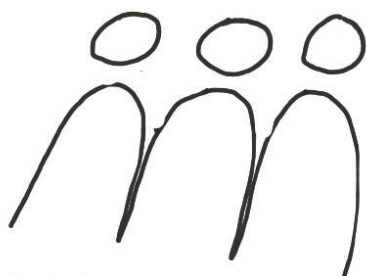
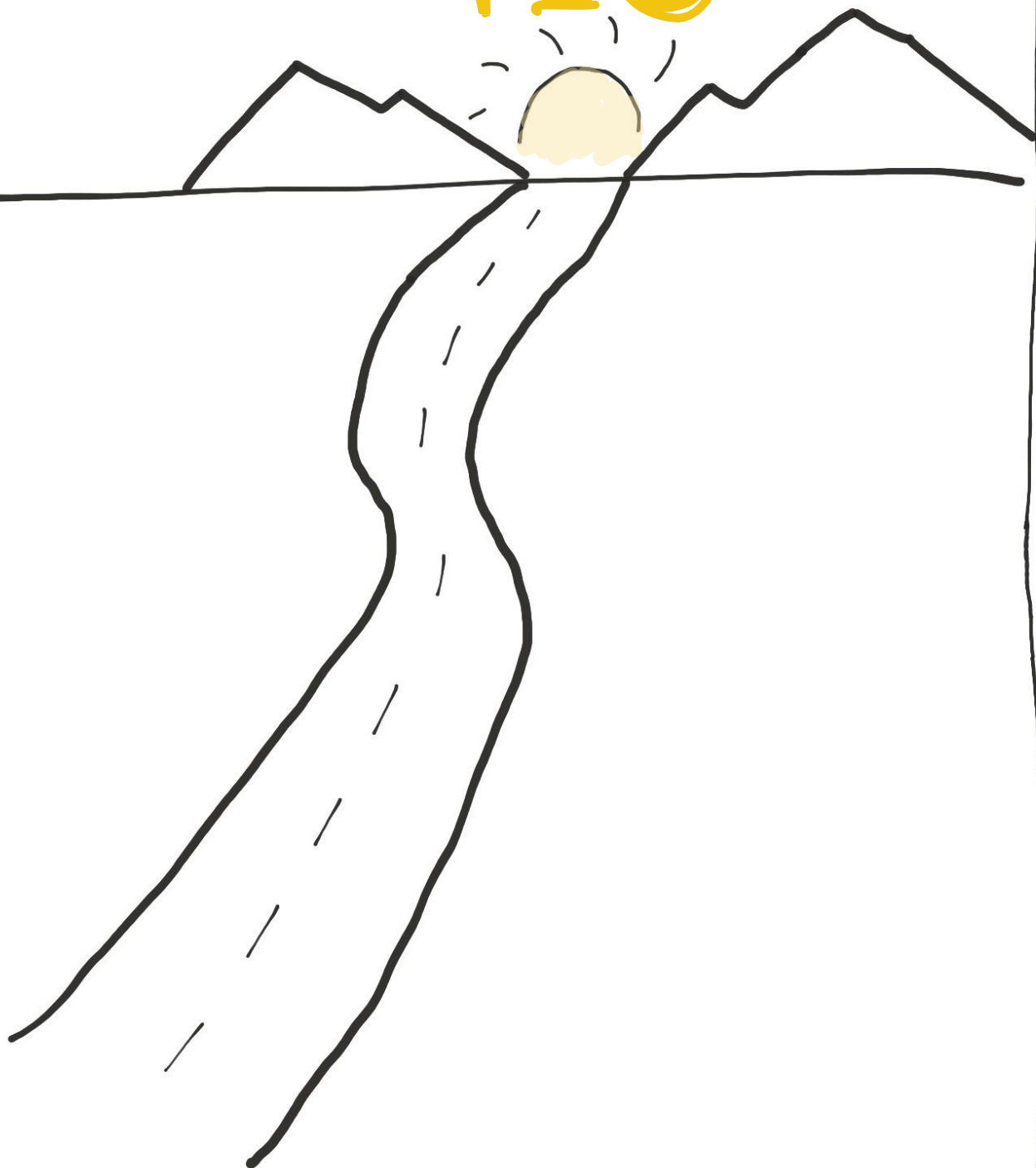
What empties your bucket?

What fills up your jug?



What needs to change

TIC

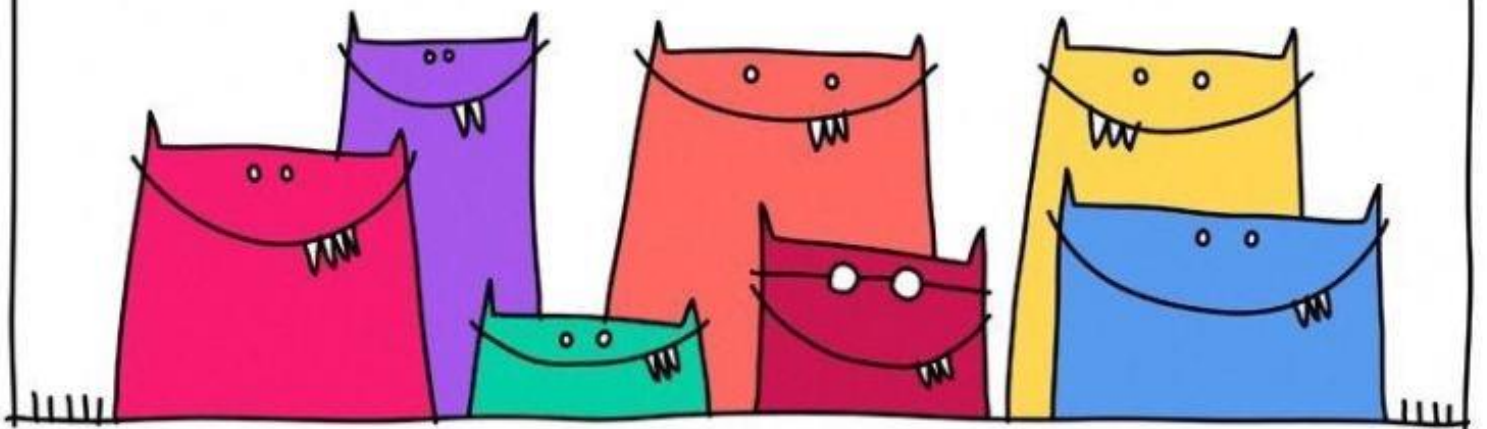


How can you make connections?

*You are braver
than you believe*



NOBODY HAS ALL THE ANSWERS.
THAT'S WHY WE HAVE EACH OTHER.



QUESTIONS OR REFLECTIONS