

# Webinar

## An introduction and overview to trauma informed models of healthcare

Angela Kennedy, Psychologist

*Adversity touches all of our lives. Please use your usual sources of support if you are triggered by the webinar.*

*Feel free to post comments or questions in the chat and I will try to answer them.*

Trauma Informed Approach is a system-wide approach to addressing the adversity that underlies much suffering and its impact on relationships.

It is a system that is guided by knowledge of what is needed for healing from emotional and psychological wounds. It has relevance to everyone in the system through the promotion of safe, open trusting alliances.

As such it works to create psychologically healthy and rewarding places of work that can adequately address the needs of people who come for help. It also focuses its efforts to prevent harm for people using the service, including that harm caused by services in their efforts to manage risk .

Reference: Developing Real World systems capability in trauma informed care, learning from good practice. (Kennedy, A. p.4 2020 )

Trauma informed approaches to care are important because it puts the patient's lived experience at the centre of the healing process and focuses on building support for the patient based on engaging with the complexity of that lived experience.

# Core principles

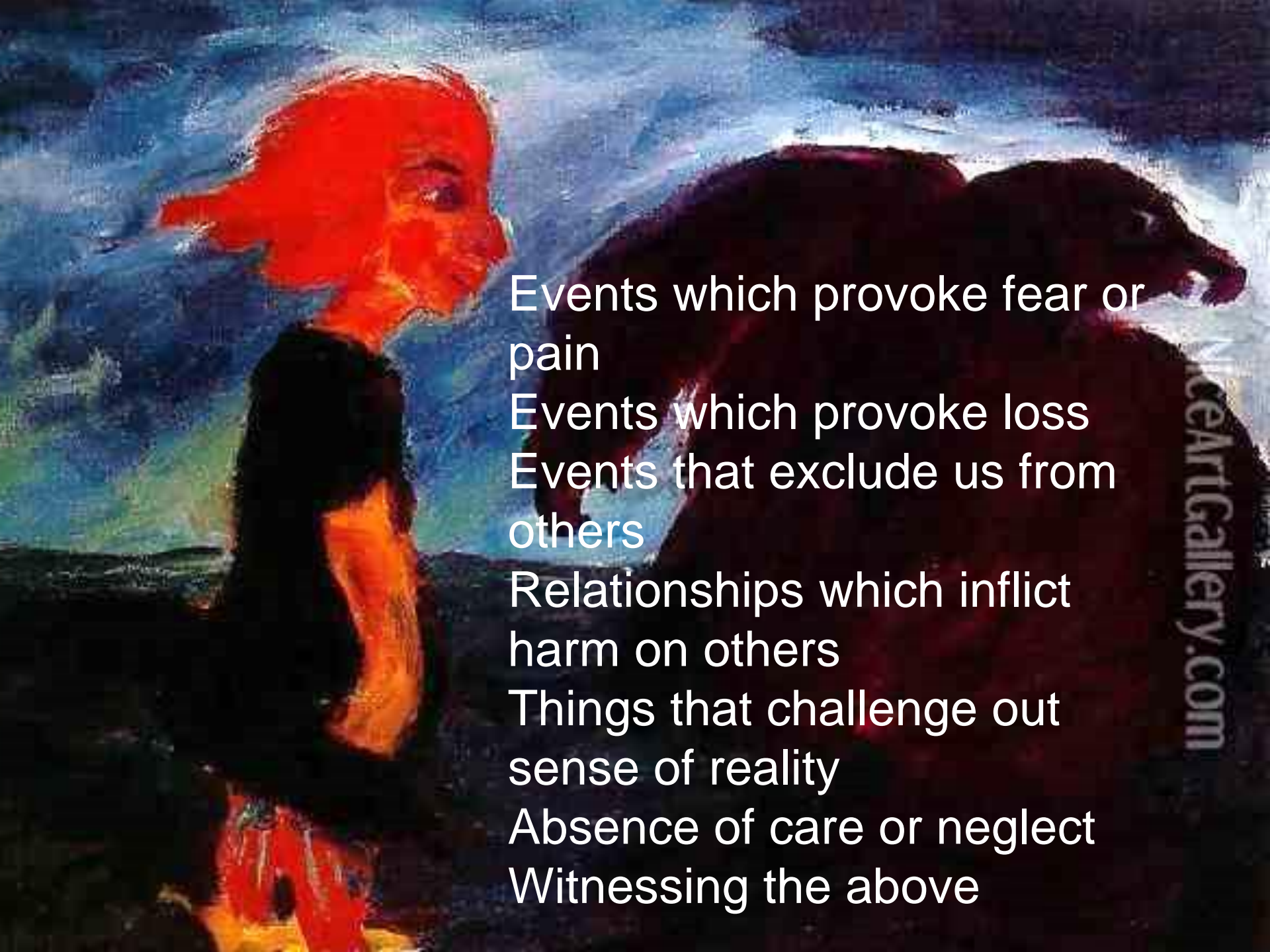
- <https://vimeo.com/274703693>



Facing a dark reality....

NiceArtGallery.com





Events which provoke fear or pain

Events which provoke loss

Events that exclude us from others

Relationships which inflict harm on others

Things that challenge our sense of reality

Absence of care or neglect

Witnessing the above

# meaning and 'resilience'



- Who it was
- How long for
- Severity of the act/risk
- Support at the time
- Adequate info

safety

equality

work/  
economy

social cohesion

justice

fitness/  
sport

nature

# The Nation's Mental Health

peace

culture/  
the arts

capability of  
public services

ecological value

personal  
connectedness


nutrition



Dr Angela Kennedy

innovating for wellbeing





*"Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds."*

**Teicher (2000)**

# The evidence base

*“Child maltreatment is a leading cause of health inequality, with the socioeconomically disadvantaged more at risk, perpetuating social injustice. Though it is a priority in most countries of the WHO European Region, few devote adequate resources and attention to its prevention”*  
WHO (2013).

# Adverse Childhood Experiences

- physical abuse
- sexual abuse
- emotional abuse
- emotional neglect
- Physical neglect
- Domestic violence
- Parental divorce or separation
- Parent with mental illness
- Parent in prison
- Parent with substance misuse problems

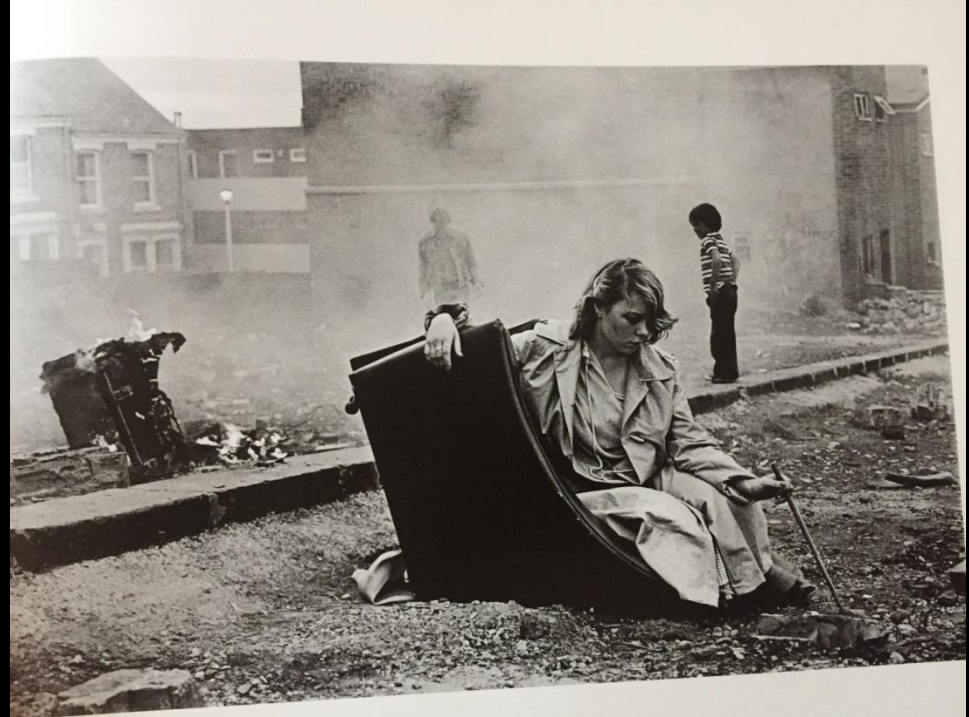


Photo by Tish Murtha

## What is your ACE score?

## Childhood Experiences vs. Adult Alcoholism

20

So are your substance  
misuse services trauma  
informed?

Figure 10-3

00 in

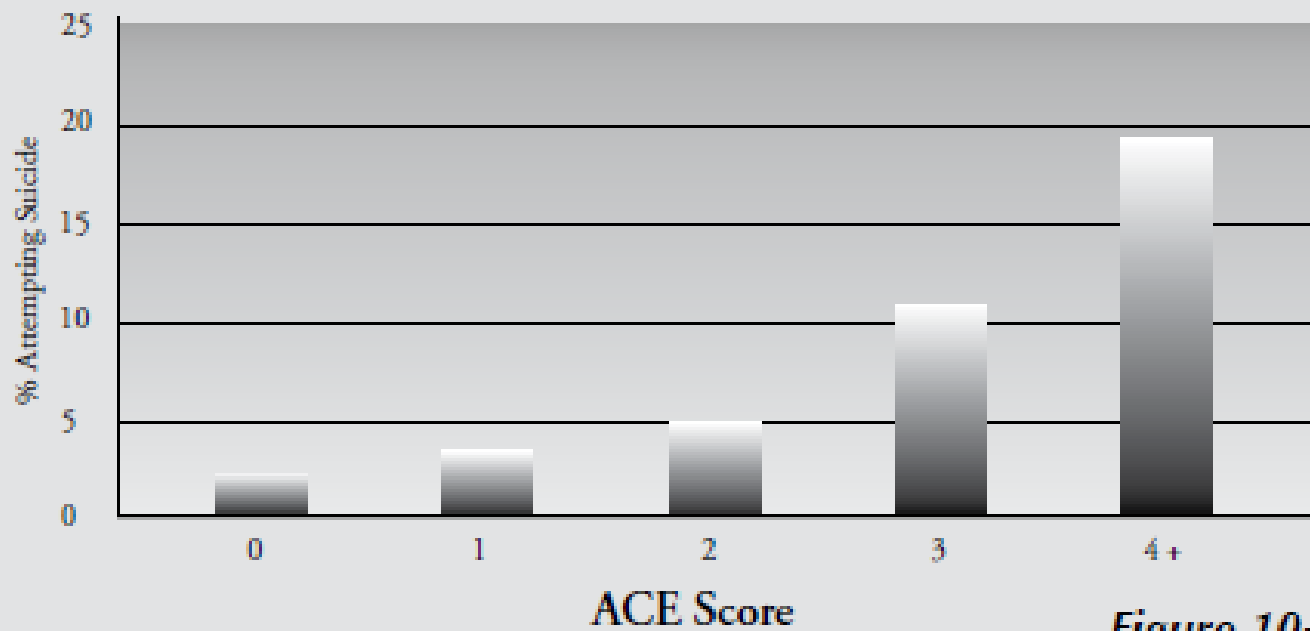




in the prospective arm of the ACE study, it was found that experiencing six or more

ca So what else would you ignore in  
in if it created 20 year difference in shortens  
an life expectancy? most  
tw

## Childhood Experiences Underlie Suicide Attempts



*Figure 10-6*

## Mental health

Flashbacks  
Hearing or seeing things that others don't  
Anxiety  
Depression  
Numbing  
Fears & phobias  
Feeling on guard  
Nightmares  
Paranoia  
Loss of purpose/pleasure  
low self-worth  
loss of sense of 'who you are'

## Relationships with ourselves and others

Feelings of guilt and shame  
Difficulty trusting other people  
Self-loathing  
Anger, irritability and frustration  
Self-destructive behaviours  
Isolation and loneliness  
Difficulty making and keeping relationships  
Difficulty organising your life

## Physical health

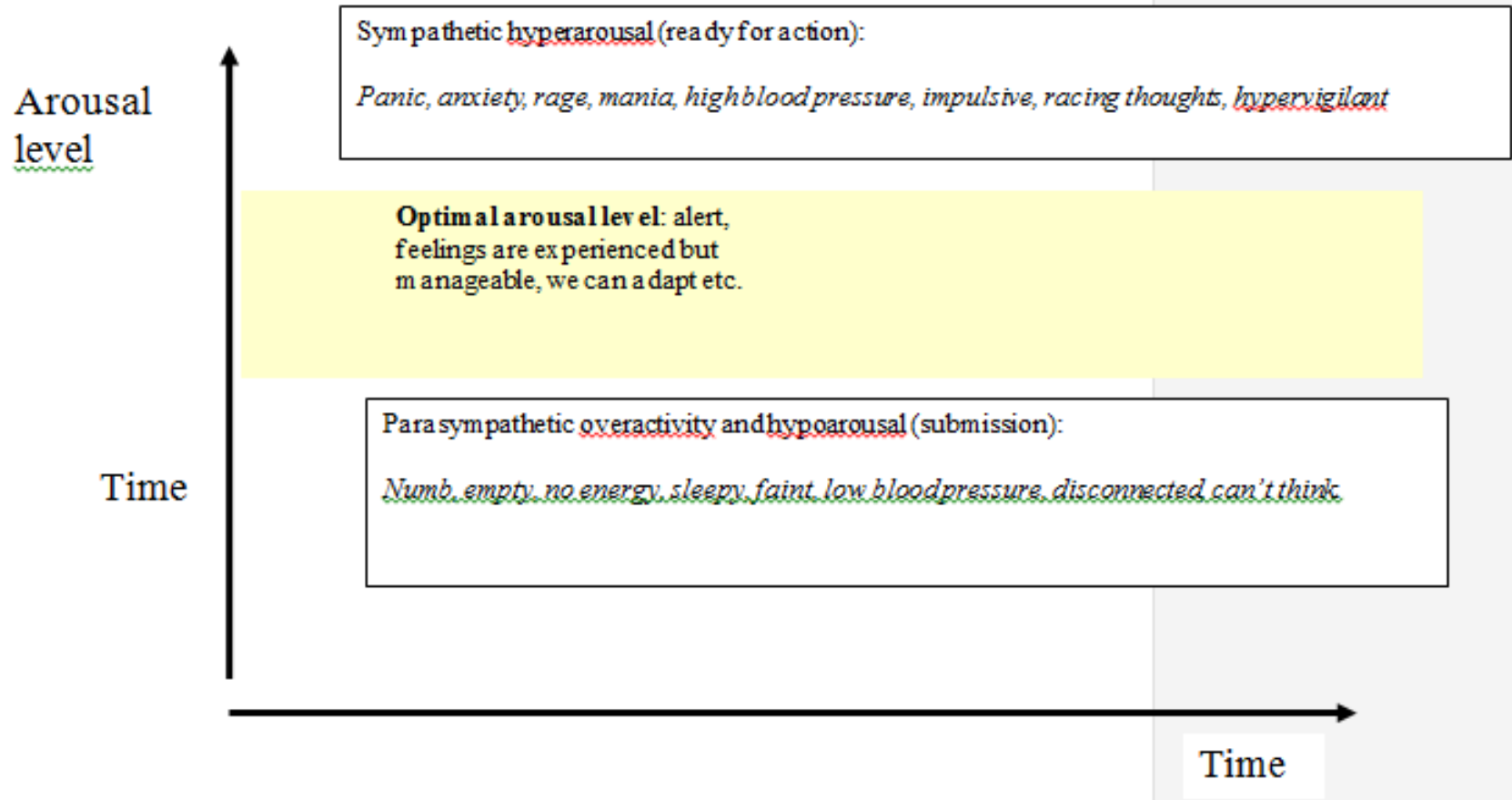
- Panic attacks
- Self-harm
- Chronic pain
- Nausea/vomiting
- Anxiety
- Sleeping/eating problems
- Gynaecological problems
- Sweating
- Headaches
- Racing heart or blood pressure problems
- Drug and alcohol misuse

## What is the effect of being traumatised by someone else?

- It can mean that we don't trust people.
- We can feel powerless to control our lives.
- We can have strong emotions, eg hatred or shame.
- It can even impact on our capacity to manage emotions and make it difficult for us to regulate ourselves.
- It can affect our beliefs about ourselves, eg that we are 'weak' or 'unlovable' or 'dangerous'.
- We can learn to avoid or suppress certain emotions that were unacceptable during the trauma.
- We can be less caring and more competitive or cruel.
- Alternatively, we may try too hard to please people.
- We may find it difficult to maintain secure relationships.



# Noticing the body's readiness for danger



Based on Ogden, Minton and Pain (2006) and Siegel (1999)

The message is a simple one...

**SAFETY FIRST!**

The first step to managing the impact of trauma is  
**LEARNING TO KEEP YOURSELF SAFE**

Be led by the needs of the person rather than a taking a strict manualised approach.

Agree a clear, collaborative, responsive contract for therapeutic responsibilities that addresses shared goals, timings, boundaries and honesty, so that both parties know what to expect. This collaboration should extend to the prescribing of medication.

Place an emphasis initially on self care, which includes personal safety, exercise, good sleep hygiene, good nutrition and adequate shelter.

Maintain a position of solidarity with the victim (p135, Herman, 1993). Believe in the possibility of emotional truth without reinforcing distorted narratives.

Focus on strengths as well as problems and be curious about the person's own understanding of their difficulties.

Have an attitude of respect, positive regard and genuineness towards the person. Embody qualities of warmth and authority, whilst maintaining a positive and collaborative stance.

Empowerment is critical to recovery and that involves a genuine sharing of power and allowing for user led groups.

# What Staff Need to Know About Memories?

Traumatic "memories" are sometimes implicit (not in the thinking mind) and not experienced as an autobiographical narrative but instead as current emotional states and sensory perceptions.

Memory is always a reconstruction so there is a need to tolerate not knowing exactly what happened (Keats, 1817).

It is not uncommon for people to suppress disturbing memories and 'forget' for a while.

It is not uncommon for people to keep things to themselves things that they are ashamed about.

Memory helps create a sense of self. Hypervigilance or dissociation may inhibit autobiographical memory and therefore disrupt how the person sees themselves.



# Being aware of the impact of trauma is NOT being trauma informed

Being trauma informed means...

- that you relate to people in compassionate and regulating ways
- that your service or community facilitates this
- that you work to prevent harm
- that you look after yourself and those around you
- that you seek not to pathologise
- that you adapt or learn skills to heal the impact of trauma
- that you don't delve for details

# IMPLICATIONS

# lived experience

“During the last twenty-five years in secondary mental health services, I have had little opportunity to have my story heard or the support to make sense of what happened and is still happening to me...This is the story of a non-person, of a walking diagnosis, of a set of ‘symptoms’.... Someone who has been on a cocktail of toxic drugs with no informed consent...The childhood abuse wasn’t talked about. I wanted to talk about it but no-one ever asked me the right questions, so I stayed silent... I hear rumours of something called Trauma Informed Care.... it seems this is the closest thing to care and compassion I might expect”

**Gary H (2018)**

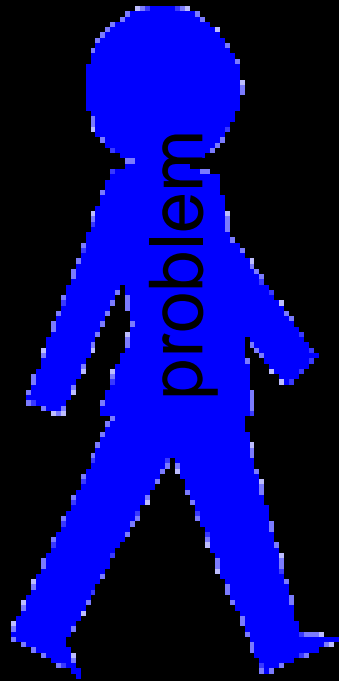
# Impact on helpers

Vicarious trauma

Compassion fatigue

Burnout

Professional quality of life questionnaire  
available free online



There is something 'wrong' with me



Comply?



Defy?





The multifaceted nature of complex trauma requires a multi-layered approach to healing



copyright Angela Kennedy 20

www.BrainConnection.ca  
©1999 Scientific Learning Corporation

caring for others

absorbing activities

psychological therapy

finding a purpose

peer support

the many routes to  
healing, acceptance  
or growth from  
trauma

nature

physical activity

work

creativity

political engagement

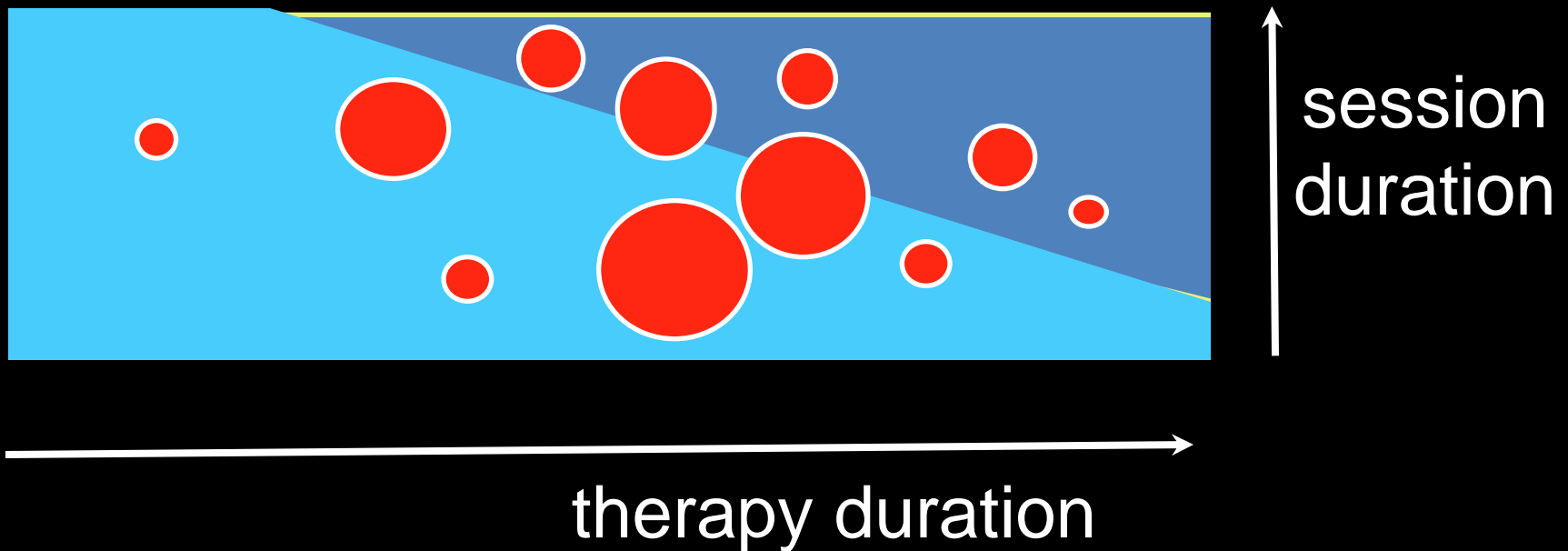


Dr Angela Kennedy

Innovating for wellbeing

# Phased Therapy Model

- ▲ stabilisation
- trauma focused work
- ▲ consolidation



# The 'Five Gold Threads' of any Trauma Focused Therapy (Shapiro, 2010)

Orientation of the mind and body to the present moment

Dual attention between the trauma and the present moment

Emotion is experienced without avoidance

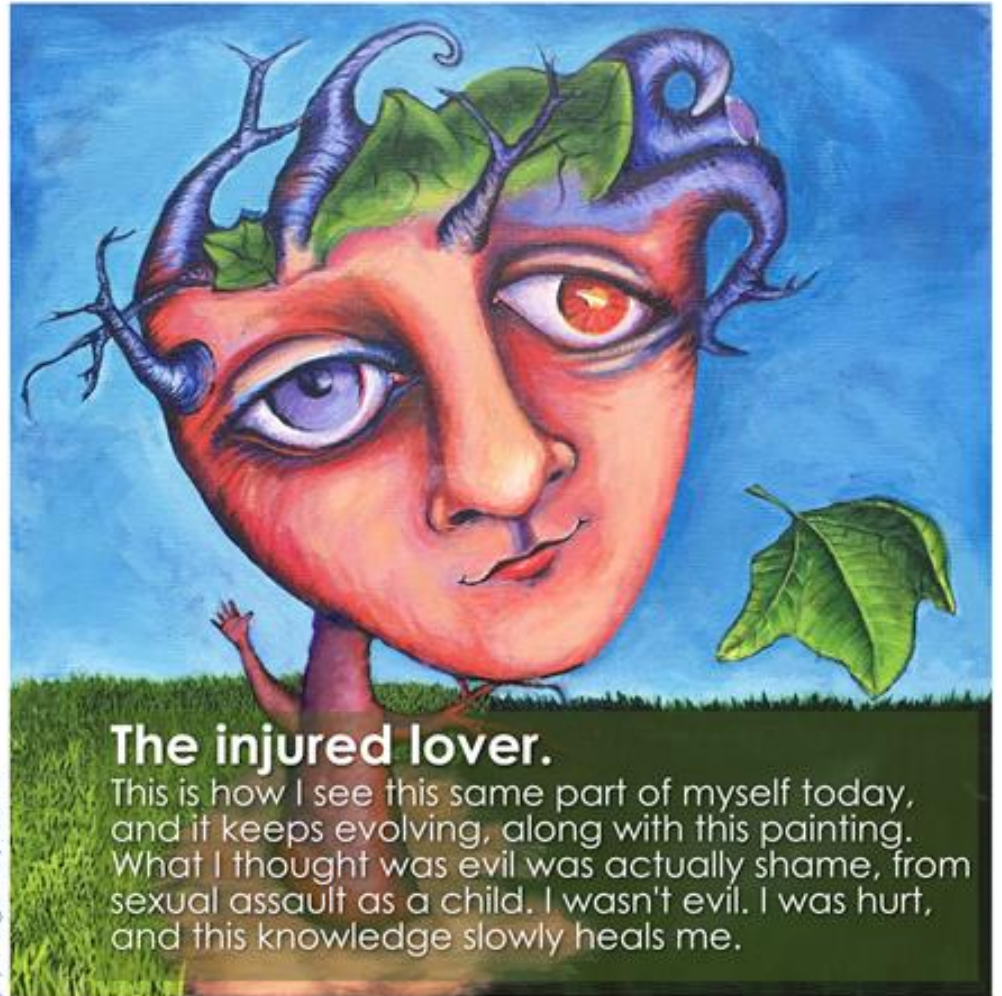
Learn through how to relate to others through the relationship

Make meaning of the event



## The beast.

When I was mad it felt like this evil creature lived inside me, trying to get out. I'd draw pictures like this to try and make sense of it.

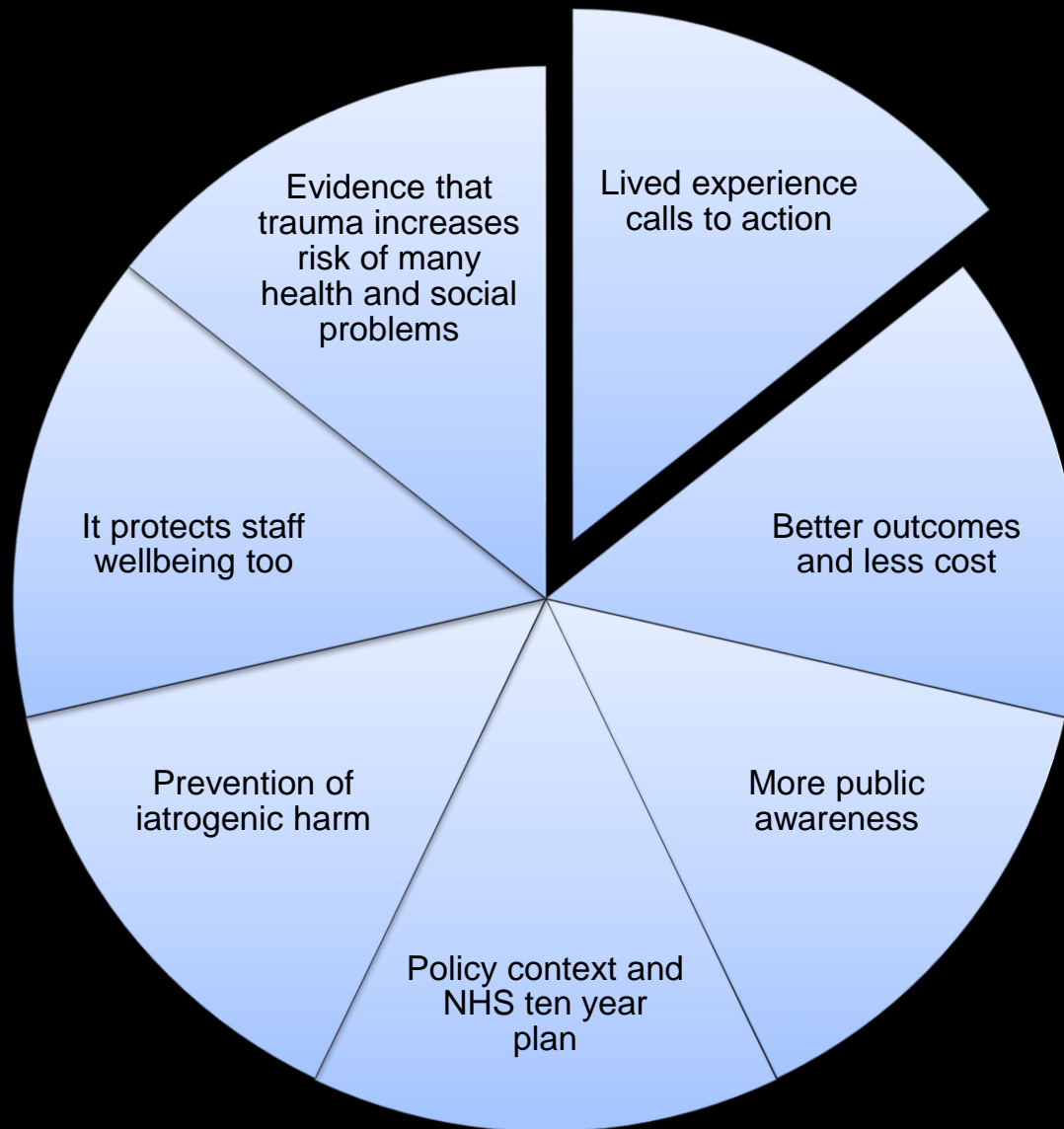


## The injured lover.

This is how I see this same part of myself today, and it keeps evolving, along with this painting. What I thought was evil was actually shame, from sexual assault as a child. I wasn't evil. I was hurt, and this knowledge slowly heals me.

(c) Indigo Daya 2016

# Why bother with being trauma informed?





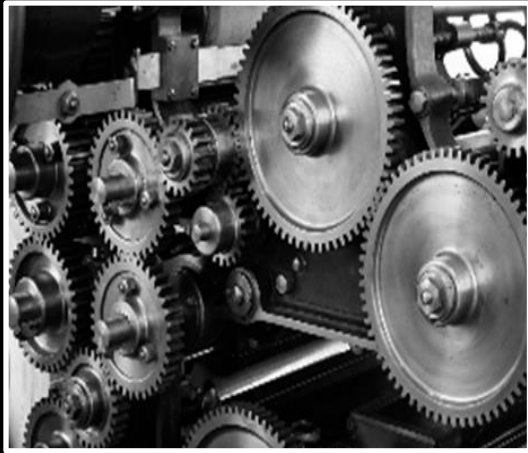
# Working together: Principle



- **Principle one:** Coordination with multiple partners across the system.
- **Principle two:** The physical safety and health of communities is paramount.
- **Principle three:** the economic and social fallout needs adequate buffering and mitigation.
- **Principle four:** Strengthen natural supports in communities and capitalise on their knowledge, foster empowerment and value their resourcefulness.
- **Principle five:** Empathy and normalisation in leaders are the cornerstone of a resilient system.
- **Principle six:** Services need to be flexible, easily accessible and respond in a timely way to differing needs and choices, including specialist interventions.

# the main emergent themes

structure



interpersonal



process



# What helps implementation

- [https://youtu.be/\\_NjqWyLLhil](https://youtu.be/_NjqWyLLhil)





# What type of problems are we trying to solve?

## Simple

### *Baking a Cake*



Right "recipe" essential  
Gives same results every time

## Complicated

### *Sending a Rocket to the Moon*



"Formulas" needed  
Experience built over time and can  
be repeated with *success*

## Complex

### *Raising a Child*

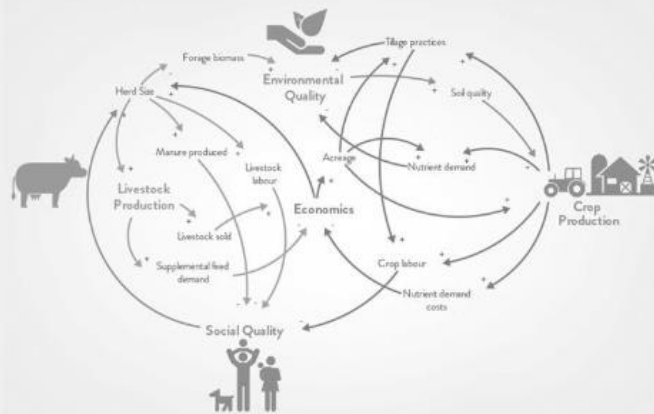


No "right" recipes or protocols  
Outside factors influence  
Experience helps, but doesn't  
*guarantees success*

Imagine instead of looking  
at the world like this...

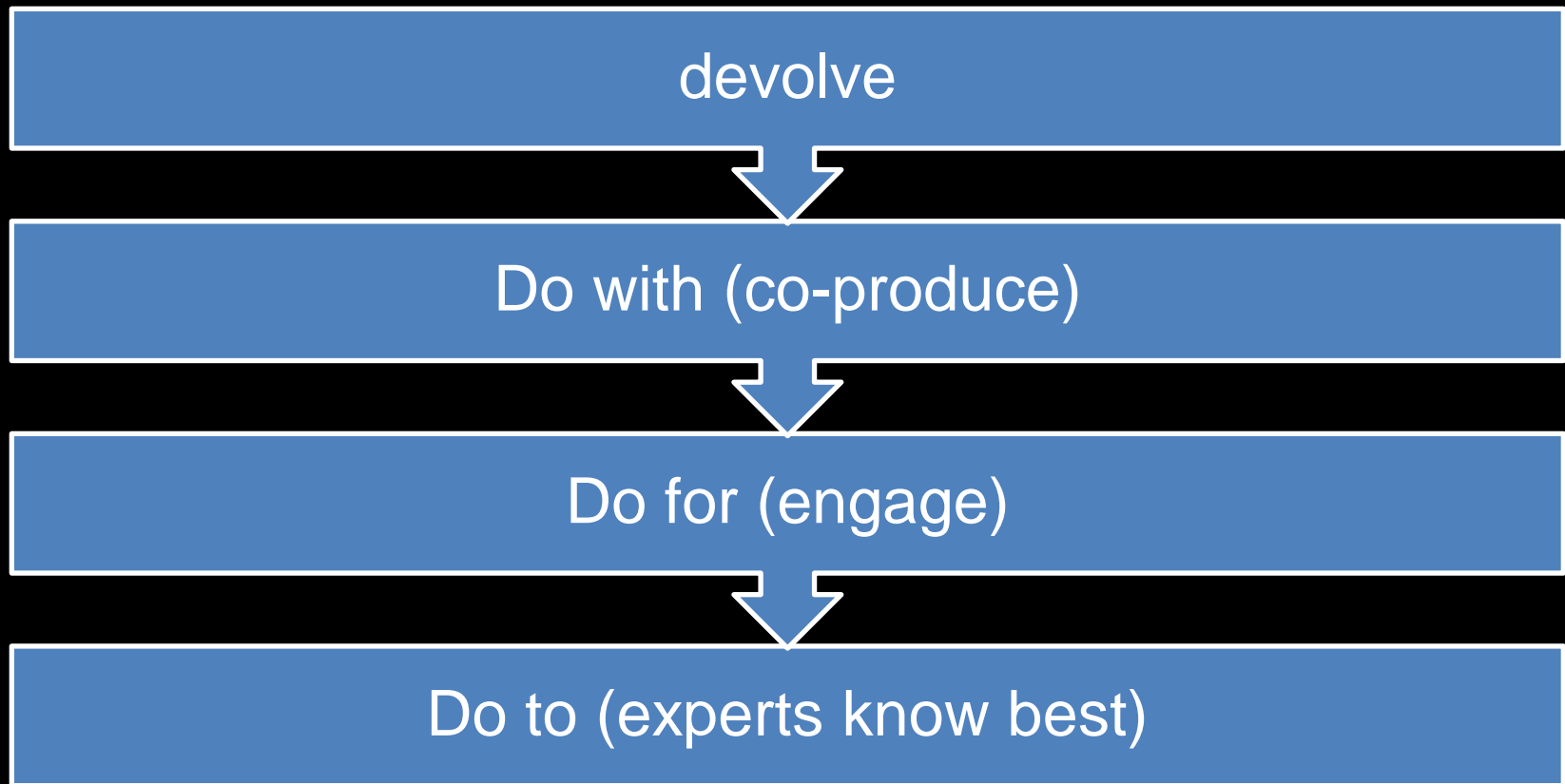


We looked at it like this...



What would change?

# Ladder of engagement





# the community of action: NHS Futures collaboration platform for trauma informed care

- Set up with money from NHS-E after summit
- Goal of facilitating England's trauma informed developments
- Based on NHS futures collaboration platform
- Meeting needs of community transformation of services for adults presenting with complex am needs
- Core action group hosted by NECN and AHSN
- Evaluation by 'thinkclarity' to use narratives to clarify aspirations of cop
- Bid for continued funding to support cop



Send requests to join to

[Anne.Richardson@ahsn-nenc.org.uk](mailto:Anne.Richardson@ahsn-nenc.org.uk)



What story can you tell about what motivates you to be trauma informed?



What story shows us the shared value of social safeness in healing trauma and creating resilience?



What story can you tell around why action on trauma and mental health is important now?

<https://nhsjoinourjourney.org.uk/what-we-are-doing/staff-wellbeing-hub/>  
<https://www.recoverycollegeonline.co.uk/>

Support....

[Angela.kennedy6@nhs.net](mailto:Angela.kennedy6@nhs.net)