

TRANSFORMING PSYCHOLOGICAL TRAUMA:

A Knowledge and Skills Framework for the Scottish Workforce

in partnership with:



Scottish
Government
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ACKNOWLEDGEMENTS

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OVERVIEW OF THE RESOURCE



NHS Education for Scotland (NES) have been commissioned to deliver this Knowledge and Skills Framework for Psychological Trauma as part of the Scottish Government Survivor Scotland Strategic Outcomes and Priorities (2015-2017).

The framework is designed to be relevant to the broad Scottish Workforce.

This is because the scientific and research literature coupled with what has been heard from the experience of people who have lived through traumatic events, leads us to understand that ‘Trauma is everyone’s business’.

Living through traumatic events is a common experience across society and across the lifespan.

Living through traumatic experiences has a broad range of possible impacts on health, mental health as well as social outcomes such as education and justice.

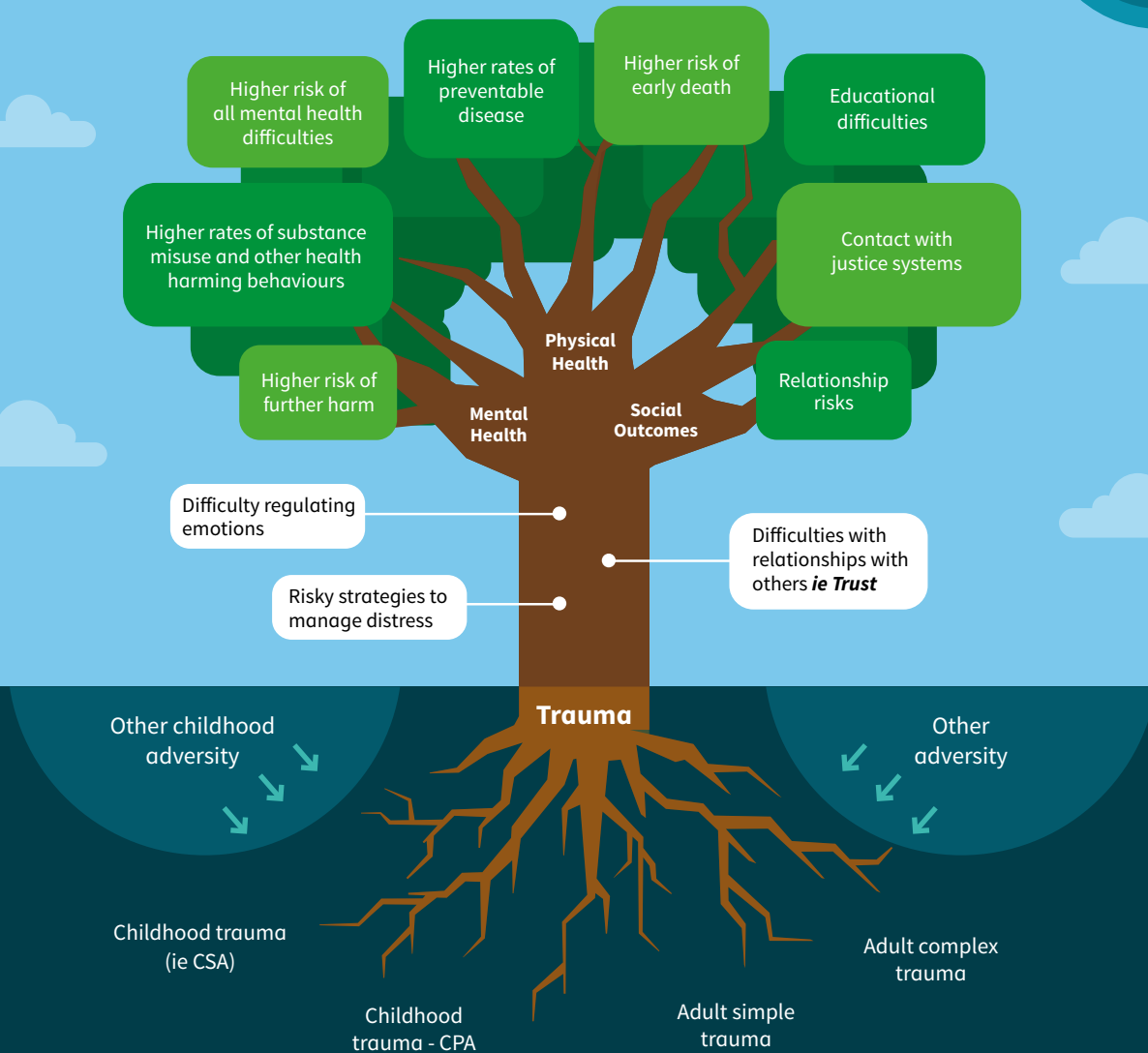
Many in the workforce will need to be ‘trauma informed’ and these principles will meet the needs of most people who have lived through traumatic experiences

For those who need more specialist support, this should be identified and facilitated in accordance with the wishes and preferences of the person affected.

Alongside this, it is recognised that many people who have lived through trauma are resilient or can be supported to enhance their natural resilience.

This National Knowledge and Skills Framework is part of the National Trauma Training Strategy which has the goal of achieving excellence in outcomes for people affected by trauma in Scotland.

WHY TRAUMA MATTERS



THE PURPOSE OF THE KNOWLEDGE AND SKILLS FRAMEWORK



This is designed to support:

- Workers to understand the knowledge and skills required to successfully deliver quality, evidence based trauma informed or trauma specific services to people affected by traumatic events (depending on their role).
- Managers and supervisors to identify and explore staff strengths and address any gaps in their staff's knowledge and skills.
- Organisations to ensure staff have the necessary knowledge and skills to meet the needs of people affected by trauma, their families, carers and supporters. This should be done through planning staff development activities to meet the aspirations of the framework, which also includes staff welfare.
- Education and training providers to develop evidence based curricula and learning activities.
- People affected by trauma, their families and supporters, to ensure they are aware of what services they can receive at different points in their recovery journey.

TRAUMA INFORMED AND TRAUMA SPECIFIC SERVICES



There is emerging evidence that ‘trauma-informed’ practice, where the impact of trauma on those affected by it is understood and staff responses and organisational systems can be adapted accordingly, leads to better outcomes.

Trauma informed practice is not designed specifically to treat trauma related difficulties. Instead it seeks to address the barriers that those affected by trauma can experience which accessing the care, support and treatment they require for a healthy life. It is argued that those most in need may also be hardest to reach and most unlikely to engage with services. Trauma informed practice seeks to ensure that services can:

- recognise that trauma is common
- realise these experiences might have a range of impacts which is relevant to the service you are delivering to this individual
- respond safely and effectively, ensuring that those who require it are referred for and receive the necessary trauma specific interventions for recovery

- resist re-traumatisation by ensuring that services are delivered safely and in line with the key principles of:
 - choice
 - collaboration
 - trust
 - empowerment
 - safety

Trauma specific services are specialist services offering specific care, support or treatment for people who are adversely affected by their traumatic experiences. This might be provided in 3rd sector or statutory settings and may be focussed on different needs including social, interpersonal and individual. facilitative care pathways are required to ensure a seamless transition between them depending on needs and preferences of the person affected by trauma.

RELATIONSHIPS MATTER



Underpinning this document is an acknowledgement that safe, effective, empowering relationships are key to enhancing resilience and recovery for those affected by trauma.

‘The core experience of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivors and the creation of new connections’

Herman (1992) Trauma and Recovery pg 133

Trauma most often occurs in the context of human relationships. Experiences of trauma within interpersonal relationships can have profound and lasting impacts and as is illustrated can lead to a range of consequences, including neurobiological, behavioural and interpersonal. However, there is good reason for optimism, as we understand that the impact of trauma can be mitigated and recovery made possible in the context of safe experiences of supportive relationships wherever these occur in the recovery journey.

Ensuring services provides this trauma informed, safe effective relationships, however briefly the person affected is engaged with you, can build trust. Trust with people affected by trauma may need trust to be earned rather than assumed.

One of our interviews with people who have experienced trauma reflected ‘ trust is really important, it is hard for me to trust’ another added ‘ for someone who has my background, trust is easily broken. You have never had it your entire life’.

FRAMEWORK TIERS



The framework is designed to reflect the range of roles that workers may have in relation to providing services to people who have lived through traumatic experiences. These are not hierarchical and will not necessarily reflect someone's seniority within their organisation or professional but the nature of the role they hold in relation to their responsibilities to and work with those affected by trauma.

However, the framework is constructed to be incremental meaning that, for example, staff operating at trauma enhanced practice level would also be expected to possess the knowledge and skills at skilled and informed levels.

- ▶ **Trauma informed** practice level this is the basic level for trauma informed practice and should be relevant to all workers in the Scottish workforce regardless of role.
- ▶ **Trauma skilled** practice level details the knowledge and skills required for those who have more direct and substantial contact with individuals (adults and children) who may be affected by traumatic events, whether or not the trauma is known about. This level is likely to include many health and social care practitioners, teachers, justice staff including police officers and 3rd sector organisations.

- ▶ **Trauma enhanced** practice level details the knowledge and skills required by staff who have more regular and intense contact with individual (adults and children) who are known to be affected by traumatic events and who provide specific supports or interventions and/or who direct or manage services. This level is likely to be relevant to a range of services and organisations who deliver trauma specific or specialist services to children and adults affected by trauma. This might include some mental health services, substance misuse services, specialist 3rd sector organisations, and some prison or homelessness services.
- ▶ **Trauma specialist** practice level details the knowledge and skills required by staff who, by virtue of their role, training and practice setting, play a specialist role in directly providing evidence based psychological therapies to individuals affected by traumatic events and/or offering consultation to inform the care or treatment of those affected by trauma and/or in managing or developing trauma-specific services and/or co-ordinating multi-agency service level responses to trauma.

SPECIFIC FOCUS FOR RECOVERY



The structure of this knowledge and skills framework is informed by the best available evidence. Currently, this supports using a phased based approach to understanding recovery from the impact of trauma. Within each workforce tier (except trauma informed which is designed to be universal) there are 4 specific focus.

These reflect needs of people who have been affected by trauma at different points in their recovery journey and are labelled to reflect desired outcomes which should result from effective engagement in services. Different services and roles will require varying focus on each of these outcomes and some may not be relevant to all roles i.e. a police officer may be very focussed on 'being safe and protected from harm' but 'processing and making sense of trauma' may be less pertinent.

- **Being safe and protected from harm:** Trauma is safely recognised and understood and its immediate effects addressed at the earliest possible opportunity so that children and adults can be protected from ongoing or future harm.
- **Coping well:** People are able to develop effective coping skills to help them manage their lives, both current and past, and to develop safe and nurturing relationships.

- **Processing and making sense of trauma:** People are enabled to make sense of the traumatic events they have experienced and move through the distress they feel in connection with these events
- **Living the life you choose:** people are enabled to develop skills, move towards goals and participate in valued roles and experiences that may not have been previously possible, due to the impact of trauma.

EXAMPLES IN PRACTICE



EXAMPLE 1

G.P., Dr James was aware that Ms B. had missed her routine cervical smear test. At an appointment to discuss her difficulties with low mood and anxiety, Dr James raised this whilst acknowledging that this procedure can be difficult for some. Dr James used trauma informed principles of 'choice', 'collaboration', 'control' and 'safety' to build 'trust' so that Ms B could manage the procedure as well as possible. Between them they agreed how they would do this and successfully did, a few days later. Ms B acknowledged the role that her experience of sexual abuse in childhood had played in her difficulties but that she would have greater confidence in her ability to manage this in the future.

EXAMPLE 2

The team in the agency focussing on people who were homeless were trained to trauma skilled practice level. They could recognise that previous trauma was a factor in many of their service users lives and that not taking that into account in service planning could increase the risk of disengagement with their service. Staff and management prioritised staff consistency where possible and focussed on assessing safety risks on an ongoing basis. This led to acting collaboratively with service users to minimise risk. Staff also felt confident in responding compassionately to disclosures, recognising the value of this but also the limits of their role and where referral to specialist services might be beneficial and acceptable to those with more complex needs. The team also valued ongoing, regular clinical supervision with a trauma specialist to ensure that they could sustain their effective self-care whilst developing skills and knowledge in the area.

EXAMPLE 3

Sally was referred to a criminal justice team following her recent arrest for shoplifting. During a comprehensive assessment process with workers trained to trauma enhanced practice level, she was asked, as was part of the routine, about any trauma history. Sally was able to disclose for the first time that she had been physically abused and neglected within her family of origin and experienced domestic abuse and sexual assault within her early adult relationships. The staff member, following completion of the assessment could support Sally to understand the links between these experiences, her early misuse of substances and recent mental health difficulties. They agreed to a programme which included practical skills which she hadn't had an opportunity to learn earlier in her life such as budgeting and cooking. They also planned that Sally would complete a psycho-educational course to help her develop effective skills for managing distress, anger and difficulties with relationships. Following this she was offered therapy focussing on her ongoing flashbacks and nightmares and low mood.

NEXT STEPS



This knowledge and skills framework is the first stage in a three year project.

Over 2017-2018, the team will publish a National Training strategy developed in collaboration with key stakeholders to support the implementation of the aspirations of the Knowledge and Skills Framework.

This will be based on an implementation science approach, which articulates the need to consider a number of drivers to successfully embed new practice.

This Knowledge and Skills Framework will support the competency driver. However, the National Strategy for Trauma will also consider curriculum development recommendations across the tiers and the quality assurance aspects of training delivery overall.

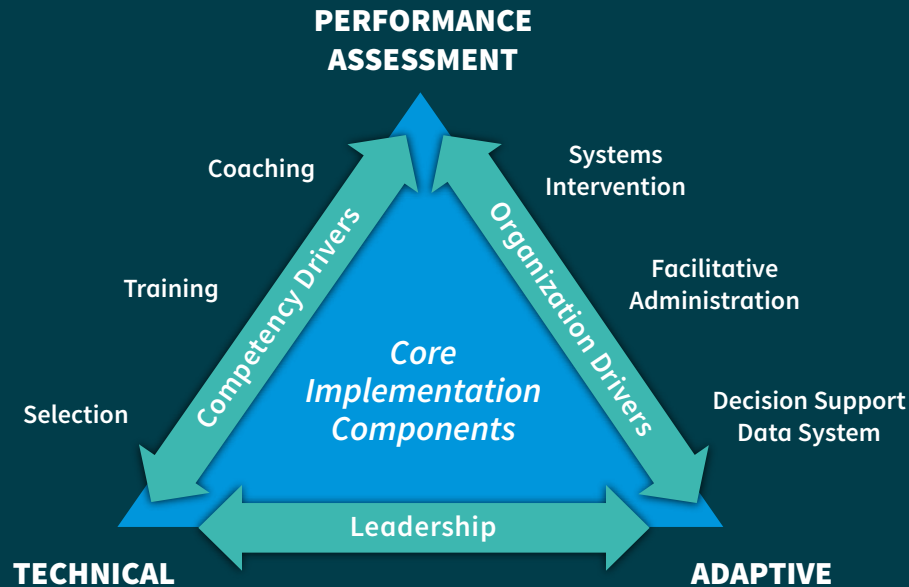
It is also planned to publish a summary of the evidence base with regard to developing trauma informed services to support organisations who are considering this. In addition, there is likely to be key strategic planning about leadership in response to international evidence emerging about the importance of this.

In 2018-2019, it is intended to ensure that robust evaluation of the process has been completed and disseminated.

NEXT STEPS



Key Drivers



Source: Slides presented at Implementation Masterclass, Dublin, May 2011, Karen Blase and Dean Fixsen



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