

TRANSFORMING TRAUMA

ACHIEVING EXCELLENCE IN RESPONDING TO THE NEEDS OF PEOPLE AFFECTED BY TRAUMA

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Background and purpose

NHS Education for Scotland (NES) has been commissioned to deliver this ‘Transforming Trauma’ Knowledge and Skills Framework as part of the Scottish Government Survivor Scotland Strategic Outcomes and Priorities 2015–2017.

This framework is designed to be relevant to the broad Scottish workforce. Experience of trauma and other forms of adversity is common and some of the possible impacts are relevant to many services. Given this, it is argued that understanding trauma and its impact is ‘everyone’s business’ and all workers have a role to play.

Everyone doesn’t need to be a trauma expert however, but different levels of expertise and skills are required so we can build effective pathways to support people’s recovery.

The framework is aspirational and future-focused. It is designed to support the recognition of learning and development needs in the workforce and support trainers and managers in meeting them. It details the knowledge and skills necessary to ensure that people affected by trauma can access services that understand and can respond to their needs, while maximising their rights and choices at all stages of their unique journey.

How to use the framework

The framework can be used by:

- **workers** (in conjunction with their appropriate generic and/or professional guidance, where available) to help them understand the knowledge and skills expected of them to successfully deliver effective and evidence-based services
- **managers and supervisors**, to identify and explore their strengths and any gaps in knowledge and skill in relation to their roles and plan for meeting any development needs of their staff
- **organisations**, to ensure staff have the necessary knowledge and skills to meet the needs of people affected by trauma, their families and carers/supporters; this should be done through planning staff development activities to meet the aspirations of the framework, which also includes ensuring staff welfare
- **education and training providers**, to inform the content of their activities
- **people affected by trauma, their families and supporters**, to ensure they are aware of what services they should receive at different points in their journey of recovery.

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Why do we need this framework?

It is now recognised that trauma and other forms of adversity (please see the section on **Language and terminology** on page 12) is more common than previously thought. It can have a broad range of impacts across different parts of people's lives, including health, mental health and social outcomes, and has an important bearing on how and whether people access services.

What is Trauma?

Traumatic events have been defined as:

“an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing”

(SAMHSA, 2014, p. 7)¹

More specifically, trauma is usually defined as:

- **type 1** - these are usually one-off event such as terrorist attacks, rape, assault or transport accidents.
- **‘Complex trauma’ or type 2** - these are usually on-going experiences of abuse and trauma, which happen in close relationships (childhood abuse, domestic abuse).
- It is not uncommon for people to experience both or a mixture of these.²

How common is trauma?

Trauma is common. The [World Health Organization \(WHO 2013\)](#) reports that 20% of girls and up to 10% of boys experience sexual abuse in their childhood. The [NSPCC \(2016\)](#) states that over one in six 11-17-year-olds has experienced some type of severe maltreatment. The Scottish Government³ estimates that 20% of women experience [domestic abuse](#), and research suggests that most adults will experience one-off events described as traumatic – rapes, assaults, traffic accidents and terrorist attacks, for example – at some point in their lives⁴.

1. Substance Abuse and Mental Health Administration (SAMSHA) (2014) *Concept of Trauma and Guidance for a Trauma Informed Approach* SAMSHA Trauma and Justice Strategic Initiative July 2014. U.S. Department of Health and Human Services, office of policy, Planning and Innovation.

2. Terr, LC (1991) Childhood trauma: An outline and overview *American Journal of Psychiatry* 148 (1), 10-20

3. National Strategy to address Domestic Abuse in Scotland. Scottish Partnership on Domestic Abuse (2000)

4. Kirkpatrick et al (2013) National estimate of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-V criteria *Journal of Traumatic Stress* 26(5) 537-547.

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Prevalence rates⁵ in some specialist services are often much higher: 75% of women and men attending substance misuse services, for instance, report abuse and trauma in their lives (WHO, 2002).

Why is understanding the impact of trauma important?

Research from different disciplines identifies a range of understandable reactions to traumatic events that can, for some people, impact across and throughout their lives.

Twenty years ago, the **Adverse Childhood Experience (ACE)** study examined traumatic and adverse experiences reported in childhood and started to make links to longer-term health, mental health and social impacts.⁶ ACE and the many studies that have followed it have helped us to understand that trauma and adversity has what is known as a 'dose effect' – that is, the more trauma and adversity you experience, the more likely you are to suffer consequences. These include an increased risk of a range of physical health difficulties, mental health difficulties and social problems.

A recent study from public health wales (2015) found that those who had experienced more than 4 adverse experiences (which was 14 % of the population), in comparison to those who had not had these experiences, were:

- 4x more likely to be high risk drinkers
- 6 x more likely to have had or have caused unintended teenage pregnancy
- 6x more likely to smoke cigarettes or e-cigarettes
- 11x more likely to smoke cannabis
- 14x more likely to have been the victim of violence over the last 12 months
- 15x more likely to have committed violence against others over the last 12 months
- 20x more likely to have been incarcerated

This, through a number of mechanisms that research is starting to understand, leads to increased preventable ill- health, through diseases such as diabetes, heart disease and cancer.

5. 'Prevalence' measures the number of people affected by a condition at a particular time.

6. See, for example: www.acestudy.org

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In addition, this increases the risk for people who have lived through trauma experiencing a range of mental health difficulties, increases the chance of engaging in the criminal justice system and the risk of poorer educational attainment⁷.

To complicate matters more, trauma and adversity can act as a barrier to accessing services that could support people. It is harder for people to trust those in powerful positions, given that they may have been hurt in relationships with significant power imbalances.

A hopeful message: resilience

We now know more about the range of possible adverse effects of trauma, but these are increased RISKS, rather than inevitable destinations. Research is helping us understand more about resilience and what we can learn from resilient people to help reduce risks for others and ensure people have the best opportunities in life.

We know that most people will be resilient and recover well, or can be helped to maximise their resilience, and evidence-based approaches to support recovery now exist for those affected.

Unique journeys

Each person is unique, a combination of their own personalities, resources, what happened before, during and after they experienced traumatic events, the people around them and other factors – basically, all the other things that can happen across a lifespan and the cultural context in which they occur. We need to understand people in their own settings and through their individual experiences, tailoring the support offered to them while drawing on the evidence about what is most likely to help them at different stages of their journey.

How can trauma and adversity lead to long-term difficulties?

Research and science has helped us understand the link between trauma across the lifespan and health and social outcomes. We know that our brain's 'wiring' can adapt to traumatic and difficult circumstances in ways that are designed to help us cope at the time, which is good for survival. But once the trauma is over, these adaptations can leave people more sensitive to threat and things that remind them of the traumatic events, responding in different ways when they sense threat, including increased distress, numbness, or avoidance.

7. Welsh Adverse Childhood Experiences (ACE) Study (2015) *Adverse childhood Experience and Their Impact on Health Harming Behaviors in the Welsh Adult Population* Public Health Wales, NHS Trust

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Relationships matter

Generally, trauma and adversity most often occur at the hands of others. One-off traumatic events include assaults, rapes, terrorist attacks and careless driving. Traumatic circumstances that are ongoing and repeated ([complex trauma](#)) are most commonly perpetrated by people we are in a relationship with: parents, carers and responsible adults for children (in relation to, for example, child sexual abuse, neglect or emotional abuse), and partners for adults ([domestic abuse](#)).

Relationships play a critical role in how development, behaviour and health evolve, particularly for young children. Healthy brain development requires protection from trauma and excessive stress. When infants or young children (or, indeed, adults) are exposed to insecurity, isolation, aggression and other traumatic experiences, the brain learns to interpret the world as threatening and unsafe. We also know through the process called 'attachment' that trauma and adversity can shape the way we understand relationships throughout our lives and lead to difficulties in gaining the benefits of safe, supportive future relationships, which are the best predictors of successful recovery.

Significant and prolonged trauma and adversity can lead to missed development and learning opportunities for some children: this might be seen in the social and emotional areas of their lives, for instance. Services need to be able to understand how adversity might affect the person's ability to access and successfully use services.

People who live through trauma and adversity face greater challenges in developing skills for dealing with future life challenges. They may acquire avoidance strategies or easily become overwhelmed.

It is now well recognised that people sometimes use understandable strategies, such as alcohol and drug abuse, self-harm or responding to situations with aggression, to manage the normal effects of traumatic experience (being likely to over-react to triggers, less skilled in accessing help from others, and more sensitive to threat). These creative attempts to cope become additional burdens to manage.

Understanding the rationale for trauma-informed care

There is growing evidence that 'trauma-informed' systems and practice, where the impact of trauma on those affected by it is understood staff, and systems are adapted accordingly, can have better outcomes. This is because trauma informed practice can reduce the sense of threat and retraumatisation experienced by those affected by trauma when they come into contact with staff and organisations, whether for a dental check up, a lecture at college, as a witness in court, or a GP appointment. This makes it less likely that they will disengage from services, and that they will get access to the care, support, treatment and life chances they need.

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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 when accessing the care, support and treatment they require (for example in health, education, housing, or employment) for a healthy and fulfilled life. Through trauma informed practice, staff are able to recognise the prevalence and impact of trauma generally, to realise where individuals may have been affected by trauma, and to adapt their practice and service in a way that ensures that those affected by trauma do not experience their contact with a staff member, organisation or service as retraumatising.

It can be argued that those in most need may also be the hardest to reach and most unlikely to engage with services. We need to ensure the workforce understands these barriers and have effective strategies for overcoming them.

Trauma informed services that recognise and understand the links between an individuals' experiences of trauma and their current difficulties and needs are more likely to be able to effectively work with and engage those affected by trauma. Trauma informed services change the question from "What is wrong with you?" to "What has happened in your life?"

Trauma-specific services

Trauma-specific services are specialist services offering specific treatments for the consequences of trauma. They may also take a role in informing, supporting and supervising the trauma-informed service. The aim is to use best evidence and evidence-based guidelines to inform treatment. Research shows that trauma can be resolved, that optimism about recovery from trauma is justified, and that positive relational experiences significantly assist the recovery process.

Resilient workforce

As we have seen, trauma is common across the population. It will therefore also be a common experience among the workforce across Scotland. In addition, many staff experience frequent exposure to traumatic events during their work, or hear about traumatic events and experiences on a regular basis.

Trauma-informed practice upholds and strengthens key workplace requirements (professional and ethical practice, self-care and risk-management). For services to be safe for clients, they must also be safe for staff. Trauma-informed practice relates not only to work 'performance', but also to staff well-being, and recommends robust systems for supporting staff around well-being.

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Framework development

Framework development was informed by several activities, including:

- evidence, best-practice guidelines and literature reviews
- reviews of existing competency frameworks
- stakeholder consultation and engagement
- interviews with people affected by trauma and adversity who have used services.
- see [Appendix 1](#) for further details of interviews.

Crucially, the framework is underpinned by values and principles that people affected by trauma identified as the most important for staff and services to hold. The evidence base in this field is rapidly developing and it is likely that the framework will need to be reviewed to reflect emerging research.

Later sections of the framework signpost the key references and supporting resources that informed its development.

Levels of Skills and Knowledge

Each level defines the knowledge, skills and behaviours specific to the worker's role in relation to trauma-informed practice. Rather than being hierarchical, the levels reflect levels of responsibility, which will vary greatly across organisations and sectors. Each level defines the responsibility a worker carries, but this does not necessarily relate to the worker's seniority within the organisation or profession. The examples offered are illustrative only – please consider the specifics of your role rather than the organisation you are working with.

The **Trauma Informed Practice level** provides the baseline knowledge and skills required by all staff working in multi-agency settings.

The **Trauma Skilled Practice level** describes the knowledge and skills required by all staff who have direct and/or substantial contact with individuals (adults and children) who may be affected by traumatic events, whether this is known specifically or not. This includes staff from statutory services such as health and social care, justice staff, emergency services and third sector organisations.

The **Trauma Enhanced Practice level** outlines the knowledge and skills required by staff who have more regular and intense contact with individuals (adults and children) affected by traumatic events and who provide specific interventions and/or direct or manage services.

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This includes many third sector organisations delivering services to people affected by trauma across the lifespan, mental health and substance misuse services and services that work closely with people who have experienced trauma, such as those in prisons and who use homelessness services.

The **Trauma Specialist Practice level** outlines the knowledge and skills required of staff who by virtue of their role and practice setting play a specialist role for individuals affected by traumatic events through providing evidence-based psychological interventions, or who are involved in managing or leading/co-ordinating service responses across different areas.

The knowledge and skills outlined at each level are constructed in an incremental way: for example, staff who operate at Trauma Enhanced Practice level would also be expected to possess the knowledge and skills described at preceding levels.

Given the scope of the workforce across services, the framework does not identify specific staff roles in relation to the framework domains. Individual staff members and their employers will take responsibility for ensuring they interpret and apply the content and aspirations of the framework.

It can be argued that those most in need may also be the hardest to reach and engage in services. We need to ensure that the workforce understand the barriers and have effective strategies for overcoming them.

Phased-based approach

Expert consensus⁸ tells us that the phased-based approach (Herman, 1992⁹) is the best evidenced model of recovery for people affected by trauma. It describes the pathway of recovery shown in Figure 1.

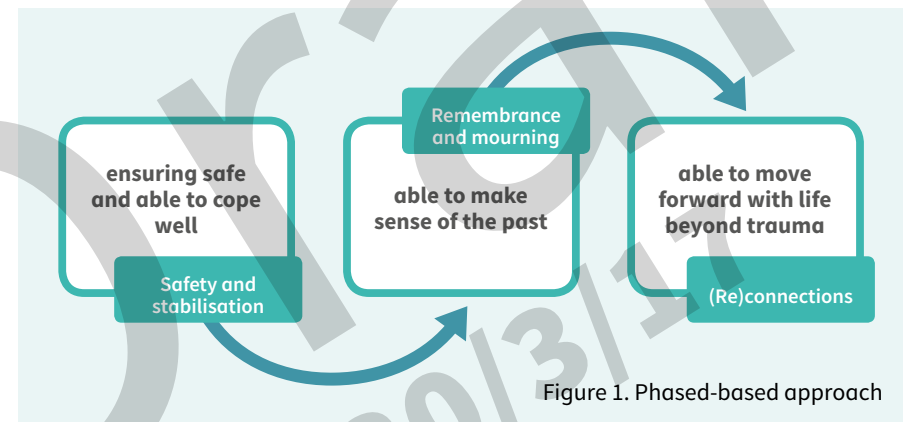


Figure 1. Phased-based approach

8. For instance, Cloitre et al (2012) ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults The International Society for Traumatic Stress Studies and McFetridge et al (2017) *Guidelines for the Treatment and planning of services for Complex Post Traumatic Stress Disorder in Adults* UK Psychological Trauma Society

9. Herman, J.L. (1992). *Trauma and Recovery*. New York: Basic Books.

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This framework adopts a phased-based approach to understanding the skills required to support those affected by traumatic events and recognise that this will differ depending on an people's recovery journey.

It is important to stress that individuals' pathways are fluid. Not everyone will need every aspect, and people will move in both directions, depending on their life circumstance. The approach nevertheless provides a useful organising model for the key tasks of recovery in the framework.

The four aspects of the trauma phases identified in the framework are:

- **being safe and protected from harm:** trauma and adversity is safely recognised, understood and addressed so that affected people can be protected from ongoing or future harm and be enabled to recover from the effects of trauma
- **coping well:** supporting people to develop effective strategies to manage their lives, both current and past, through understanding the role of internal strategies and developing safe and nurturing relationships
- **making sense of, and processing, trauma:** making sense of the events that have happened to the person in the context of his or her overall life

- **living the life you choose:** the need to move on after trauma, developing the valued roles and experiences that living through trauma might have made more difficult.

The knowledge and skills outcome objectives are an integral part of the framework and are intended to enable workers and services to consider the impact and outcome of the support, care and interventions they provide.

Language and terminology used

It was clear from the outset of developing this framework that the use of language was challenging. Language is important to people affected by trauma and to those who provide services, and it is important to recognise that terms are complex and overlapping.

We have made pragmatic choices in this framework to use language in specific ways that we must clarify.

This includes those affected by generally chronic, interpersonal trauma (often called complex trauma), such as childhood sexual abuse, childhood neglect, [domestic abuse](#), and some military related trauma, alongside people who have lived through traumatic events that happened once in a range of possible contexts, including rape, assault, transport accidents and terrorist incidents.

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The framework focuses on the commonalities underlying these experiences, rather than the specifics of each.

Because of the breadth of the workforce the framework addresses, we have chosen to describe all members of the workforce (paid and unpaid) as ‘workers’.

Most importantly, we have described people who are in contact with services as ‘people affected by trauma and adversity’. Although many sources use the term ‘survivor’, this is not held comfortably by all people.

Specific definitions of some of the terms used in the framework are shown in the following glossary.

Glossary

Abuse

The Oxford Online Dictionary defines this as: ‘treat with cruelty or violence, especially regularly or repeatedly’. However, separate subtypes of abuse are generally referred to in the literature.

Adverse Childhood Experience (ACE)

This is a group of traumatic and adverse experiences in childhood which [significant research](#) has suggested can lead to increased risk of long-term impacts on physical and mental health as well as social consequences for some, particularly when several of these experiences are part of someone’s early life. ACEs include: physical, emotional and sexual abuse; physical and emotional neglect; parental/key caregivers’ substance misuse, mental health difficulties or incarceration; witnessing [domestic abuse](#) or violence in the household; and witnessing divorce. They include all elements traditionally understood as traumatic, but extend to include these additional experiences of adversity.

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Glossary (continued...)

Child abuse and neglect WHO (2002)¹⁰ defines this as: ‘Physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.’ Research shows that many people experience more than one type of childhood abuse.

Childhood Sexual Abuse (CSA) This is defined by WHO (2002) as: ‘The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.’

Complex trauma This term refers to traumatic events which are repeated, interpersonal and often (although not always) occur in childhood, with significant risk of developmental impact. It is used preferentially throughout the framework. The most commonly studied example of complex trauma is CSA, but other examples would include [domestic abuse](#).

Dissociation The International Society for the Study of Trauma and Dissociation states ‘this is a word used to describe the disconnection or lack of connection between things usually associated with each other. Dissociated experiences are not integrated with the usual sense of self, resulting in discontinuities (*gaps*) in [conscious awareness](#).’

10. World Health Organisation (2002) *World Report on Violence and Health* Geneva

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Glossary (continued...)

Domestic abuse

The Scottish Government (2000)¹¹ notes that: ‘Domestic abuse can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money) and other types of controlling behaviour such as isolation from family and friends. It can be characterized by a pattern of coercive control, often escalating in frequency and severity over time. This can have adverse effects on both those directly abused and on children in the household

Trauma

This term is a widely used but in this context refers to a “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing” (SAMHSA, 2014, p. 7)¹²

However, due to the evidence of the differential impact of short-term, one-off and long-term, repeated traumatic events, Terr (1991)¹³ has devised a commonly used categorization, as follows.

Type 1 trauma: sudden and unexpected events experienced as isolated incidents, such as road traffic accidents, rapes or terrorist attacks. These can happen in childhood or adulthood.

Type 2 trauma: repeated or ongoing traumatic events, such as generally happens in [CSA](#) (see above). In recent years, however, this has by convention been referred to as ‘[complex trauma](#)’.

11. National Strategy to address Domestic Abuse in Scotland. Scottish Partnership on Domestic Abuse (2000)

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The voice of people who have been affected by trauma and adversity

The framework is built on robust scientific evidence, but it is important that it reflects the reality of the lives of people who had been affected by trauma and adversity. We therefore sought to listen to people's experiences to find out what they received from services in Scotland that helped their recovery, and what was not helpful.

This qualitative research method used in-depth interviews with several people about the key issues, the aim of which was to identify the themes that emerged from the conversations and compare them to evidence gathered from literature reviews and the best available evidence base. It provided us with rich examples to help illustrate the framework. We would like to take the opportunity to thank those involved for the generous sharing of their experiences.

What we were told was important to people who had lived through trauma, abuse and adversity. The following summarises the key themes, as expressed by the people involved.

Building trust was the primary need:

- *“Trust is really important, it is hard for me to trust and once I do I have a bond, that I have with a worker, I can open up and that would have been really hard before.”*
- *“For someone who has my background, trust will be broken easily. You have never had it your entire life.”*
- *“Seeing the same person, I had to deal with change and trust. These are major issues and need to be given consideration.”*

Safety was a prominent physical need for people affected by trauma and adversity:

- *“We need to know the world is safe.”*

An important source of personal security was attributed to worker's ability to perceive the danger inherent in the person's situation and react positively.

- *“Professionals should be able to notice and understand the basic dynamics of abuse.”*

Professional boundaries

Many of the people interviewed mentioned the importance of professional and emotional boundaries between them and workers.

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- *“Not trying to gossip or unravel things.”*
- *“A good level of neutrality.”*
- *“Need to move away from a conditions-based model. We need boundaried relationships. Vital.”*

Positive communication skills valued by the survivors included:

- *“Tremendous listener.”*
- *“Understands the seriousness”; “He got the bigger picture”; “Experienced but nice ...”*
- *“Good guidance from someone who cares.”*

Continuity was valued

Getting to see the same workers and services communicating and linking-up was valued.

- *“I got to trust her, she saw me twice a week, every week. It was about holding me. She asked about my mood, what was I planning. This held me until I saw a psychologist.”*
- *“I would like to see more services coming together and adding to the continuity.”*
- *“Continuity, consistency, everyone singing from the same hymn sheet.”*
- *“Need to think beyond treatment.”*

The needs for some technical knowledge

Primarily, people affected wanted to be confident that staff recognised trauma (and abuse) and had a grasp of its impact and seriousness.

- *“I needed that technical knowledge. I needed it to be explained ...”*
- *“I got a message, a worker had recognised the seriousness. It has been amazing.”*
- *“Need someone who is experienced in PTSD.”*
- *“They have to be skilled and experienced in their profession.”*

The messages we heard from people with lived experience has supported our literature review and these key themes are reflected in the framework.

INTRODUCTION: APPENDIX

Appendix 1

As part of the project we interviewed individuals who had experienced trauma and had subsequently accessed a range of services and staff. Ten interviews were conducted and sampling was both quota and purposive due to time constraints. Participants were purposively selected to ensure representation from a range of geographic areas, gender and type of trauma experience. Individuals willing to be interviewed were identified by services that our team identified as having significant contact with individuals affected by trauma (these included Ross-shire & Inverness Women's Aid, and Glasgow Council for Alcohol). Potential participants were identified and approached initially by a member of staff from one of these organisations.

Once agreement to participate had been established, a time for interview was organised with a member of the framework team. Each person completed an interview that lasted from 40-60 minutes, using a topic guide to inform the interview, focusing on the key attributes, knowledge and skills of staff members that were seen as most helpful or unhelpful in recovery. The transcription of the interviews were independently analysed by an external organisation to construct themes, and these themes were used subsequently to inform framework development and construction.

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TRAUMA INFORMED PRACTICE LEVEL

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TRAUMA INFORMED PRACTICE LEVEL

Trauma Informed Practice level: knowledge and skills required for all members of the Scottish Workforce.

| Outcome | Knowledge | Skill |
|---|---|---|
| <p>The widespread occurrence and nature of trauma is realised.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • that traumatic events are those in which a person is harmed, where there is a serious threat of harm, or where the person sees someone else being harmed • how widespread trauma is, and that many people in our society are exposed to traumatic experiences and events • that traumatic events can happen once (in a car crash or an assault, for instance) or repeatedly (such as in the context of childhood sexual abuse, domestic abuse, military combat, torture or war) • that when trauma happens between people (childhood sexual abuse, rape, assault or domestic abuse, for example), it usually involves an overwhelming sense of threat and danger alongside a significant breach of trust, coercion, lack of control, powerlessness and domination • that some groups of people (including children and people with learning disabilities) are more at risk of trauma than others. | <p>All workers can:</p> <ul style="list-style-type: none"> • knows the kinds of experiences that are traumatic. |

TRAUMA INFORMED PRACTICE LEVEL

| Outcome | Knowledge | Skill |
|--|--|--|
| <p>The different ways in which trauma can affect people are recognised.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • that trauma can affect people in different ways • that some people manage to do well despite their experience of trauma, and do not wish for or need any further response • that trauma can affect people’s mental health, physical health, capacity for learning and life chances • that a person’s young age when first experiencing trauma, the person(s) responsible for the trauma and its duration are among the reasons for people’s different responses to trauma • that people use different ways to survive, adapt to, and cope with the impact of trauma • that it is important to be able to recognize when someone is affected by trauma so that help can be given, if and where needed. | <p>All workers can:</p> <ul style="list-style-type: none"> • listen when a person speaks about his or her experiences of trauma and/or abuse • respond to the person with empathy and without criticism or blame • respond to the person by asking what help (if any) he or she needs • hold in mind that a person’s behaviour or reactions might be trauma-related • ask the question, “What happened to you?”, instead of, “What’s wrong with you?”, in responding to a person affected by trauma. |

TRAUMA INFORMED PRACTICE LEVEL

| Outcome | Knowledge | Skill |
|--|---|---|
| <p>Responses positively support recovery and avoid ‘re-traumatisation’.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that because trauma is so widespread, it is important for all workers to be ‘trauma-informed’ and take responsibility for responding to the needs of those affected by trauma (that is, ‘trauma is everybody’s business’) ● that it is important to respond to the person affected by trauma in a trauma-informed way that prioritises: <ol style="list-style-type: none"> a) building trust and helping the person feel safe b) working collaboratively in a way that empowers the person to make choices and takes into account the person’s cultural background c) applying routinely the principles of trauma-informed practice to their work. ● that people exposed to trauma can become primed to see danger and can react with a fight-or-flight response to situations that remind them of the harm they experienced before: in these situations, the person can sometimes feel as bad as when the trauma was actually happening (this is called re-traumatisation). | <p>All workers can:</p> <ul style="list-style-type: none"> ● respond to those affected by trauma in a trauma-informed way ● appreciate that a person might feel re-traumatised in certain situations if they remind him or her in some way of past trauma and to avoid this in service/ organizational settings, where possible. |

TRAUMA INFORMED PRACTICE LEVEL

| Outcome | Knowledge | Skill |
|--|--|---|
| <p>Responses positively support recovery and avoid ‘re-traumatisation’.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of services, systems and organisations being trauma-informed to reduce the risk of re-traumatisation that it is important to recognize when the experience of trauma has got in the way of people living the life they choose and has affected their education and health, and enable people to improve their recovery and life chances that effective care, support and interventions are available for those who need them to support recovery. | <p>All workers can:</p> <ul style="list-style-type: none"> support and enable the person to access services, supports and interventions to improve recovery, where needed. |
| <p>Workers are well supported when responding to abuse.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> that directly witnessing traumatic events in the workplace or hearing about trauma experienced by others can impact on their health and well-being and can cause secondary traumatisation. the importance of being supported to practise good self-care and have access to formal and informal support/supervision to help them manage the impact of trauma exposure in the workplace. | <p>All workers can:</p> <ul style="list-style-type: none"> prioritise good self-care make use of support/supervision in the workplace. <p>Managers can:</p> <ul style="list-style-type: none"> provide access for workers to formal and informal support/supervision in the workplace. |



TRAUMA SKILLED PRACTICE LEVEL

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TRAUMA SKILLED PRACTICE LEVEL

Trauma Skilled Practice level: knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

Stage of recovery: being safe and protected from harm.

Immediate needs linked to trauma, abuse or neglect safely are recognised, understood and addressed at the earliest possible opportunity so the individual can be protected from ongoing or future harm.

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|---|--|---|
| <p>The impact of trauma on individuals is recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that trauma and abuse are common in society and that it is highly likely that staff working in services involving contact with the public will meet individuals affected by trauma during their work ● the different forms of trauma, abuse and neglect ● a range of responses to traumatic events, from no effect/ resilience through to a significant life-changing impact across a range of areas of health and well-being ● that people affected by past complex trauma commonly have difficulty managing feelings and find it difficult to trust others | <p>All workers can:</p> <ul style="list-style-type: none"> ● relate using trauma-informed principles regardless of whether a history of trauma is known. <p>Managers can:</p> <ul style="list-style-type: none"> ● translate an understanding of the prevalence of trauma into trauma-informed service systems and procedures and ensure support for staff. |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|---------|--|--|
| | <p>All workers understand:</p> <ul style="list-style-type: none"> • that trauma can for some people impact on mental health and well-being and on physical health, socio-economic functioning and relationships with others, • that people with a history of trauma can be over-represented in physical health, mental health and substance misuse services and criminal justice settings. • that trauma can affect the way an individual relates to others, thinks, acts and manages stress. • the ethical duty on all workers to respond to individuals in a way which does no further harm and contributes to safeguarding those at risk | |
| | <p>People working with children and young people:</p> <ul style="list-style-type: none"> • understand that, without access to a good enough attachment figure, that trauma can interfere with a child's ability to learn and develop relationships with peers. | |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|--|---|---|
| <p>People affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that the principles of psychological first aid should be used immediately following traumatic events or experiences (including major incidents), paying attention initially to basic needs such as safety, security, food, shelter and acute medical problems ● the potential for abuse to occur online via the Internet, and that the impact should be considered in line with other traumatic events ● that substance misuse, self-harm and suicidality may be reactions to, and attempts to cope with, current threats or harms, but that these might increase risk to self, dependents and others ● that other stressors, such as being in a marginalized group, having welfare benefits stopped and living with health problems, can compound difficulties experienced as a result of traumatic experience ● that people with learning disabilities are at potentially increased risk of exposure to trauma and abuse and may have greater difficulty in recognising and disclosing trauma and abuse | <p>All workers can:</p> <ul style="list-style-type: none"> ● recognise when an individual requires psychological first aid and is able to facilitate its delivery ● recognise when an individual is in a harmful or abusive situation or is at risk of harm ● recognise when poor mental health is increasing risk to self, dependents or others ● recognise when an individual or dependents are experiencing harm linked to discrimination ● identify the need for, and use additional communication and support means to help support, disclosure, where appropriate to role |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|--|---|--|
| <p>People affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> existing guidance and established protocols and procedures for assessing and managing risk (such as vulnerable adults, child protection, human trafficking, domestic and gender-based violence, and online abuse). | <p>All workers can:</p> <ul style="list-style-type: none"> enquire about and recognise the needs of individuals within the wider family unit recognise risks and flag them to the appropriate agencies and/or work in collaboration with the individual to reduce risk in line with existing guidance and established local multi-agency protocols and procedures. |
| | <p>People working with children and young people understand:</p> <ul style="list-style-type: none"> that abused children may present with physical and/or psychological symptoms and signs of abuse and maltreatment that trauma can be concealed that abuse and maltreatment may be observable through parent-child interactions. <p>Staff working with older adults:</p> <ul style="list-style-type: none"> understand that due to changes in health and life circumstances, older people can be at increased risk of victimisation/re-victimisation. | <p>People working with children and young people can:</p> <ul style="list-style-type: none"> recognise the physical, psychological and interpersonal signs of trauma and maltreatment in a child. <p>Staff working with older adults can:</p> <ul style="list-style-type: none"> recognise when an older person is in a harmful or abusive situation or may be at risk of harm |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|---|--|--|
| <p>Individuals affected by trauma are supported to safely disclose trauma where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that routine enquiry into a history/current experience of trauma and abuse should be carried out where appropriate to role and remit, following appropriate training and with organisational support in place ● that when an individual makes a spontaneous disclosure of trauma or abuse, a ‘non-expert’ can respond helpfully using trauma-informed principles ● that individuals may have different reasons for disclosing and that some may wish for input or services following a disclosure and others will not ● that an individual may not explicitly disclose trauma and abuse but may indirectly communicate past/current abuse: in children and young people, abuse may be communicated/disclosed through repetitive play around a trauma theme or through physical symptoms; in older adults, abuse may be communicated/disclosed through increased distress, increased mental or physical health difficulties or withdrawal; in people with learning disabilities, abuse may be communicated/disclosed through increased challenging behaviour or withdrawal | <p>All workers can:</p> <ul style="list-style-type: none"> ● willingly, sensitively and appropriately routinely enquire, where appropriate to role and remit and with appropriate training ● use trauma-informed principles to respond to disclosures ● recognise that there may be ‘indirect’ indications of trauma and abuse, such as signs of neglect or physical harm, or changes in behaviour |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|--|--|---|
| <p>Individuals affected by trauma are supported to safely disclose trauma where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • where and how information relating to a given disclosure should be recorded • that information may need to be shared with others where disclosure indicates the risk to the individual and/or others is ongoing. | <p>All workers can:</p> <ul style="list-style-type: none"> • communicate the limits of confidentiality and sensitively describe options available (what will be recorded and with whom it will be shared), particularly if any of the information disclosed raises public protection concerns. |
| <p>The individual is signposted/referred to appropriate services to ensure needs are met following disclosure, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • that some individuals may wish/have a need for further referral following disclosure while others will neither wish nor require further referral • that there may be a range of needs, including for social and emotional support, healthcare and advocacy. • that some individuals can experience significant mental health difficulties and/or crisis linked to trauma and may benefit from referral for evidence-based psychological therapies and mental health interventions. • is aware of, or willing to find, information about the range of services in the local area that offer care, support and psychological therapy to individuals affected by trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> • signpost/discuss options for care, support and therapy collaboratively and give accurate information about the referral process and what to expect from services • encourage/support individuals with significant mental health difficulties to see their GP or, if in mental health crisis, to attend A&E or directly refer themselves to mental health services, as appropriate • enable individuals to make an informed choice about whether to seek care, support or therapy, balancing collaboration, choice and empowerment with people to be safe and well. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|---|---|---|
| <p>The needs of workers exposed directly to traumatic events or the details of trauma experienced by others are recognised and addressed in the workplace.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that in the absence of adequate support and supervision, workers directly exposed to trauma in the workplace are at increased risk of developing linked trauma reactions (which can include vicarious traumatisation). ● that a worker's own experience of trauma and abuse can have implications for his or her capacity to respond to the needs of those affected by trauma in a work context ● the importance of good psychological self-care. | <p>All workers can:</p> <ul style="list-style-type: none"> ● practise good psychological self-care ● recognise the need for, and use, professional support/supervision ● demonstrate self-awareness and an ability to recognise where their reactions to trauma may be relevant in the response to people accessing services and seek advice and support to address this. |

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TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|---|--|--|
| <p>The needs of workers exposed directly to traumatic events or the details of trauma experienced by others are recognised and addressed in the workplace.</p> | <p>Managers recognise:</p> <ul style="list-style-type: none"> the importance of incorporating trauma-informed systems and practices into organisational/operational policies to support workers to manage and protect against the effects of trauma exposure and ensure their health and well-being is supported the importance of incorporating appropriate professional support/supervision into the workplace to enable workers to balance a professional response to those affected by trauma with good self-care that professional supervision for those working with trauma should be provided by a more experienced worker with the appropriate supervisory skills. | <p>Managers can:</p> <ul style="list-style-type: none"> establish appropriate professional support structures and supervision to mitigate against exposure to the trauma histories of others in the course of one's professional duties. enable staff to access professional support and supervision. |

TRAUMA SKILLED PRACTICE LEVEL

Trauma Skilled Practice level: knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

Stage of recovery: being able to cope

Individuals are able to cope with emotional distress linked to experience of trauma and current stressors.

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|---|---|---|
| <p>The individual experiences a safe working relationship.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of establishing safe, collaborative working relationships with effective boundaries with individuals who have been affected by trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> develop working relationships based on the trauma-informed principles of trust, collaboration, choice, empowerment and safety establish and maintain appropriate professional boundaries reflect on the working relationship and take responsibility to adjust this as required. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|---|--|
| <p>Natural recovery following trauma is encouraged and individual strengths and resources recognised and supported.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the importance of allowing for, and removing barriers to, natural recovery in the immediate period following trauma exposure to build on natural resilience ● the importance of recognising and enabling the individual to build on his or her own resources and strengths ● that social support is a key determinant of good outcomes following trauma. ● that the individual linking with existing social supports and networks, where safe and supportive, is the preferred first option. | <p>All workers can:</p> <ul style="list-style-type: none"> ● recognise barriers to natural recovery (such as financial/work pressures, avoidance of reminders of the traumatic event or use of alcohol or other substances) and advise and support the individual to address these where appropriate. ● recognise strengths, resilience and potential for growth in those affected by trauma ● ask the individual about his or her existing support network and advise to connect with supports and social networks, where available, safe and supportive. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|--|--|
| <p>Natural recovery following trauma is encouraged and individual strengths and resources recognised and supported.</p> | <p>People working with children and young people understand:</p> <ul style="list-style-type: none"> the importance of supporting healthy development by encouraging positive interactions between parents and their children the importance of using the GIRFEC SHANARRI child well-being framework and national practice framework to support recovery the importance of supporting the family to manage the impacts of trauma on individual family members/the family unit to buffer children against the impacts of trauma. | <p>People working with children and young people can:</p> <ul style="list-style-type: none"> work with the family to identify and build on protective factors and strengthen relationships use the GIRFEC SHANARRI child well-being framework and national practice framework to support recovery. |
| <p>Current distress and difficulties are recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the value of being able to normalise current distress and difficulties by making the link between experience of past trauma and current reactions and difficulties (“It’s what happened to you, not what’s wrong with you”). that individuals affected by trauma may experience distress linked directly to past trauma (such as intrusive memories) and/ or current circumstances | <p>All workers can:</p> <ul style="list-style-type: none"> show willingness, where appropriate to role, to ask about current difficulties and ways of coping recognise when an individual is experiencing distress and reactions linked to previous trauma (such as high distress, flashback memories and avoidance) and/ or this is being exacerbated by current stressors |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|--|---|---|
| <p>Current distress and difficulties are recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the effects of trauma on the mind and body and the fight/flight/freeze response to trauma that some coping strategies, including substance misuse, self-harm, risky sexual behaviour and, less obviously, emotional disconnection (“dissociation”) can emerge as attempts to adapt to and cope with the impacts of trauma. <p>People working with children and young people understand</p> <ul style="list-style-type: none"> that children and young people may display distress in different ways depending on their age and developmental stage. | <p>All workers can:</p> <ul style="list-style-type: none"> respond sensitively, and with compassion and empathy, to the individual flag where current coping strategies are likely to be problematic in the longer term and discuss with the individual possible alternatives to current coping and/or support and/or therapy services, where appropriate provide information on relevant local services that offer advice or support skills and training, where appropriate. |

TRAUMA SKILLED PRACTICE LEVEL

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|--|---|---|
| <p>The individual is enabled to access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of enabling those affected by trauma to access care, support, advocacy, treatment, justice services or therapy in line with stated personal preferences that in the absence of a safe and supportive social network, professional support/advocacy services provide safety planning and emotional and practical support (including counselling) that can improve safety and enhance well-being following trauma. that the option of referral for psychological therapy should be considered where distress continues to be present after one month following a recent discrete trauma or endures/does not improve following cumulative trauma that trauma responses that may benefit from further interventions can appear in a range of different ways, including (though not limited to) the experience of intrusions (flashbacks, intrusive memories and nightmares), increased arousal and avoidance of trauma reminders, low mood, poor sense of self and a difficulty in establishing/maintaining relationships | <p>All workers can:</p> <ul style="list-style-type: none"> collaboratively discuss needs enable the individual to practically resolve current stressors, where appropriate to role identify where the individual would benefit from input from specialist support/advocacy services, discuss support options with the individual and enable access, where appropriate enable the individual to increase social contact and networks recognise when an individual is experiencing distress that is considered significant and discuss referral to psychological services for assessment and intervention |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|---|--|
| <p>The individual is enabled to access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that a history of trauma may be relevant to the ability to self-manage a long-term physical health condition (such as pain, heart disease or diabetes). ● that individuals involved with criminal justice systems may have needs linked to previous trauma. ● that effective psychological interventions exist for those with clinically significant difficulties linked to past trauma ● the potential benefits of medication for some effects of trauma ● relevant local physical and mental health services. | <p>All workers can:</p> <ul style="list-style-type: none"> ● consider (where appropriate to role) the possibility that trauma may be contributing to poor self-management of a long-term physical health condition and, where this is suspected, discuss referral options with the individual. ● Consider the relevance (where appropriate to role) of past trauma to the person's contact with criminal justice. |
| <p>The needs of workers exposed directly to traumatic events or the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>Managers:</p> <ul style="list-style-type: none"> ● understand that where workers are exposed unpredictably to the trauma histories of others, particularly when responding to trauma is not the focus of their role, vicarious traumatisation is a possibility. | <p>Managers can:</p> <ul style="list-style-type: none"> ● encourage a culture of supervision and mutual professional support. |

TRAUMA SKILLED PRACTICE LEVEL

Trauma Skilled Practice level: knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

Stage of recovery: processing and making sense of trauma

Individuals affected by trauma can emotionally process the memory, meaning and losses associated with past traumatic events to experience a reduction in psychological distress and recover psychologically.

| <i>Outcome</i> | <i>What workers know (knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|--|--|
| The individual experiences a consistent and respectful working relationship to set the conditions for disclosure of trauma and abuse, where appropriate. | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of a safe relationship with effective boundaries in setting the conditions for disclosure of trauma and abuse. | <p>All workers can:</p> <ul style="list-style-type: none"> establish and maintain a consistent, respectful working relationship. Can understand how to manage relationship boundaries effectively. |
| Individuals experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose. | <p>All workers understand:</p> <ul style="list-style-type: none"> that the individual's ability to connect with, and safely tolerate, memories of past trauma can help reduce distress associated with past trauma | <p>All workers can:</p> <ul style="list-style-type: none"> respond to a spontaneous disclosure of abuse and trauma in a way that makes space and time for the disclosure and follows the individual's lead, where possible, on what/how much detail about the experiences he or she shares |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|--|--|
| <p>Individuals experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • that where an individual is experiencing high distress linked to the memories of past trauma and/or high levels of arousal, nightmares and/or intrusive memories that the safest response of a tier 2 worker to disclosure is one which acknowledges trauma and responds to needs associated with the impact of trauma without requiring the person to disclose in detail. • that effective evidence-based psychological interventions for the impacts of trauma exist for individuals experiencing high distress, arousal and/or intrusions linked to trauma at one or more months following the end of trauma exposure. | <p>All workers can:</p> <ul style="list-style-type: none"> • recognize when an individual might benefit from referral for trauma-focused psychological intervention and collaboratively discuss options with the individual • enable the individual to access/directly refer to mental health services, as appropriate. |
| <p>Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • that for many, distress associated with the memory and meaning of past traumatic events will resolve over time without the need for support or therapeutic intervention • that the impacts of trauma are more likely to be resolved if the individual has and can access safe and supportive relationships to discuss traumatic experiences | <p>All workers can:</p> <ul style="list-style-type: none"> • avoid interfering with natural recovery and enable the individual to connect with existing emotional supports where available • deliver psychological first aid when responding to an individual who has experienced recent trauma |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|--|---|
| <p>Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> that responses for recently experienced trauma should be informed by the principles of psychological first aid (that is, pay attention to good self-care, expect a range of emotional reactions, and spend time with loved ones) and that de-briefing is not a recommended or helpful intervention. | <p>All workers can:</p> <ul style="list-style-type: none"> make space to hear a disclosure or trauma and respond to spontaneous disclosure in an trauma informed way that acknowledges the impact of trauma. |
| <p>The needs of individuals affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential for disclosures/ conversations about previous traumatic experiences being experienced as re-traumatising if the individual: <ol style="list-style-type: none"> feels under pressure to discuss previous trauma experiences overwhelming distress while discussing previous trauma experiences an unemphatic, disbelieving or dismissive response from the person with whom trauma experiences are shared | <p>All workers can:</p> <ul style="list-style-type: none"> recognise when an individual is experiencing intolerable levels of distress linked to a procedure or system and prioritise and respond to the person's needs at these times respond with genuine empathy, compassion, respect and kindness when information about past trauma is shared or discussed. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|---|---|---|
| The needs of individuals affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation. | <p>All workers understand:</p> <ul style="list-style-type: none"> that an individual who is overwhelmed may look very distressed or, alternatively, disconnected/unconcerned. | <p>Managers can:</p> <ul style="list-style-type: none"> recognise and, where possible, address service systems and procedures that are likely to compound distress experienced by those affected by trauma. |
| The individual is enabled to access timely care, support and treatment, where appropriate. | <p>All workers understand:</p> <ul style="list-style-type: none"> that where distress linked to the memory of past trauma continues to be present after one month following a recent discrete trauma or endures following cumulative trauma, the option of referral for evidence-based trauma-focused psychological therapy should be considered. | <p>All workers can:</p> <ul style="list-style-type: none"> recognize where an individual has a significant level of distress linked to past unresolved trauma have a collaborative conversation about the range of options available recognise when an individual is unable to safely tolerate distress associated with recent trauma and requires support and/or mental health interventions to stay safe link the individual with the appropriate mental health service at the right time, either through direct referral, supporting the individual to speak to the GP, or through A&E. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|---|---|---|
| <p>The individual is enabled to access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> that where distress linked to the memory of past trauma continues to be present after one month following a recent discrete trauma or endures following cumulative trauma, the option of referral for evidence-based trauma-focused psychological therapy should be considered. | <p>All workers can:</p> <ul style="list-style-type: none"> recognize where an individual has a significant level of distress linked to past unresolved trauma have a collaborative conversation about the range of options available recognise when an individual is unable to safely tolerate distress associated with recent trauma and requires support and/or mental health interventions to stay safe link the individual with the appropriate mental health service at the right time, either through direct referral, supporting the individual to speak to the GP, or through A&E. |
| <p>The needs of workers exposed directly to traumatic events or to the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>Managers:</p> <ul style="list-style-type: none"> recognise the importance, where possible, of varying the focus of work undertaken by workers who are directly exposed to trauma or regularly exposed to the details of trauma experienced by others to mitigate against vicarious traumatisation/burn-out. | <p>Managers can:</p> <ul style="list-style-type: none"> consider the possible impact of trauma exposure for their staff |

TRAUMA SKILLED PRACTICE LEVEL

Trauma Skilled Practice level: knowledge and skills required for workers with direct and frequent contact with people who may be affected by trauma

Stage of recovery: living the life you choose

The individual affected by trauma can feel hopeful, envisage a life he or she chooses, connected to others and using skills and strengths to move towards goals and participate in roles that are meaningful, culturally relevant and personally valued.

| Outcome | What workers need to know (knowledge) | What workers can do (capability/skill/ability) |
|---|--|--|
| <p>The individual is able to access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the need to identify ongoing needs for care support and treatment at all stages in the recovery journey. the potential for children to be affected by parental trauma | <p>All workers can:</p> <ul style="list-style-type: none"> recognise where an individual might need additional or ongoing care support and / or treatment to support their recovery over time support the individual to access appropriate services, where needed, at all stages in the recovery journey. recognise where there is a need to support parenting/ to respond to the needs of children. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|--|---|
| The individual can engage in and maintain safe, sustaining and supportive relationships and social networks | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential for revictimization in persons who have experienced interpersonal trauma | <ul style="list-style-type: none"> recognise where the person might be at ongoing risk of harm and link with appropriate support services/ police |
| The individual can recognise and build on their own strengths, skills and resources to live a personally valued life. | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of communicating a message of hope and optimism about the potential to live a personally valued life the importance of enabling the person affected by trauma to recognise, use and build on their strengths, skills and resources during everyday life. | <ul style="list-style-type: none"> meaningfully communicate hope in recovery and the potential to live a valued life. advise and support the person to recognise and use their existing strengths, skills and resources during everyday life. |

TRAUMA SKILLED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers need to know (knowledge)</i> | <i>What workers can do (capability/skill/ability)</i> |
|--|---|--|
| The individual can address missed developmental opportunities. | <p>All workers understand:</p> <ul style="list-style-type: none"> that, where trauma happens at developmentally important points in a person's life that it can result in missed developmental, including educational and social opportunities. | <ul style="list-style-type: none"> communicate the message that learning can be lifelong and essential skills can be developed at different points in life. |
| The individual can identify and move towards goals and participate in roles that are culturally relevant and personally valued. | <p>All workers understand:</p> <ul style="list-style-type: none"> local resources (eg colleges, volunteer networks, churches, mosques, choirs, libraries etc) which might support the individual in working towards valued goals. | <ul style="list-style-type: none"> able to offer the person information on local resources. be optimistic about the potential for persons affected by trauma to recover and lead a personally-valued life. |

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TRAUMA ENHANCED PRACTICE LEVEL

Draft
30/3/17

TRAUMA ENHANCED PRACTICE LEVEL

Trauma Enhanced Practice level: knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

Stage of recovery: being safe and protected from harm.

Immediate needs linked to trauma, abuse or neglect are safely recognised, understood and addressed at the earliest possible opportunity so the individual can be protected from ongoing or future harm.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|---|--|
| The impact of trauma on individuals is recognised and understood. | <p>All workers understand:</p> <ul style="list-style-type: none"> that childhood trauma and adversity (“adverse childhood experiences”) has been found to be associated with poorer longer-term physical and mental health outcomes and early mortality¹⁴. that childhood trauma and abuse can impact neurologically and can therefore have implications for learning and social and emotional development. that trauma has the potential to impact on the ability to form and maintain relationships, tolerate emotions and maintain a stable and positive sense of self. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise and acknowledge the contribution trauma may have made to the development of mental or physical health difficulties. recognise where trauma has led to missed developmental opportunities. build trust and engage the individual within a working context by being consistent, trustworthy, non-judgemental and can develop clear but flexible boundaries with the person. |

14. that as currently defined, ‘adverse childhood experiences (ACES)’ include physical, sexual or emotional abuse, emotional or physical neglect, exposure to domestic violence, household mental illness, parental separation, parental substance misuse, living in care and parental criminality www.acestudy.org

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|---|
| <p>The impact of trauma on individuals is recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of the “it’s what happened to you – not what’s wrong with you” message in enabling individuals to feel safe within themselves and build a positive sense of self. that trauma can impact on the individual in different ways depending on a range of factors, including: the developmental stage at which the trauma occurred; the type(s) of trauma experienced; the frequency with which the trauma was experienced; availability (for children) of a good-enough functioning adult; and the individual’s cultural background. | |
| | <ul style="list-style-type: none"> Child and family workers understand: ways that trauma can occur and present across stages of child and adolescent development. that repeated complex developmental trauma impairs both a wide range of neurodevelopment, functioning and development of the self. Ability to think about the timing and frequency that the traumatic events occurred and the impact this would have on development. If occurring at critical development points (e.g. in infancy and childhood) its effects are particularly | <ul style="list-style-type: none"> Child and family workers can: Recognise indicators of trauma and assessing trauma across child and adolescence. Using child protection procedures where required and informing multi-agency assessment. Identify an individual’s developmental needs, acknowledging gaps which may have occurred in developmental experiences and skill acquisition. Setting realistic expectations that are based on developmental stage rather than chronological age. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|---|
| <p>The impact of trauma on individuals is recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the impact of trauma on attachment ● the importance of attachment on promoting the child to experience safe and attuned care-giving which supports child development. ● that trauma can cause individuals to feel overwhelmed and become over or under (hyper- or hypo) aroused in situations that remind them of past trauma and/or where they perceive the current risk to themselves to be high. This is known as exceeding the “window of tolerance”. ● that trauma occurring at critical developmental points (e.g. in infancy and childhood) has particularly damaging effects due to its potential to disrupt healthy development. ● recognise the importance of attachment in ensuring that the child experiences safe and attuned care-giving to support child development and the disruptive impact of trauma on attachment. ● that a history of trauma can cause individuals to feel overwhelmed and become over or under (hyper- or hypo) aroused in situations that remind them of past trauma and/or where they perceive the current risk to themselves to be high. This is known as exceeding the “window of tolerance”. | <p>All workers can:</p> <ul style="list-style-type: none"> ● Help parents/caregivers to understand the impact of trauma on attachment. ● recognise triggers to dissociation/hyper-arousal and avoid, where possible exposing the individual to situations which exceed the window of tolerance. ● recognise when an individual is overwhelmed (distressed/hyper-aroused or dissociating) and use grounding techniques to enable the individual to return to within their window of tolerance. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|---|
| <p>The impact of trauma on individuals is recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential for individuals to be re-traumatised by circumstances/relationships/situations that bear some similarity to previous trauma. that the individual who is hypo-aroused (dissociated) can look disconnected/ unconcerned. the importance of enabling the individual, where possible, to stay within the window of tolerance the importance of building trust, giving choice and control, and engaging collaboratively with the individual to reduce the likelihood of re-traumatisation. that symptoms and difficulties (such as dissociation, risky sexual behaviour, self-harm and substance misuse) can be reactions to trauma which have emerged as attempts to cope with and/or adapt to the experience of trauma in the past. that, in addition to PTSD and complex PTSD, trauma is a recognised factor contributing to the development of a range of other mental health diagnoses and difficulties, including depression, eating disorders, psychosis, anxiety, personality disorders, self-harm, suicidality, substance misuse, dissociation and risky sexual behaviour | <p>All workers can:</p> <ul style="list-style-type: none"> recognise when an individual is overwhelmed (distressed/hyper-aroused or dissociating) and use grounding techniques to enable the individual to return to within their window of tolerance. advocate for the individual to ensure that systems and procedures do not trigger and/or re-traumatise him or her. acknowledge the link between past trauma and current coping strategies whilst being able to flag where coping strategies are currently not helping work collaboratively, as far as possible in responding to immediate needs for safety. <p>Managers can:</p> <ul style="list-style-type: none"> develop and support trauma-informed systems and procedures within services to address the immediate safety needs of those affected by trauma, recognise and reduce risk of re-traumatisation and support staff well-being. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|---|--|
| <p>The impact of trauma on individuals is recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the need for awareness of possible red flags for different types of trauma and abuse (such as for human trafficking and domestic violence). that achieving objective and emotional safety is part of the phased model of recovery from trauma. | |
| <p>Individuals affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the signs of trauma and abuse has knowledge of risk-screening/risk-assessment tools relevant to own area of practice and applicable to role. The importance of holding the safety needs of the individual and dependents in mind at all times. <p>Child and family workers understand:</p> <ul style="list-style-type: none"> that promoting stability in the home environment can mediate against the impact of trauma and promote the child being safe and protected from harm. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> promoting positive attachment relationships using a preventative lifespan approach. identifying parents who need additional support to ensure home circumstances are safe, stable and the child is protected from harm. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|--|
| <p>Individuals affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <ul style="list-style-type: none"> Child and family workers understand: that stability in the individual's environment is important to help children achieve safety in their lives and that children and young people rely on adults to provide stability. | <ul style="list-style-type: none"> Child and family workers can: promote stability, security and consistency in the child's environments, using an advocacy approach, where appropriate. enable the child to access developmentally supportive experiences and to engage in positive activities and interests. |
| | <p>All workers understand:</p> <ul style="list-style-type: none"> that individuals with a history of previous trauma are at increased risk of repeat trauma/re-victimisation. that the risk of re-victimization can be linked to a combination of external risk factors (such as debt, poverty and gang involvement), internal risk factors (including poor self-worth) and relational risk factors (e.g. a coercive and controlling partner). that difficulties which may raise safety concerns, such as self-harm and substance misuse, may have developed as a means of coping with the impact of trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise and respond to risk of re-victimisation. recognise when complex risks are present and when it would be helpful to consult with specialists with relevant expertise in managing risks, or to refer for specialist risk assessment, where appropriate. recognise when trauma reactions are compromising the safety of the individual and/or the safety of others. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|---|---|
| <p>Individuals affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • child and adult protection responsibilities. • the need for a co-ordinated multi-agency response to individuals and their families with trauma-related complex needs to promote positive outcomes and mitigate against re-traumatisation and further harm • is aware of and understands multi-agency risk-management protocols and procedures in responding to complex risk (e.g. child protection and vulnerable adult protocols and multi-agency risk assessment conferences (MARACs)). • understands the importance of seeking informed consent before sharing information. | <p>All workers can:</p> <ul style="list-style-type: none"> • discuss concerns with a person who is affected by trauma and collaboratively contribute to the development of a safety plan to reduce immediate risks to the individual, dependents or others, in line with relevant multi-agency risk management systems, structures and protocols • recognise where risks linked to poor mental health (such as self-harm and/or suicidality) are present and inform the GP or enable the individual to access A&E services, as appropriate • effectively use existing multi-agency relationships, systems, structures and protocols to support risk identification and management. <p>Managers can:</p> <ul style="list-style-type: none"> • organise services in a way that balances ongoing evaluation of risk with the need for service systems, structures and relationships to be underpinned by empowerment, choice and control and contribute to establishing and developing effective multi-agency trauma-informed risk-management systems. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|---|--|
| <p>Individuals affected by trauma are supported to safely disclose trauma, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that trauma can be disclosed spontaneously, in a planned way (e.g. through a witness statement), or in response to routine enquiry. ● the importance of supporting individuals affected by trauma to disclose, where this is appropriate to service context, the worker's role and where this is likely to be beneficial to the individual. ● own service's/agency's policy on routine enquiry ● that the way in which trauma affects the individual and is disclosed can vary depending on the individual's developmental age at the time of trauma and at disclosure, his or her levels of verbal ability and emotional awareness, and cultural factors. ● the risks associated with routine enquiry (including presence/awareness of potential abuser). ● the responsibility to document disclosure and take appropriate action in line with local, national and/or professional risk-management policies and procedures, depending on service context. | <p>All workers can:</p> <ul style="list-style-type: none"> ● recognise and safely respond to a spontaneous disclosure of abuse and trauma. ● where deemed appropriate to service context and role, sensitively and empathically routinely enquire about trauma and abuse using appropriate and unambiguous language, and ensure a confidential space and suitable follow-up ● tailor the language of routine enquiry to the individual. ● recognise when routine enquiry carries potential risks and take steps to reduce risk and/or make a plan for follow-up ● recognises that where disclosure is required as evidence, it is important to take trauma reactions into account when taking witness statements. ● prioritise the individual's health and well-being over the needs of systems and procedures ● respond to disclosure in a way that recognises and responds to needs while balancing respect for the right to autonomy, choice and control. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| <p>Individuals affected by trauma are supported to safely disclose trauma, where appropriate.</p> | <p>Managers understand:</p> <ul style="list-style-type: none"> the importance of ensuring that the practice of routine enquiry is adopted service-wide and is supported by a clearly specified and trauma-informed service-level response protocol to ensure that emerging needs for safety/support and/or therapeutic interventions are recognised and appropriately addressed. <p>Child and family workers understand:</p> <ul style="list-style-type: none"> that routine enquiry is not recommended for children and young people. that if disclosures are made by a child, that the worker should show a willingness to listen and support the child and to respond using child protection protocols and procedures. | <p>Managers can:</p> <ul style="list-style-type: none"> ensure that staff are informed and trained in the use of service protocols for supporting and responding to disclosure. <p>Child and family workers can:</p> <ul style="list-style-type: none"> utilise child protection protocols and procedures to manage child disclosures. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|---|
| <p>Individuals are signposted/referred to appropriate services to ensure needs are met following disclosure, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that persons affected by trauma and their dependents can have a range of possible needs which can include a need for: <ul style="list-style-type: none"> ■ objective safety ■ practical and emotional support, (including counselling and advocacy) and for children educational support. ■ physical and/or mental healthcare and therapeutic services. ● the importance of individualised needs assessment to identify needs and desired personal outcomes, and to inform a plan to ensure that needs can be met/personal outcomes realised. ● the importance of ensuring the individual is signposted/ referred to the relevant service to ensure that needs can be met and that multi-agency input is co-ordinated. | <p>All workers can:</p> <ul style="list-style-type: none"> ● in collaboration with the person, carry out an evaluation of needs. ● enable the person to identify personally valued outcomes. ● recognise when an individual has unmet needs linked to trauma and would benefit from onward referral. ● enable the person to access care, support and/or therapeutic interventions, as appropriate. ● act as a keyworker to the individual to co-ordinate appropriate input and onward referral to ensure needs for care, support and intervention are met |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|--|
| <p>The needs of workers exposed directly to traumatic events or to the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential for working with individuals affected by trauma to impact emotionally on the worker, and the place of professional supervision in ensuring continuing effective practice. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise the need for, and seek, appropriate peer support and/or professional supervision when experiencing significant professional or personal demands ensure that professional supervision meets the requirements of professional bodies where relevant. |
| <p>The needs of workers exposed directly to traumatic events or to the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>Managers understand:</p> <ul style="list-style-type: none"> the importance of effective and timely access to supervision that is distinct from line management. | <p>Managers can:</p> <ul style="list-style-type: none"> recognise the importance of workers feeling safe to speak openly in supervision about the interaction between the personal and the professional and the value of supervision structures that separate professional from line-management supervision. |

TRAUMA ENHANCED PRACTICE LEVEL

Trauma Enhanced Practice level: knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

Stage of recovery: being able to cope.

Individuals are able to cope with emotional distress linked to past experience of trauma and current stressors.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|--|---|
| <p>The individual experiences a consistent, respectful and professional relationship to engender trust.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that interpersonal difficulties are a normal and predictable reaction to the experience of having lived through trauma and adversity ● that interpersonal difficulties can be understood within an attachment framework and can manifest as a difficulty trusting others/having poorer ability to judge who is trustworthy and/or a fear of being abandoned in the context of difficulties in managing intense emotions ● the importance of collaboratively negotiating a clearly specified and time-framed plan for contact to engender predictability and trust ● the importance of preparing the individual for the point when ● contact will end, recognising the loss this can represent. | <p>All workers can:</p> <ul style="list-style-type: none"> ● skilfully and reflectively respond to different interpersonal approaches while remaining person-centred and trauma-informed. ● develop a plan for contact that is developed collaboratively, based on shared decision-making, is clear and specific, and has a specified time frame. ● acknowledge and help the individual to cope with the end of the helping relationship in advance of finishing contact. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|--|---|
| <p>Natural recovery is optimised and the individual's strengths are recognised and supported.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of the individual connecting with existing emotional supports and social networks following trauma, where these are available, safe and appropriate. | <p>All workers can:</p> <ul style="list-style-type: none"> advise the individual on the importance of connecting with existing emotional supports and social networks, where possible involve the individual in identifying and reflecting on his or her strengths and skills and in thinking about how these might be used to cope with current difficulties incorporate the individual's strengths and skills into support/treatment plans. |
| <p>Current distress and difficulties are recognised and understood.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the normal basis for trauma-related reactions (fight, flight, freeze). the fundamentals of the neurobiological basis of trauma symptoms, including hypervigilance and re-experiencing. that trauma memories are frequently triggered by situations which bear some resemblance to elements of previous trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> provide basic advice on psychoeducation, which explains the initially adaptive and protective function of trauma reactions explain the role of trigger avoidance in maintaining trauma symptoms. Be sensitive to trauma triggers in the service context. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|---|
| <p>Current distress and difficulties are recognised and understood.</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> ● that young children affected by trauma are particularly sensitive to non-verbal and sensory triggers. ● that, as well as being seen and heard, trauma memories can often be re-experienced as feelings in the body. ● the ideas behind the ‘window of tolerance’ ● the role of avoidance in maintaining trauma symptoms. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> ● be sensitive to trauma triggers in the service context. |
| <p>The individual is provided with a level of care/support and/or intervention that matches the level of need.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that support should be provided to facilitate natural recovery and build on strengths; that professional support and advocacy should be provided when individuals don’t have safe or supportive networks or are unable to use existing supports; and that selective and targeted therapeutic interventions should be provided for persons who appear to be showing signs of longer-term mental health difficulties. ● the importance of assessing the individual’s level of need so care/support/intervention can be matched to need. ● the range of services available locally to meet the individual’s needs. | <p>All workers can:</p> <ul style="list-style-type: none"> ● carry out a person-centred needs assessment that takes into account age, life stage and cultural background. ● draw up a care plan that articulates how needs will be met and by which service(s). ● provide support and/or intervention to meet identified needs and/or make onward referrals, where appropriate. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|---|---|
| <p>The individual receives effective professional support and/or advocacy in line with needs.</p> | <p>When directly providing support, all workers understand:</p> <ul style="list-style-type: none"> • best practice guidance and evidence relating to working with individuals affected by trauma (such as WHO guidance on interviewing women affected by sexual violence). • the importance of support work being informed by a needs assessment which identifies specific needs for practical and/or emotional support, and/or advocacy, and/or skills acquisition or consolidation. • the importance of support work being conducted with an empowering and enabling focus. | <p>All workers can:</p> <ul style="list-style-type: none"> • respond to the person in line with best practice guidance and best evidence. • discern the appropriate focus for support work. • work in collaboration with the person to address practical and emotional support needs. • demonstrate skills relevant to providing practical and emotional support, including the ability to: <ol style="list-style-type: none"> a) support and enable effective problem-solving; b) communicate a normalising explanation of the effects of trauma and trauma reactions using psychoeducation; c) respond empathically and non-judgementally using relevant psychosocial skills, including active and reflective listening. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|---|--|
| <p>The individual receives effective professional support and/or advocacy in line with needs.</p> | <p>When directly providing support, all workers understand:</p> <ul style="list-style-type: none"> • the importance of enabling/providing direct practical support to the individual to enable his/her reaching a place of safety, where needed. • the importance of providing practical support to address current stressors and immediate needs, (e.g. housing and finance), where appropriate. • the importance of providing emotional support, where appropriate. • the importance of enabling the individual to identify and address gaps in skills. • the potential for trauma to impact on parenting. • have good local knowledge of services/resources/courses to support skills development and social connectedness. | <p>All workers can:</p> <ul style="list-style-type: none"> • develop and implement a safety plan • advise and advocate where appropriate • offer advice to enable and support the individual to use adaptive coping strategies to manage stress and distress. • enable/support the individual to identify gaps in skills and offer support to help him or her access relevant services/courses to address the gaps (e.g. confidence-building, literacy or parenting). • hold the needs of family members and dependents in mind when directly providing support. • provide information, where appropriate |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|---|
| <p>The individual receives effective professional support and/or advocacy in line with needs.</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> the importance of promoting healthy and supportive parent/carer-child relationships as one of the most significant ways to support a child's wellbeing and coping that trauma impacts development in a number of developmental domains and can result in skills deficits. that support can begin with preparatory work on recognising, understanding and supporting developmental skill acquisition and progression. (e.g. emotional regulation and social skills). | <p>Child and family workers can:</p> <ul style="list-style-type: none"> promote positive parenting interactions and support the development of secure attachments. provide opportunities for learning and skills development, going back to complete earlier early developmental tasks where appropriate e.g. recognising and communicating emotions and developing emotional coping skills. |
| <p>The individual is supported to make a legal disclosure, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of supporting and enabling an individual who has been a victim of crime to legally disclose, where appropriate. | <p>All workers can:</p> <ul style="list-style-type: none"> advocate for the individual involved in a legal process so that his or her needs are central considerations at all points during legal disclosure/evidence-giving. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|---|
| <p>Individuals with mild–moderate mental health difficulties linked to trauma receive evidence-based psychological interventions to protocol to promote coping with trauma reactions and current stressors.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • the range of evidence and protocol-based psychological interventions currently available and designed to support key aspects of coping with the impacts of trauma (such as skills in regulating emotions, increasing activity and in reducing avoidance). • the importance of undertaking appropriate training and gaining skills and experience to develop competence in delivering protocol-based psychological interventions. • the need for protocol-based psychological interventions to be practised under an appropriately-trained supervisor. • the need to identify key areas of current difficulty and current strategies used to cope with emotions and stress when providing psychological interventions to protocol. • that trauma can affect the ability to tolerate and manage the expression of difficult emotions, particularly in interpersonal contexts • that symptoms and difficulties may have emerged as attempts to cope with or adapt to trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> • discuss key areas of current difficulty with the individual and identify where he or she is using coping strategies likely to be problematic over the longer term (such as situational avoidance) • provide psychoeducation around trauma symptoms and reactions • teach and encourage practice of key skills to enhance emotion regulation (such as brief breathing exercises, relaxation, mindfulness and/or grounding exercises) • provide basic advice to address poor sleep • intervene to encourage activities to overcome avoidance, and improve mood by increasing social contact and engagement in meaningful activity. • effectively deliver evidence-based psychological interventions where appropriately trained and supervised. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|---|--|
| <p>Individuals with mild-moderate mental health difficulties linked to trauma receive evidence-based psychological interventions to protocol to promote coping with trauma reactions and current stressors.</p> | <p>Child and family worker understand:</p> <ul style="list-style-type: none"> that giving the child and parent a sense of self-efficacy and perceived control; helping children develop strong adaptive skills and the ability to self-regulate; and encouraging families to engage support from their communities, promote ways to cope well. that children can experience both trauma triggers and effects of trauma in non-verbal and sensory means. This is particularly relevant for young children or people who experienced trauma at young ages. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> intervene with the parent/caregiver to provide attuned care-giving that meets the child's needs and supports family functioning. utilise parent/caregiver in supporting the child to learn coping skills. identify sensory triggers and developing sensory soothing coping strategies. |
| | <p>All workers understand:</p> <ul style="list-style-type: none"> the types of mental health difficulties linked to trauma that require high-intensity psychological therapy provided by a Tier 4 psychological therapist, and the importance of timely referral. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise when the psychological interventions being provided are not effective and/or when an individual requires high-intensity psychological therapy provided by a Tier 4 psychological therapist enable the individual to access, or refer the individual to, high-intensity psychological therapy, where appropriate. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|---|--|
| <p>The needs of workers exposed directly to traumatic events or to the details of trauma experienced by others are recognised and addressed in the workplace.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of engaging in regular clinical supervision to ensure that clinical practice is safe and effective. <p>Managers understand:</p> <ul style="list-style-type: none"> the ethical and professional obligation to ensure that workers are appropriately trained and are working within the limits of professional competences the different training routes and requirements to provide psychological interventions or practise as a psychological therapist in Scotland. | <p>The worker can:</p> <ul style="list-style-type: none"> regularly access and use clinical supervision. <p>Managers can:</p> <ul style="list-style-type: none"> use understanding of different training routes and requirements to provide psychological interventions/practise as a psychological therapist in Scotland to select staff. |
| <p>The individual affected by trauma benefits from a sharing of trauma understanding and expertise across the workforce.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of educating the workforce about trauma and its impact, and about factors that support recovery and enhance personal outcomes. | <p>The worker can:</p> <ul style="list-style-type: none"> provide education about trauma and recovery that is specific to the worker's area of expertise. Deliver education around best practice in a range of settings. make complex ideas about trauma understandable and relevant to a given audience, informed by the best available evidence. |

TRAUMA ENHANCED PRACTICE LEVEL

Trauma Enhanced Practice level: knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

Stage of recovery: processing and making sense of trauma.

Individuals affected by trauma can emotionally process the memory, meaning and losses associated with past traumatic events to experience a reduction in psychological distress and recover psychologically.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|--|---|
| <p>The individual experiences a consistent and respectful working relationship to set the conditions for disclosure of trauma and abuse, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of attending to the working relationship at all points in contact. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise where there are potential difficulties with relational boundaries and discuss this in supervision. |
| <p>Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> that processing and making sense of past trauma is an ongoing process not restricted to a particular point in the individual's recovery journey. | <p>All workers can:</p> <ul style="list-style-type: none"> encourage the individual to use existing relationships to discuss traumatic experiences, where safe and appropriate. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|---|--|
| <p>Individuals experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose and process trauma memories.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of communicating a willingness and capacity to actively hear a spontaneous or planned disclosure of trauma if the individual wishes to disclose. that the wish to disclose trauma and abuse can be understood as a need to process and make sense of trauma the potential for re-traumatisation where: a) the person feels under pressure to discuss previous trauma; b) the person experiences overwhelming levels of distress while discussing previous trauma; c) the response of the person with whom the details of previous trauma are shared is unempathic, disbelieving and/or dismissive. | <p>All workers can:</p> <ul style="list-style-type: none"> communicate a willingness and ability to hear a disclosure/discuss trauma and abuse if the individual wishes to disclose. support the individual to make an active choice about whether to discuss the details of past trauma or not. provide an empathic, non-blaming and trauma informed response to a planned or spontaneous disclosure of trauma and abuse. encourage the individual to use existing relationships to discuss traumatic experiences, where safe and appropriate. |
| <p>The needs of individuals affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential for tension between the individual's recovery needs and the needs of systems for statements and testimony (e.g. for court systems, trafficking and asylum systems) the potential for the individual to be retraumatised in these contexts. | <p>All workers can:</p> <ul style="list-style-type: none"> use professional knowledge and skills to advocate for the needs of individuals engaged with complex systems. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|--|---|
| <p>The individual is enabled to access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> that trauma is considered unprocessed/unresolved if the individual continues to experience intrusive memories, flashbacks and/or nightmares, experiences a negative view of themselves and/or others, and/or has difficulty establishing or maintaining relationships that where significant distress and intrusions persist beyond one month following a type 1 trauma and/or significant distress is present linked to cumulatively experienced trauma, referral for formal trauma-focused therapy should be considered. <p>Child and family workers understand:</p> <ul style="list-style-type: none"> that for children and young people, trauma can impact across developmental domains and does not simply manifest as a re-experiencing of traumatic experiences. that a child's ability to engage in trauma processing therapy will be influenced by a child's developmental as well as chronological age. | <p>All workers can:</p> <ul style="list-style-type: none"> recognise when an individual is presenting with clinically significant mental health difficulties linked to unresolved trauma recognise when the individual would potentially benefit from trauma-processing therapy collaboratively discuss with the individual the option of referral for trauma-memory-focused therapy link the individual with the appropriate mental health service, either through direct referral or by supporting the individual to speak to the GP. <p>Child and family worker can:</p> <ul style="list-style-type: none"> recognise where previous trauma is continuing to impact on a child's life and functioning and when intervention to aid with reprocessing of traumatic memories would be beneficial. assess and consider the implications for trauma processing therapy of the the age that trauma occurred, the impact of trauma on development and current developmental stage; |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|--|---|
| <p>The individual is enabled to access timely care, support and treatment, where appropriate.</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> • that for children and young people, family members/ caregivers should be included in therapeutic intervention where appropriate. • the range of local therapeutic services available for children affected by trauma | <p>Child and family worker can:</p> <ul style="list-style-type: none"> • recognise where previous trauma is continuing to impact on a child's life and functioning and when intervention to aid with reprocessing of traumatic memories would be beneficial. • assess and consider the implications for trauma processing therapy of the the age that trauma occurred, the impact of trauma on development and current developmental stage; • select the appropriate psychological intervention taking into account the importance of including family members/caregivers • enable the child/ their family to access local therapeutic services, as appropriate. |
| <p>The needs of workers exposed directly to traumatic events or to the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> • the importance of using regular professional support and supervision to cope with exposure to traumatic material encountered in the course of work. | <p>The worker can:</p> <ul style="list-style-type: none"> • make appropriate use of professional support and supervision. |

TRAUMA ENHANCED PRACTICE LEVEL

Trauma Enhanced Practice level: knowledge and skills for staff with regular and intense contact with people affected by trauma and who have a specific remit to respond by providing support, advocacy or specific psychological interventions to protocol, and/or staff with responsibility for directly managing care and/or services for those affected by trauma.

Stage of recovery: living the life you choose.

The individual affected by trauma can feel hopeful, envisage a life he or she chooses, connected to others and using skills and strengths to move towards goals and participate in roles that are meaningful, culturally relevant and personally valued.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|--|--|
| <p>The individual can access timely care, support and treatment, where appropriate.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the importance of reviewing the need for care, support and treatment, particularly at times of transition or crisis ● the importance of care plans being collaboratively developed and recovery-focused ● the importance of care plans incorporating personally valued goals, roles and personal outcomes. | <p>The worker can:</p> <ul style="list-style-type: none"> ● recognise when an individual might need additional/ongoing care, support and/or treatment. ● develop a recovery-focused care plan which emphasises valued goals, roles and personal outcomes. |

TRAUMA ENHANCED PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|---|---|
| <p>The individual can engage in and maintain safe, sustaining and supportive relationships and social networks</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the importance to good mental health and well-being of safe relationships and culturally relevant social networks and connections. ● the importance of skills training, where needed, to enable the individual to develop essential interpersonal skills ● that due to effects of trauma on attachment and interpersonal abilities, ending supportive relationships benefits from careful planning. | <p>The worker can:</p> <ul style="list-style-type: none"> ● recognise social isolation and support the individual to build safe, sustaining and supportive relationships and culturally-relevant social networks. ● offer support to link the person into classes to build and develop relevant interpersonal skills, where appropriate (eg parenting skills, personal safety, confidence building classes). ● consolidate what has been beneficial from the support received and support the individual to replicate and generalise these benefits to other parts of their life. |
| <p>The individual can recognise and build on own strengths, skills and resources to to live a personally valued life.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the importance of enabling the person to recognize that they can build on their own strengths, skills and resources to allow them to live a personally valued life | <p>The worker can:</p> <ul style="list-style-type: none"> ● enable the individual to identify their own strengths, skills and resources. |

TRAUMA ENHANCED PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|---|---|
| The individual can address missed developmental opportunities. | <p>All workers understand:</p> <ul style="list-style-type: none"> that where trauma happens at developmentally important times, it can result in missed developmental opportunities, including those that are educational and social | <p>All workers can:</p> <ul style="list-style-type: none"> recognise where, due to trauma, the individual has missed out on opportunities to develop skills and knowledge, and support the individual to access opportunities and supports to develop valued and essential skills and knowledge. |
| The individual can identify and move towards goals and participate in roles that are culturally relevant and personally valued. | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of enabling the individual affected by trauma to identify and move towards culturally relevant, achievable and personally valued goals. | <p>All workers can:</p> <ul style="list-style-type: none"> enable the individual to identify and move towards culturally relevant, achievable and personally valued goals. identify where the individual would benefit from support, advocacy and information to achieve goals. |
| The needs of workers exposed directly to traumatic events or the details of trauma experienced by others is recognised and addressed in the workplace. | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of negotiating a clear focus and clear timescales for professional contact the importance of planning for the end of contact that withdrawing support /ending contact may evoke strong feelings in the staff member. | <p>All workers can:</p> <ul style="list-style-type: none"> negotiate a clear focus and timescales for professional contact and compassionately and professionally manage the end of contact. utilise supervision/management to supporting reflective practise and decision making around support coming to an end. |



TRAUMA SPECIALIST

PRACTICE LEVEL

Draft
30/3/17

TRAUMA SPECIALIST PRACTICE LEVEL

Trauma Specialist Practice level: knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

Stage of recovery: being safe and protected from harm.

Immediate needs linked to trauma, abuse or neglect are safely recognised, understood and addressed at the earliest possible opportunity so the individual can be protected from ongoing or future harm.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|--|
| <p>Individuals affected by trauma and their dependants have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the static and dynamic ways in which the impact of trauma influences, enhances and mitigates against current risk factors. the role of trauma and its impact in relation to specific forensic risk (where appropriate to role). | <p>All workers can:</p> <ul style="list-style-type: none"> Integrate and communicate factors relating to the impact of trauma (such as re-victimization, dissociation, self-harm and substance misuse) into a comprehensive individualised risk assessment, contributing to the multi-agency risk management plan where appropriate to minimize risk to self and others Integrate theoretical models of trauma and its impact into a formulation and risk assessment for those affected by trauma who may pose a risk to others. |

TRAUMA SPECIALIST PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|--|
| <p>Individuals affected by trauma and their dependants have their immediate needs for safety identified at the earliest possible opportunity so they can be protected from further harm.</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> the ways that trauma can occur present across stages of child and adolescent development and domains of development. the importance of attachment on child development and that family stability can mediate against impact of trauma. that being safe and protected from harm, includes promoting stability in the individual's life and the different contexts that this can include, e.g. school, home setting, leisure interests. This is particularly relevant for children and young people who completely rely on adults to provide these things for them. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> assess complex developmental trauma across child and adolescence and formulate the impact of trauma on domains of development. Select and interpret appropriate assessment means to match individual's particular life circumstances, undertake a comprehensive assessment and develop individualised formulations. Use child protection procedures where required and sharing formulation to inform multi-agency assessment and care-planning. Skill in advocating for the needs of the family to receive stability in their circumstances. Promoting need for safety in child's environment so that their context is more stable, predictable and child not at risk. Utilising an integrated approach across services to provide co-ordinated support that meets needs within a societal context. Utilising advocacy so needs can be met through supports. Delivering interventions at a systems level. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|--|--|
| <p>The effects of inequality and discrimination are minimised.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the increased risk of trauma experienced by minority and marginalised groups, including those with protected characteristics the potential for discrimination against minority and marginalised groups to result in, and compound the effects of, trauma. | <p>All workers can:</p> <ul style="list-style-type: none"> Recognise where factors relating to membership of a minority or marginalised group may compound, or resulted in, or be maintaining the effects of trauma. Recognise and address any ongoing direct and indirect negative impact that factors relating to minority or marginalised status may have upon ongoing trauma symptoms or experience, and upon access to appropriate care, support or interventions. |
| <p>The needs of workers and organisations exposed directly to traumatic events or to the details of trauma experienced by others is recognised and addressed in the workplace.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the potential impact of exposure to trauma at individual, organisational and system levels. | <p>All workers can:</p> <ul style="list-style-type: none"> Recognise signs of vicarious traumatisation in others and take appropriate steps to address potential impacts, including delivery of evidence based supervision and promotion of good self-care Formulate and advise on preventing and remediating the impacts of trauma at organisational and system levels. |

TRAUMA SPECIALIST PRACTICE LEVEL

Trauma Specialist Practice level: knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

Stage of recovery: being able to cope.

Individuals are able to cope with emotional distress linked to past experience of trauma and current stressors.

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|---|
| <p>The individual experiences a consistent, respectful and professional relationship to engender trust</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the ways in which disrupted attachments, boundary violations by trusted others and traumatic experiences can have an impact on individuals' ability to relate to and trust others, including relationships with therapists the range of theories and models that can inform understanding of relationships. | <p>All workers can:</p> <ul style="list-style-type: none"> Directly and indirectly through supervision, consultation and teaching to others, support those affected by trauma to develop a strong therapeutic alliance, taking into account the person's developmental and attachment-related experiences, including boundary violations and breaches of trust by trusted others/caregivers Attend to and sensitively resolve ruptures and breaches. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|---|
| <p>Current distress and difficulties are recognised and understood</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● that the impact of trauma can be pervasive and can include numerous short- and long-term effects ● the range of factors that mediate a person’s responses to trauma, including: 1) the cultural, systemic and developmental context in which it happened; 2) the meanings they have attached to these events and context; 3) the age/ developmental stage at which abuse/trauma occurred or began; 4) the frequency, duration and nature of traumatic events; 5) the level of invasiveness; 6) the degree of violence; 7) relationship with the abuser (whether caregiver or trusted adult); 8) responses of adults and organisations to traumatic events and any disclosure, including disbelief ● the ways in which trauma can impact upon the brain and body, including neurobiological, relational/attachment, cognitive and affective development. ● the impact of trauma upon child development and the child/ caregiver attachment relationship | <p>All workers can carry out the following assessment tasks:</p> <ul style="list-style-type: none"> ● Identify the range of traumatic experiences a person has experienced, attending to: what happened; the cultural, systemic, gender-based and developmental context in which it happened; and the meanings the individual has attached to these events and context ● Assess factors associated with the severity of the impact of the trauma, including the age at which the abuse/trauma began, the frequency of traumatic events, the level of invasiveness, degree of violence, relationship with the abuser (whether caregiver or trusted adult), responses of adults and organisations to traumatic events, and any disclosure, including disbelief. ● Identify current triggers or stressors (for example, violations of privacy in inpatient wards serving as a reminder of earlier sexual abuse). |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|---|
| <p>Current distress and difficulties are recognised and understood</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the range of life areas and domains affected by the experience of trauma, including (but not limited to) 1) Post Traumatic Stress Disorder (PTSD) 2) complex PTSD; 3) long-term effects, including all other mental health comorbidities, housing issues, relationships, life choices and re-victimisation the role of traumatic life events in the range of mental health and physical health diagnoses most often associated with traumatic experiences, including depression and psychosis. the links between common responses to trauma including post-traumatic symptoms and emotion-regulation difficulties and strategies commonly used to manage feelings, including substance misuse, dissociation and self-harm. | <p>All workers can carry out the following assessment tasks:</p> <ul style="list-style-type: none"> Comprehensively assess and communicate the range of difficulties associated with the experience of trauma and use and interpret, where appropriate, formal and informal assessment measures available Integrate theoretical models of trauma and its impacts into a formulation in relation to the understanding and management of common comorbid difficulties (for example depression, psychosis, emotionally unstable personality disorder), and treat as per evidence base. Identify coping resources and strengths, including: <ul style="list-style-type: none"> Able to reframe ‘symptoms’ to understand and mark their original function as a means or attempt to cope with overwhelming situations, including violence, threat and other violations. Identify current strengths and protective factors, and important personal and interpersonal resources unrelated to trauma history. |

TRAUMA SPECIALIST PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|--|
| <p>Current distress and difficulties are recognised and understood</p> | | <p>All workers can carry out the following assessment tasks:</p> <ul style="list-style-type: none"> ● Provide comprehensive, tailored psychoeducation to, for instance, help individuals understand the links between current difficulties and past experiences of trauma in terms of neurobiological development, hypo- and hyper-arousal and the 'window of tolerance' and common coping mechanisms. ● Indirectly, through supervision, training, consultation and collaboration with other professionals, identify the need for and facilitate psychoeducation as above. |
| | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> ● the significance of the effects of trauma and disrupted attachments. Having comprehensive knowledge of attachment and trauma. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> ● Develop individualized formulations incorporating knowledge of attachment and trauma, and can share this with parents/caregivers to help them understand and connect with their child's needs. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|---|
| <p>Current distress and difficulties are recognised and understood</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> ● That when a child is threatened during traumatic experiences, two circuits in the brain are activated simultaneously. The child is caught in the `biological paradox' between surviving and seeking attachment, and the child's internal world collapses. The trauma of child abuse reorients the brain from safety and learning, to survival. Trauma has an impact on prefrontal cortex, the area of the brain in which executive function and self-regulation sit. | <p>Child and family workers can:</p> <ul style="list-style-type: none"> ● Have higher level skills in delivering parent/carer attachment informed parenting interventions to support developing secure attachments, where this is particularly difficult ● Utilise a neurodevelopmental approach to understanding complex trauma that develops a profile of needs that is associated to developmental domains and considers interactions between difficulties, rather than discrete diagnosis. ● Assess neurodevelopmental strengths and weaknesses and include in formulation. To then inform the selection of appropriate intervention (e.g if poor verbal skills, then a verbal intervention may not be appropriate). |
| <p>The individual is provided with a level of care/support and/or intervention that matches the level of need</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the need for coordinated and integrated responses for those who have been affected by trauma, reflecting the interrelated nature of many difficulties and how these may compound risk (for example, mental health and addictions). | <p>The worker can:</p> <ul style="list-style-type: none"> ● Appreciate the value and purpose of various staff/workers/responders in trauma work, and work collaboratively across systems to enhance positive outcomes. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| <p>The individual is provided with a level of care/support and/or intervention that matches the level of need</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the phased-intervention model as an underpinning framework for delivery of services for people affected by trauma, its current evidence base and its limitations that seemingly destructive behaviours (for example self harm, substance misuse, damaging interpersonal relationships) may serve / have served as adaptive coping strategies to reduce high levels of arousal (linked to hypervigilance, for instance) or increase low levels of arousal (linked to numbing, for example) | <p>All workers can:</p> <ul style="list-style-type: none"> Ensure that all interventions are appropriately timed and co-ordinated across relevant agencies, considering the context of trauma, abuse and neglect and are informed by best evidence/best practice guidance. Define a shared goal of developing safe ways of strengthening the capacity to manage arousal effectively and have safe and protective interpersonal relationships Engage with relevant systems, policies, procedures and legislation to promote trauma-informed and trauma-specific interventions, positive outcomes for those affected by trauma, and mitigation against re-traumatisation and further harm Identify, both directly and through supervision of others, which phase of intervention an individual requires and remain vigilant to the possibility that his or her requirements may change in response to changes in internal and/or external stability, requiring a shift to other phases of intervention as required. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|---|--|
| <p>The individual is provided with a level of care/support and/or intervention that matches the level of need</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the signs, function, impact and consequences of hyperarousal and hypo-arousal / dissociation response to trauma related to triggers. the role of dissociation as a maintaining factor, barrier to adaptive skills development and a previously adaptive coping mechanism | <p>All workers can:</p> <ul style="list-style-type: none"> Evaluate the need for, and be able to provide (where indicated) directly or through supervision of other professionals a range of evidence-based therapeutic interventions aimed at promoting coping with symptoms and reactions linked to previous trauma, trauma-related symptoms, including nightmares, flashbacks, hypervigilance, poor sleep, negative beliefs, avoidance and interpersonal difficulties, both directly and through supervision of others. Communicate the rationale, and teach and support the individual to use skills, to reduce distress linked to specific trauma-related symptoms and interpersonal difficulties Identify dissociation when it occurs and assess its role and function (using relevant assessment tools where relevant) |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|---|--|
| <p>The individual is provided with a level of care/support and/or intervention that matches the level of need</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the role of shame and other emotional reactions in the development and maintenance of psychological difficulties following trauma | <p>All workers can:</p> <ul style="list-style-type: none"> Use evidence-based strategies to collaboratively develop alternative ways to manage dissociation and hyperarousal safely to return to the ‘window of tolerance’ Identify when shame may be a factor in the development and maintenance of psychological difficulties following trauma, and where it may be interfering in an individual’s ability to engage effectively with care, support and interventions. Employ, both directly and indirectly through supervision, evidence based approaches to reduce and address the impact of shame. |
| <p>The individual is supported to make a legal disclosure, where appropriate</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the range of psychological factors that can interfere with an individual’s capacity to effectively engage with the process of seeking legal redress for the offences that may have been committed against them in the course of their traumatic experience(s) | <p>All workers can:</p> <ul style="list-style-type: none"> Enquire about an individual’s beliefs about prosecution of any offences committed against them in the course of their experience(s) of trauma, and their desire or not to report these formally. Where some desire to report is evident, able to give information about the procedure involved, and how to report |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|---|
| <p>The individual is supported to make a legal disclosure, where appropriate</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the processes, procedure, possible consequences and supports available for an individual reporting the crimes that have been committed against them with a view to prosecution of these offences. <p>Child and family workers understand:</p> <ul style="list-style-type: none"> that children may require support of an adult to go through a learning process to utilise coping skills. | <p>All workers can:</p> <ul style="list-style-type: none"> Where ambivalence about reporting is evidence, able to explore and address (where possible) beliefs and anxieties that may serve as barriers to reporting. <p>Child and family workers can:</p> <ul style="list-style-type: none"> assist others or undertake individual work to support the child to have experiences of the adult modelling skill for them, the adult undertaking the skill with them, and then the child can utilise the skill themselves. Have skills in supporting children to enhance their relationships. Where there are interpersonal difficulties, paying particular attention to intervening with key relationships around the child/young person. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|---|
| <p>The need and readiness for evidence based -trauma focussed therapy is considered for individuals affected by trauma.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the factors that indicate that a person affected by trauma would benefit from psychological intervention aimed at processing past trauma. the need for trauma focused therapy, where required, to be started at the earliest possible opportunity in order to facilitate recovery, taking into consideration the individuals' capacity to manage the emotional demands this may place upon them, and possible consequent risks (for example self harm or substance misuse). factors likely to challenge or compromise client engagement with trauma-focussed therapy (eg ongoing external threat, difficulties with emotion regulation including high levels of dissociation, acute suicidality and self-harm, and external demands such as housing, childcare and employment). | <p>All workers can:</p> <ul style="list-style-type: none"> Recognise whether an individual is affected by unresolved / unprocessed trauma. Identify if and/or when a person affected by trauma would benefit from psychological intervention aimed at processing past trauma, and if further recovery is likely to be impeded without it. Recognise whether the individual has the necessary emotional coping skills and capacity to remain within the window of tolerance to enable trauma memory processing Monitor fluctuations in an individuals capacity to manage the emotional demands of trauma focused therapy, adapting where necessary. Teach the individual emotional coping skills to enable the individual to tolerate trauma memory processing where needed. Explain to person affected by trauma the mechanisms and potential benefits and costs associated with engaging in trauma-memory |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|---|--|
| The need and readiness for evidence based -trauma focussed therapy is considered for individuals affected by trauma. | | All workers can: <ul style="list-style-type: none"> Engage with and manage ambivalence around embarking on this stage of therapy. |
| | Child and family workers understand: <ul style="list-style-type: none"> that with some children, particularly with complex presentations, it can be hard to determine sensory triggers and effects of trauma. | Child and family workers can: <ul style="list-style-type: none"> Have skills undertaking further sensory assessment and developing individualised sensory coping strategies and a programme of support to utilise these. |

Draft
30/3/17

TRAUMA SPECIALIST PRACTICE LEVEL

Trauma Specialist Practice level: knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

Stage of recovery: Processing and making sense of trauma.

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| <p>Individuals experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose and process trauma memories</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the factors to consider when evaluating whether an individual is affected by unresolved / unprocessed trauma, whether they may benefit from trauma processing work and if further recovery is likely to be impeded without this. | <p>All workers can:</p> <ul style="list-style-type: none"> Recognize if and/or when a person affected by trauma would benefit from psychological intervention aimed at processing past trauma and skill in providing trauma-specific/processing therapy, including an ability to use research findings to tailor assessment and interventions to individual cases. Discuss with the person affected by trauma the rationale for evidence based interventions for processing trauma, including the links between unresolved / unprocessed trauma and current difficulties and trauma symptoms. |

TRAUMA SPECIALIST PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|---|--|--|
| <p>Evaluating and communicating the need for trauma-focused intervention</p> | <p>The requirements and demands placed on an individual by active trauma memory processing, including the need for a person to stay in touch emotionally with the memories and meaning of trauma over a sustained period of time without avoidance and without exceeding their window of tolerance (ie experiencing a level of distress that exceeds emotional coping capacity).</p> <p>Child and family workers understand:</p> <ul style="list-style-type: none"> ● that for children and young people the impact of trauma can be seen across developmental domains and not just re-experiencing of traumatic experiences. Substantial knowledge of how to assess all of these aspects. | <p>Build the individual’s capacity and confidence in undertaking therapeutic work that involves direct work with trauma memories</p> <p>Child and family workers can:</p> <ul style="list-style-type: none"> ● Ability to assess the impact of trauma and the appropriateness and readiness for the child/young person to undertake trauma reprocessing at that current time and context of their lives. |
| <p>Selecting an appropriate trauma focused intervention approach</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the range, efficacy and limitations of currently available evidence-based trauma-focused therapies ● the relative efficacy and merits of currently available approaches to processing trauma memories in relation to a range of factors, including type of trauma experience (for example historic or recent, repeated or single incident) and context (for example domestic abuse, military related trauma, childhood sexual abuse, acts of torture). | <p>All workers can:</p> <ul style="list-style-type: none"> ● Select from the range of currently available evidence-based trauma-focused therapies the approach which is most like to be acceptable and effective for the individual, taking into consideration all relevant factors (such as gender, culture, trauma experiences, emotion coping capacity, social supports) |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| Selecting an appropriate trauma focused intervention approach | All workers understand: <ul style="list-style-type: none"> the range of factors that impact on an individual's suitability for currently available evidence-based trauma-focused therapies. | All workers can: <ul style="list-style-type: none"> Recognise the limits of own competency in terms of training and supervision in the range of evidence based trauma focused therapies. Identify where an individual may best benefit from an approach that is outside of own capacity in terms of training and supervision, and to identify appropriate routes to address this. |
| | Child and family workers understand: <ul style="list-style-type: none"> the significance of the age(s) when traumatic events occurred and impact on developed sense of self. Young children are ego-centric and cognitively have not developed the ability to perspective take/ know that the trauma was not their fault. Processing trauma can trigger feelings and cognitions associated with shame. | Child and family workers can: <ul style="list-style-type: none"> Carefully assess all aspects of impact of trauma on development and incorporate this information with current context assessment to determine readiness and appropriateness of trauma processing work. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| <p>Delivering and evaluating trauma focused interventions with fidelity</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> ● the current theoretical models and empirical evidence base underpinning a range of evidence based trauma focused interventions. ● the professional and ethical requirement to ensure that trauma-focussed practice is underpinned by an appropriate, specific and recognised level of training in an evidence-based trauma-focussed therapy. ● current training and supervision requirements for effective delivery of currently available evidence-based trauma-focussed therapies . ● the professional and ethical requirement to ensure that training undertaken builds on existing therapeutic competencies. ● the range of objective and subjective measures available to evaluate ongoing trauma related difficulties and inform progress and impact of intervention. ● how to interpret subjective and objective measures in terms of progress of therapy, and of when and how to respond to indicators that may suggest limited therapeutic progress. | <p>All workers can:</p> <ul style="list-style-type: none"> ● Apply theoretical models and evidence base to select, communicate and adapt individually tailored formulation driven evidence-based trauma focused interventions appropriate to the clients needs and stated preferences, and deliver this with fidelity. ● Make formulation driven adaptations to evidence based therapeutic approaches that are necessary to meet specific client led needs . ● Evaluate the effectiveness of ongoing interventions by selecting, in collaboration with the individual, appropriate individuals indicators of progress, both subjective and objective, in order to inform and adapt further interventions. ● Judge whether trauma processing per se is benefitting the individual, should be continued and/or when to adjust therapeutic focus/end processing work. ● Use regular clinical supervision to discuss and adapt therapeutic approaches appropriately. |

TRAUMA SPECIALIST PRACTICE LEVEL

| Outcome | What workers know (Knowledge) | What workers are able to do (capability/skill/ability) |
|--|---|--|
| <p>Adapting trauma focused approaches</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the rationale and requirement for longer and more frequent sessions where therapy session involves trauma processing. the requirements and demands placed on an individual by active trauma memory processing, including the need for a person to stay in touch emotionally with the memories and meaning of trauma over a sustained period of time without avoidance and without exceeding their window of tolerance (ie experiencing a level of distress that exceeds emotional coping capacity). that trauma reprocessing sessions may place additional demands upon the person affected by trauma, and the consequences of these demands in terms of managing the start and end of each individual trauma processing session as well as the start and end of the therapy process. the factors that indicate where it may appropriate and therapeutically beneficial to engage family members in the therapeutic process ending of therapeutic relationships may be difficult for the individual due to effects of trauma on attachment and interpersonal abilities. | <p>All workers can:</p> <ul style="list-style-type: none"> Adapt timing, frequency, scheduling and length of sessions according to therapeutic content of sessions, stage of therapy and client needs . Enable the client to stay in touch with traumatic material during therapy whilst monitoring and adjusting therapy to take account of the client's reactions and any emerging risks. Recognise when a person exceeds their window of tolerance (through either hypoarousal and dissociation, or hyperarousal) during trauma processing and to adapt approach accordingly. Enable the person to understand and safely cope with emotions in the period between therapy sessions as far as possible in a way which allows them to safely continue processing traumatic memories. Hold in mind the needs of family members (especially dependents such as children) whilst the individual is engaged in trauma processing work. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--|--|--|
| <p>Adapting trauma focused approaches</p> | <p>Child and family workers understand:</p> <ul style="list-style-type: none"> ● that for children reprocessing trauma can include family members in different formats. Have knowledge of the current evidence base and emerging evidence on trauma interventions for children and young people. | <p>All workers can:</p> <ul style="list-style-type: none"> ● Attend to and effectively manage the ending of a therapeutic intervention, paying attention to the interpersonal aspects. ● Recognise that secondary trauma can occur at any level of support and stage of working with individuals affected by trauma. There may be aspects withdrawing support which evoke strong feelings in the staff member. ● Recognise the need to utilise supervision/management to supporting the decision making and reflective practice of the staff member around support coming to an end. <p>Child and family workers can:</p> <ul style="list-style-type: none"> ● Select and deliver therapy which can include family/caregivers. Trauma meaning making can be delivered indirectly through supporting parents/carers; directly with individual affected by trauma with parent/carer support in conjunction with this; directly with individual and parent/carer together |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--------------------------------|---|--|
| Use of interpreters | <p>All workers understand:</p> <ul style="list-style-type: none"> when and how interpreters may be most effectively employed to facilitate communication when working with non-native English speakers. the ethical duty on the therapist to ensure emotional and psychological safety of interpreter, and the factors to consider when doing so. | <p>All workers can:</p> <ul style="list-style-type: none"> Brief and make appropriate use of interpreters when conducting trauma processing with non-native speakers. Ascertain the interpreter's suitability to the particular trauma processing work and ensure that the work is not contributing to undue distress on the part of the interpreter. |
| The role of supervision | <p>All workers understand:</p> <ul style="list-style-type: none"> the importance of reflective and regularly supervised practice when carrying out trauma processing therapy the importance of awareness of a) one's ability as a worker to tolerate being exposed to the trauma narratives and intense emotion of those affected by trauma b) where one's own experiences, values, vulnerabilities and avoidance might be impacting negatively on the ability to hear and pay attention to trauma narratives of those affected by trauma and c) one's own self-care needs. the importance of supervision in maintaining fidelity to the evidence base approach | |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|--------------------------------|--|---|
| The role of supervision | All workers understand: <ul style="list-style-type: none">the professional and ethical requirement to work with the limits of one's professional competencies | |

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TRAUMA SPECIALIST PRACTICE LEVEL

Trauma Specialist Practice level: knowledge and skills for staff who have a remit to provide evidence-based interventions and treatment for those affected by trauma with complex needs.

Stage of recovery: Living the life you choose.

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|--|--|
| <p>People affected by trauma are able to identify and safely move towards goals and participate in roles and relationships that are culturally relevant, personally meaningful and valued.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the impact that the experience of trauma can have on an individual's subsequent avoidance of previously important relationships, goals and activities. | <p>All workers can:</p> <ul style="list-style-type: none"> Identify, in collaboration with the individual, any previously held important goals and roles that have been affected by trauma related avoidance. Support an individual to “reclaim their life” through identifying and addressing trauma related avoidance of important goals and roles. In collaboration with the individual, when it is deemed appropriate, support them (including facilitating necessary referrals) to engage with relevant community supports and organisations in line with valued goals and roles. |

TRAUMA SPECIALIST PRACTICE LEVEL

| <i>Outcome</i> | <i>What workers know (Knowledge)</i> | <i>What workers are able to do (capability/skill/ability)</i> |
|---|--|---|
| <p>People affected by trauma are able to identify and safely move towards goals and participate in roles and relationships that are culturally relevant, personally meaningful and valued.</p> | <p>All workers understand:</p> <ul style="list-style-type: none"> the ways in which experiences of trauma may impact ability to regulate emotions within interpersonal contexts and reduce their capacity to develop independent supportive and nurturing interpersonal relationships the role that underlying beliefs about the self, the world and others play in the added risk of revictimization for those who have been affected by certain kinds of trauma | <p>All workers can:</p> <ul style="list-style-type: none"> Work collaboratively with an individual within the therapeutic relationship and elsewhere to identify and address where difficulties in emotion regulation skills are interfering with participation in meaningful roles and relationships. Support the individual to enhance and develop parenting skills where relevant. Enquire about and address any remaining beliefs about self, world and others that may leave an individual at risk of repeat trauma through revictimization. |

This resource may be made available, in full or summary form, in alternative formats and community languages.

Please contact us on 0131 656 3200 or email: altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.



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