Trauma-Informed Organisational Practice 'at Work'

Recorded webinar & panel

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Content developed with **Andie Rose**, Service User Lead for C&I's Trauma Informed Model

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Our hopes and aims

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- Housekeeping and creating a ‘safe enough’ space
- This is not about being a trauma specialist… tiny adaptations can make a huge difference
- Introduction to concept of trauma-informed practice
- Adverse childhood experiences (ACES) and psychological trauma
- Principles of trauma-informed practice
- Can teams and organisations be traumatised? How can we protect them?
- Why is Trauma Informed Practice central to staff wellbeing?
- Developing a model for trauma informed organisational change in an NHS Trust
- Next steps
- Questions for the panel
- How Keeping Well NCL can support you

Trauma-informed Practice

Trauma-Informed Practice *"… is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment"*

Hopper, Bassuk & Olivet (2010)

The principles and practices of a trauma - informed system *"…support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than silo-ed structures."*

Epstein, Speziale, Gerber, Loomis (2014)

Origins of TIP

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- Born out of human rights, feminist and social justice movements where ideas around power, privilege, oppression and intersectionality of identities were developed and service user voice and involvement in the development of services were first championed.
- Better understandings and recognition of the prevalence and multi-layered nature of trauma and adversity (e.g., from ACES studies, from work in homelessness and substance misuse services and with Vietnam war veterans)
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, developed in 2014, provided the first framework aimed at guiding systems to become more trauma-informed through advancing the idea that trauma is a widespread, costly public health problem.
- Set about trying to develop a broad systems-level approach that integrates trauma-informed practices throughout service delivery systems (e.g., health care, education, law enforcement) and to develop a shared understanding of concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups.

Impact of ACES and inequality

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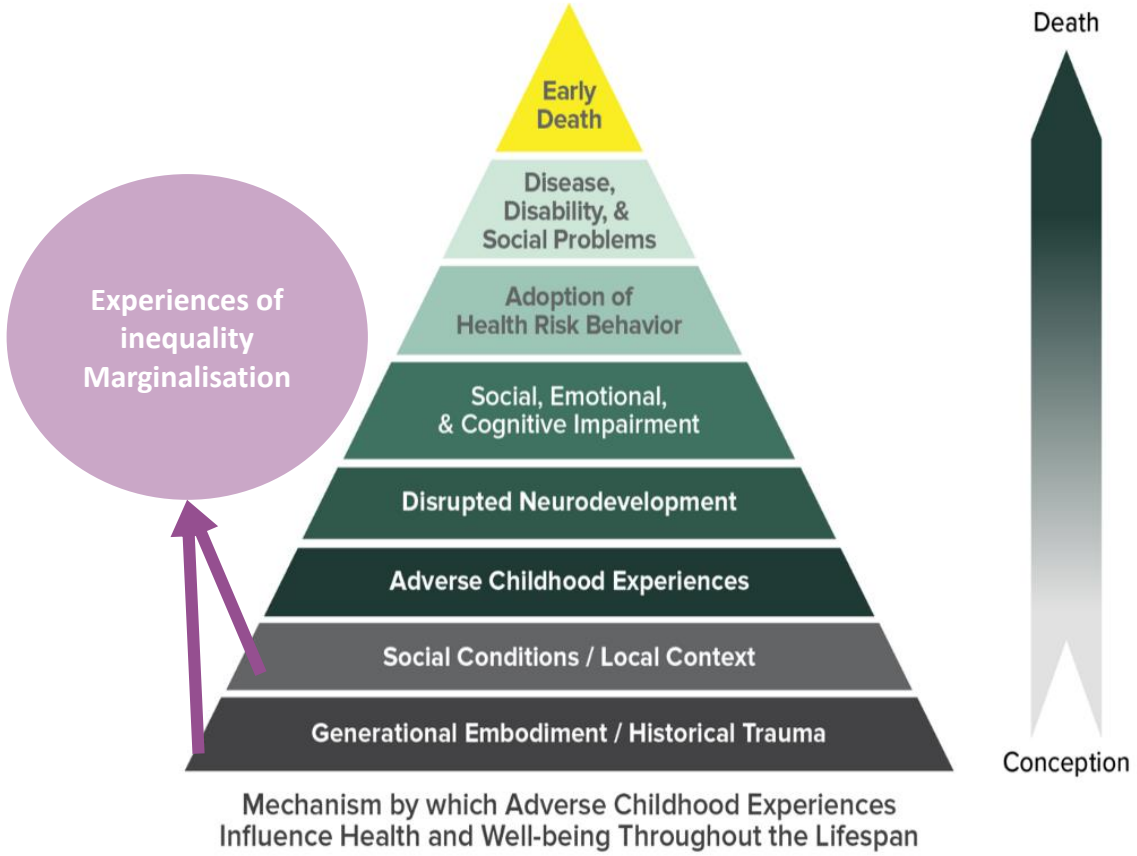

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ACES include growing up in a household where there is domestic violence, losing a parent due to bereavement/divorce, parent with a mental health condition or substance misuse issues, being a victim of abuse (physical, sexual and/or emotional) or neglect, having a member of the household being in prison, growing up in poverty.

CDC-Kaiser ACE study in USA (Felliti et al, 1998) first identified strong links between exposure to abuse or other adverse experiences in childhood and later health and wellbeing outcomes.

Recent US findings: About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Recent UK studies: Almost half (46%) of the adult population in England had at least 1 ACE, while 8% had 4 or more.

Individuals with 4 or more ACEs were:

- 3 times more likely to smoke
- 7 times more likely to have been involved in violence in the past year
- 11 times more likely to have ever been in prison
- 4 times more likely to be a high-risk drinker
- 16 times more likely to be a crack cocaine or heroin user
- 15 times more likely to have been involved in violence in the past year
- 20 times more likely to be in prison during their lives.

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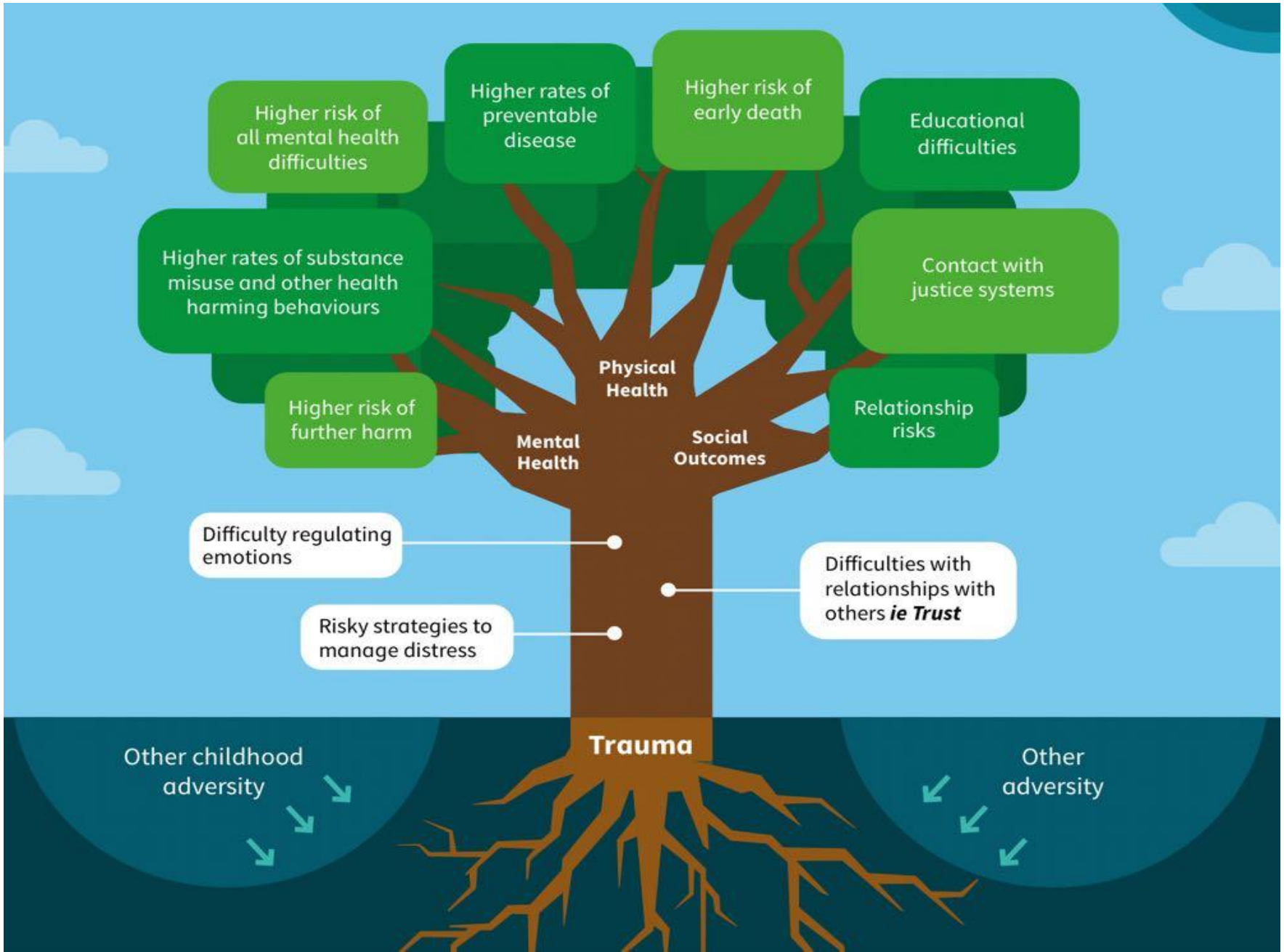

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What is psychological trauma?

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Trauma is defined in ICD-11 as:

- **Exposure to a stressful event or situation (short/long lasting) of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.**
- **Emotionally, cognitively, physically overwhelming**

Trauma defined by SAMHSA (2014): 'Individual trauma results from an event, series of events, or 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 well-being.'

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In trauma survivors, the threat system is acutely sensitive and may be always turned on

This means that trauma memories and reactions can easily be retriggered

Triggers

Window of tolerance

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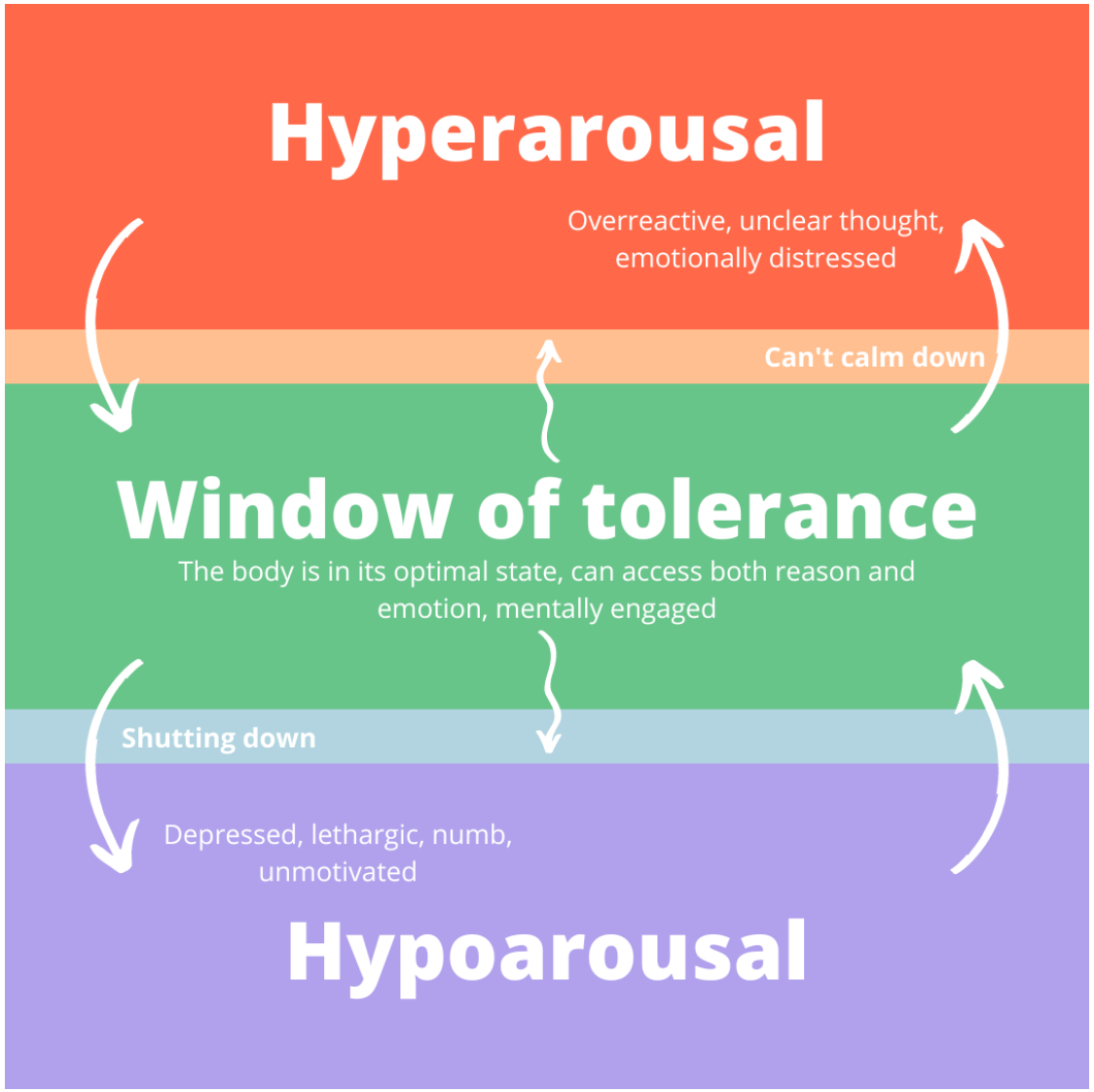

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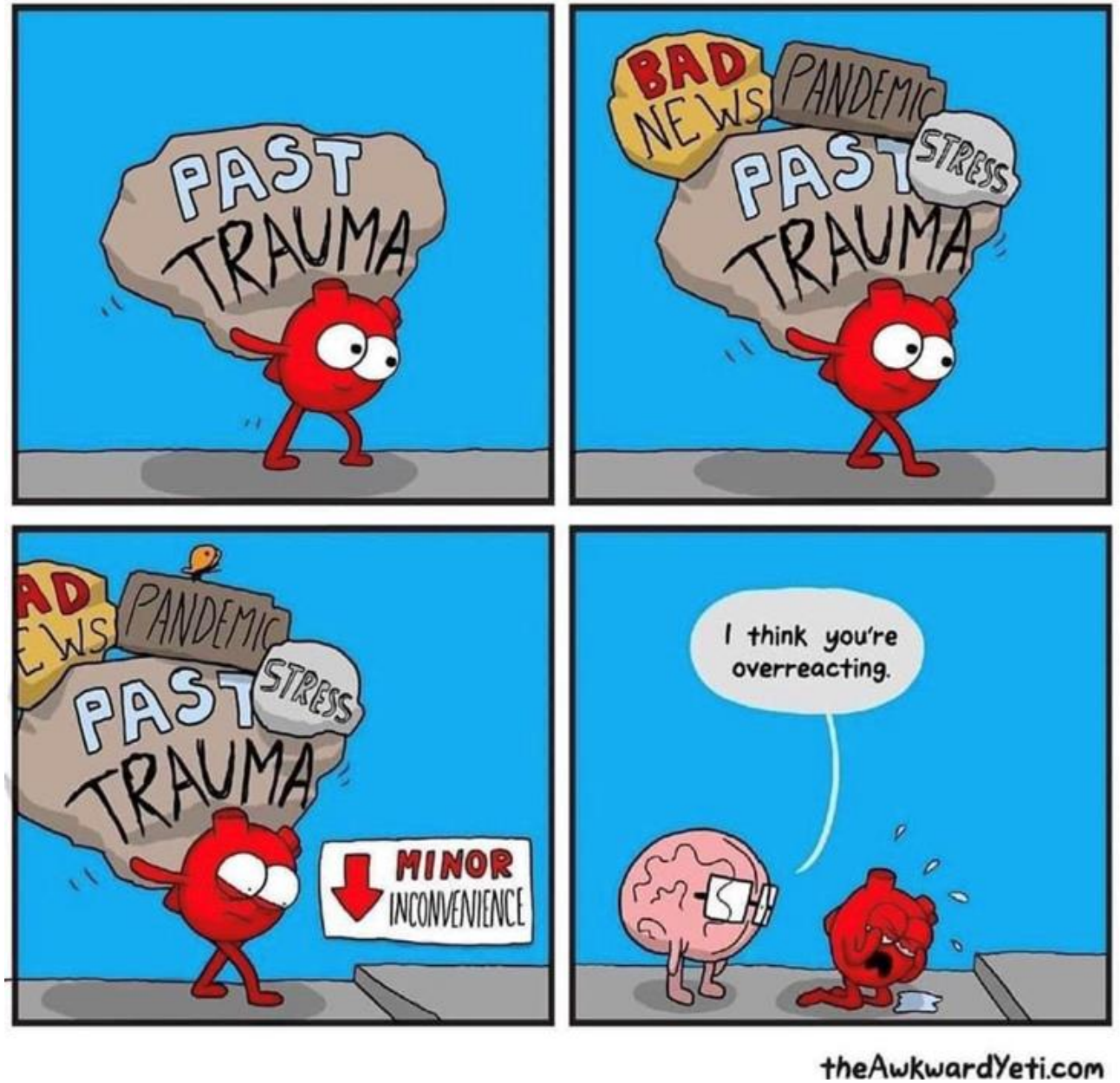

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Trauma informed practice means:

A paradigm shift from asking "what is wrong with you?" to "what happened to you?"

Acknowledging that many 'symptoms'/ 'behaviours' began as attempts to cope and have facilitated emotional and physical survival

Awareness of and attempt to minimise triggers and re-traumatisation

Supporting people to identify and use own strengths and skills, rather than focusing on weaknesses

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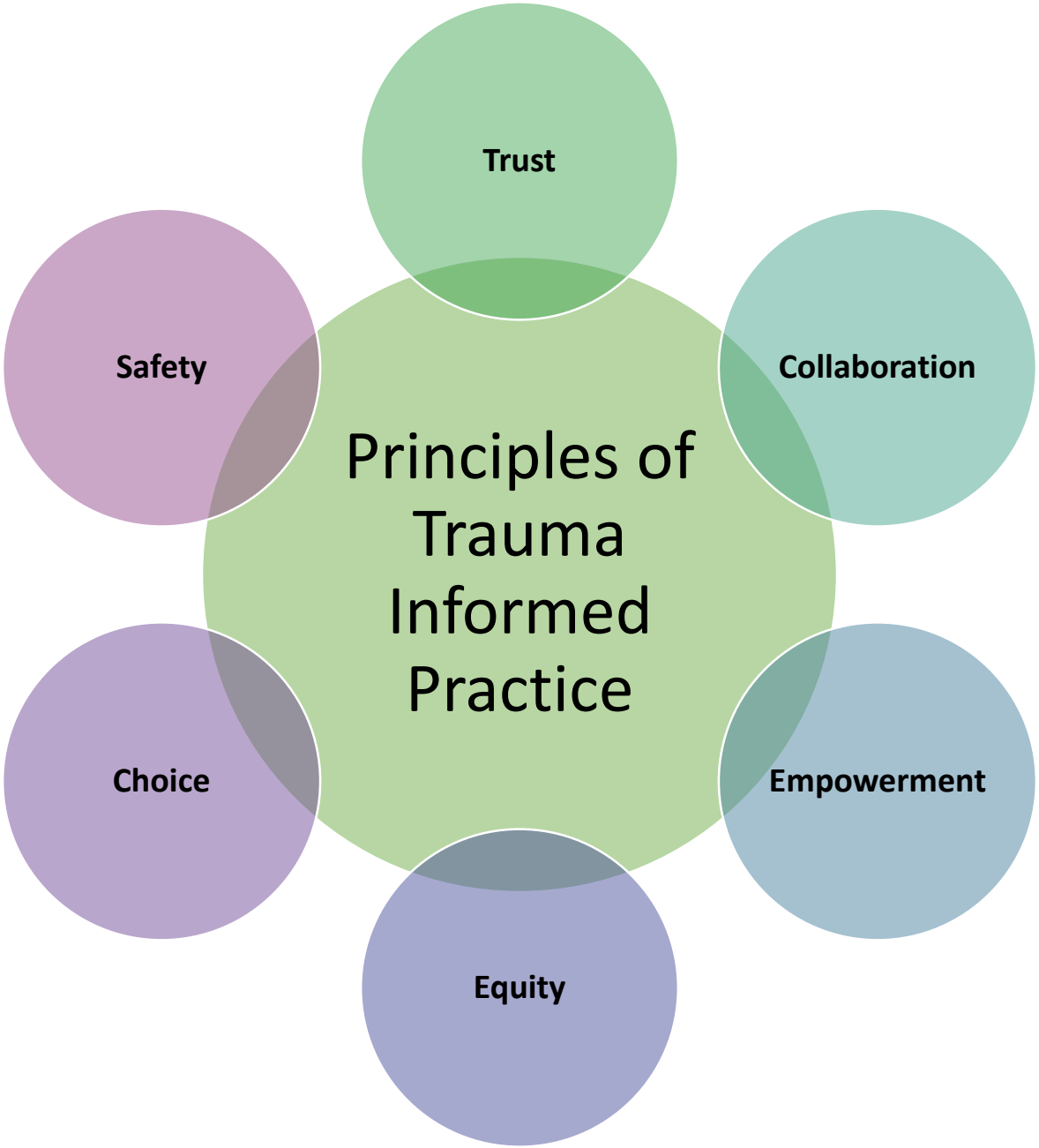

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Why is TIP critical to staff wellbeing?

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We all bring our own histories, current contexts and difficult experiences to work and to our interactions with our colleagues and our service users.

These form the lens through which we experience our work, how we engage with service users and with our colleagues/those we manage/are managed by.

- Based on what we have learned so far can you think of times when you or a team member may have been 'triggered' by a colleague or service user and what happened?
- TIP is critical to providing high quality of care to our service users, to staff retention and to maintaining healthy organisational functioning and wellbeing at work

An organisation is like a person…

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- It can be helpful to think of an organisation as being like a person with its own personality, beliefs and assumptions.
- Just like a person it has a culture, history and a memory and can experience trauma.
- It has to develop ways to cope and survive and to protect itself and navigate through these experiences.
- Resilient teams and organisations which are well resourced and supported can cope well, while other organisations can do less well and just like traumatised people can become very unwell, dysregulated, ‘stuck’ and more vulnerable to subsequent trauma.

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Have you noticed any difficulties within your team or organisation that could be understood in the context of trauma?

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Yes

lack of choice in regards to caseload

Feeling abandoned during covid

Bullying

Reflective practice

Yes one of our staff members was consistently faced with racist terms from a PWS and was unable to function in that environment so quit

Impact of testing clients for Covid in admission was invasive and traumatising for service users and staff

Sickness, upset, conflict, disempowerment

Sickness

Conflict

Yes sometimes stuck

Lots of changes

Check ins

yes - confidential reasons

Staff retention a big issue

Sexism / racism

yes

what does trauma look like

Yes - sickness

staff not able to think about decisions together

Yes, people in my team can be very reactive and defensive and unkind

Not difficulties, but trauma is a large part of our patient work- so we need a lot of peer support

Lack of independence/control taken away

Signs of organisational trauma

- Reactive and crisis driven (quick fix/acting without thinking/saying yes or no to everything)
- Fight/attack/defend: more bullying, aggression, authoritarian, hierarchical
- People feeling under attack and being hypervigilant: e.g., people feel easily criticised, unsafe, worry about being spoken about etc
- Avoidance/detaching/dissociating/numbing: Not talking about or minimising impact of something genuinely traumatic/distressing (that abuse isn't that bad… XXX is overreacting/needs to get on with it).
- People shutting down in meetings/not contributing
- High staff turnover
- Splitting and othering: 'them and us' mentality e.g., shielders v staff on-site; primary care and secondary care; WFH v on-site
- Lack of innovation and creativity
- Rigidity and inflexibility (hanging on to old ideas and beliefs and new ideas shut down)
- Operating in chaos: Staff feel uncontained/confused/lost/alone/disoriented: What are we doing? Why are we here? What is our purpose?
- Loss of boundaries between work and home life,
- Constant sense of urgency
- Frozen/immobilized/stuck: people feel unable to act/ move forward; same errors made again and again
- Poor communication (much more top down comms than bottom up);
- Operating in silos and not feeling connected
- Culture of blame

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Have you noticed anything that you are doing, or have seen others do, which protects against traumatization?

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peer support groups

Well being check ins

Talking to colleagues

Name it when we see it, in a compassionate way. Curiosity

We have facilitated MDT peer support & debrief- most of our patients have experienced trauma.

Supervision

encouraging win win outcomes

Checking if others are okay when they withdraw

Being encouraged to say when it gets too much

Reflective practice

Communication training

Validation

Supporting each other

Supervision and checking in, social events

understanding trauma and its impact

Not having so many signs saying the same negative thing

Open discussion about staff not transferring personal experience or acknowledgment of that

Easy access to support from manager

being open about what has happened

Huddles

wellbeing surveys

Gently holding others accountable

re-evaluating pressures on service/staff

Clinical supervision for admin teams dealing with traumatic work

Being inclusive in the way you talk, being reflective and empathetic about peoples experiences, asking each other if youre ok and listening

What might we see in a trauma-informed organisation/team?

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- Culture of empathy, compassion, curiosity, respect, and reflection
- Inspirational, relational leadership
- Well-resourced and manageable work loads
- A culture of transparency, communication and open feedback
- Opportunities for development and growth
- Financial stability and job security
- Safe, pleasant work environment
- Opportunities to acknowledge and celebrate strengths and wins
- Good IT and HR support
- Necessary equipment
- Acknowledgement of the complexity and impact of the work
- Recognition of the journey and history of the organisation and
- Healthy collaborations and partnering
- Access to high quality supervision, training and reflective practice
- Supportive and clear boundaries, expectations and processes

Developing a model for a trauma informed organisational change in an NHS trust

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"Being trauma informed is not a model of treatment – it's a culture that has to be embedded within all therapies, services, systems and the wider communities."

Andie Rose, Service User Lead for C&I's Trauma Informed Model

- **<u>Change and learning must come from the top of the organisation!</u>**
- The London Health Board, the NHS Long Term Plan, and the NHS Mental Health Implementation plan all **promote the adoption of a trauma informed approach in mental health services**.
- As well as becoming a Trauma Informed Organisation being a key deliverable of the Clinical Strategy, it can support us to **support both staff and service users following COVID**, and **address some of the negative results identified in our recent staff survey**.
- It gives a principled overview to key strategic priorities in the trust **e.g. Managing Risk and Suicide Prevention Strategy, Reducing Violence and Aggression Strategy, Domestic and Sexual Abuse Strategy (including the Preventing Sexual Violence Policy), Community Transformation, Estates and the new hospital, Cultural Competence and Restorative Justice and staff wellbeing.**

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What does it mean to be trauma informed?

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To be trauma informed the organisation must:

- Recognise and acknowledge that adverse childhood events and trauma in adults causes or contributes to the development of mental health problems (e.g. embed Mandatory routine enquiry)
- Develop its policies and practises to reflect this trauma awareness, ensuring that the key message of *'what has happened to'* rather than *'what is wrong'* with this person is fundamental (e.g. Sexual safety policy, Suicide and risk management policy)
- Seek to create conditions that reduce harm and promote healing, especially for individuals who have already experienced trauma. (e.g. single sex inpatient wards, safe spaces, positive diverse images in all areas)
- Have guiding principles and values that include the following recognised domains: Safety, Empowerment, Collaboration, Choice and Trustworthiness and Equity (due to lived experience partnership) (e.g. trust clinical strategy, service user strategy)

Model for Trauma Informed Organisational Change

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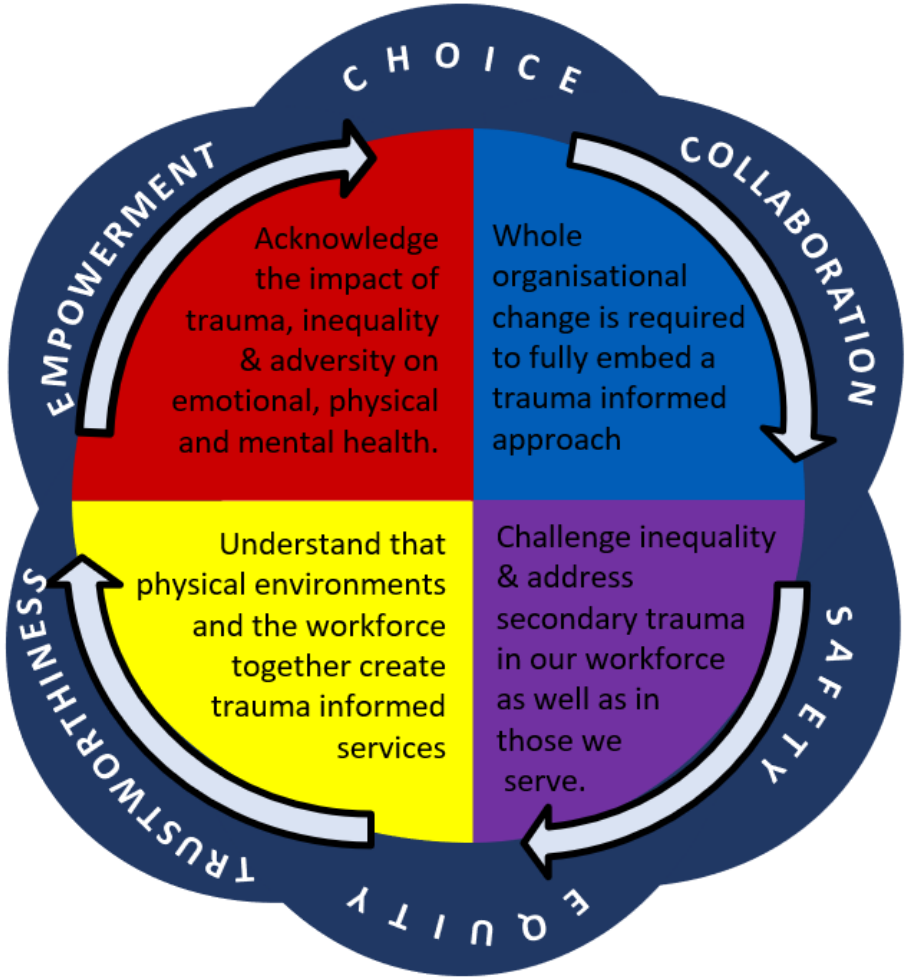

Figure 1: Greenfield P, McNicholas S and Rose A, C&I's Model for Trauma Informed Organisational Change, 2021

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Acknowledge the impact of trauma, adversity and inequality on emotional, mental and physical health

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How does our understanding of the direct and indirect consequences of trauma impact how we support our staff?

Do we consider how our services and practices can be traumatising for staff?

How do we understand what creating safety looks like?

Acknowledge the impact of trauma, adversity and inequality on emotional, mental and physical health

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Consider:

What factors are in your control?

What can you not control?

‘I don’t have a huge amount of power to change the way the world works, but I can set boundaries’

- Reni Eddo-Lodge

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When trying to adopt a trauma informed approach, what factors do you feel <u>are</u> in your control?

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How i communicate, how respectful i am, my tone, my prior knowledge

Breaks and easy wins - loo, food & drink, rest

Making sure I'm listening

My reactions

The way I react

interactions with service users and colleagues

attitude towards others

Working as MDT and clear understanding of accountability

time management (to some extent)

I can go to the toilet when I need to.. take a moment alone and wash my hands

How much I tell people

Managing appropriate conversations

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When trying to adopt a trauma informed approach, what factors do you feel <u>are not</u> in your control?

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Challenge inequality and address secondary trauma in our workforce as well as in those we serve

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The core experiences of psychological trauma are disempowerment and disconnection (Herman, 1997)

Black men are still more likely to be diagnosed with a psychotic illness and detained under the MHA.

WHO declared a pandemic of violence against women & girls in 2013 (IMKAAN, the dual pandemic 2020)

The Gender Pay Gap in the NHS worsened from 2018-19. Mandatory reporting of the ethnicity pay gap is not routinely recorded (but understand that it is biggest for black women in medical roles

Women were more likely than men to lose work or be burdened with childcare in the crisis (Fawcett Society, 2020)

"The experience of FEP, including pathways to care, treatment and hospitalisation can be significantly traumatic". (Rodrigues and Anderson, 2017)

Burnout , compassion fatigue, vicarious trauma and stress are significant issues for staff and the consequences for the whole organisation.

Challenge inequality and address secondary trauma in our workforce as well as in those we serve

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Consider:

- Re-trauma
- Coercion and control
- Disempowerment

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Challenge inequality and address secondary trauma in our workforce as well as in those we serve

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- Do we always reflect on issues of power, privilege, inequality, discriminations?
- How are we inclusive in our leadership? When making important decisions do we routinely think about who's voices we have not heard?
- Do we reflect on where we can do harm through our language, actions, process and policy?
- Do staff feel seen and heard, validated and supported?

Understand that our spaces (environment) and the staff create the service

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Drayton Park Women's Model
Founded in 1995 as a trauma informed service.
Shirley McNicholas.

1- Collaboration & collective voice
Invite women who have used services to collaborate with development, design & future. Build into op policy. Collective voice of women.

2- Language
Creates the world & our relationships. How we speak to & about someone, speak with awareness.

3-Intersectionality & diversity.
World view of women, poverty, inequality, oppression in society & politically, FGM, honour based violence, harmful practices. Impact of racism, homophobia, mothering or not.

4-Recognition of violence against women & girls
Acknowledge violence against women & girls, routine inquiry referral & assessments about childhood & adult abuse. Validate & give space. Acknowledging the past & the connection to the present.

5- Staff wellbeing
All staff matter, their input is valued. Team decisions- creative and holding risk together.

6- Psychological containment
Honest & transparent about concerns for safety. Contacts & not observation, trust & agreements. Agreement plans not care plans.

7- Power & control
Acknowledge power & control. Maximise choice & empowerment. Expectations of staff, knocking three times policy, self referral.

8-Women only skill based
Skills based women only team Authenticity & vocation. Political understanding of trauma. What has happened to this women not what is wrong with her. Experiences and responses not diagnosis based. Compassion.

9- Iatrogenic trauma
Impact of oppressive services or harmful practice,re-trauma & not being believed. Validate & believe experiences, do not re-traumatise. Impact of claiming benefits or dealing with the system.

10- Body work
Holistic healing approach, connecting mind & body. Safe touch, grounding.

11- Soft environment
Soft & warm environment. Art & objects reflect diversity. Plants & flowers, fresh air & light. Own space. Who comes into the building, supervision of visitors & colleagues.

12- Creativity & community
Space for creativity, art, poetry. Explore & tell story in other ways. Document who you are. Women adding to the environment as they live or come into it. Ongoing contact. Support groups & events

Author: McNicholas, S
December 2019

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The Environment as a healing place for service users and staff

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Soothing Environments	Traumatising Environments
Access to natural light and nature	Doors slamming
Control of heat and light in bedrooms	Hard floors and edges
Soft closers on doors so they do not slam	Aggressive language in information and imagery e.g., 'zero tolerance'
Carpeted areas and soft furnishings	Technical observation that invades privacy
Privacy notices for bedroom areas	Windowless rooms (for staff and service users)
Single sex areas	No control of light or heat, access to outside space
Positive disability access	No choice – for medication, refreshments or snacks
Diverse imagery in art and information	

From C&I Trauma Informed Strategy, 2022

- 7.2.4. Consideration should be given to the **acoustics** of the unit. Soft furnishings, wall coverings, ceiling type and carpet can all be useful in preventing echo and sound amplification. A balance may need to be drawn between risks associated with poor acoustics, unit feel and infection control preferences

- 7.2.80. The unit environment should be made as comfortable as possible. For example, by using **soft furnishings** that strike an appropriate balance between safety, security and homeliness. The unit should make good use of pictures and other art to diminish the harshness of the environmental feel. The use of carpet in some areas is effective for improving unit feel and mitigating acoustic travel and amplification.

- *NAPICU, National Minimum Standards for Psychiatric Intensive Care in General Adult Services, 2014*

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Understand that physical environments and our workforce together create trauma informed services

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Environmental audit – areas to consider for standards, in consultation with service users , staff and those with lived experience

Area	RAG Status	Evidence
Direct access to fresh air and nature without permission.	(Drop down RAG)	
Natural light – for all rooms (apart from toilets and cupboards)		
Access to refreshments and healthy snacks 24 hours a day.		
Control of heat and light in bedrooms		
Dimmer switches in main areas to create soothing lighting.		
Images and art work that is diverse in terms of all protected characterises		
Doors closers so doors cannot slam		
Quiet space away from main living areas		
Safe space for women		
Disability access from front door to all services		
Flooring including carpet that quietens the noise and softens the environment		
Furniture that is rounded and soft surfaces to create soothing and quietness		
Access to sanitary products for all		
Recovery place for staff. Fresh air and natural light, refreshments, shower, training space, supervision space.		
Access to a private phone		
Screens at receptions that rotate educational and self help materials, help lines etc		
Notice boards that reflect ethos of the service and self soothing.		

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C&I's Model of a Trauma Informed Organisation

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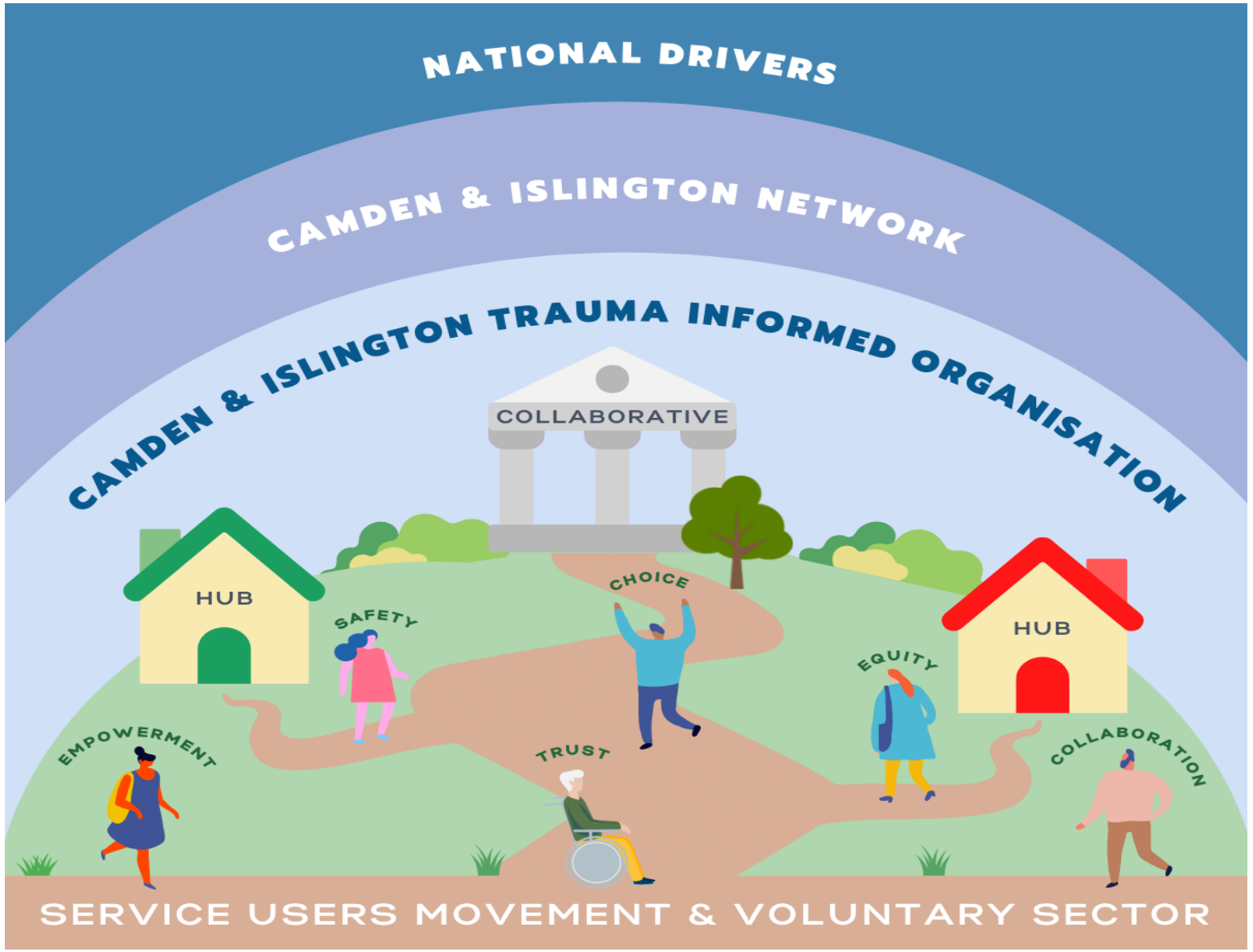

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C&I TIC and Hub Model

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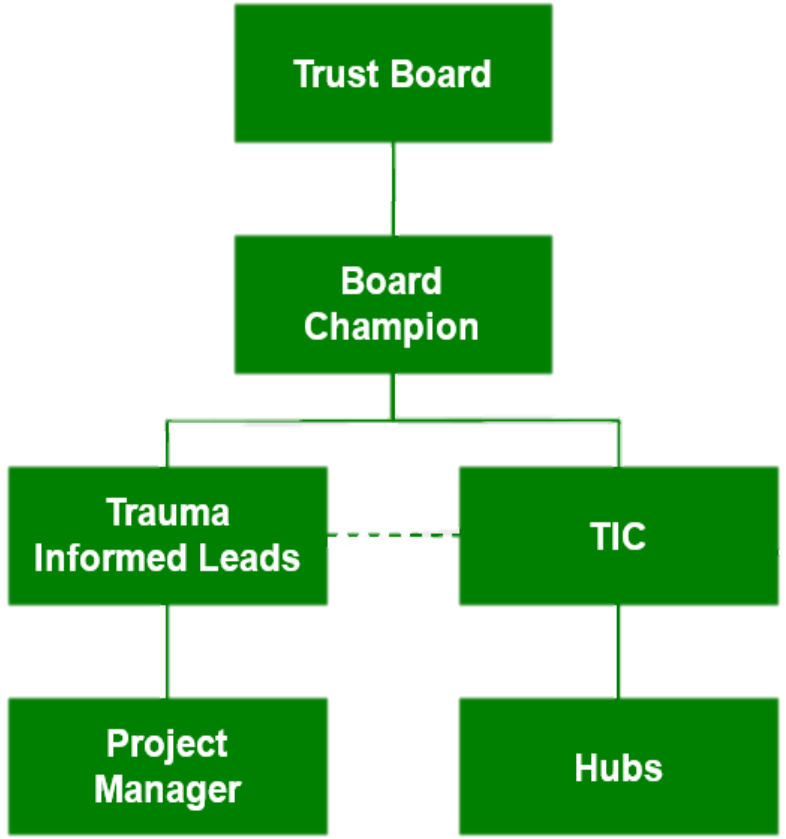

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Organisational Achievements and Progress

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Mandatory e-learning for all clinical staff and part of induction

Monthly trauma informed training sessions (staff, service users, carers welcome)

Trauma Informed Collaborative (TIC) and Hubs established

Trust 'position statement' agreed with HR to be added to job descriptions/recruitment process/ library of trauma informed interview questions

Updated Risk Assessment with mandatory data fields to support sensitive routine enquiry and allow effective data collection

Organisational and clinical service audits

Engagement with lived experience partners and ready to recruit to a lived experience trauma post

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The Challenge: whole organisational change is required to fully embed a trauma informed approach

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How are you a trauma informed senior leader or colleague?

How would you induct new senior leaders or colleagues?

Easy wins and long term change mechanisms in your service?

What structures can you use to work out priorities, engage with stake holders and decide what to take forward?

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Any questions for the panel?

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Message to us all

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‘Caring for myself is not self-indulgence, it is self-preservation and that is an act of political warfare’

Audrey Lorde

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How can we support you?

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If you're struggling, we'll work with you to support you or your team, so you can support others. **Here are some of the ways we can help:**

Online support

- Live online chat with KeepingWell NCL practitioners
- Free online training courses on wellbeing at work
- Podcasts: listen to others' experiences and advice from professionals
- Self-help resources recommended by our practitioners

Can't see what you need?

Get in touch:

keepingwell.ncl@nhs.net

Online wellbeing events and webinars

Regular wellbeing sessions for staff, on topics from poor sleep, to managing aggression, to moral distress

Scan me to go straight to the website!

Free and confidential 1-1 support

- Quick access to practitioners for a conversation or assessment
- Onward referral and signposting to the right support for you
- Fast-track for Complex PTSD treatment or Intercultural Therapy

Support for teams & organisations

From consultations with our practitioners, to reflective practice groups, to bespoke groups and workshops to support your team's needs

Bespoke workshops & consultation to support implementing Trauma-Informed Practice in your organization

Feedback Survey

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Please let us know your thoughts by completing our feedback survey:

https://www.smartsurvey.co.uk/s/GAEM6B/

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Resources and references

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Trauma informed practice

Bloom, S. L., & Farragher, B. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. Oxford University Press.

Blue Knot Foundation: www.blueknot.org.au

C&I As A Trauma Informed Organisation: https://www.candi.nhs.uk/about-us/ci-trauma-informed-organisation

Epstein, K., Speziale, K., Gerber, E., & Loomis, B. (2014). Trauma informed systems initiative: 2014 year in review. *Unpublished manuscript, San Francisco Department of Public Health, San Francisco, CA*.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, *3*(2), 80-100.

Opening doors: Trauma informed practice in the work place: **https://vimeo.com/274703693**

SAMHSA (2014) https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych advances*, *24*(5), 319-333.

Trauma-informed practice: toolkit - gov.scot: https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/

Trauma Transformed: https://traumatransformed.org

Treisman, K. (2021). *A Treasure Box for Creating Trauma-informed Organizations: A Ready-to-use Resource for Trauma, Adversity, and Culturally Informed, Infused and Responsive Systems*. Jessica Kingsley Publishers.

Resources and references

keepingwell
support for health and care staff

Understanding trauma

Childhood Trauma and the Brain: https://www.youtube.com/watch?v=xYBUY1kZpf8

Herman, J. (1992). Trauma and recovery. New York, NY: Perseus Book Group.

Trauma and the brain: **https://vimeo.com/126501517**

Understanding how the threat system becomes dysregulated as a result of trauma: Polyvagal theory, Stephen Porges: https://www.youtube.com/watch?v=ec3AUMDjtKQ

Van der Kolk, B. The Body keeps the Score. Mind, Brain and Body in the Transformation of trauma, Penguin, UK, 2014.

Vicarious trauma

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*, *3*(1), 131-149.

Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. WW Norton & Co.

Saakvitne, K. W., Pearlman, L. A., & Abrahamson, D. J. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: WW Norton.