



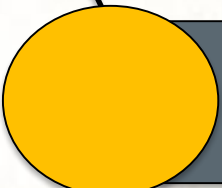
Trauma Awareness (Online Resource)

#SmartJustice

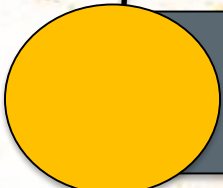
Aims & Outcomes



Understand trauma & how it can affect us .



Have thought about the different types of trauma people can experience and how this may affect them.



Be able to recognise signs of trauma and the type of things which may trigger someone.



Have explored the importance of self care.



NES Video

At this point we would recommend you watch the following video from [NHS Education Scotland](#)

Opening Doors:

Trauma informed practice for the workplace
<https://vimeo.com/274703693>

- What are your first thoughts watching this?
- How did it make you feel?
- Did you have any thoughts about your own work & workplace?
- What could you do differently to be more trauma informed in your work practice?

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What is Trauma?

Trauma is often defined as:

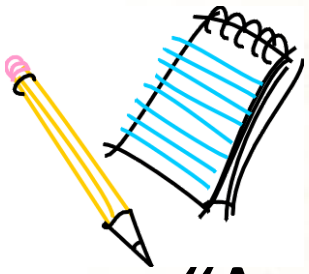
“A deeply distressing or disturbing experience”

Here are some examples of other words people may use to describe trauma.

Can you think of other words people you work with may use?



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What is Trauma?

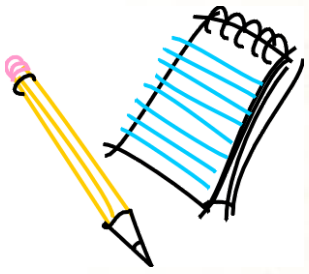
“An event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”

(SAMHSA)

[Substance Abuse and Mental Health Services Administration](#)

Write down examples of traumatic events you can think of that people you know have experienced.

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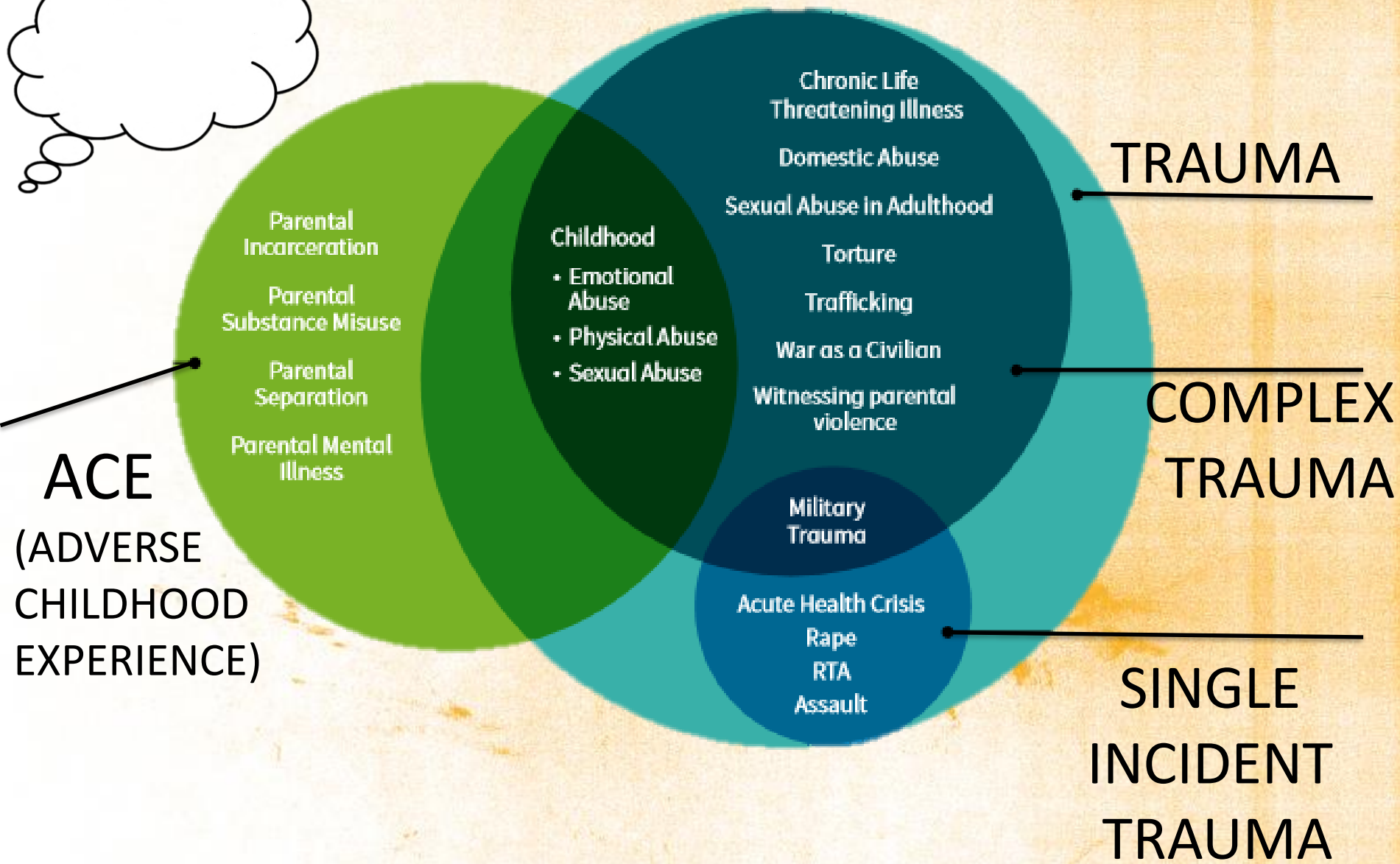


What is Trauma?

THERE ARE 2 DISTINCT TYPES OF TRAUMA	
TYPE 1	<ul style="list-style-type: none">• Single incident or experience• Sudden and unexpected
TYPE 2 (or 'complex')	<ul style="list-style-type: none">• Often inter-personal, and involving a fundamental betrayal of trust• Persist over time

Split your list from the previous task into Type 1 and Type 2 trauma.

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Source: Transforming Psychological Trauma, NHS Education for Scotland, May 2017

***EXAMPLES: Not an exhaustive list**

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PREVALENCE

1 in 5 Scottish children in the UK have suffered physical or sexual abuse
(www.gov.scot / NSPCC/ ONS)

1 in 5 Scottish women will be the victim of a sexual offence in adulthood
(Scottish Crime and Justice Survey, 2015)

1 in 30 Scottish men will be the victim of a sexual offence in adulthood
(Scottish Government Crime & Justice survey, 2015)

20% of women in Scotland experience domestic abuse.
(www.gov.scot/ Police Scotland/ Safelives /Scottish Women's Aid)

**It is important to note that all of the above
are thought to be largely under reported**

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PREVALENCE - Reflections

Also bear in mind that these represent only 4 of the traumatic events listed above and how high these proportions are.

There are many more statistics online relating to each of these aspects of trauma:

- ✍ Can you find another one which you didn't know about?
- ✍ Add it to the ones above?
- ✍ You may already know some of these figures, did anything surprise you?
- ✍ Which?
- ✍ What have you learned from these, or what will you remember most?

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Adverse Childhood Experiences

ABUSE



Physical



Verbal



Sexual



Parental
Separation



Substance
abuse



Domestic
violence



Mental
Illness



Incarcerated
relative

HOUSEHOLD ADVERSITIES



Emotional

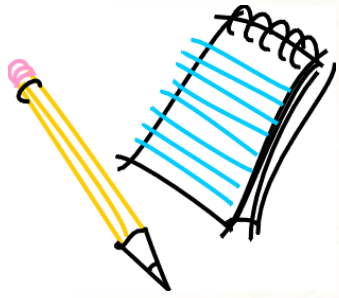


Physical

NEGLECT

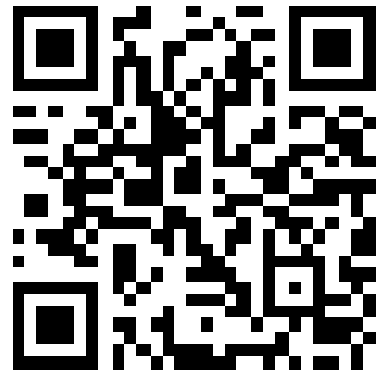


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4 or More Adverse Childhood Experiences

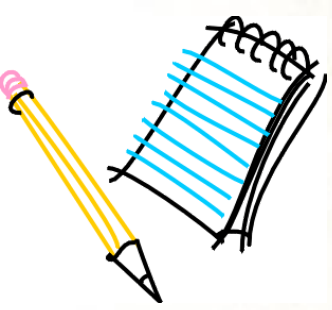
Answer the Quiz linked below:



<https://api.socrative.com/rc/yTM2gB>

*Take time to reflect on which answers you got right, wrong
and which answers surprised you.*

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Trauma and Health



By either drawing a diagram or making a list:

Highlight all the ways you can think of how Trauma may affect physical and mental health

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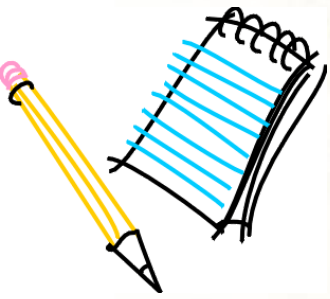
Trauma and Health

Some answers may include but are not limited to:

- Night terrors and insomnia, which lead to fatigue and difficulty concentrating
- Agitation and anxiety, especially in unfamiliar places
- Having an extreme startle reflex, this could result in rage or further withdrawing
- Withdrawing from social situations, or even personal relationships
- Anger, rage, and mood swings
- Feelings of being numb or otherwise disconnected from reality and those around you
- Aches and pains that have no other explanation
- Racing heart, high blood pressure, and diabetics may find their blood sugar levels difficult to control
- Chronic health conditions related to stress
- Headaches
- Dizziness
- Fainting
- Chest Pains
- Churning Stomach
- Scar Marks (Needles, Self Harm)

**People may experience these signs when working with you.
Please have a trauma understanding in mind.**

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Trauma Triggers

Think of some examples that may trigger associated feelings and distressing memories for somebody affected by Trauma?



People /
Places



Times /
Dates



Senses

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People/Places

Times/Dates

Senses

The trigger can be anything that provokes fear or distressing memories in the affected person and which they associate with a traumatic experience. Some common triggers are:

- sights
- places
- a person, especially a person who was present during a traumatic event or resembles someone involved in that event in some respect
- an argument
- A representative figure – for example an authority figure

- certain times of day
- certain times of year or specific dates
- Anniversaries
- Seasons of the year

- a particular odour
- a particular taste
- a particular sound
- a particular texture
- a sensation on the skin
- the position of the body
- physical pain
- emotions
- a particular situation

As you get to know service users, you will get to know when they are 'out of sorts'. Consider what may be triggering this.

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EVA Services Video

At this point we would recommend you watch the following video from NHS Lanarkshire EVA Services - Trauma and the Brain

[NHS Lanarkshire's Ending Violence and Abuse \(EVA\) Services](#)

https://www.youtube.com/watch?time_continue=28&v=4-tcKYx24aA&feature=emb_logo

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EVA Services Video Reflections

What are your first thoughts watching this video?


What feelings did it evoke for you?

Did it remind you of people you know? Anyone in particular?

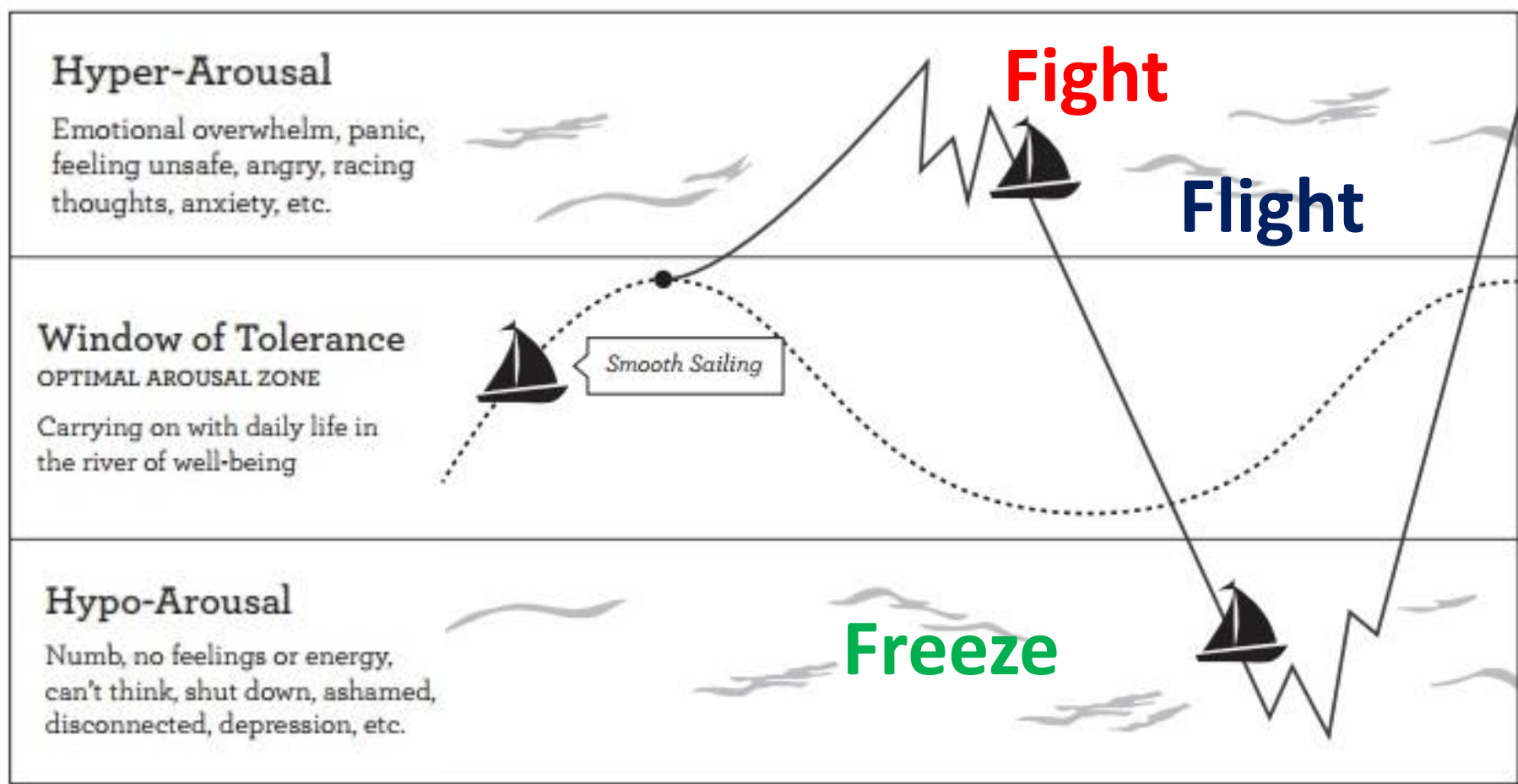
Why?

What one learning point will you take from this film?

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The Window of Tolerance



Dr. Dan Siegal (1999)

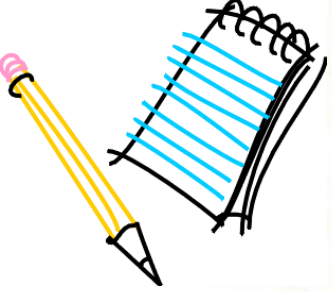
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The Window of Tolerance

Imagine you are the person in the following scenario. We would like you to think where you might place yourself in the Window of Tolerance at each stage of this scenario.

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The Window of Tolerance

- You have all slept in. It's a school day and you have a Doctor's appointment after you drop the children at school.
- You manage to get your children sitting down for breakfast, then you get ready/dressed.
- The children are taking their time eating breakfast and are bickering. You ask them to go and get dressed but they are dithering and not really paying attention to you.
- You have 5 minutes to go before you have to leave and you find the children sitting in their pyjamas, playing with toys.

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The Window of Tolerance

- The video which follows put all that theory together for us.
- Although the film is about children and their experiences of trauma, it also applies to adults.
- Triggers that evoke traumatic experiences from any stage of life have a similarly scientifically explained neurobiological effect on our emotional wellbeing.
- Think about those you know and are working with as you watch this, and how some of the reactions you see are about being “outside the Window of Tolerance” both hyper-arousal or hypo-arousal – what do you see?

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The Window of Tolerance

At this point we would recommend you watch the following video from Beacon House

<https://www.youtube.com/watch?v=Wcm-1FBrDvU>

Although the video is child focused remember that these issues are as relevant to adults.

It is important to bring someone back into their Window of Tolerance as this is where we are most responsive/effective.

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Techniques to help

- **There are many things you can do to help someone back to their window of tolerance ... Think of some of those you have tried before:**



WHAT WORKED



WHAT DIDN'T

Some of the most tried and trusted methods are based on mindfulness or grounding techniques.

- Grounding Techniques are strategies to help people widen their window. We need to be able to recognise when people are out of their window – all behaviour is communication.
- Grounding techniques can be very useful when we feel really distressed, particularly when the distress makes us feel very unreal or detached, or it feels like we are in a different situation to where we really are. Anxiety often makes us feel very detached, dissociated, or unreal. Grounding techniques help to bring us back to the here and now, with an awareness of our own bodies. They are strategies that help us to be in the present moment, in reality, rather than in the traumatic experience of the past or current distress.
- Here are some examples of grounding techniques

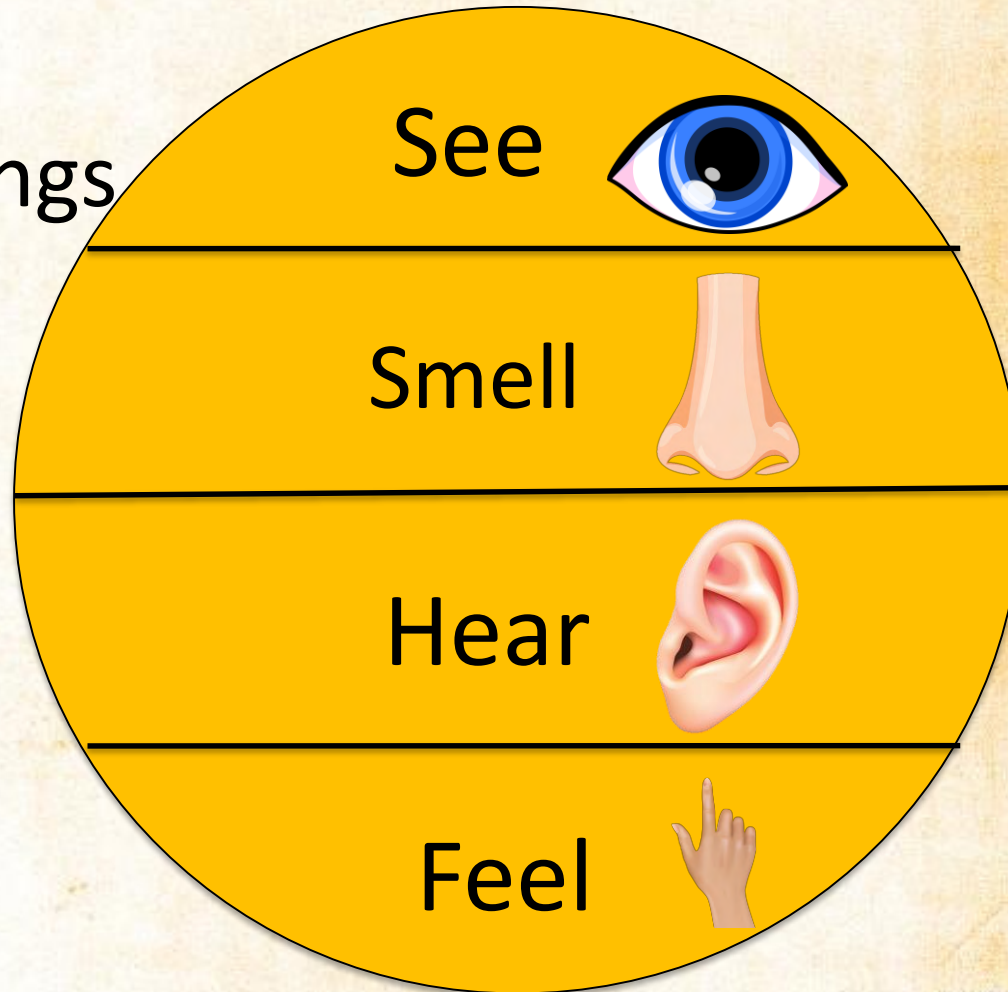
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Techniques to help


Basic Grounding Exercise

Name 3 things
you can...



Breathe in & out slowly 3 times

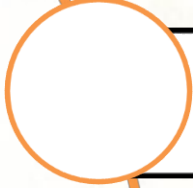
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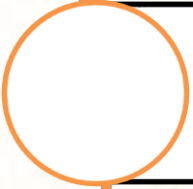
Techniques to help




Look around the room: notice the colours, the people, the shapes of things. Make it more real.



Listen to and really notice the sounds around you: the traffic, voices, trees rustling, washing machine, music etc.



Move about: stretch, stamp your feet, jump up and down, dance, run on the spot, rub your arms and legs, clap your hands, walk, remind yourself where you are right now.



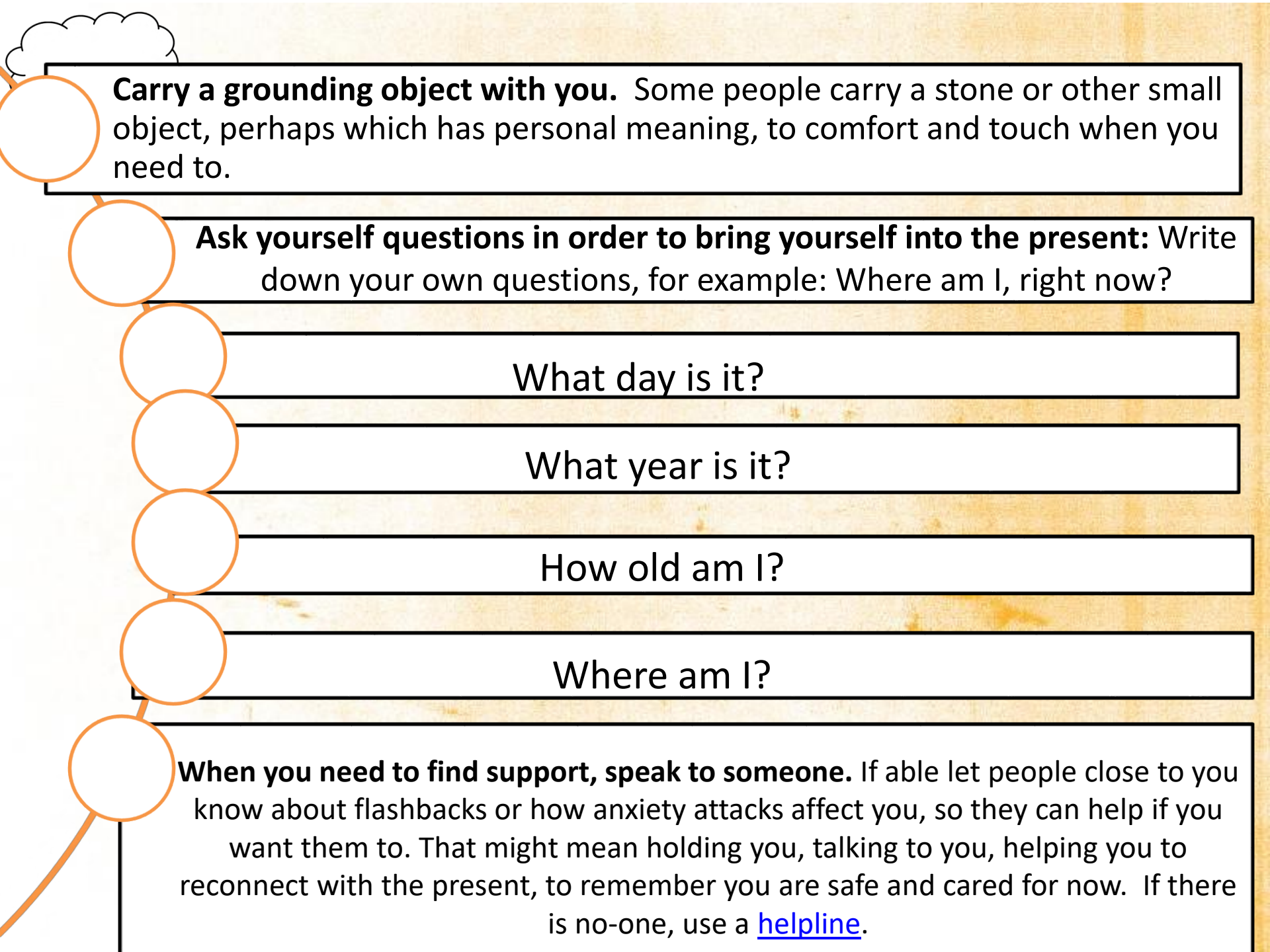
Use 5,4,3,2,1: Think about 5 things you can see, 4 things you can hear, 3 things you can touch (and touch them), 2 things you can smell or like the smell of, and 1 slow, deep breath.



Describe (and say out loud if appropriate): what you are doing right now, in great detail. Or describe doing a routine activity.



Breathe mindfully.



Carry a grounding object with you. Some people carry a stone or other small object, perhaps which has personal meaning, to comfort and touch when you need to.

Ask yourself questions in order to bring yourself into the present: Write down your own questions, for example: Where am I, right now?

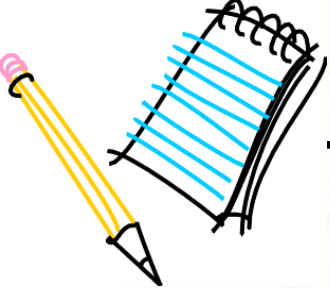
What day is it?

What year is it?

How old am I?

Where am I?

When you need to find support, speak to someone. If able let people close to you know about flashbacks or how anxiety attacks affect you, so they can help if you want them to. That might mean holding you, talking to you, helping you to reconnect with the present, to remember you are safe and cared for now. If there is no-one, use a [helpline](#).



The 5 principles of Trauma Informed Practice

Answer the Quiz linked below:



<https://api.socrative.com/rc/wi4JBr>

*Take time to reflect on you answers – did you get the 5?
If not why not?*

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So what can we do?

*“Trauma-informed change means building the principles and values of **Choice**, **Collaboration**, **Trust**, **Empowerment** & **Safety**”*

We can adapt our OWN practice and procedures to reduce risk of trauma related distress by maximising each principle where possible.

Principle	Trauma Focussed example
Choice	In gender of worker?
Collaboration	Asking at the outset what the person needs to happen.
Trust	Being clear about what will happen, and when.
Empowerment	Enabling the person to make active decisions regarding their supervision.
Safety	Ensuring the person feels protected.

In the current situation it is important to recognise that choice in particular may be even more limited than usual. Be creative where possible.

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What do trauma experienced people say?

“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.”

“We need to know the world is safe.”

“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.”

“For someone who has my background, trust will be broken easily. You have never had it your entire life.”

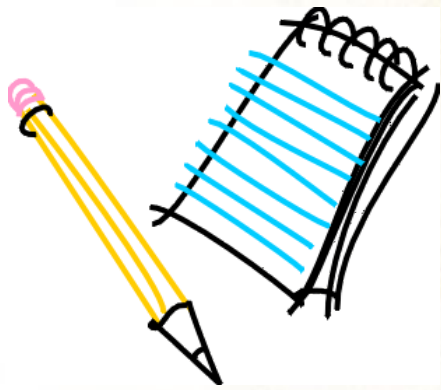
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Working During the Pandemic

- These are very different times, challenging and difficult. How you are working in response to this health crisis will be very different right now.
- For many people this will feel strange and unreal Perhaps for you too.
- You and those you work with may experience situations and difficulties you never anticipated, and be living daily with uncertainty.
- All frontline services are recognising that their staff may see and experience very distressing events, while also having worries and upset in their own family and personal life. – [Vicarious trauma](#) is very likely and we may experience “second hand” traumatic stress in our day to day roles.
- There are already very high levels of anxiety for all our communities, and the public in general are experiencing traumatic reactions to world events. We know that anxiety can also trigger earlier trauma.
- It will be especially important now to be self aware, and be able to recognise any signs of vicarious trauma or compassion fatigue.

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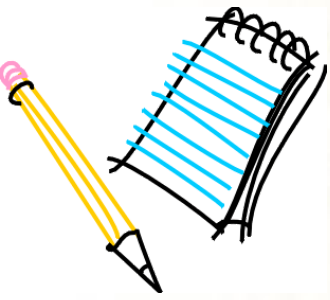
Case studies

It is important to ensure that those affected by trauma are able to effectively access care, support and interventions by responding to their needs in a way that prioritises:

- building **trust** and helping the person feel **safe**
- working **collaboratively** in a way that **empowers** the person to make **choices** about their case management.

Read the following short Case Study. What might be going on? How might you respond in a Trauma Informed manner?

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Case studies

Situation 1

Situation 1

You have been supervising John over the phone for a few weeks now. Preferably you would see him in the office, however the recent COVID-19 restrictions have made this impossible.

During the previous sessions, John has been polite, and co-operative, and you feel that he is coping well with this difficult situation. You feel that he is willing to engage with you, and just wants to see his supervision to the end.

During this session, John refuses to converse with you, only grunting words at times. In the background of the phone call, you can hear a fierce argument between a man and a woman, perhaps coming through the wall. You acknowledge that you can hear this, and express your concerns. John does not appear to hear this, and after a few minutes, hangs up the phone. You try to call back three times, however he does not answer.

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Case studies

Situation 1 Reflections

What might be going on?

The argument heard through the wall may have lifted John out of his 'Window of Tolerance', and triggered something to cause him to react in a 'freeze' mode. This may be a triggered memory from the past (childhood or adult relationship) – you may know more about this if you know about John's background. If unknown, don't dismiss the possibility.

John may actually be struggling with the lockdown, and the change in supervision arrangements. He may be struggling in clarity, and therefore trust. Anxiety may be rising in him. There may of course be other things going on that you can't dismiss (is John misusing drugs/alcohol at this time, etc). It seems very out of character for him not to engage, so even if he is partaking in substance misuse, what is it masking at this time? Is there a trauma connection here?

John has gone in to 'flight mode' from your response in trying to help the situation.

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Case studies

Situation 1 Reflections

How might you respond in a Trauma Informed Manner?

You have acknowledged that you can hear the argument. Consider that John is now in a state of freeze, and needs your help to return to his window of tolerance. If your relationship allows, you could pose curious questions wondering if something is upsetting John because of it, and being empathetic throughout. However, given that you are on the phone, this may be difficult. It may be a good idea to consider one of the grounding techniques to adapt over the phone, to try and bring John back within his Window of Tolerance.

Try to call John later in the day, once he has had time to calm himself. Explore curiously what may have happened, and discuss a strategy for what to do in the future if this happens again. If you have an immediate concern for John's wellbeing and you cannot safely visit yourself, then consider calling the police. Make it clear to the police that this is a welfare concern, and to handle it sensitively.

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Case studies

Situation 2

Situation 2

You are a worker who has been called in at the last minute to provide cover for a regular worker who is off sick owing to the COVID-19 situation. You are an experienced social worker who has been in the role for a long time, and you are very confident in the profession. You have been assigned to take over temporarily the supervision of Mark. You are told that this won't be a problem as he is an amicable guy who is open to building relationships.

Whilst on the phone, Mark keeps asking where his regular worker is. You were anticipating this, as a colleague made you aware that they had a particularly trusting relationship.

As the call goes on, Mark becomes increasingly angry. He seems to go from '0 to 100 mph' without warning. He then calms down and controls himself, and then this pattern repeats. You are the focus of his anger. Nothing you can say seems to work, and you feel that he is enjoying himself and playing games, as he is laughing at times, controlling when to react angrily, and keeps labelling you 'unprofessional' when he hears frustration in your voice.

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Case studies

Situation 2 Reflections

What might be going on?

There are two suggestions already hinted at in the prose of the situation: The first is that you have already identified that Mark may miss his regular worker, and that this will likely make him feel less safe. It is possible that this has pushed him outside his Window of Tolerance in to fight. The second is that you feel that Mark is 'at it', and maybe starting to be wind you up deliberately – again, consider that this may be a reaction to him feeling unsafe, and having to be in control.

Try and see both of these situations as the same response to trauma. Mark is lacking trust in you, and he feels he therefore needs to be in control to stay safe.

Remember behaviour is communicative.

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Case studies

Situation 2 Reflections

How might you respond in a trauma informed manner?

Try to stay calm. There is no point in getting in to a verbal argument with Mark when he is outside his Window of Tolerance. It is highly unlikely that he is going to be able to listen or respond to you. You are fighting a losing battle with this approach!

Remember this is not a battle – you both want the same winner at the end of the day (Mark!) *Breathe.* Notice the irritation that you are feeling: This is natural. If you slip in to argumentative mode, try and catch yourself, and bring yourself out of it. Accept that you will likely argue, but have self-awareness and discipline to stop. Stay in control of your own emotions as much as you can – this will be the most helpful response.

Listen to Mark ranting. Empathise with him. During calmer periods, acknowledge how tough all this change must be for him. Express hope that you will eventually make him feel safer to talk, and during periods of calm, ask him what you can do to help this.

Don't take any of this personally! It is likely that you will – stop, and self care

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Benevolent Childhood Experience Questionnaire

- Developed to identify strengths and to understand why some people are more resilient than others.
- Developed to build on peoples strengths rather than focusing on adversity
- Recognises that a lot of people suffer adversity and experience trauma but not all go on to experience ongoing difficulties for example: physical health, mental health, relationships, etc

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Benevolent Childhood Experiences (Resilience)

- Did you have at least one caregiver with whom you felt safe?
- Did you have at least one good friend?
- Did you have beliefs that gave you comfort?
- Did you like school?
- Did you have at least one teacher who cared about you?
- Did you have good neighbours?
- Was there an adult (not a parent/caregiver) who could provide you with support or advice?
- Did you have opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- Did you have a predictable home routine, like regular meals and a regular bedtime?

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Benevolent Childhood Experiences (Resilience)

What item from the BCE survey is thought to be
the most significant?

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Benevolent Childhood Experiences (Resilience)

**Was there an adult (not a parent/caregiver)
who could provide you with support or
advice?**

*“Every child needs at
least one adult who is
irrationally crazy
about him or her.”*

Urie Bronfenbrenner SmartJustice



Relationships Matter

Traumatic Relationships	Trauma Informed Relationships
Unpredictable anger.	Safe and consistent.
Untrustworthy.	Honest, open, trust.
Power Imbalance.	Empowerment.
Coercive/lack of control or choice.	Choice and collaboration.
Negative judgement/shame: What's wrong with you?	What happened to you?

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Managing change ...

All workers understand:

- The importance of recognising and enabling the individual to build on his or her resources or **strengths**.
- That linking the individual with **existing social supports and networks**, where safe and supportive, is the preferred first response.
- The importance of communicating a message of **hope and optimism** about the potential to live a personally valued life.

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Relationships Matter

Offering hope is a vital element of our work with people ...

- ✍ In the current circumstances during COVID-19, do you think **HOPE** is especially challenged?
- ✍ How **hopeful** do you feel?
- ✍ Why is it important to have **hope** for those we are working with?
- ✍ How is **hope** different from denial, wishful thinking or just optimism?
- ✍ With which of the five principles of trauma informed practice: safety, trust, empowerment, choice or collaboration - do you think **hope** is most closely aligned?
- ✍ How will you offer **hope** in these difficult times?

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Managing change ...

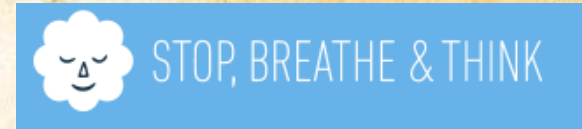
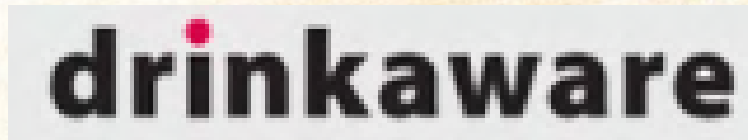
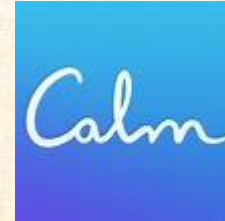
All workers can:

- 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 safe supports and social networks, where available.
- Meaningfully communicate hope in recovery and the potential to live a valued life.

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Some Available Services



support
in mind
scotland



action for people affected by mental illness



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Some Available Services



Organisation	Phone Number	Website	Twitter
NHS 24	08454 24 24 24	www.nhs24.scot	@NHS24
Samaritans	08457 90 90 90	www.samaritans.org	@samaritans
Breathing Space	0800 83 85 87	www.breathingspace.scot	#BreathingSpaceScotland
Headspace	N/A	www.headspace.com	@Headspace
Drinkaware	0300 123 1110		@Drinkaware
Scottish Drug Service Directory	0141 221 1175	www.scottishdrugservices.com	N/A
Talk to Frank	0300 1236600	www.talktofrank.com	N/A
Support In Mind	0300 3231545	www.supportinmindscotland.org.uk	@suppinmindscot
Smiling Mind	N/A	www.smilingmind.com.au	@Smiling_Mind
Anxiety UK	03444 775 774	www.anxietyuk.org.uk	@AnxietyUK
Calm	N/A	www.calm.com/	@calm

Some Available Services



Organisation	Phone Number	Website	Twitter
Community Justice Scotland – Caledonian Team	07901103852 07901111635	https://communityjustice.scot/news/covid-19/	@ComJusScot
Stop It Now	0808 1000 900	www.stopitnow.org.uk	@StopItNowUK
Women's Aid	0808 2000 247	www.womensaid.org.uk	N/A
Refuge	020 7395 7771	www.refuge.org.uk	@RefugeCharity
Simon Community Scotland	0141 418 6980	http://www.simonscotland.org/	@SimonCommScot
Cyrenians	0131 475 2354	https://cyrenians.scot/	@Cyrenians1968
Stop Breathe Think	N/A	www.stopbreathethink.com	@SBTbreathe

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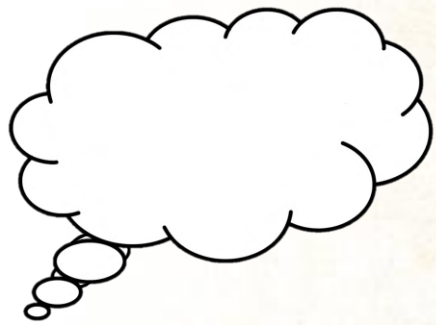


Looking after yourself

All workers can:

- Prioritise good self care.
- Recognise the need for, and use, professional support / supervision.
- Understand the meaning and signs of vicarious traumatisation.
- Demonstrate self-awareness and an ability to recognise where their own reactions to trauma may affect their responses to people accessing services, and seek advice and support to address this.

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“Any activity that is
uncontroversially good
for your wellbeing.”

#SmartJustice

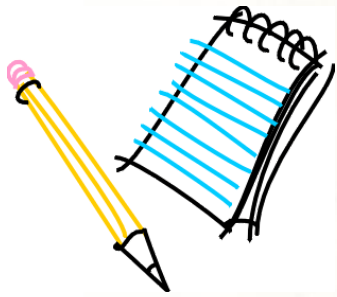


Self Care Animation

At this point we would recommend you watch the following short animation around self care.

<https://www.youtube.com/watch?v=BJGJN1rNKwA>

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Self Care Activity

Write down on a post it note all the things you do in your free time that you enjoy.

Then mark how many of these cost little or no money,
Then mark how many of these don't take up that much time.

How has this list changed during the current situation?
How much more do we value things that we previously took for granted?

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Trauma Informed Organisation's change the question from ...

What's **WRONG** with you?

to

What's **HAPPENED** to you?

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Questions to reflect upon

Now you have completed this module, consider and write down your answers

What do we mean by trauma? How does trauma affect people?

What can we learn from listening to the voices of people who have experienced trauma?

Why is understanding trauma important in the work we all do?

Why might this be especially important right now?

How understanding trauma and improving our services helps all of us?

Why we all matter!

The stresses of our own work and lives may also make trauma a personal concern!

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One Final Request...

In order to assist us in reviewing and adapting these resources, we ask for your help in gathering your professional opinion in relation to this.

We thank you for taking a moment to complete and submit this short online evaluation form.

[EVALUATION FORM](#)