

Trauma-Informed Care

A toolkit for Carers



Understanding people with learning disabilities in the context of their previous experiences

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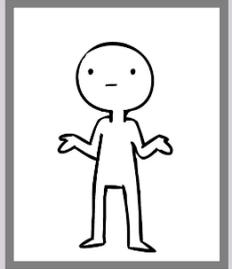
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What is trauma?

When we talk about psychological trauma, we are talking about two types:

- 1) The first is single incident trauma (such as car crash)
- 2) The second is called relational or interpersonal trauma.

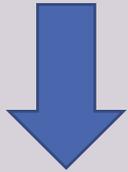


This leaflet is about relational trauma. Relational trauma means that difficult things have happened to someone *in relation to* another person. It might include examples such as:

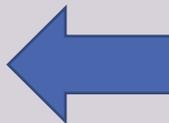
- ✚ Physical, sexual or emotional abuse
- ✚ Abuse or neglect by an organization
- ✚ Experiences of prejudice and discrimination
- ✚ A loss or bereavement
- ✚ Being bullied or picked on

Or less obvious examples such as...

- ✚ Multiple placement moves
- ✚ Family breakdowns
- ✚ The effects of mental health problems in the family
- ✚ Illness that leads to separation to loved ones
- ✚ Living with a learning disability in a world that isn't set up for you to understand



'So relational trauma is seen very broadly. It is different for everyone but always involves difficult experiences in relation to others'



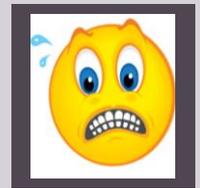
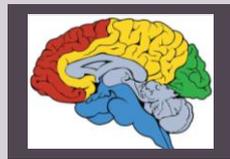
Relational trauma...the facts

✓ Is a broad term to cover a range of difficult experiences in relation to others	✓ Is different for everyone!
✓ Does not mean that everyone who has experienced difficult experiences is traumatised	✓ May impact on how the person views themselves, other people and the world around them

What signs should you look for?

Feelings

Fearful, anxious or worried
Angry, irritable
Sad
Unmotivated
Phobias, seemingly irrational fears



Cognitive or thinking

Poor attention for learning and problem solving and trouble thinking, concentrating, remembering
Poor impulse control
Unable to adequately judge danger
Preoccupation with traumatic experience
Self-critical thoughts
Negative thoughts about others
Talking 'round in circles'
Nightmares and or flashbacks

Physical signs

Sleeping difficulties
Muscular tension all of the time
Could appear hyperactive or 'flat' and under-aroused
Sweating
Fast heart beat
Fast breathing (or hyperventilating)
Weight gain or loss



Does the person you support show any of these signs?



Behaviours

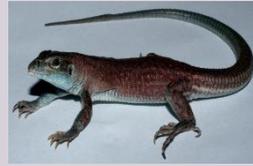
Poor impulse control
Self-stimulatory/repetitive behaviours
Self-injurious behaviours
Withdrawal from others
Not doing things they used to do
Refusing to go with certain people or do certain things
Sexualized/other risk behaviours
Acting out what was done to him/her
Communicating less or differently

Why are relationships so important?

What is important to a human?

Relationships with other people are very important because without them we could not survive.

Reptiles can survive on their own after birth but mammals can't! Humans are the most dependent of them all!



We rely on the relationships around us to keep us safe and care for us in order to survive.

These relationships help us to learn about ourselves and others. This learning sets up how we may relate to other people later on in life.

Humans get very distressed when relationships breakdown relationships are crucial in the evolutionary survival response.

How has evolution enabled us to hold on to relationships?

The child automatically knows how to illicit care (cry, gurgle, outstretch arms and so on). This promotes physical closeness between the child and parent enabling the child's needs to be met and helps them survive.

The caregiver has an automatic response system enabling them to pick up the baby's cues for care quickly. This helps a safe, fulfilling relationship to develop and is called **attachment**.

Sometimes it may be hard for the caregiver to respond to the child's cues quickly enough. This might be because of:

- Additional needs from other members of the family
- Separation due to hospital admissions
- Trauma in the family
- Caregivers trying to manage the 'loss of the healthy child'
- Difficulty connecting with the child due social communication problems
- Abuse or neglect in the home...

Top tip, attachments can be broken later in life for example due to lots of placement moves, difficult relationships later in life, health and social inequalities and other adversities!

What happens when relationships feel unsafe?

If the behaviours children normally employ to get their needs met don't work (i.e. cry/shout/lots of eye contact/stretching arms out) the child will develop new strategies to help them find ways to meet their emotional and physical needs. They might:

Be very independent, prefer not to ask for help or show emotion, be less trusting of others

Express lots of emotion more overtly, appear to need more support, be more dependent

Dependence and independence, a lot of emotion then showing little, harder to predict, no organized strategy to cope



'when I've asked for help I've been rejected'
'When I've shown vulnerability I've been hurt'



'If I don't ask for help loudly then I won't get it'
'I need lots of care to make me feel loved'



'The people who should care for me have hurt me'
'I don't know how to act in order to get my needs met'

Early experiences of relationships felt unsafe? Our bodies will be primed to respond to current relationships as though they may be threatening to try and keep us stay safe.

The threat system activated!

People who have lots of relational trauma (lots of difficult experiences with other people throughout their lives can often a) be in their threat system most of the time or b) have their threat systems activated extremely easily!

Feeling threatened a lot of the time might make people....

Fearful/mistrustful
of other

Hard to understand
boundaries

Control others (feel
safer)

Angry, (really fear)

Withdraw/run
away

Avoid
people/situations

Be scared of new
caregivers

Find staff off sick or
on holiday hard

Moving home, bereavements, arguments, feeling unsupported by professionals can all re-trigger someone's threat system (remind them of difficult experiences they have had before).

Key point: Many people have been hurt by someone who should have cared for them. This will make trusting health and social care staff very difficult now! This is why making our environment trauma-informed is as important as ever.

What can you do?

1. Provide a small and consistent core staff group to support the person (between 6-8).
2. Ensure a focus on how emotionally connected staff feel to the person and how that can be built upon. Compassionate is key.
3. Consistency builds trust, not only doing things in the same way but also being the same way towards the person will help them learn to trust you
3. Treat relationships with respect, honour the endings of relationships, enable the person to grieve for lost relationships (for example leaving a staff team).
4. How does the person you support need you to be to help them feel safe? Think about body language, tone of voice, facial expression as well as what you do and say!
5. Can you make sense of what they might need from you in the context of their relationship history?

Trauma and the brain

Did you know the kinds of relationships we have in early life affect how our brains develop?

When a child cries, or gestures, or otherwise tries to express their needs, an adult responds in an appropriate way that validates and addresses their needs, it is called 'serve and return interaction' and is crucial for the health development of the brain.

Each time a positive interaction takes place between a child and an adult, neural connections are built.



If these healthy interactions **did not take place**:

– it means **these neural pathways may not form as strongly, meaning the child's mental and emotional health may be impaired as an adult.**

-When experiences are traumatic, the pathways getting the most use are those in response to the trauma; *this reduces the formation of other pathways needed for adaptive behaviour.*

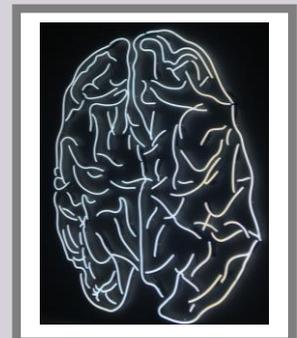
-When the stress response is triggered too often, or rarely has a chance to shut off, the physiological reactions of the body can become a threat to brain development.

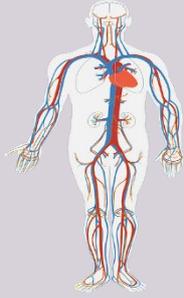
One effect of trauma on the brain is the flooding of hormones throughout the body, such as increased levels of cortisol and norepinephrine.

Suffering trauma as a child can also mean that as an adult, the body physically responds to stress more than it should.

Research looking at the effects of traumatic stress on the brain found that those with a trauma history had higher than usual levels of hormones in response to stress, dysregulation, including increased levels of cortisol.

Some of the strategies in the next section help to regulate the brain.





The human brain is designed to sense, process, store, perceive and act on information from the external and the internal environment. All of these complex systems and activities work together for one overarching purpose – survival (Goldstein, 1995)

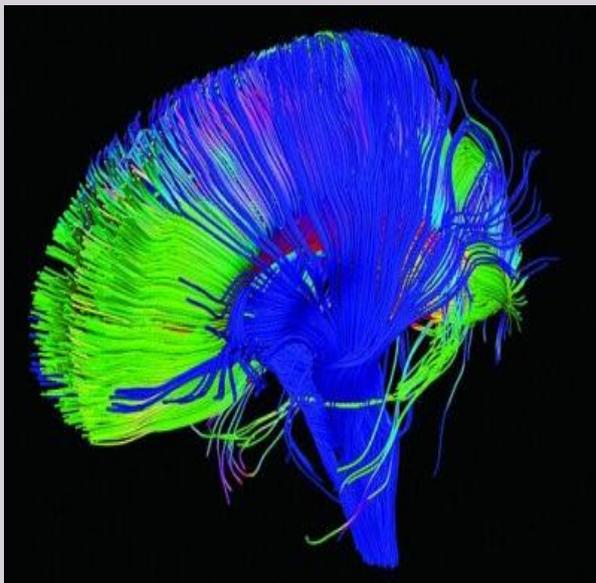
So people's environment will affect their brain development!

How does the brain develop?

Neurons are the building blocks of the brain. During development, neurons create networks that link to create systems. These systems are how the brain regulates all functions.

Prior life events impact future development. The brain continues to grow and build itself through our lives.

It is estimated that in the first few years of life, the brain forms from 700 to 1,00 neural connections every second. These connections form the foundation for further brain development.



Trauma impacts on brain development

The brain stays stuck in 'fight or flight' mode (in the brain stem).

The rest of the brain (for example the higher level thinking level of the brain, the cortical part) switches off.

This means its hard for the rest of the brain to grow and develop as it normally would.

Regulating emotions is also hard as this part of the brain is under-developed but there are plenty of things you can do to help!

Building self-regulation and stabilisation resources

One of the most helpful ways to move people from their threat systems to feeling calmer is through patterned, repetitive and rhythmic activity.

Creating a therapeutic web of relationships around the person together with regular self-regulating activities can, over time, help a person's brain and body to learn that they are safe.



Self-regulating activities need to be:

- ✚ Relational (offered by a safe person)
- ✚ Relevant (developmentally matched to the person's level of cognitive and physical ability)
- ✚ Repetitive (patterned)
- ✚ Rewarding (pleasurable)
- ✚ Rhythmic
- ✚ Respectful



Below are some self-regulating activities which could be offered across the home environment, with the above 'R' principles in mind. The best way to use these activities is to weave them into the person's daily routine so that they have them little and often, every day.

Walking

- ✚ Being asked to do regular jobs so that there are walking breaks in between tasks and activities.
- ✚ Being asked to show visitors where things are in the home.



Music/Drumming

- ✚ Having a CD in the background of smooth tones
- ✚ Using headphones to listen to music privately
- ✚ Formal/informal drumming lessons
- ✚ Formal music therapy

Tapping

- ✚ Self-tapping on knees
- ✚ Self-tapping whilst breathing
- ✚ Self-tapping whilst engaged in something fun



Dancing/Moving

- ✚ A morning group energy boosting movement
- ✚ A whole song with actions/movement
- ✚ Simple pre-lunch yoga sequence
- ✚ Tension stretch at the end of the day
- ✚ Whole body actions of pushing, pulling, lifting
- ✚ As part of a club

The next section will think more about how we can understand what else we can do to support someone from a sensory perspective!

Sensory processing and everyday functioning

Sensory processing is the body's ability to receive sensory information about the nervous system, process it and then allow the body to respond appropriately.

It is central to being able to engage in the world. If we can't process sensations properly, our ability to do activities of daily living will be affected. Trauma affects how the brain regulates the senses so it is important to look at sensory regulation too!



Difficulties in sensory processing can affect every aspect of a person's functioning; from posture, to catching a ball, focusing in the classroom and engaging in social relationships.



We all have sensory preferences. For example, liking sandy beaches or not liking sandy beaches. For some people they have sensory processing challenges and this can be more impactful as there are neurological differences in how the senses are processed. This can be more so in conditions such as ASD, ADHD, Fragile X, developmental delay etc. If our senses are working well, then a person's body will feel **'out of sync'** or **'disorganised'**.

If someone has challenges affecting their daily life, it can be helpful to look at what senses are affected.



Some senses can be 'over responsive' meaning it takes only a little to notice it. Some senses can be 'under responsive' meaning that it takes a lot of input to notice it.

A person may also **AVOID** or **SEEK** input. If the person cannot 'avoid' then they may become overloaded.

Exercise:

Does the person you support ever appear 'overloaded'?

In what activity or situation does this happen?

Which senses are overloading?

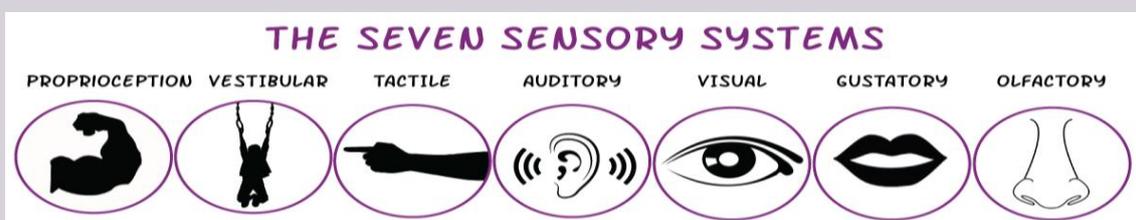
- Touch
- Sound
- Taste
- Smell
- Body Awareness
- Balance
- Sight

Does the person you support ever missing/not noticing information or part of an activity?

In what activity or situation does this happen?

What senses are affected?

- Touch
- Sound
- Taste
- Smell
- Body Awareness
- Balance
- Sight



If a person has difficulties with sensory processing then this can affect their ability to self-regulate. They may find some senses overwhelming or seek more input from a specific sense.

For example, disliking crowded or noisy places (visual, sound, touch) or seeking rocking (movement and balance).



It is important to note what activities a person likes/dislikes/avoids, and note the sensory factors.

Exercise:

What senses are used when having a shower?

Touch

Sound

Taste

Smell

Body Awareness

Balance

Sight

Remember: there can be many sensory systems in just one activity!

You can be over alert in one system under alert in another.



Sensory discrimination

This is our sensory nervous system's ability to interpret information and make a note of the different details from the senses. It helps us to make effective judgements on how we participate and interact with the world around us.

Without good sensory discrimination, we may struggle with knowing the difference between sensory information.

For example, we might find it harder to:

- Establish the difference between hot and cold
- Establish the difference between soft and hard
- Judge the distances between ourselves and another person
- Hold an item with the right force
- Recognise the touch of a person or the touch of a bug
- Detect the taste or texture of something we have put in our mouth

Praxis

There are 3 parts of carrying out actions:

Ideation

Planning

Execution

Sometimes there are difficulties using both sides of the body together. Sometimes difficulties are due to information coming in poorly from touch and body awareness senses.

Difficulties can be with:

- ✚ Fine motor skills
- ✚ Moving/walking on uneven surfaces
- ✚ Using a knife and fork
- ✚ Noticing food around the mouth
- ✚ Noticing if clothes are on properly or straight



What can you do?

Note the activities that the person you support likes and dislikes:

Likes:	Dislikes:

An example:

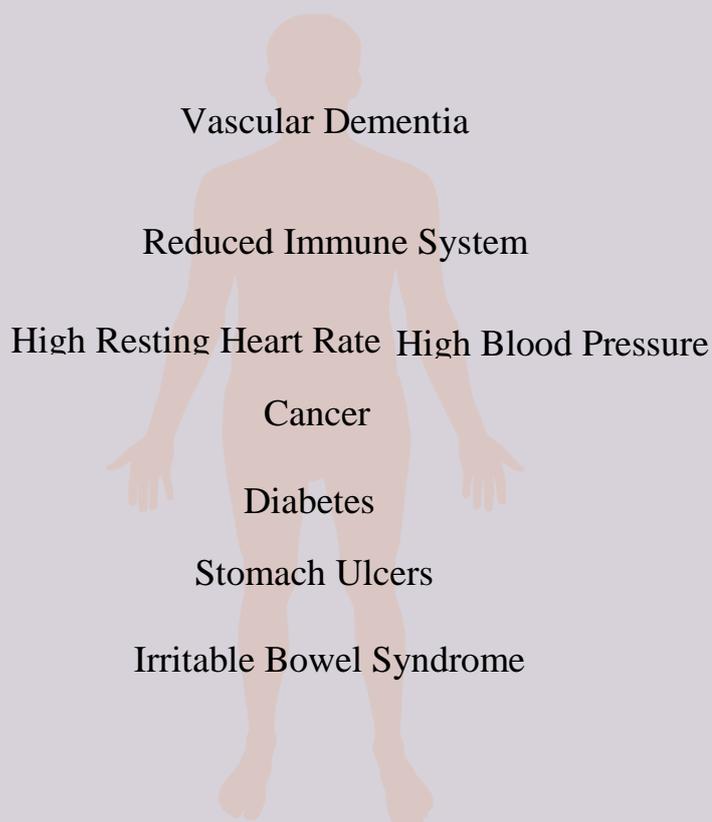
Sensory qualities of the activity:								<u>Does it organise and balance, alert and balance or cause stress for the individual</u>		
<i>Activity:</i>	Touch	Taste	Smell	Body Awareness	Movement	Sound	Sight	Organising	Alerting	Stress or upset
Petting a dog	✓		✓	✓		✓	✓	✓		
Riding a rollercoaster				✓	✓	✓	✓		✓	✓
Having a bubble bath	✓		✓	✓	✓		✓	✓		
Going on a swing				✓	✓	✓	✓		✓	

What activities does the person need more of in their day?



The effects of trauma on physical health

When we think about psychological trauma we often think about mental health. Physical health is really important too! Especially for people with learning disabilities who experience a lot of health inequalities. Trauma is known to have a strong link with having a detrimental effect on people's physical health, including life-long physical health conditions.



Why is this worrying in people with learning disabilities?

For some people with learning disabilities, understanding and communicating their symptoms might be hard. This means it might go un-noticed and thus untreated!

Make sure you double check physical health if:

- ✚ You know the person has experienced a lot of trauma
- ✚ The person has constipation/diarrhoea (is it connected with anxiety?)
- ✚ Has changes in their appetite
- ✚ Changes in sleep pattern
- ✚ Behavioural or personality change
- ✚ Displaying distressful behaviours around toileting, eating, sleeping etc

What can you do?

To be able to support an individual who has experienced a traumatic event, it is important to:

1. Communicate with the person, do they feel different, have they stopped wanting their favourite foods, do they still want to take part in their activities.
2. Keep clear records of sleep, nutrition and bowel movements.
3. Have a Health Action Plan (HAP) to ensure all health check-ups are being completed when needed.
4. Understand how to respond when noticing changes, such as booking GP appointments, keeping food diaries, mood charts, having clear communication between staff members and carers.

Trauma and behaviour that challenges

In the past, behaviours that challenge have been seen in what we would call a behavioural model. This model looks at the function (what is causing) of the behaviour. You might have heard of the main functions which include:

Escape or avoidance

Social attention

Tangibles
(wanting access to something)

Sensory need

However, we now know that behaviours that challenge might also be telling us much more than this!

When people have experienced traumatic experiences at the hands of other people (remember its often caregivers), their bodies are primed to respond to reminders of these experiences as a big 'threat'. As trauma is often held in the body lots of things can trigger them such as:



The threat system activates lots of different states to try and help the person to survive. Fight or flight are two common ones.

Fight

The main visible feeling in **'fight'** is anger! Anger helps us behave in ways to fight the threat so you may see physical or verbal aggression in this response. Remember though, underlying anger is often fear. It is likely that they trying to communicate "I am frightened, back off".



Flight

The main visible feeling in **'flight'** is fear. You might see the person running away from people or places and avoiding activities, places or people that trigger them. They may be trying to communicate "I am safer on my own".



There are lots of other responses too designed to protect the person from the perceived threat in some way. For example, **flop** (conserve energy) or **freeze** (hope the threat goes away). Specific reactions might include **dissociation** which may lead the person to seem 'spaced out' in some way. Others experience **somatic symptoms** where they have a physical health problem with no known medical cause.

What can you do?

Some top tips for trauma-informed care with behaviours that challenge:

2. Do you know what the triggers are for the person you support?
3. How do they respond when triggered?
4. How can you help them to feel safe again?
5. How can you help the person to regulate their own emotions?
6. Is trauma-informed thinking in your Positive Behavioural Support (PBS) plans?

The impact of trauma on staff

Sometimes it is hard to think about however staff have their own trauma histories too.

The difficult experiences that staff see and hear about will impact on the way that they feel too. This is normal and ok.

Staff wellbeing being is as important as our clients, we need to be able to reflect on our responses compassionately and learn ways to manage them to be able to support the individuals that we work with safely and compassionately.



Some staff may find that they experience **'secondary trauma'** (trauma responses as a result of hearing about other people's trauma). Secondary trauma can accumulate over a period of time or it can happen after a one-off traumatic event. Staff in caring professions have high levels of empathy and are more likely to 'take on' some of the emotional consequences of trauma in others.

Secondary trauma can also occur because the person recognises something within a client's story that touches on their own personal experiences and emotions.

What can you do?

- Recognise and chart your own signs of stress, trauma and burnout
- Engage in relaxing and self-soothing activities and nurture self-care
- Look after your physical health through rest, diet and exercise
- Maintain a healthy work/life balance
- Be realistic about what you can accomplish
- Take regular breaks and ensure you take a lunch break
- Seek social support from colleagues and family members
- Use supervision and peer support opportunities

What can managers do?

It is important that managers provide adequate and compassionate levels of managerial supervision as well as peer support.

Ensure staff have a chance to debrief after difficult experiences at work. This can prevent professionals becoming isolated from their teams and helps colleagues and managers to assist and support one another.

