NHS Education for Scotland

TRANSFORMING PSYCHOLOGICAL TRAUMA:
A Knowledge and Skills Framework for the Scottish Workforce

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MINISTERIAL FOREWORD

Scotland is in the lead in being one of the few countries in the world that has dedicated funding for support services for people affected by child abuse. Scottish Government policy aims to tackle the significant inequalities that people often experience as a result of trauma and abuse.

In commissioning, directing and developing this framework the Scottish Government has taken a step further to considering the broad impact on people of living through any trauma, at any stage in life.

We now understand more about the high rates of trauma and abuse in society, and for this we must commend the bravery and courage of people who have spoken out about their experiences of having lived through terrible events and been subject to horrific crimes, often behind closed doors.

International research working with people who have lived through traumatic events has helped us to understand that many people who have experienced abuse and trauma are resilient and will recover with little or no additional support from services. However, it is also crucial to recognise that living through traumatic events and adverse childhood experiences increase the risk of inequalities, disadvantage and poorer wellbeing outcomes including poor physical and mental health and reduced educational and social attainment.

We want people to change the way they think about people's difficulties and ask not "what's wrong with you?" but "what has happened to you?" this approach fits well with our increasing understanding of the broader impacts for individuals and society of adverse childhood events (ACE's).

There is emerging evidence that trauma informed systems can have better outcomes for people affected by trauma. This evidence based framework involves recognising the need for trauma related knowledge and skills across the whole workforce, not just for those with a remit to respond directly to the needs of those affected by trauma.

But, we know that, staff across the workforce often do not feel confident OR often feel uncomfortable about broaching the subject of trauma and abuse.

This framework is designed to support the development of the workforce in both recognising existing skills and knowledge and also helping them and their organisations to make informed decisions about the most suitable evidence based training to meet gaps.

We do not need everyone to be trauma experts, but we do need everyone to feel confident about their role in relation to ensuring excellence in outcomes for people affected by trauma. Responding to trauma is everybody's business.

**Maureen Watt MSP
Minister for Mental Health**

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Background and purpose

NHS Education for Scotland (NES) was commissioned to develop 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' as part of the Scottish Government's commitment to developing a National Trauma Training Strategy as outlined in the Survivor Scotland Strategic Outcomes and Priorities (2015–2017) publication.

The Transforming Psychological Trauma framework is designed to increase understanding of trauma and its impact across the broad Scottish Workforce. This is because, as a society, we are becoming increasingly aware that living through traumatic events is more common than previously realised. We know, from listening to the experiences of those who have lived through trauma as well as from the findings of scientific research, that traumatic life experiences can have a significant impact on people's lives, increasing the risk of poorer physical and mental health and poorer social, educational and criminal justice outcomes. We also know that trauma can affect people at any stage in their lives and that particular sections of the population (e.g. children) are more vulnerable to trauma. And we know that the risks of poorer outcomes are compounded by the difficulties which people who are affected by trauma can have in accessing and using services.

Given this, it has been argued that trauma should be **'everyone's business'** and that, as members of the Scottish Workforce, everyone has a role to play in understanding and responding to people affected by trauma. This doesn't mean that everyone needs to be a trauma expert - we know that different expertise and skills are required to support people's recovery – but instead that all workers, in the context of their own role and work remit, have a unique and essential trauma-informed role to play in responding to people who are affected by trauma.

This framework is aspirational and future-focused. It lays out the essential and core knowledge and skills needed by all tiers of the Scottish workforce to ensure that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it. The framework also has an essential focus on staff well-being. The framework is designed to support managers and supervisors to recognise the learning and development needs of staff in the workplace and trainers to develop training to meet these learning needs.

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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 trauma informed, evidence-based and effective services.

- **managers and supervisors**, to identify and explore staff strengths and address any gaps in staff knowledge and skill.

- **organisations**, to ensure staff have the necessary knowledge and skills to meet the needs of people affected by trauma, their families, carers and supporters; this should be done through planning staff development activities to meet the aspirations of the framework, which also includes ensuring staff welfare.

- **education and training providers**, to inform the content of their curricula and learning activities.

- **people affected by trauma, their families and supporters**, to ensure they are aware of what services they can receive at different points in their recovery journey.

What is Trauma?

Language in this area is complex and overlapping. But the effective and transparent use of language is crucial to the process of making sense of what can be experienced as 'unspeakable'. Please see the section on **language and terminology** on page 20 for fuller explanation. The term 'trauma' has been chosen throughout this document to represent the broad range of traumatic, abusive or neglectful experiences that people can experience or be subjected to during their lives.

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"
(SAMHSA, 2014, p. 7)[1]

Within this, to increase specificity, trauma is often subdivided into:

- **Type 1 trauma** - these events are usually single incident events such as rapes, assaults or serious accidents, Type 1 trauma could include road traffic accidents, terrorist attacks or other types of major emergencies.

- **Type 2 or "Complex Trauma"** - this form of trauma and abuse is usually experienced interpersonally, persists over time and is difficult to escape from. Complex trauma is often experienced in the context

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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.

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of close relationships (e.g. childhood abuse, domestic abuse) but can also be experienced in adulthood in the context of war, torture or human trafficking.

- It is not uncommon for people to experience both types of trauma during their lives.[2]

How common is trauma?

Trauma is common. Research suggests that many people will experience events described as traumatic – rapes, assaults, traffic accidents for example – at some point in their lives[3]. 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 Government[4] estimates that 20% of women experience **domestic abuse**.

Within some services, they often find there are particularly high rates of people who have lived through trauma: 75% of women and men attending substance misuse services, for instance, report abuse and trauma in their lives[5]. Among people in prison, studies have found 94% of people report a history of trauma[6] and in inpatient mental health services 60% of women and 50% of men report being sexually or physically abused in childhood.[7]

Unique journeys

Each person who lives through trauma is unique. Whether and how a person is affected by the trauma(s) they experience depends on many different factors including what their life and relationships were like before the trauma (s) happened, how people responded to them during and after the trauma(s), their own personality, strengths and resources, their other life experiences and the cultural context in which they live their lives. Many people will be resilient and recover from the impact of

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

3. 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.

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

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

6. Komarovskaya, I.R., Booker-Loper, A., Warren, A. & Jackson, S. (2011) Exploring gender differences in trauma exposure and emergence of symptoms of PTSD among incarcerated men and women *Journal of Forensic Psychiatry and Psychology* 22(3), 395-410

7. Read, J., Goodman, L. & Morrison, A et al (2005) Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications *Acta Psychiatrica Scandinavica* 112, 330-350

traumatic events or even experience positive growth following traumatic events. However, many others will be affected to a significant extent by traumatic events and need help to recover. Where this is the case, those who provide services should be able to respond safely and effectively.

Why is this framework relevant to the entire workforce?

We now understand that whilst living through trauma is relatively common, the experience and its impact is often hidden. What has become increasingly recognised over the last 20 years is the long term impact that the experience of trauma can have on a wide range of health and social outcomes, as well as upon mental health.

Research from different disciplines identifies a wide range of possible outcomes of traumatic events that can, for some people, have an impact across and throughout their lives. For example, twenty years ago, the **Adverse Childhood Experience (ACE)** study examined traumatic and adverse experiences reported in childhood and made clear the links between trauma and adversity and longer-term health, mental health and social impacts[8]. The ACE study and the many studies that have followed since have helped us to understand that trauma 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.

A recent study from Public Health Wales (2015) found that those who had experienced more than 4 adverse childhood 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

In addition to the impact on mental health and wellbeing, living through traumatic events increases the risk of a range of physical health conditions (for example type II diabetes and cardiovascular disease),[9]

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8. See, for example: **www.acestudy.org**
9. World Health Organisation (2013) *European Report on Preventing Child Maltreatment* WHO Geneva

increases the chance of engaging in the criminal justice system, and is associated with poorer educational attainment[10].

Despite the association between the experience of trauma and poorer physical, social and educational outcomes, we also now understand that people affected by trauma can be less likely than others to seek or receive the help or support they need, for a range of reasons. In its application to the entire workforce, the framework reflects the important roles of staff working in a broad range of settings (for example physical health, criminal justice, education, social care) to realise the high prevalence and broad impact of trauma, to recognise the impact of trauma in the people they serve, and to adapt practice accordingly in order to achieve positive outcomes.

How does trauma lead to long-term difficulties?

There are a number of ways in which the experience of trauma can affect individuals in ways that may explain these poorer outcomes for some. These include the direct impact of the trauma(s), the impact of trauma(s) on a person's coping responses, and the impact of the trauma on a person's relationships with others and influence this has on help seeking and engaging with services.

Direct impact of trauma

Research is helping to explain the direct ways in which trauma can affect people. When children (or adults) are exposed to threatening or unsafe situations, the brain learns to interpret the world as threatening and unsafe. This is adaptive in the short term, allowing the person to become extremely good at detecting, avoiding and managing the impact of (often extreme) threat and trauma. However in the longer term it can mean that a person avoids experiences or relationships that could support their resilience and help them to learn effective skills in managing stress and distress. Maintaining 'high alert' to threat over time can have a longer term negative impact physiologically and psychologically. Prolonged trauma, particularly in childhood, can also cause difficulties over the longer term by limiting cognitive, social and emotional development and opportunities for learning and for developing skills in managing relationships with peers.

Impact of coping responses to trauma

There is now recognition that a person's adaptive responses to trauma (for example "tuning out" or dissociation, avoidance) can help the person survive in the short term. However in the longer term they become problematic as they can compromise active coping and restrict life choices. The use of substances and self-harm can also be understood

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10. 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

as attempts to manage distress linked to past trauma which carry additional risks and compound difficulties.

Impact of trauma on relationships

Trauma often occurs at the hands of others. Single incident trauma can include assaults, rapes, terrorist attacks and accidents which can involve life changing injuries or the loss of loved ones. Traumatic circumstances that are ongoing and repeated (complex trauma) are most commonly experienced in the context of relationships: parents, carers and responsible adults for children (in relation to, for example, childhood abuse or neglect), and partners for adults (domestic abuse). We know that the experience of interpersonal trauma, particularly in childhood, can disrupt the ability to form and maintain healthy and supportive relationships with others. Forming unhealthy and unsafe relationships also has the potential to compound previous trauma through an increased risk of re-victimisation. This is important as safe and supportive relationships are the best predictors of recovery following trauma.

'The core experience of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based on the empowerment of the survivors and the creations of new connections'

Herman (1992) *Trauma and Recovery* pg 133

This framework recognises that whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with the workforce in order to access the care, support and interventions they require, the impact of trauma on relationships means that they may be the least likely to seek or receive this help and support. In our meetings with those affected by trauma, almost universally they told us about the importance of their relationships with workers in accessing the supports, interventions or life chances they needed, whether this be in justice, in physical health, or in education for example. They told us that above all else, the development of a trusting relationship with a worker had the greatest impact upon their capacity to seek and receive care, support or interventions.

Understanding the rationale for workforce-wide trauma-informed practice

A workforce that is able to recognise where an individual may be affected by trauma and adapt practice accordingly in order to minimise distress and maximize trust can do two things. First, it supports the recovery of those affected by trauma by providing them with a different experience of relationships, one in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than betrayal. Each encounter provides an opportunity to reverse the association between trauma and relationships, and is important part of recovery.

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Second, it minimises the barriers to receiving care, support and interventions that those affected by trauma can experience when memories of trauma are triggered by aspects of the service or interactions with staff. People affected by trauma can become highly sensitive to subtle (as well as obvious) reminders of their previous traumatic experiences and relationships. Such reminders, and the distress that they cause, is another reason why people affected by trauma do not engage with or drop out from the care, support and interventions that they need. Trauma informed care allows workers and services to explicitly identify and adapt any aspects of their service that may trigger distress associated with trauma, in order to minimise it.

There is growing evidence that 'trauma-informed' systems and practice, where the impact of trauma on those affected by it is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma. Trauma-informed practice is not designed 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[11].

Trauma informed practice recognises the prevalence and potential impact of trauma, and seeks to avoid the potential for people to exclude themselves from services as a result of trauma related distress triggered by any aspect of contact with staff and services whether, for example, a dental check-up, a lecture at college, as a witness in court or a GP appointment. Trauma informed services change the question from 'What is wrong with you?' to 'What has happened to you?'.

The trauma informed approach argues that those in most need of services may also be the hardest to reach and most unlikely to engage effectively with services. We need to ensure the workforce understands these barriers and has strategies for overcoming them.

There are many aspects of trauma informed care and practice that overlap with principles of good care more generally, including person centered and compassionate care. The application of trauma informed care builds on and adds to these principles by recognizing the specific ways in which the experience of trauma can negatively impact on people's experience of care, support and interventions. By implementing trauma informed practice and care, individuals, services and organisations can adapt practice in ways that both enhance good care and reduce the likelihood of re-traumatisation and associated distress associated with service engagement. In this way, it addresses

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11. e.g. Harris, M. & Fallot, R. (2001) *Using Trauma Theory to Design Service Systems: New Directions for Mental Health Systems* Jossey-Bass, San Francisco, CA

the specific barriers to accessing care that those affected by trauma can experience.[12]

Trauma-specific services

Trauma-specific services are specialist services offering specific care, support and interventions for the consequences of trauma. They may also take a role in informing, supporting and supervising trauma-informed services. Trauma specific approaches will use best evidence and evidence-based guidelines to inform the work they do. Research shows that trauma can be resolved, that optimism about recovery from trauma is justified, and that positive relational experiences significantly assist in the recovery process.

A hopeful message: resilience

We now know more about the range of possible adverse effects of living through trauma. However research shows that these are increased risks rather than inevitable outcomes. We also know that resilience and adaptation is a natural and common response to trauma and is associated with a range of protective factors operating at the individual, the family and at the societal level. These include good emotional coping and problem solving skills, positive experience of care-giving relationships, education and supportive social networks and communities[13][14]. For this reason, preserving, supporting and, where needed, intervening to enhance resilient adaptation and recovery following trauma on these different levels is an important aim[15][16].

Framework development

Framework development was informed by several activities, including:

- A comprehensive review of the literature to examine current understanding of the effects of trauma across the lifespan and to extract current evidence and best-practice guidelines on promoting recovery following trauma.

12. Sweeney, A., Clement, S., Filson, B & Kennedy, A. (2016) Trauma-informed mental health care in the UK: What it is and how can we further its development *Mental Health Review Journal* 21 (3)174-192

13. Luthar, S.S., Cicchetti, D. and Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for further work. Child Development, 71, 543-562.

14. Domhardt, M., Munzer, A., Fegert, J. M. and Goldbeck, L. (2015). Resilience in survivors of child sexual abuse. A systematic review of the literature. Trauma Violence and Abuse 16 (4) 476-493.

15. Yates, T. M. and Masten, A. S. (2004). Fostering the future: resilience theory and positive psychology. In Linley, P.A. and Joseph, S. (eds). Positive Psychology in Practice. Hoboken, Wiley, New Jersey.

16. Bryant, R. A. and Nickerson, A. (2014). Acute Intervention. In Facilitating resilience and recovery following trauma. Zoellner, L.A. and Feeny, N.C. (eds). Guildford Press, New York. pp.15-40.

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- Reviews of relevant existing competency frameworks[19].

- Stakeholder consultation and engagement.

- Interviews with people with lived experience of trauma. See **Appendix 1** for further details

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 describes the expected knowledge, skills and behaviours specific to a worker's role in relation to trauma-informed or traumaspecific practice. Rather than being hierarchical, the levels reflect the level of responsibility the worker has to respond to the impact of trauma.

This will vary greatly across organisations and sectors and also by job role. Each level defines the responsibility a worker carries, but this does not necessarily simply correspond to the worker's seniority within the organisation or professionally. The examples offered below are illustrative only – please consider the specifics of your role rather than the seniority of your role within your organisation.

Each level describes the expected knowledge, skills and behaviours specific to a worker's role in relation to trauma-informed or traumaspecific practice. Rather than being hierarchical, the levels reflect the level of responsibility the worker has to respond to the impact of trauma.

This will vary greatly across organisations and sectors and also by job role. Each level defines the responsibility a worker carries, but this does not necessarily simply correspond to the worker's seniority within the organisation or professionally.

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19. e.g. American Psychological Association. Guidelines on trauma competencies for education and training. Approved by the APA Council of representatives 2015.
     http://www.apa.org/ed/resources/

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The examples offered below are illustrative only – please consider the specifics of your role when selecting the most suitable practice level.
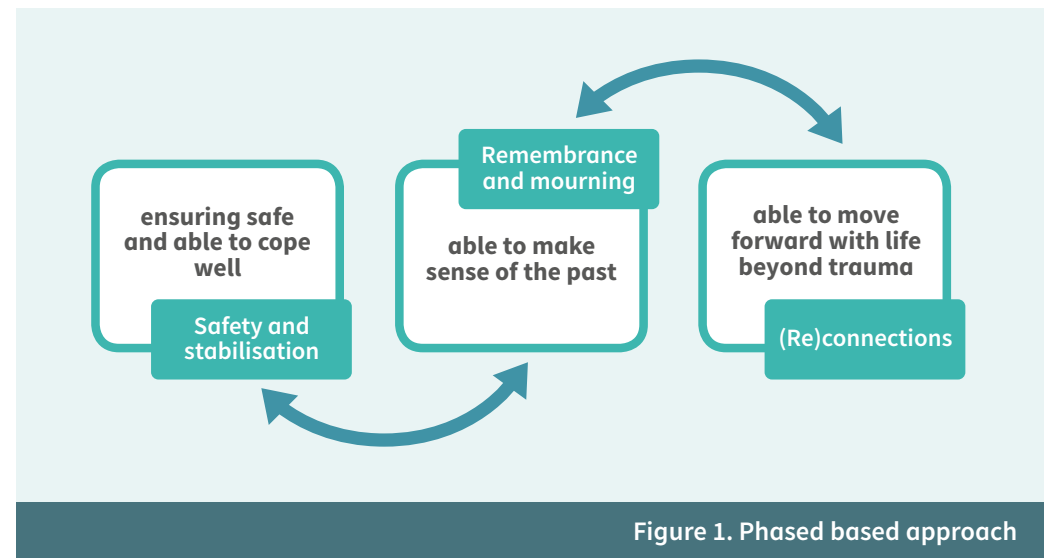
- The **Trauma Informed Practice level** describes the baseline knowledge and skills required by everyone in the Scottish workforce.

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

- The **Trauma Enhanced Practice level** details the knowledge and skills required by workers who have more regular and intense contact with individuals (children and adults) who are known to be affected by traumatic events, and who provide specific supports or interventions and/or who direct or manage services. This level is likely to be relevant to the range of services and organisations that deliver services to children and adults affected by trauma, and include third sector, mental health and substance misuse services, and prison and homelessness services.

- The **Trauma Specialist Practice level** details the knowledge and skills required by staff who, by virtue of their role and practice setting, play a specialist role in directly providing evidence-based psychological interventions or therapies to individuals affected by traumatic events and/or in offering consultation to inform the care and treatment of those affected by trauma and/or in managing trauma-specific services and/or in leading in the development of trauma-specific services and /or in co-ordinating multi-agency service-level responses to trauma.

The knowledge and skills outlined at each level of the framework are constructed in an incremental way meaning that, for example, staff operating at the Trauma Enhanced Practice level would also be expected to possess the knowledge and skills described at the Trauma-Informed and Skilled Practice level. The framework does not aim to specify which staff roles correspond to which practice level. The expectation instead is that workers and their employers will take responsibility for ensuring that they relevantly interpret and apply the content and aspirations of the framework.

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A phase based approach to trauma intervention and recovery

Our understanding of trauma, intervention and recovery is constantly evolving. Experts broadly agree that interventions for the effects of trauma should aim to promote physical safety and coping with the impact of trauma, enhance emotional stability, reduce emotional distress linked to the memory of past trauma and enable the person to make active life choices. These elements are captured in what is known as the phase-based model of trauma and recovery (Herman, 1992[20]). This model is shown in Figure 1. It is important to emphasise that not everyone will necessarily need every intervention element, that people can move in both directions through the phases and may spend differing amounts of time in different phases, depending on their current life circumstances and their recovery pathway.

ensuring safe and able to cope well

Safety and stabilisation

Remembrance and mourning

able to make sense of the past

able to move forward with life beyond trauma

(Re)connections

Figure 1. Phased based approach

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

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The structure of this knowledge and skills framework is informed by the phase-based model of intervention and recovery. The framework details the different knowledge and skills needed by workers to respond to those affected by trauma at different stages in their recovery. In the framework these stages are labelled to reflect the desired outcomes for those affected by trauma at each stage:

- **being safe and protected from harm:** trauma is safely recognised and understood and its immediate effects addressed at the earliest possible opportunity so that people can be protected from ongoing or future harm.

- **coping well:** people are enabled to develop effective coping strategies to help them manage their lives, both current and past, and to develop safe and nurturing relationships.

- **processing and making sense of trauma:** people are enabled to make sense of the traumatic events they have experienced and move through the distress they feel in connection with these events.

- **living the life you choose:** people are enabled to develop skills, move towards goals and participate in valued roles and experiences that may not have previously been possible, due to trauma.

The framework is outcome-focussed in order to enable workers and services to consider the impact and outcomes of the support, care and interventions they provide.
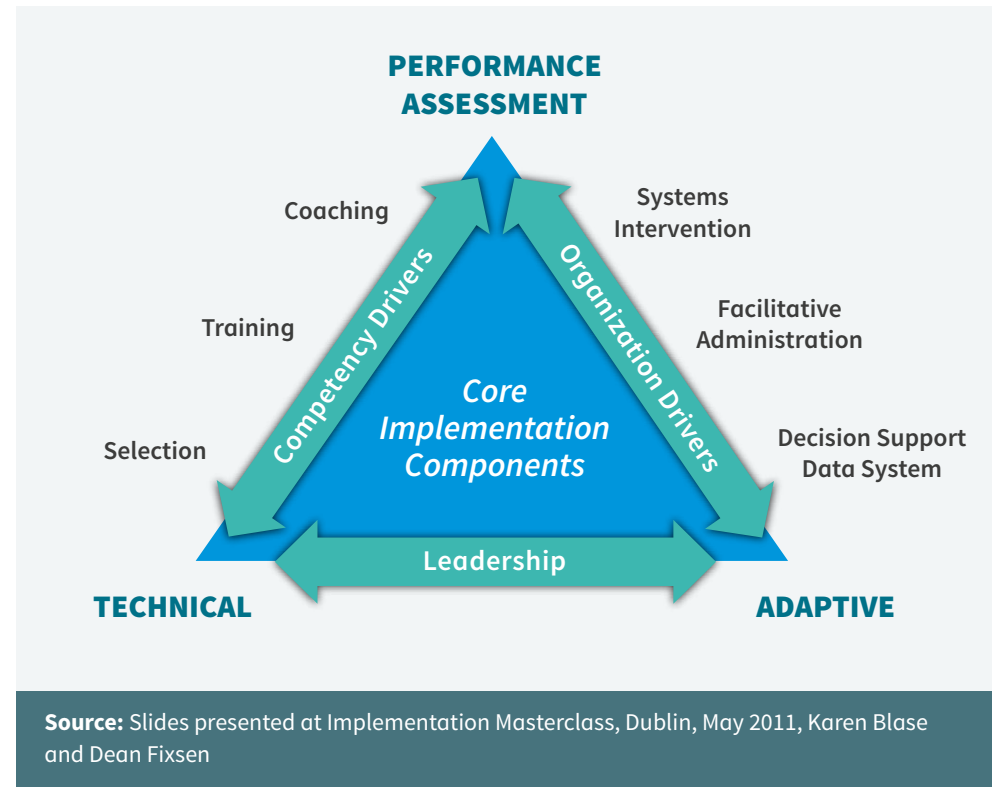
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Next Steps

This Knowledge and Skills Framework is the outcome of the first year of a 3 year project.

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

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

This Knowledge and Skills Framework will support the competency driver. However, the National Strategy for Trauma will also consider curriculum development recommendations across the tiers and the quality assurance aspects of training delivery overall. It is also planned to publish a summary of the evidence base with regard to developing trauma informed services to support organisations who are considering this. In addition, it is planned to specifically consider the needs of those in leadership roles in response to international evidence emerging about the importance of this.

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

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

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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 helpful to recognise that terms are complex and overlapping.
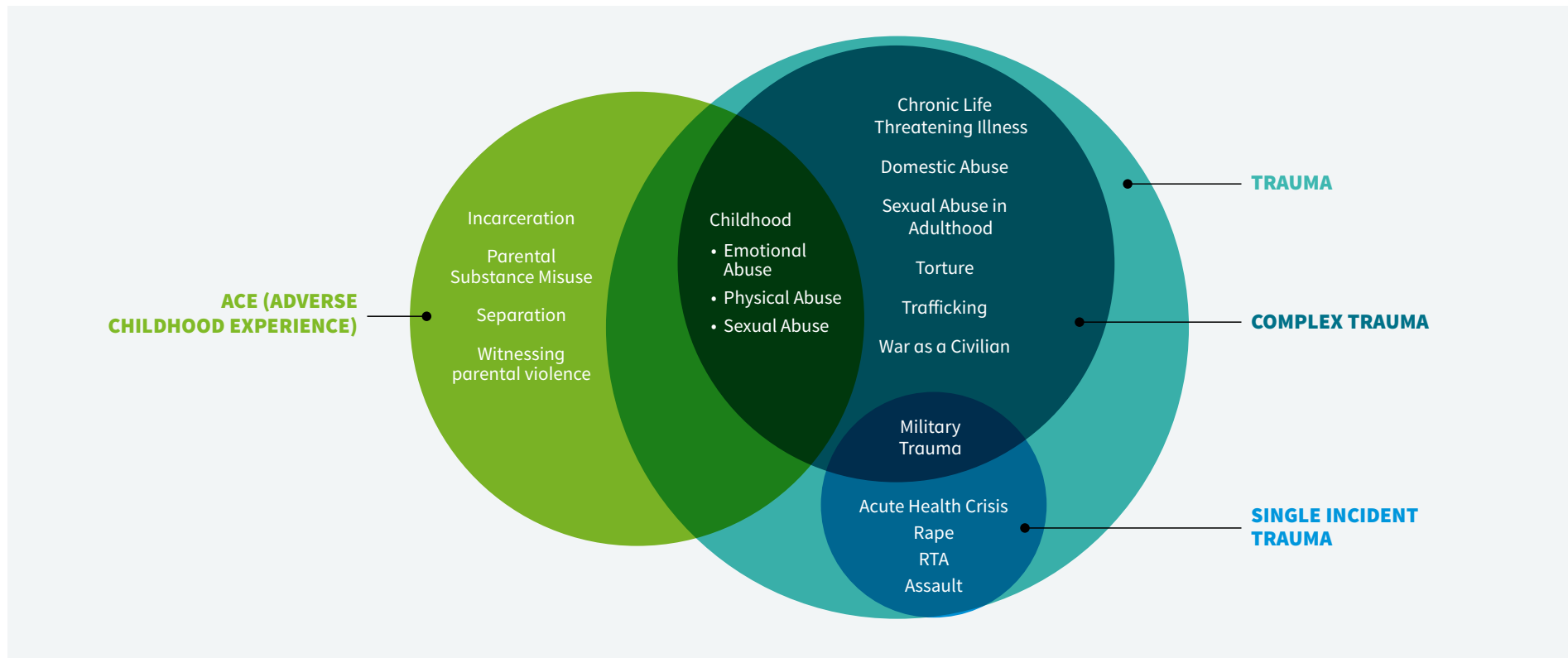
Incarceration

Parental Substance Misuse

Separation

Witnessing parental violence

ACE (ADVERSE CHILDHOOD EXPERIENCE)

Childhood
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

Chronic Life Threatening Illness

Domestic Abuse

Sexual Abuse in Adulthood

Torture

Trafficking

War as a Civilian

TRAUMA

COMPLEX TRAUMA

Military Trauma

Acute Health Crisis

Rape

RTA

Assault

SINGLE INCIDENT TRAUMA

Figure 2: Illustration of language use in this area

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

The overall title of the document uses the term 'psychological trauma' to clearly identify the focus of the document. For readabiltiy, the term trauma is used throughout. The use of this is to ensure that the framework is broadly applicable and includes those affected by generally chronic, interpersonal trauma (often called complex trauma), such as childhood sexual abuse, childhood neglect, domestic abuse, and some military/war 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.

The framework focuses on the commonalities underlying these experiences, rather than the specifics of each, although reference is made to specific impacts or considerations where this is considered particularly important.

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'. Although many prefer the use of the term 'survivor', we heard during our consultation process that this is not held comfortably by all people.

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

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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 divorce. They include experiences traditionally understood as traumatic, but extend to include these additional experiences of adversity.
Child abuse and neglect	WHO (2002)[21] 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.'

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

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Complex trauma	This term refers to traumatic events which are repeated, interpersonal and often (although not always) occur in childhood, with significant potential risk of developmental impact. 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**.
Domestic abuse	The Scottish Government (2000)[22] 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. Evidence shows this is most likely to be perpetrated by men against women. This can have adverse effects on both those directly abused and on any children in the household.
Gender based violence (GBV)	In 1993, the UN Declaration on the Elimination of Violence Against of Women, offered the following definition of GBV as 'any act which is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life'. This is understood as resulting from power inequalities that are based on gender roles. The term 'violence against women' is sometimes also used.

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

INTRODUCTION

| 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."** (SAMHSA, 2014, p. 7)[23]

However, due to the evidence of the differential impact of short-term, one-off and long-term, repeated traumatic events, Terr (1991)[24] 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**'. |
|---|---|

23.   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

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

INTRODUCTION

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

The framework is built on the basis of available scientific evidence, but it is important that it reflects the reality of the lives of people who had been affected by trauma. 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."*

INTRODUCTION

Professional boundaries

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

- *"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 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."*

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, and that represented groups across different settings and geography across Scotland. 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 arranged 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.

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

TRAUMA INFORMED
PRACTICE LEVEL

WHAT PEOPLE AFFECTED BY TRAUMA TOLD US

" The disclosure is a gift and not a gift we want but a gift of trust. So important it is seen as that. "

" Trust is the biggest issue. I decided at onset I would be honest and have stuck with that. If I am giving honesty, I want that back. I am lucky, I get that. I ask questions and I get honest answers. For someone who has my background, trust will be broken easily. You have never had it your entire life. "

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
The widespread occurrence and nature of trauma is realised.	All workers can: ● 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, that many people in our society are exposed to traumatic experiences and events, and that it is highly likely that they will regularly come into contact with people affected by trauma. ● 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.	All workers can: ● identify the kinds of experiences that are traumatic. ● identify the types situations that can bring back memories of the trauma and associated feelings.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
The widespread occurrence and nature of trauma is realised.	**All workers understand:** ● that later experiences, in which trust is breached, or that trigger feelings of coercion, lack of control, powerlessness, or domination, can bring back distressing memories of the trauma and associated feelings. ● that a person affected by trauma might understandably want to avoid people, places or situations that remind them and bring back distressing memories of the trauma and associated feelings. ● that some groups of people (including children and people with learning disabilities) are more at risk of trauma than others.	**All workers can:** ● identify the kinds of experiences that are traumatic. ● identify the types situations that can bring back memories of the trauma and associated feelings.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
The different ways in which trauma can affect people are recognised.	**All workers understand:** • 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 the consequences of trauma can affect people's ability to successfully access the care, support and treatment they require in a range of settings (for example physical health, mental health, education, justice, employment, housing). • 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 trauma and its impact, and that some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences. • that it is important to be able to recognise when someone is affected by trauma so that help can be given, if and where needed.	**All workers can:** • 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. • Make sense of a person's current difficulties by considering "What happened to you?", instead of "What's wrong with you?", in responding to a person affected by trauma.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
People affected by trauma are supported to recover and avoid unnecessary or unhelpful 're-traumatisation' and trauma related distress.	**All workers understand:** • 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 good social support is central to people's recovery following traumatic experiences. • 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). • that situations in which feelings of trust, choice, collaboration, empowerment and safety are compromised can lead to trauma related distress or re-traumatisation, and can lead people to drop out from or avoid care, support or treatment. • that aspects of care and treatment that involve physical examination or invasive physical procedures carry a higher risk of being experienced by people affected by trauma as distressing, leading to avoidance of and / or drop out from treatment, and poorer health outcomes.	**All workers can:** • appreciate that a person might feel distressed or even re-traumatised in certain situations if they remind him or her in some way of past trauma. • identify areas of own practice and processes that may be experienced by those affected by trauma as " through lack of control, choice, collaboration, empowerment trust and safety.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)

People affected by trauma are supported to recover and avoid unnecessary or unhelpful 're-traumatisation' and trauma related distress.	**All workers understand:**
	• that 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:
	  a) building **trust** and helping the person feel **safe**
	  b) working **collaboratively** in a way that **empowers** the person to make **choices** about their care, support and treatment and takes into account the person's **cultural background**
	  c) applying routinely the **principles** of **trauma-informed practice** to their work.
	• the importance of services, systems and organisations being trauma-informed to reduce the risk of trauma related distress and consequent avoidance.
		All workers can:
		• adapt own practice and procedures to reduce risk of trauma related distress by maximising a person's feelings of choice (for example over the gender of the professional providing care support or treatment) collaboration (for example asking at the outset what the person needs to happen through the procedure or meeting in order to minimize distress) trust (for example being clear about what will happen and when, and then ensuring this is what in fact happens) empowerment (for example enabling the person to have as much personal control over the procedure as is possible) and safety (for example ensuring the examination or meeting room is sufficiently private, without unnecessary staff present) as possible.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
People affected by trauma are supported to recover and avoid 're-traumatisation' and distress associated with trauma.	**All workers understand:** • that recounting of traumatic events in a setting/context that is for purposes other than care, support and treatment (for example as evidence in a legal setting) can be experienced by people affected by trauma as re-traumatising and distressing, and that this can be minimized through the use of trauma informed principles. • that it is important to recognise 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.	**All workers can:** • support and enable people affected by trauma to access services, supports and interventions to improve recovery, where needed.

TRAUMA INFORMED PRACTICE LEVEL

Outcome	What workers know (knowledge)	What workers can do (Capacity/skill/ability)
Workers are well supported when responding to trauma.	**All workers understand:** • that directly witnessing traumatic events in the workplace or hearing about trauma experienced by others can impact on their own health and well-being and can cause secondary traumatisation. • the importance of being supported to practice good self-care and have access to formal and informal support/supervision to help them manage the impact of trauma exposure in the workplace.	**All workers can:** • prioritise good self-care • make use of support/supervision in the workplace. **Managers can:** • recognise the possibility of staff sustaining a psychological injury related to exposure to traumatic incidents. • include awareness of the potantial impact of exposure to traumatic incidents in the organisation's Health and Safety protocols. • provide access for workers to formal and informal support/supervision in the workplace.

TRAUMA SKILLED
PRACTICE LEVEL

WHAT PEOPLE AFFECTED BY TRAUMA TOLD US

" Don't try to make it right, but hold people in their pain and remind them they won't be crushed by the pain. "

" [She was] genuine, calm, fair, truthful. Never reactive when I have been defiant and unreasonable. I can trust her judgement. She can tell the truth and even if I don't like it I will take it. "

" Trust is really important, it is hard for me to trust and once I do I have a bond I can open up and that would have been really hard before. "

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)
The impact of trauma on people is recognised and understood.	**All workers understand:** • 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. • That there are 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.	**All workers can:** • relate to people they come into contact with using trauma-informed principles regardless of whether a history of trauma is known or identified. **Managers can:** • translate an understanding of the prevalence of trauma into trauma-informed service systems and procedures and ensure effective support for staff.

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**All workers understand:** • 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	
The impact of trauma on people is recognised and understood.	**Child and family workers understand:** • that, without access to a good enough attachment figure, trauma can interfere with a child's ability to learn and develop relationships with peers. • that trauma in childhood includes neglect as well as physical, sexual and emotional abuse, as this means that the child's needs are not being met.	**Child and family workers can:** • be aware of and alert for some of the biggest risk factors in terms of Adverse Childhood Experiences (ACEs). • Recognise indicators of trauma and its impact, and use child protection procedures where required.

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**Child and family workers understand:** • that the indicators that a child is affected by trauma and/or abuse can include both physical and psychological symptoms and signs. • that trauma and its signs can be concealed for a range of reasons. • That abuse and/or neglect may be observable through parent/caregiver-child interactions.	**Child and family workers can:** • be aware of and alert for some of the biggest risk factors in terms of Adverse Childhood Experiences (ACEs). • Recognise indicators of trauma and its impact, and use child protection procedures where required.

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so that they can be protected from further harm.	**All workers understand:** • 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 importance of "watchful waiting" in the weeks after a traumatic experience so that support can be offered to people who continue to experience significant distress and / or mental health 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, financial, employment or housing difficulties and living with health problems, can compound difficulties experienced as a result of traumatic experience.	**All workers can:** • recognise when an individual requires psychological first aid and is able to facilitate its delivery either directly or through access to onward signposting / referral. • 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. • identify when and how an individual requires the use of language support such as an interpreter to communicate effectively.

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma and their dependents have their immediate needs for safety identified at the earliest possible opportunity so that they can be protected from further harm.	**All workers understand:** • 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. • that many people whose first language is not English will require language support, for example use of an interpreter in order to effectively disclose experiences of trauma and access necessary care support and interventions.	**All workers can:** • communicate effectively with non-English speaker using an interpreter.
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.	**All workers understand:** • their roles and responsibilities within existing guidance and established protocols and procedures for assessing and managing risk (such as adult support and protection, child protection, human trafficking, domestic and gender-based violence, and online abuse). • Understand that due to changes in health and life circumstances older people can be at increased risk of victimisation/ re-victimisation.	**All workers can:** • enquire about and recognise the needs of individuals within the wider family unit. • recognise risks and communicate them to the appropriate agencies and/or work in collaboration with the person to reduce risk in line with existing legislation, guidance and established local multi-agency protocols and procedures. • Recognise when an older person is in a harmful or abusive situation or may be at risk of harm

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
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.	**Child and family workers understand:** ● that children affected by trauma/abuse may present with physical and/or psychological symptoms and signs of abuse and maltreatment. ● that abuse and maltreatment may be observable through parent–child interactions.	**Child and family workers can:** ● recognise the physical, psychological and interpersonal signs of trauma and maltreatment in a child.
People affected by trauma are supported to safely disclose trauma where appropriate.	**All workers understand:** ● 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 trauma can be concealed for a range of reasons, including fear of the abuser or trauma related threats. ● the factors that may prevent the disclosure of experiences of trauma and the fact that spontaneous disclosures of trauma are very rare. ● that when a person makes a spontaneous disclosure of trauma or abuse, a 'non-expert' can respond helpfully using trauma-informed principles.	**All workers can:** ● willingly, sensitively and appropriately routinely enquire about experiences of trauma, where appropriate to role and remit and with appropriate training. ● use trauma-informed principles to respond to disclosures. ● recognise the 'indirect' indications of trauma and abuse, such as signs of neglect or physical harm, or changes in behaviour

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are supported to safely disclose trauma where appropriate.	**All workers understand:** ● that people affected by trauma may have different reasons for disclosing their experiences of trauma, 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.	

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are supported to safely disclose experiences of trauma where appropriate.	**All workers understand:** • 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.	**All workers can:** • 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. • Share and communicate information in line with national and local legislation and guidance with respect to adult and child support and protection.
People affected by trauma are signposted/referred to appropriate services to ensure needs are met following disclosure, where appropriate.	**All workers understand:** • that some people may wish/have a need for further referral following disclosure while others will neither wish nor require further referral. • that people affected by trauma may have 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.	**All workers can:** • 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.

TRAUMA SKILLED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are signposted/referred to appropriate services to ensure needs are met following disclosure, where appropriate.	**All workers understand:** • or is 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.	**All workers can:** • 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.
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.	**All workers understand:** • 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.	**All workers can:** • practise good psychological 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 be affect their responses to people accessing services, and seek advice and support to address this.

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
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.	**Managers recognise:** • 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. • 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. • 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.	**Managers can:** • 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. • encourage a culture of supervision and mutual professional support. • consider the possible impact of trauma exposure for their staff. • recognise the possibility of staff sustaining a psychological injury related to exposure to traumatic incidents.

TRAUMA SKILLED PRACTICE LEVEL | BEING ABLE TO COPE

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)
People affected by trauma experience a consistent and professional relationship that engenders trust	**All workers understand:** • the importance of establishing safe, collaborative working relationships with effective boundaries with individuals who have been affected by trauma.	**All workers can:** • develop working relationships based on the trauma-informed principles of trust, collaboration, choice, empowerment and safety. • establish and maintain appropriate professional boundaries, seeking advice within supervision where necessary. • reflect on the working relationship and take responsibility to adjust this as required.

TRAUMA SKILLED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
Natural recovery following trauma is encouraged and individual strengths and resources recognised and supported.	**All workers understand:** • 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 linking the individual with existing social supports and networks, where safe and supportive, is the preferred first response. • The importance of recognising the strengths and positive roles (for example as mother, neighbour or employee) held by the individual may be overlooked in the identification of the negative impact of trauma.	**All workers can:** • 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 | BEING ABLE TO COPE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
Natural recovery following trauma is encouraged and individual strengths and resources recognised and supported.	**Child and family workers understand:** • the importance of supporting healthy development by encouraging positive interactions between parents/caregivers and children. • that trauma can affect early development and key relationships with caregivers and others, which can affect how a child's attachment develops. • The implications of the Children and Young People (Scotland) Act 2014 and the importance of using the GIRFEC (Getting It Right For Every Child) SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included) child well-being framework and national practice framework to support recovery. • the importance of supporting the family/caregiving system to manage the impacts of trauma on individual family members/the family unit to buffer children against the impacts of trauma.	**Child and family workers can:** • work with the family to identify and build on protective factors and strengthen relationships. • Identify and build on protective factors and relationships in the child's life, using the GIRFEC SHANARRI child well-being framework and national practice framework to support this and recovery.

TRAUMA SKILLED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
The current distress and difficulties of people affected by trauma are recognised and understood.	**All workers understand:** • that people affected by trauma may experience distress linked directly to past trauma (such as intrusive memories) and/or current circumstances. • 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 . • The importance of giving the message to those affected by trauma: "It's what happened to you, not what's wrong with you".	**All workers can:** • 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. • Explain the fight / flight/ freeze/flop responses to trauma so that people affected by trauma are able to make sense of their reactions.

TRAUMA SKILLED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
The current distress and difficulties of people affected by trauma are recognised and understood.	**All workers understand:** • the effects of trauma on the mind and body and the fight/flight/freeze/flop 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. **Child and family workers understand:** • that children and young people may display distress in different ways depending on their age and developmental stage. • That children (especially young children) can experience and exhibit the effects of trauma in sensory and non-verbal ways. • experiences of trauma can interrupt the normative building blocks of child development, and that this can have effects throughout development and into adulthood.	**All workers can:** • respond sensitively, and with compassion and empathy. • identify collaboratively where current coping strategies are likely to be problematic in the longer term and discuss with the person possible alternatives to current coping and/or support and/or therapy services, where appropriate to role. • provide information on relevant local services that offer advice or support skills and training, where appropriate to role. **Child and family workers can:** • recognise where further assessment of the impact of trauma on a child's development is required, and make appropriate referrals as necessary.

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are enabled to access timely care, support and treatment, where appropriate.	**All workers understand:** • 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 or advocacy services provide a range of supports including safety planning, 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 single 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, numbing, low mood, poor sense of self and a difficulty in establishing/maintaining relationships.	**All workers can:** • 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 | BEING ABLE TO COPE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are enabled to access timely care, support and treatment, where appropriate.	**All workers understand:** • 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. **Child and family workers understand:** • The barriers to seeking help that families / caregivers can experience.	**All workers can:** • 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. **Child and family workers can:** • Identify the need for and facilitate access to support and services that address a family / caregiver's needs and help minimise stress caused by challenges. • Support hard to help families to access care support and interventions that they need.

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.

Outcome	What workers know (knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma experience a consistent and respectful working relationship to set the conditions for disclosure of trauma and abuse, where appropriate.	**All workers understand:** • the importance of a safe relationship with effective boundaries in setting the conditions for disclosure of trauma and abuse.	**All workers can:** • establish and maintain a consistent, respectful working relationship. • Can understand how to manage relationship boundaries effectively.
People experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose.	**All workers understand:** • that the individual's ability to connect with, and safely tolerate, memories of past trauma can help reduce distress associated with past trauma	**All workers can:** • 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

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose.	**All workers understand:** ● That when a person is experiencing high levels of distress linked to past trauma, the focus of a worker at tier 2 should be on acknowledging this and helping them to feel emotionally and physically safe in the present rather than 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..	**All workers can:** ● recognise 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.
Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.	**All workers understand:** ● 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	**All workers can:** ● 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 | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.	**Child and family workers understand:** • that distress associated with trauma is more likely to be successfully managed in a supportive relationship with a primary caregiver. • that there is evidence to suggest that a single supportive relationship can have a positive impact on resilience and development	**Child and family workers can:** • recognise the importance of supportive relationships for resilience and recovery. • support children in their context to develop and maintain supportive relationships.
Natural recovery following trauma exposure is optimised and the individual's strengths and resources recognised and supported.	**All workers understand:** • 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.	**All workers can:** • make space to hear a disclosure or trauma and respond to spontaneous disclosure in an trauma informed way that acknowledges the impact of trauma.

TRAUMA SKILLED PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
The needs of people affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation.	**All workers understand:** • That in general, a compassionate and trauma informed response to disclosure of trauma, whether prompted or spontaneous, will be experienced as helpful. • the potential for disclosures/ conversations about previous traumatic experiences being experienced as re-traumatising if the individual: a) feels under pressure to discuss previous trauma b) experiences overwhelming distress while discussing previous trauma c) experiences an unemphatic, disbelieving or dismissive response from the person with whom trauma experiences are shared	**All workers can:** • 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.
The needs of people affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation.	**All workers understand:** • that an individual who is overwhelmed may look very distressed or, alternatively, disconnected/unconcerned.	**Managers can:** • recognise and, where possible, address service systems and procedures that are likely to compound distress experienced by those affected by trauma.

TRAUMA SKILLED PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma are enabled to access timely care, support and treatment, where appropriate.	**All workers understand:** • 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.	**All workers can:** • 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.
	Child and family workers understand: • that the age(s) at which the trauma occurred and the current developmental age can impact on a child's ability to benefit from or engage with trauma processing therapy. • that family members and/or caregivers can play a significant role in supporting or being involved in therapy.	**Child and family workers can:** • recognise where the impact of trauma requires further assessment to consider whether trauma focussed therapy should be considered. • support the child and family/caregivers to access and utilise therapeutic support.

TRAUMA SKILLED PRACTICE LEVEL | LIVING THE LIFE YOU CHOOSE

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)
People affected by trauma are able to access timely care, support and treatment, where appropriate.	All workers understand: • 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 and vice versa.	All workers can: • 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 | LIVING THE LIFE YOU CHOOSE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma can engage in and maintain safe, sustaining and supportive relationships and social networks	**All workers understand:** • What revictimisation is and the potential for revictimisation to occur to persons who have experienced interpersonal trauma.	**All workers can:** • recognise where a person might be at ongoing risk of harm, and link with appropriate support services/ police
People affected by trauma can recognise and build on their own strengths, skills and resources to live a personally valued life.	**All workers understand:** • 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. **All child and family workers understand** • The importance of using established review procedures (GIRFEC and use of SHENARRI wellbeing indicators) to assist with planning, monitoring and ensuring holistic wellbeing opportunities	**All workers can:** • 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. **All child and family workers can** • use SHENARRI well-being indicators the resilience matrix and "my world" triangle to assimilate information.

TRAUMA SKILLED PRACTICE LEVEL | LIVING THE LIFE YOU CHOOSE

Outcome	What workers need to know (knowledge)	What workers can do (capability/skill/ability)
People affected by trauma can address missed developmental opportunities.	**All workers understand:** • that, where trauma happens at developmentally important points in a person's life, it can result in missed developmental, including educational and social opportunities.	**All workers can:** • communicate the message that learning can be lifelong and essential skills can be developed at different points in life.
People affected by trauma can identify and move towards goals and participate in roles that are culturally relevant and personally valued.	**All workers understand:** • How to access local resources (eg colleges, volunteer networks, churches, mosques, choirs , libraries etc) which might support the individual in working towards valued goals.	**All workers can:** • offer the person information on local resources. • demonstrate optimism about the potential for persons affected by trauma to recover and lead a personally-valued life.

TRAUMA ENHANCED
PRACTICE LEVEL

WHAT PEOPLE AFFECTED BY TRAUMA TOLD US

" [She] is a tremendous listener, she really hears me. She remembers, she knows, she offers guidance She can suggest things; going places, changing my routine, reading a book. [She says]'I am willing if you are' rather than talking about her expertise. "

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 people is recognised and understood.	**All workers understand:** • 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. • 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 mortality[5].	**All workers can:** • recognise and acknowledge the contribution trauma may have made to the development of a person's mental or physical health difficulties. • recognise where trauma has led to missed developmental opportunities. • build trust and engage the person within a working context by being consistent, trustworthy, collaborative and non-judgemental. • develop clear but flexible boundaries with the person.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**All workers understand:** • The ways in which childhood trauma and abuse can impact neurologically, socially, emotionally, cognitively and developmentally, 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.	**All workers can:** • Recognise where the experience of trauma is having an effect on a person's relationship with a worker or service, and adapt accordingly
The impact of trauma on people is recognised and understood.	**All workers understand:** • the importance of giving the message 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.	**All workers can:** • Help people recognise links between current difficulties or needs and past experiences of trauma. • Normalise and make sense of (where possible) current difficulties as adaptive and understandable responses to overwhelming threat and its impact.
	Child and family workers understand: • the ways that impact of trauma can occur and present across stages of child and adolescent development. • that repeated complex developmental trauma can affect neurodevelopment, functioning and development of the self.	**Child and family workers can:** • recognise indicators of trauma and assess trauma and its impact across child and adolescence. • use child protection procedures where required and inform multi-agency assessment.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**Child and family workers understand:** • 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 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 mitigate the potentially disruptive impact of trauma on attachment.	**Child and family workers can:** • consider the impact of the timing and frequency of the traumatic events on development, in the context of critical developmental stages and points. • identify an child's developmental needs, acknowledging gaps which may have occurred in developmental experiences and skill acquisition. • set realistic expectations that are based on developmental stage rather than chronological age. • help parents/caregivers to understand the impact of trauma on attachment, and develop strategies to manage this and help the child feel safe.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**All workers understand:** • the potential for people affected by trauma to experience distress when memories of the trauma are triggered by circumstances/relationships/situations that bear some similarity to previous trauma. • 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 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 providing safety and building trust, giving choice and control, and engaging collaboratively with the individual to reduce the likelihood of triggering trauma related distress.	**All workers can:** • recognise when a person is overwhelmed by trauma related symptoms or responses (distressed/hyper-aroused or dissociating) and collaboratively support the person to use a range of grounding and other individually tailored techniques to enable them to return to within their window of tolerance. • recognise triggers to **dissociation**/hyper-arousal and avoid, where possible exposing the person to situations which exceed the 'window of tolerance'. • advocate on behalf of a person to ensure that where possible systems and procedures do not trigger trauma related memories that lead to distress and/ or re-traumatisation. • acknowledge the link between past trauma and current coping strategies and collaboratively consider the ways in which strategies may no longer be helpful / have become actively unhelpful.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**All workers understand:** • 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.	**All workers can:** • acknowledge the link between past trauma and current coping strategies and collaboratively consider the ways in which strategies may no longer be helpful / have become actively unhelpful. • work collaboratively, as far as possible in responding to immediate needs for safety. **Managers can:** • 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 | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The impact of trauma on people is recognised and understood.	**All workers understand:** • the need for awareness of possible red flags for different types of current or ongoing trauma and abuse (such as for human trafficking and domestic violence). • the potential for minority and marginalised groups, and those with protected characteristics, to be disproportionately affected by trauma. • the potential for discrimination against minority and marginalised groups to result in and compound the effects of trauma.	**All workers can:** • recognise the red flags associated with different types of trauma and abuse and respond appropriately. • recognise where factors linked to membership of a particular minority or marginalised group are relevant to understanding risk of trauma and/or a person's trauma-related difficulties.
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.	**All workers understand:** • the importance of holding the safety needs of the person and their dependents in mind at all times. • the importance of recognising signs and symptoms which are indicative of ongoing trauma and abuse. • risk-screening/risk-assessment tools relevant to own area of practice and to role. • that achieving objective and emotional safety is part of the phased model of recovery from trauma and an essential stage in recovery.	**All workers can:** • recognise signs and symptoms which are indicative of ongoing trauma and abuse. • use relevant risk screening tools. • appropriately respond to manage risk.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
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.	**Child and family workers understand:** • that promoting stability in the home environment can mediate against the impact of trauma and promote the child being safe and protected from harm. • that children and young people rely on adults to provide stability.	**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. • promote positive attachment relationships using a preventative lifespan approach. • identify parents or caregivers / caregiving systems who need additional support to ensure home or care circumstances are safe, stable and the child is protected from harm.
	All workers understand: • that individuals with a history of previous trauma are at increased risk of experiencing further trauma, called re-victimisation.	**All workers can:** • recognise where a person may be at risk of risk of re-victimisation, and respond to support the person to minimise risk as far as possible.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
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.	**All workers understand:** • that the risk of experiencing further trauma / re-victimization can be linked to a combination of external risk factors (such as debt, poverty or gang involvement), internal risk factors (including poor sense of 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. • The importance of ensuring interventions for substance misuse and the consequences of trauma are, where possible, delivered simultaneously rather than consecutively, recognising the links between trauma substance misuse and mental health.	**All workers can:** • 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, and respond accordingly to mitigate any risks and, in collaboration with the individual develop safety.
People affected by trauma are supported to safely disclose trauma, where appropriate.	**All workers understand:** • that trauma can be disclosed spontaneously, in a planned way (e.g. through a witness statement), or in response to routine enquiry.	**All workers can:** • recognise and safely respond to a spontaneous disclosure of abuse and trauma.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are supported to safely disclose trauma, where appropriate.	**All workers understand:** • In many services, spontaneous disclosures of trauma are relatively unusual and routine enquiry has been found to support disclosure. • 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. • Their 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 a range of factors, including 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.	**All workers can:** • 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 where necessary. • 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 and/or referral. • recognise that where details of trauma experiences are required to be disclosed in a legal context 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 a person's needs while balancing respect for the right to autonomy, choice and control.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are supported to safely disclose trauma, where appropriate.	**Managers understand:** • 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.	**Managers can:** • ensure that staff are informed and trained in the use of service protocols for supporting and responding to disclosure.
	Child and family workers understand: • 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.	**Child and family workers can:** • utilise child protection protocols and procedures to manage child disclosures.

TRAUMA ENHANCED PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)

People affected by trauma are signposted/referred to appropriate services to ensure needs are met following disclosure, where appropriate.	**All workers understand:**
	
	• that people affected by trauma and their dependents can have a range of possible needs which can include a need for:
	
	  • 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 completing an individualised needs assessment to identify a persons' 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 person affected by trauma is signposted/referred to the relevant service to ensure that needs can be met and that multi-agency input is co-ordinated.
	
	• The importance of ensuring, where necessary, that interlinking trauma-related needs are met simultaneously rather than sequentially (for example interventions for substance misuse and trauma related mental health)
		All workers can:
		
		• in collaboration with the person affected by trauma, carry out an evaluation of their needs in terms of safety/risk, practical and emotional support, physical and mental healthcare and therapeutic resources.
		
		• enable the person to identify personally valued outcomes.
		
		• recognise when an individual has unmet needs linked to trauma and would benefit from onward referral or additional care, support or interventions.
		
		• enable the person to access care, support and/or therapeutic interventions, as appropriate.
		
		• act as a keyworker to the person to co-ordinate appropriate input and onward referral to ensure needs for care, support and intervention are met

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

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)
People affected by trauma experience a consistent, respectful and professional relationship to engender trust.	All workers understand: • that interpersonal difficulties are a normal and predictable reaction to the experience of having lived through trauma and adversity. • the range of ways in which interpersonal difficulties that arise as a result of trauma may affect the therapeutic relationship between a person affected by trauma and a worker. • 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.	All workers can: • skillfully and reflectively respond to different interpersonal styles and ways of being while remaining person-centred and trauma-informed. • be aware that their interpersonal style may be influenced by early adverse experience and be able to take that into account in dealing with relationship difficulties or ruptures . • 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 relationship in advance of finishing contact.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma experience a consistent, respectful and professional relationship to engender trust.	**All workers understand:** • the importance of collaboratively negotiating a clearly specified and time-framed plan for contact to create and foster predictability and trust. • the importance of preparing the individual for the point when contact will end, recognising the loss that this can represent.	
Natural recovery is optimised and the individual's strengths are recognised and supported.	**All workers understand:** • the importance of recognising and supporting the resilience, positive roles and strengths held by the person affected by trauma. • the importance of the person connecting with existing emotional supports and social networks following trauma, where these are available, safe and appropriate.	**All workers can:** • Recognise the positive roles and strengths held by a person affected by trauma, in the face of what can sometimes seem overwhelming difficulties • Frame current difficulties as understandable and adaptive coping responses to experiences of trauma and overwhelming threat and its consequences. • 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.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
Natural recovery is optimised and the individual's strengths are recognised and supported.		**All workers can:** • incorporate the individual's strengths and skills into support/treatment plans. • advocate for and support the individual to connect with existing emotional supports and social networks, where possible.
Current distress and difficulties are recognised and understood.	**All workers understand:** • the normal basis for trauma-related reactions (e.g. fight, flight, freeze). • the fundamentals of the neurobiological basis of trauma symptoms, including hypervigilance and re-experiencing. • The ideas and concepts behind the "window of tolerance". • that trauma memories are frequently triggered by situations which bear some resemblance to elements of previous trauma. • that as well as being seen and heard, trauma memories can be felt in the body. • The role of avoidance in maintaining trauma related difficulties.	**All workers can:** • provide 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 | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
Current distress and difficulties are recognised and understood.	**Child and family workers understand:** • that young children affected by trauma are particularly sensitive to non-verbal and sensory triggers.	
People affected by trauma receive the level of care/support and/or intervention that matches the level of need.	**All workers understand:** • the importance of assessing the individual's level of need so care/support/intervention can be matched to need. • that support should be provided to facilitate natural recovery that recognises and builds 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. • that selective and targeted therapeutic interventions should be provided for persons who appear to be showing signs of longer-term mental health difficulties. • the range of services available locally to meet the individual's needs.	**All workers can:** • 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 care, support and/or intervention to meet identified needs and/or make onward referrals, where appropriate.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma receive effective professional support and/or advocacy in line with needs.	**When directly providing support, all workers understand:** ● 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 recognising and working with strengths and positive adaptations.	**All workers can:** ● respond to the person's needs 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: 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.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma receive effective professional support and/ or advocacy in line with needs.	**When directly providing support, all workers understand:** • 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.	**All workers can:** • empower people affected by trauma through advice and advocacy where appropriate. • offer advice to enable and support the individual to use adaptive coping strategies to manage stress and distress. • enable/support the person to identify strengths and gaps in skills and roles. • offer support to help him or her access relevant services/courses to address the gaps and build on the strengths (e.g. confidence-building, literacy or parenting). • hold the needs of family members and dependents in mind, especially those who are vulnerable, when directly providing support. • provide information, where appropriate.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma receive effective professional support and/or advocacy in line with needs.	**Child and family workers understand:** ● 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).	**Child and family workers can:** ● 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.
People affected by trauma are supported to make a legal disclosure, where appropriate.	**All workers understand:** ● the range of factors that can interfere with a person's willingness and ability to be a witness for the purpose of prosecution of offences that may have been committed against them in the course of their traumatic experience(s). ● the importance of supporting and enabling a person who has been a victim of crime to legally disclose these experiences in a legal context, where appropriate and in the interests of the person.	**All workers can:** ● gauge whether the person wishes to consider making a legal disclosure. ● provide, where appropriate, information about the process of making a legal disclosure. ● support the person to access relevant information in order to make a decision about making a formal legal disclosure.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are supported to make a legal disclosure, where appropriate.		**All workers can:** • Provide or refer/ signpost to appropriate emotional and practical supports necessary to facilitate the process of legal disclosure and engagement in the prosecution process. • Be mindful of the risk of retraumatisation and exceeding the window of tolerance throughout the process of disclosure of traumatic events in the context of providing evidence. • 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.
People with mild–moderate mental health difficulties linked to trauma receive evidence-based psychological interventions in line with protocol to promote coping with trauma reactions and current stressors.	**All workers understand:** • 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.	**All workers can:** • discuss key areas of current difficulty with the individual and collaboratively 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.

TRAUMA ENHANCED PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People with mild–moderate mental health difficulties linked to trauma receive evidence-based psychological interventions in line with protocol to promote coping with trauma reactions and current stressors.	**All workers understand:** • 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.	**All workers can:** • teach and encourage practice of key skills to enhance emotion regulation (such as brief breathing exercises, relaxation, mindfulness and/or grounding exercises). • provide advice to address poor sleep and sleep hygiene. • 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 to address trauma related difficulties in line with protocol, where appropriately trained and supervised.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)

People 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.	**Child and family worker understand:**
	• The following ways to promote coping:
	  1. giving the child and parent/caregiver a sense of self-efficacy and perceived control;
	  2. helping children develop strong adaptive skills and the ability to self-regulate;
	  3. encouraging families/caregiving systems 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.
		Child and family workers can:
		• intervene with the parent/caregiver to support them to provide attuned care-giving that meets the child's needs and supports family functioning.
		• work with parent/caregiver in supporting the child to learn coping skills.
		• identify sensory triggers and developing sensory soothing coping strategies.

	All workers understand: • when moderate to severe mental health difficulties linked to trauma emerge, that these may require high-intensity psychological therapy provided by a Tier 4 psychological therapist, and the importance of timely referral.	**All workers can:** • 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 | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The professional needs of workers responding to the impact of trauma are recognised and addressed in the workplace.	**All workers understand:** ● the importance of engaging in regular clinical supervision to ensure that clinical practice is safe and effective. **Managers understand:** ● 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 practice as a psychological therapist in Scotland.	**The worker can:** ● regularly access and use clinical supervision. **Managers can:** ● select appropriate staff to work with those affected by trauma on the basis of the training and qualifications required to provide relevant interventions (for example psychological interventions) or to practice in the role.
People affected by trauma benefit from a sharing of trauma understanding and expertise across the workforce.	**All workers understand:** ● the importance of educating the workforce about trauma and its impact, and about factors that support recovery and enhance personal outcomes.	**The worker can:** ● 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 and the effects it has on people, both short and long term, understandable and relevant to a given audience, informed by the best available evidence.

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)
People affected by trauma experience a consistent and respectful working relationship to set the conditions for disclosure of trauma and abuse, where appropriate.	All workers understand: • the importance of attending to professional working relationships with people affected by trauma at all points in contact.	All workers can: • recognise where there are potential difficulties with boundaries in relationships with those affected by trauma, and use supervision to manage these.
Natural recovery following trauma exposure is optimised and the person's strengths and resources recognised and supported.	All workers understand: • that processing and making sense of past trauma is an ongoing process not restricted to a particular point in the individual's recovery journey.	All workers can: • encourage the person affected by trauma to use existing relationships to discuss traumatic experiences, where safe and appropriate.

TRAUMA ENHANCED PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People experiencing high distress linked to the memory of past trauma are enabled, where possible, to safely disclose and process trauma memories.	**All workers understand:** • the importance of communicating a willingness and capacity to actively hear a spontaneous or planned disclosure of trauma if the person wishes to disclose. • that the wish to disclose trauma and abuse can be understood as a need to process and make sense of trauma	**All workers can:** • 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.
The needs of people affected by trauma are prioritised over systems and procedures to reduce risk of re-traumatisation.	**All workers understand:** • 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 experience distress associated with trauma memories and retraumatisation in these contexts.	**All workers can:** • use professional knowledge and skills to advocate for the needs of individuals engaged with complex systems, in order to reduce negative impact of retraumatisation and ensure needs are met appropriately and timeously.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are enabled to access timely care, support and treatment, where appropriate.	**All workers understand:** • 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 single trauma and/or significant distress is present linked to cumulatively experienced trauma, referral for formal trauma-focused therapy should be considered in line with guidance.	**All workers can:** • 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 and possible impact 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.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are enabled to access timely care, support and treatment, where appropriate.	**Child and family workers understand:** • 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 stage as well as chronological age. • 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	**Child and family workers can:** • 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 1. the age that trauma occurred, 2. the impact of trauma on development and 3. 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.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
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.	**All workers understand:** • the importance of using regular professional support and supervision to cope with exposure to traumatic material encountered in the course of work. • the potential for working with individuals affected by trauma to impact emotionally on the worker, and the place of professional supervision that is distinct from line management in ensuring continuing effective practice.	**The worker can:** • make appropriate use of professional support and supervision. • 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.
	Managers understand: • the importance of effective and timely access to supervision that is distinct from line management.	**Managers can:** • 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 | LIVING THE LIFE YOU CHOOSE

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)
People affected by trauma can access timely care, support and treatment, where appropriate.	All workers understand: • the importance of reviewing the need for different types of care, support and treatment, particularly at times of transition or crisis. • the importance of collaboratively developing care plans that are recovery-focused. • the importance of care plans incorporating personally valued goals, roles and personal outcomes.	The worker can: • recognise when an individual might need additional, ongoing or reduced care, support and/or treatment. • develop a recovery-focused care plan which emphasises valued goals, roles and personal outcomes.

TRAUMA ENHANCED PRACTICE LEVEL | LIVING THE LIFE YOU CHOOSE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma can engage in and maintain safe, sustaining and supportive relationships and social networks	**All workers understand:** • the importance of safe relationships and culturally relevant social networks and connections to good mental health and well-being . • the importance of skills training, where needed, to enable the individual to build on and develop essential interpersonal skills. • that due to effects of trauma on attachment and interpersonal abilities, ending supportive relationships benefits from careful planning.	**The worker can:** • recognise the impact of social isolation in maintaining trauma related difficulties 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 person to replicate and generalise these benefits to other parts of their life.
People affected by trauma can recognise and build on own strengths, skills and resources to live a personally valued life.	**All workers understand:** • the importance of enabling the person to recognize that they can build on their own strengths, skills, roles and resources to allow them to live a personally valued life.	**The worker can:** • enable the individual to identify and build on their own strengths, skills and resources.

TRAUMA ENHANCED PRACTICE LEVEL | LIVING THE LIFE YOU CHOOSE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma can address missed developmental opportunities.	**All workers understand:** • that where trauma happens at developmentally important times, it can result in missed developmental opportunities, including those that are educational and social.	**All workers can:** • recognise where, due to the impact of 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.
People affected by trauma can identify and move towards goals and participate in roles that are culturally relevant and personally valued.	**All workers understand:** • the importance of enabling the individual affected by trauma to identify and move towards culturally relevant, achievable and personally valued goals.	**All workers can:** • 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.

TRAUMA ENHANCED PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The needs of workers exposed directly to traumatic events or the details of trauma experienced by others is recognised and addressed in the workplace.	**All workers understand:** ● 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.	**All workers can:** ● 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

WHAT PEOPLE AFFECTED BY TRAUMA TOLD US

" **We are working through memories. Saw him for a long time, he has taken his time, looked at what I need, feel very at ease, really understanding.** "

" **We don't heal because we see a psychologist, I heal because I have been given the skills to release the pain.** "

TRAUMA SPECIALIST PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

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 that the individual can be protected from ongoing or future harm.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People 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.	**All workers understand:** • The range of static and dynamic factors which can contribute to risk to self, to others, and from others in people affected by trauma (e.g. history of violence towards others + exaggerated trauma-related reactivity + gang involvement). • The importance of identifying the specific role which trauma exposure plays in contributing to risk to self and /or others (eg low self-esteem and sexual risk-taking, dissociation in the context of parenting, early sexualisation and sexual offending). • The duty to intervene to manage risks that are identified in persons affected by trauma whilst ensuring that this is balanced with the need for empowerment, choice and collaboration.	**All workers can:** • carry out a comprehensive risk assessment which takes into account the current impact of prior trauma exposure. • produce an individualised formulation-based evaluation of current risks to self, others and/or from others. • where appropriate, directly intervene psychologically to manage risk to the person and/or others • use risk assessment to inform an intervention and/or a multi-agency risk management plan.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People 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.	**All workers understand:** • The importance of providing trauma-informed/trauma-specific advice and consultation within multi-agency settings. • The importance of ensuring that records containing personal information are created, stored and shared in a way which does no further harm to the person	**All workers can:** • demonstrate skills in gauging where consultation would usefully inform a given response, system or process and in providing effective consultation. • contribute to the development and maintenance of trauma-informed record keeping systems and processes.
People 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	**Child and family workers understand:** • That the impact of trauma can be seen across different stages and domains of a child's/young persons' development. • That secure attachment and family stability can mitigate against the impact of trauma. • That a child requires stability in key areas of their life to feel safe and protected from harm (e.g. school, home, leisure interests). • That children rely on adults to provide stability for them. • The importance of family support and advocacy in promoting family stability.	**Child and family workers can:** • Comprehensively assess and formulate the impact of trauma in children and young people across stages and domains of development. • Select and interpret appropriate assessment means and measures and use the results of assessment to develop an individualised formulation of risk and needs. • Share psychological formulation to inform multi-agency assessment and care-planning. • Use child protection procedures, where required

TRAUMA SPECIALIST PRACTICE LEVEL | BEING SAFE AND PROTECTED FROM HARM

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People 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		**Child and family workers can:** ● Make a case for advocacy and family support as a means of promoting family stability and reducing risk to the child. ● Deliver interventions at a systems level.
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.	**All workers understand:** ● The potential for vicarious traumatisation in those working with those affected by trauma . ● The importance of enabling others to work effectively and safely in the context of trauma ● The disorganising effect of trauma and its implications for the functioning of teams, systems and organisations working with people affected by trauma. ● The importance of developing trauma-informed systems, structures and policies to mitigate against these effects.	**All workers can:** ● contribute to safe and effective services and systems by providing trauma-informed/trauma-specific supervision which is underpinned by a robust understanding of trauma-informed practice and supervision models. ● predict and contribute to managing the disorganising impact of trauma on teams, systems and organisations. ● contribute to/lead in the development of multi-agency systems, structures and policies which mitigate against the potential for disorganisation and vicarious traumatisation.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

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)
People affected by trauma experience a consistent, respectful and professional relationship to engender trust	**All workers understand:** • The range of psychological theories and models which are relevant to understanding relational/relationship difficulties following trauma. • The ways in which traumatic experiences involving boundary violations by trusted others can result in disrupted attachments and impact subsequently on the person's ability to relate to and trust others, including therapists. • The importance of the therapeutic relationship as a vehicle to promote psychological recovery following trauma. • That the ending of a therapeutic relationship is likely to have particular significance for persons affected by trauma, particularly if trauma has been attachment-interpersonally based.	**All workers can:** • use psychological theory and models to inform development of the therapeutic alliance. • work therapeutically to enable the person to develop trust in the therapeutic/professional relationship. • attend to and effectively resolve relationship ruptures and breaches. • through supervision, consultation and/ or training, enable other professionals to develop safe and effective professional relationships with persons affected by trauma. • Effectively and sensitively plan for, and manage therapeutic endings.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
Current distress and difficulties are recognised and understood	**All workers understand:** • the range of factors that can contribute to increased case complexity and the implications of this complexity for care, support and intervention planning and for the person's involvement with other workers, complex systems and organisations. • that a range of factors mediate a person's response to trauma, including 1) the age/developmental stage at which abuse/trauma occurred 2) the frequency, duration, nature and predictability of the trauma (s) experienced 3) the level of invasiveness of the trauma 4) the degree of associated violence and physical harm caused 5) the nature of the relationship with the abuser (e.g caregiver/trusted adult versus stranger) 6) the cultural and systemic context in which the trauma occurred 7) the meanings attached to the trauma experienced 8) the degree to which the responses of adults and organisations to the knowledge of traumatic events are validating versus disbelieving. • the ways in which trauma can impact on brain development and neurobiological functioning and the implications of this for trauma reactions, relationships and recovery. • the potential for early relational trauma to disrupt attachment and the implications of this for subsequent social, emotional and cognitive development.	**All workers can:** • Comprehensively and appropriately assess current psychological distress and functional difficulties in light of trauma history, taking into account the person's current context and the purpose of assessment. • Select and make appropriate use of formal psychometric measures to optimise understanding. • Identify the person's current coping, resources and protective factors. • Develop a trans-diagnostic psychological formulation to explain current distress and functional difficulties which draws on trauma and psychological theory and takes into account trauma-specific, life-span, neurobiological, developmental, gender-specific and cultural factors as well as the contribution of current physical health difficulties. • Use this formulation to inform psychological intervention/therapy and or a multi-agency care plan, as appropriate.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
Current distress and difficulties are recognised and understood	**All workers understand:** • the potential for trauma to impact on a person's inter-personal, emotional and cognitive functioning and to have implications for relationship stability, social functioning, educational attainment, parenting and employment. • the potential for trauma to compromise skills development and compromise life choices and opportunities. • the potential for trauma to precipitate clinically significant mental health difficulties and to be associated with a range of mental health diagnoses including, but not limited to: 1) Post Traumatic Stress Disorder (PTSD) 2) Complex PTSD 3) Depression 4) Anxiety 5) Eating disorders 6) Emotionally unstable personality 7) Psychosis and 8) Medically unexplained symptoms. • the potential for trauma to be associated with increased risk of a range of physical health diagnoses including, but not limited to: cardiovascular disease, stroke, diabetes and headaches. • The potential for complex interactions between poor mental and physical health following trauma.	

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
Current distress and difficulties are recognised and understood	**Child and family workers understand:** ● The implications of trauma and disrupted attachment for a child's emotional health.	**Child and family workers can:** ● Develop and share individualised trauma and attachment-informed psychological formulations with parents or caregivers to help them understand and connect with their child's needs.
Current distress and difficulties are recognised and understood	● Child and family workers understand: ● That attachment trauma creates a "biological paradox" during which the child is caught between conflicting drives for attachment and survival. ● That the impact of childhood trauma on prefrontal cortical development and functioning can have implications for a child's learning and ability to self- regulate. ● That the trauma of **child abuse** effectively reorients the child's brain from safety and learning, to survival.	**Child and family workers can:** ● Use a neurodevelopmental approach to inform understanding of a child's needs following **complex trauma**. ● Assess a child's neurodevelopmental strengths and weaknesses. ● Develop a psychological formulation which characterises a child's needs across developmental domains and considers interactions between difficulties, rather than discrete diagnoses. ● Use a neurodevelopmentally informed psychological formulation to inform intervention planning.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are provided with the level of care/support and/or intervention that matches level of need	**All workers understand:** • The utility and limitations of the phase-based trauma care and intervention model to support clinical decision-making and therapeutic intervention planning. • The importance of carefully negotiating the aims of psychological therapy, taking into account trauma and recovery models, the person's current context, hopes and expectations of therapy. • The importance of using the available evidence base to inform the specific care, support and therapeutic interventions provided to persons affected by trauma, • The importance of therapeutic interventions being provided with fidelity, to optimise outcomes. • The importance of appropriately timing psychological intervention. • The need, within trauma-informed systems of care, for multi-agency collaboration and co-ordination. • The importance of enabling other workers to develop trauma-informed and trauma-specific knowledge and skills by providing consultation and training, as appropriate.	**All workers can:** • Where appropriate, use the phase-based model of trauma care to inform therapeutic interventions and care planning. • Determine, in collaboration with the person, the appropriate intervention phase and focus most likely to meet the person's need at a given time. • Identify SMART and recovery-focussed goals, recognising that needs can change over time and that intervention needs to be responsive to this. • Critically evaluate the evidence base and a) directly provide evidence-based therapy and/or b) supervise suitably trained and qualified others to provide evidence-based therapy and/or c) provide evidence–based training and consultation to organisations which provide care, support and psychological interventions to persons affected by trauma. • Work collaboratively across multi-agency systems to ensure that all interventions are appropriately timed and co-ordinated across relevant agencies.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are provided with the level of care/support and/or intervention that matches level of need		**All workers can:** • Where appropriate, offer psychological consultation to inform the person's involvement with complex systems and organisations (e.g. legal and educational systems). • Where appropriate, engage with and influence relevant systems, policies, procedures and legislation to promote trauma-informed and trauma-specific interventions and positive outcomes for those affected by trauma.
People affected by trauma are provided with a level of care/support and/or intervention that matches level of need	**All workers understand:** • The utility of psychoeducation as a therapeutic means of enabling persons affected by trauma to understand and normalise the links between current difficulties and past experiences of trauma and to present a rationale for trauma-focussed therapy. • The utility of mapping neurobiological onto psychological levels of explanation, as appropriate, to enhance the person's understanding of how they feel and why. • That early attachment trauma can result in a difficulty developing skills to regulate emotional distress/self soothe	**All workers can:** • Provide comprehensive tailored psychoeducation as part of trauma-focussed therapy. • Reframe 'symptoms' in a way which marks their original function as a means or attempt to cope with overwhelming threat and/or harm. • Enable other professionals, through supervision, consultation or training to provide psychoeducational advice or interventions to person affected by trauma

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are provided with a level of care/support and/or intervention that matches level of need	**All workers understand:** • That coping strategies (self-harm, substance misuse) and certain trauma reactions (eg dissociation, numbing) are a person's attempt to stay within their "window of tolerance in the absence of alternative available self-soothing skills. • That trauma-related distress can be inadvertently triggered in every-day life due to contact with internal or external stimuli which reminds the person of past trauma. • That emotion coping/affect regulation skills development is an important part of trauma-focussed therapy. • The role of shame and other emotions (e.g. disgust) in the development and maintenance of psychological difficulties following trauma. • That, if unaddressed, dissociation, substance misuse and self-harm can be a barrier to the person's developing adaptive coping skills. • The importance, where a person has co-occurring difficulties mental health and substance misuse difficulties, of providing simultaneous and co-ordinated multi-agency intervention.	**All workers can:** • Evaluate the need for, and appropriate focus of therapy. • Provide, where appropriate, evidence-based therapeutic interventions aimed at promoting coping with symptoms and reactions linked to previous trauma including, but not limited to, low mood, nightmares, intrusive memories, flashbacks, hypervigilance, avoidance, dissociation, poor sleep, negative beliefs, shame, poor self-care, interpersonal difficulties and substance misuse either directly, through supervision of others or, where necessary, through referral to appropriate other services.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are provided with a level of care/support and/or intervention that matches level of need	**All workers understand:** • The importance, where the evidence-base for therapeutic interventions is still emerging within a particular area/population (e.g. survivors of trafficking for sexual exploitation), of drawing on relevant psychological theory and research to inform the extrapolation and/or adaptation of existing evidence-based approaches for similar populations (eg survivors of other forms of sexual trauma), and of paying particular attention to monitoring and systematically evaluating therapeutic outcomes in these contexts. • The importance of identifying where further research is needed to inform service development, good practice and the evidence base for psychosocial interventions for persons affected by trauma.	**The worker can** • Recognise, when working with particular populations, where extrapolation and/or adaptation of existing evidence based approaches is warranted. • Systematically evaluate outcomes in these contexts. • Develop hypothesis-driven research proposals and conduct trauma-relevant research, as appropriate.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are provided with a level of care/support and/or intervention that matches level of need	**Child and family workers understand:** • The importance of providing attachment informed therapeutic interventions for children affected by trauma. • That children may require the support of an adult to help them to learn to use coping skills. • The importance, where there are inter-personal difficulties following trauma, of attending to the child's key relationships. **Child and family workers understand:** • That it can be difficult to ascertain the specific impact of trauma on some children, particularly children with complex presentations. • That it can be difficult to identify trauma-related distress triggers in some children, particularly in cases where trauma occurred at a pre-verbal developmental stage or where children have language or communication difficulties. • That trauma-related distress triggers are often sensorily-based.	**Child and family workers can:** • Deliver attachment-informed therapeutic interventions to support parents or caregivers in developing secure attachments, where appropriate. • Teach parents or caregivers to model and support their child to practice coping skills. • Intervene to enable and support children to develop and enhance key relationships. **Child and family workers can:** • Undertake a sensory assessment to identify preferred sensory stimuli to support the development of sense-based coping strategies.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The need and readiness for evidence based trauma-focussed therapy is recognised	**All workers understand:** • The importance of being able to identify if an individual has unresolved trauma and would be likely to benefit from trauma processing therapy. • The importance of offering trauma processing therapy, where required, at the earliest possible opportunity to maximise positive outcomes. • That an assessment of readiness to undertake trauma processing therapy should take into account: a) the current impact of trauma symptoms b) the individual's willingness to undertake trauma processing c) factors which may compromise engagement, for example, current and ongoing external threat or risk, situational crisis, acute suicidality, self-harm, high levels of **dissociation**, the person's window of tolerance and external demands such as childcare and employment. • That ambivalence about engaging in trauma processing is to be expected and should be addressed therapeutically, where appropriate.	**All workers can:** • Recognise where an individual is affected by unresolved / unprocessed trauma. • Identify if and/or when a person affected by trauma is likely to benefit from psychological intervention aimed at processing past trauma. • Explain the rationale for trauma-processing therapy. • Provide information to the person about the potential benefits and costs associated with engaging in trauma-memory. • Assess whether the person has the necessary emotional coping/affect regulation skills/ capacity to remain within their window of tolerance. • Intervene therapeutically to enable the person to develop relevant emotional coping/affect regulation skills, where needed.

TRAUMA SPECIALIST PRACTICE LEVEL | BEING ABLE TO COPE

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
The need and readiness for evidence based trauma-focussed therapy is recognised	**All workers understand:** • That trauma processing therapy should proceed if a) after the benefits and challenges associated with trauma processing therapy have been explained the person wishes to proceed and b) the person has/is capable of developing affect regulation skills which will enable them to safely tolerate the emotional challenges associated with trauma processing.	**All workers can:** • Engage with and therapeutically manage ambivalence around embarking on this stage of therapy.
The need and readiness for evidence based trauma-focused therapy is recognised	**Child and family workers understand:** • That, in addition to re-experiencing, the impact of trauma in children/young people can be seen across a range of developmental domains including, but not limited to attachment, cognition, self-concept, biological development, affect-regulation and behavioural control. • That the age(s) at which traumatic events occurred can have significant implications for a child's capacity to undergo trauma reprocessing. • That ego-centricity and the child not yet having developed the ability to perspective take/ know that the trauma was not their fault can mean that processing trauma can trigger feelings and cognitions associated with shame	**Child and family workers can:** • Comprehensively assess the impact of trauma on all aspects of development. • On the basis of this information, judge the appropriateness and readiness of the child/young person to undergo trauma reprocessing at that current time and in the context of their current lives.

TRAUMA SPECIALIST PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

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.

People experiencing high distress linked to the memory of past trauma are enabled to safely and effectively process trauma memories.	**All workers understand:**	**All workers can:**
	• The importance of helping the person prepare for trauma–processing in practical as well as emotional terms (e.g. arranging time off work, extra support with childcare).	• Discuss the practicalities and scheduling of trauma processing therapy, including any interpreting needs, in advance of starting therapy.
	• The importance of attending to the length and proper scheduling of trauma processing sessions.	• Hold in mind the needs of family members (especially dependents such as children) whilst the individual is engaged in trauma processing work.
	• The professional duty of the therapist using an interpreter to facilitate trauma processing, to assess the suitability of the interpreter for the work and to attend to the emotional well-being of the interpreter in the context of the work.	• Ascertain the interpreter's suitability to the particular trauma processing work, brief and ensure that the work is not contributing to undue distress on the part of the interpreter.
	• The utility of psychological assessment combined with a range of relevant psychometric and subjective measures of distress to evaluate and monitor change linked to trauma processing.	• Evaluate the effectiveness and tolerability of trauma processing therapy using psychological assessment and relevant psychometric and subjective measures of distress.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People experiencing high distress linked to the memory of past trauma are enabled to safely and effectively process trauma memories.	**All workers understand:** • The importance of providing evidence-based trauma processing therapy for persons affected by trauma to optimise therapeutic outcomes. • The professional and ethical requirement to ensure that therapists offering trauma processing therapy have undertaken recognised training in an evidence-based trauma processing therapy. • The importance of conducting trauma processing therapy with fidelity to the intervention model. • The theory underpinning, and mechanisms associated with trauma processing. • That trauma processing therapy requires that the person actively stays in touch with emotions and connected to the memory and meaning of past trauma over a sustained period of time, without exceeding their window of tolerance. • The importance of being able to evaluate when trauma processing is progressing and when maximal therapeutic benefit has been reached.	**All workers can:** • Select from the range of currently available evidence-based trauma-focused therapies the approach which is most like to be effective in the individual case. • Provide evidence-based trauma processing therapy with fidelity to the model whilst using psychological formulation to tailor intervention to the individual. • Enable the client to stay in touch with traumatic material during trauma processing sessions whilst monitoring and adjusting therapy to take account of the client's reactions and any emerging risks. • Recognise where the person has exceeded their window of tolerance and intervene therapeutically, where appropriate. • Enable the person to understand and continue to safely process traumatic memories as far as possible between therapy sessions.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People experiencing high distress linked to the memory of past trauma are enabled to safely and effectively process trauma memories.	**All workers understand:** ● The importance of being able to evaluate when trauma processing is not being tolerated by the person / is not resulting in therapeutic change. ● The importance of being able to sensitively and appropriately end trauma processing sessions and therapy.	**All workers can:** ● Judge whether trauma processing is proving beneficial to the person and when maximal therapeutic benefit has been reached ● Recognise if trauma processing is not being tolerated by the person / is not resulting in therapeutic change ● Judge when to adjust therapeutic modality (eg EMDR to trauma-focussed CBT) or end processing work. ● Sensitively and appropriately end trauma processing sessions and therapy, recognising that ending processing therapy may evoke strong feelings in the person and/or the therapist.

TRAUMA SPECIALIST PRACTICE LEVEL | PROCESSING AND MAKING SENSE OF TRAUMA

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People experiencing high distress linked to the memory of past trauma are enabled to safely and effectively process trauma memories.	**Child and family workers understand:** • The importance of using the current and emerging evidence regarding trauma interventions for children and young people to inform trauma processing interventions. • That trauma processing with children/young people can be delivered in a number of different formats including: directly on a 1:1 basis with the child and therapist, indirectly via the therapist supporting a parent or primary care-giver or in a therapist/primary care-giver dyad.	**Child and family workers can:** • Select the appropriate format for interventions aimed at processing and making sense of trauma with children/young people. • Deliver therapy directly or indirectly through parents or caregivers.
The needs of workers exposed directly to the details of trauma experienced by others is recognised and addressed in the workplace.	**All workers understand:** • The importance of the therapist being aware of a) their own ability to tolerate being exposed to the trauma narratives and intense emotion of those affected by trauma b) where their 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) their own self-care needs. • The importance of regular supervised practice to support the effective and safe delivery of trauma processing therapy and to maintain fidelity to the evidence base approach.	**All workers can:** • Attend to own self care needs in the context of conducting trauma processing therapy. • Recognise where personal factors are impacting on capacity to undertake trauma processing work and address these in line with professional guidelines. • Make good use of reflective practice and clinical supervision to support effective provision of trauma processing therapy.

TRAUMA SPECIALIST PRACTICE LEVEL | LIVING THE LIFE YOU CHOOSE

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.

Outcome	What workers know (Knowledge)	What workers are able to do (capability/skill/ability)
People affected by trauma are able to identify and move towards goals and participate in roles and relationships that are culturally relevant, personally meaningful and valued.	All workers understand: • That early trauma can result in missed developmental opportunities and compromise skills development. • That trauma-related avoidance can affect relationships, roles, goals, activities and life choices. • That addressing avoidance is key to promoting engagement with meaningful goals and roles. • That learning to regulate emotions within interpersonal contexts is central to the person being able to develop safe and mutually supportive relationships. • That addressing the underlying beliefs about the self, the world and others can be important in reducing the risk of re-victimsation in persons who have experienced interpersonal trauma.	All workers can: • Work therapeutically to reduce the risk of re-victimisation linked to negative beliefs about self, world and others. • Through therapeutic conversations, enable the person to identify meaningful goals and roles. • Intervene therapeutically to enable the person to "reclaim their life" through identifying and addressing trauma-related avoidance. • Provide therapeutic interventions aimed at enhancing interpersonal and affect regulation skills, including parenting skills • Enable the person to make relevant links, develop relevant skills and engage with relevant community supports and organisations with a view to realising valued goals and participating in valued roles.

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Amaya-Jackson, L. and Derosa, R. R. (2007). Treatment considerations for clinicians in applying evidence-based practice to complex presentations in child trauma. Journal of Traumatic Stress 20 (4) 379-390.

American Psychological Association. Guidelines on trauma competences for education and training, Approved by the APA Council of Representatives 2015. **http://www.apa.org/ed/resources** (accessed 18.05.17).

Blaustein, M. E. and Kinniburgh, K. M. (2010) Treating traumatic stress in children and adolescents. Guildford Press.

Bowlby, J. (1998). Loss: Sadness and depression (Vol. 3). London: Random House.

Briere, J. N and Lanktree, C.B. (2011) Treating Complex Trauma in Adolescents and Young Adults. Sage Publications Inc.

British Psychological Society (May 2016). Guidance Document on the Management of Disclosure of Non Recent (Historic) Child Sexual Abuse. **https://beta.bps.org.uk/news-and-policy/guidance-management-disclosures-non-recent-historic-child-sexual -abuse-2016**

Brown, S.M., Baker, C. N., Wilcox, P. (2012). Risking connection trauma training: a pathway toward trauma-informed care in child congregate care settings. Psychological Trauma: Theory, Research, Practice and Policy 4 (5) Sep, 507-515.

Bryant, R. A. and Nickerson, A. (2014). Acute Intervention. In Facilitating resilience and recovery following trauma. Zoellner, L.A. and Feeny, N.C. (eds). Guildford Press, New York. pp.15-40.

Butler, L.D., & Wolf, M.R. (2009). Trauma-informed care: Trauma as an organising principle in the provision of mental health and social services. Trauma Psychology Newsletter, 4, 7-11.

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. Directions in Psychiatry, 31, Ñ97-210.

Clarke, D. & Layard, R. (2014). Thrive: the power of evidence based therapies. Centers for Disease Control and Prevention. Atlanta: CDC; 2006. Adverse Childhood Experiences Study.

Coker, A.L., Smith, P. H., Whitaker, D. et al (2012). Effect of an in-clinic IPV advocate intervention to increase help seeking, reduce violence, and improve well-being. Violence Against Women. 18(1) 118-131.

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Constantino, R., Kim, Y. Crane, P. A. Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: a pilot study. Issues in Mental Health Nursing 26 (6) 575-590.

Cook, A. et al. (2005) Complex Trauma in Children & Adolescents Psychiatric Annals 35:5.

Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy: Theory, Research, Practice, and Training. 41: 412-425.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J. and van der Kolk (2012). Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis. American Journal of Orthopsychiatry 82 (2) 187-200.

Deary, V., Chalder, T and Sharpe, M (2007). The cognitive-behavioural model of medically unexplained symptoms: A theoretical and empirical review. Clinical Psychology Review 27, 781-797.

De Jongh, A., Resick, P., Zoellner, L.A. et al (2016). Critical analysis of the current treatment guidelines for complex PTSD in adults. Depression and Anxiety, 33:359-369.

Domhardt, M., Munzer, A., Fegert, J. M. and Goldbeck, L. (2015). Resilience in survivors of child sexual abuse. A systematic review of the literature. Trauma Violence and Abuse 16 (4) 476-493.

Elliot, D. E. Bejelac, P., Fallot, R. D., Markoff, L. S. and Reed, B.G. (2005). Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. Journal of Community Psychology, 33 (4) 461-477.

Evans, S.E., Steel, A.L., DiLillo,D. (2013). Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role? Child Abuse and Neglect 37 (11) 934-943.

Fallot, R. D. & Harris, M. (2009). Creating Cultures of Trauma-Informed Care (CCTIC): A self-assessment and planning protocol. Washington, DC: Community Connections. **https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf** (accessed 26/4/2017).

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., V. Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. American Journal of Preventative Medicine. May; 14 (4): 245-58.

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Ford, J.D. & Courtois, C.A. (2013) Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models. The Guilford Press.

Furnival, J. and Grant, E. (2014). Trauma Sensitive Practice with Children in Care. Insights IRISS

Golding, K.S. (2003) Helping foster carers, helping children. Using attachment theory to guide practice. Adoption & Fostering 27:2.

Golding, K.S. (2008) Nurturing Attachments. Supporting children who are adopted and fostered. Jessica Kingsley Publishers.

Golding, K.S. (2012). Creating Loving Attachments: Parenting with PACE to nurture confidence and security in the troubled child.

Harris, M. & Fallot, R. D. (2001). Using trauma theory to design service San Francisco: Jossey-Bass.

Hanson, R F, & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. Child Maltreatment Vol. 21(2) 95-100 DOI: 10.1177/1077559516635274.

Henry, J., Richardson, M., Black-Pond, C., Slone, M., Atchison, B., and Hyter, Y. (2011). A grassroots prototype for trauma-informed child welfare system change. Child Welfare, 90 (6), 169-186.

Herrenkohl, T.I., Jung, H., Klika, J. et al (2016). Mediating and moderating effects of social support in the study of child abuse and adult physical and mental health. American Journal of Orthopsychiatry 86 (5) 573-583.

Hughs, D., Bavlin, J. and Siegel, D.J. (2012) Brain-based parenting: the neuroscience of caregiving for healthy attachment. W. W. Norton & Company Limited.

Hummer, V. L., Dollard, N., Robst, J., and Armstrong, M.I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change. Child Welfare, 89 (2), 79-95.

Hyman, S. M., Gold, S. N. and Cott, M. A. (2003). Forms of social support that moderate PTSD in childhood sexual abuse survivors. Journal of Family Violence, Vol.18 (5), 295-300.

International Society for Traumatic Stress Studies, ISTTSS (2012) Expert consensus treatment guidelines for Complex PTSD in adults (2012). https://www.istss.org/ISTSS_Main/media/Documents/ISTSS-Expert-Concesnsus-Guidelines-for-Complex-PTSD-Updated-060315.pdf (accessed 18.05.17).

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Johnson, S. B., Pryce, J., M. and Martinovich, Z. (2011). The role of therapeutic mentoring in enhancing outcomes for youth in foster care. 90 (5) 51-69.

Johnson, S. B. and Pryce, J. M. (2013). Therapeutic mentoring: reducing the impact of trauma for foster youth. Child Welfare 92 (3) 9-25.

King, D. W., Taft, C., King, L. A. et al (2006). Directionality of the association between social support and posttraumatic stress disorder: A longitudinal investigation. Journal of Applied Social Psychology 36 (12) 2980-2992.

Lawson, D.M. and Quinn, J. (2013). Complex trauma in children and adolescents: evidence-based practice in clinical settings. Journal of Clinical Psychology 69 (5), 497-509.

Luthar, S.S., Cicchetti, D. and Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for further work. Child Development, 71, 543-562

Mason, G. E., Ullman, S., Long, S. E. et al (2009). Social support and risk of sexual assault revictimization. Journal of Community Psychology 37 (1) 58-72.

Middlebrooks, J, S., Audage, N.C., (2008). The Effects of Childhood Stress on health across the lifespan. Atlanta (GA). Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

National Scientific Council on the Developing Child. Cambridge: The Council (2005) Excessive stress disrupts the architecture of the developing brain. Working Paper No.3.

NSPCC. How safe are our children? 2016. The most comprehensive overview of child protection in the UK.**https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/how-safe-are-our-children-2016** (accessed 19.05.17).

Perry, B.D. and Pollard, B. (1998) Homeostasis, stress, trauma and adaptation. A neurodevelopmental view of childhood trauma. Child and Adolescent Psychiatric Clinics of North America 7(1) 33-51.

Perry, B.D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. Journal of Loss and Trauma, 14 (4) 240-255.

Read, J. and Fraser, A. (1998) Abuse histories of psychiatric patients: To ask or not to ask. Psychiatric Services, 49 (3), 355-359

Read, J., Hammersley, P. and Rudgeair, T. (2007) Why, when and how to ask about childhood abuse. Advances in Psychiatric Treatment, 13, 101-110.

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Rivas, C., Ramsay, J., Sadowski, L. et al. (2015). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. Cochrane Database of Systematic Reviews. Issue 12. Art.No.: CD005043. DOI: 10.1002/14651858.CD005043.pub3.

Substance Abuse and Mental Health Services Administration (SAMHSA). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

Saxe, G. N., Ellis, B. H., and Kaplow, J. B. (2012). Collaborative treatment of traumatized children and teens: The trauma systems therapy approach. New York, Guilford Press.

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. Infant Mental Health Journal, 22 (1-2), 201-269.

Schore, J. R., and Schore, A. N. (2008). Modern attachment theory: the central role of affect regulation in development and treatment. Clinical Social Work Journal, 36 (1), 9-20.

Scottish Government. Preparing Scotland. Responding to the psychosocial and mental health needs of people affected by emergencies (November 2013). **http://www.gov.scot/Publications/2013/11/9726** (accessed 18.05.17).

Shore, A. (2014). Art Therapy, Attachment, nd the Divided Brain. Art Therapy, 31 (2), 91-94.

Siegal, D.J. and Payne Bryson, T. (2011) The whole brain child. Penguin Random House.

Silver, M. (2013). Attachment in common sense and doodles: A practical guide. Jessica Kingsley Publishers.

Steinberg, A. M., et al (2014). The National Child Traumatic Stress Network Core Data Set: Emerging findings, future directions, and implications for theory, research, practice, and policy, Psychological Trauma: Theory, Research, Practice, and Policy, 6, (Suppl 1) pp. S50-S57.

Streeck – Fischer, A, and Van der Kolk, B. (2000), Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. Australian and New Zealand Journal of Psychiatry, 34, 903-918.

RECOMMENDED READING AND SUPPORTING DOCUMENTS

Sweeney, A., Clement, S., Filson B., and Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: what is it and how can we further its development?, Mental Health Review Journal, Vol. 21 (3), 174 – 192.

Tarren-Sweeney, M. (2010). It's time to re-think mental health services for children in care, and those adopted from care. Clinical Child Psychology Psychiatry 15 (4), 613-626.

Teague, C.M., (2013). Developmental trauma disorder: a provisional diagnosis. Journal of Aggression, Maltreatment & Trauma, 22 (6), 611-625.

Karatzias, T., Howard, R., Power, K. et al (2017). Organic versus functional neurological disorders: the role of childhood psychological trauma. Child Abuse and Neglect 63, 1-6

Thrasher, S., Power, M., Morant, N. et al (2010). Social support moderates outcomes in a randomised controlled trial of exposure therapy and/or cognitive restructuring for chronic post-traumatic stress disorder. Canadian Journal of Psychology 55(3) 187-190.

UK Psychological Trauma Society. Guideline for the treatment and planning of services for complex post-traumatic stress disorder in adults. February 2017. **www.ukpts.co.uk/links_6_2920929231.pdf** (accessed 18.05.17).

Van der Kolk, B.A. (2005). Developmental trauma disorder. Psychiatric Annals 35:5.

World Health Organisation (2013). European report on preventing child maltreatment. **http://www.euro.who.int/en/publications/abstracts/european-report-on-preventing-child-maltreatment-2013** (accessed 18.05.17).

Yates, T. M. and Masten, A. S. (2004). Fostering the future: resilience theory and positive psychology. In Linley, P.A. and Joseph, S. (eds). Positive Psychology in Practice. Hoboken, Wiley, New Jersey.

Zilberstein, K. and Popper, S. (2016) Clinical competencies for the effective treatment of foster children. Clinical Child Psychology 21(1) 32-47.

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