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Literature Scan: Trauma Informed Approaches

About the Help through Crisis programme

Help through Crisis (HtC) is a £33 million National Lottery funded programme set up by the National Lottery Community Fund, the largest funder of community activity in the UK. It supports 69 partnerships across England which help people who are experiencing or at risk of hardship crisis to overcome the difficulties they are facing to plan for their futures. The partnerships receiving National Lottery funding through the HtC programme bring together small voluntary groups and established charities to work together locally. Working together, they offer people advice, advocacy and support which matches their personal circumstances. The aim is to look at the issues people face, and the underlying causes, from their basic needs, to their physical and mental health, to skills and employment. People are supported to draw on their personal experiences to build on their skills and strengths so they are ready to seize the opportunities and challenges ahead.

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Abstract

The purpose of this literature scan is to provide a brief introduction to the contemporary literature on trauma informed approaches (TIAs) to inform a forthcoming policy commentary addressing the role of TIAs in frontline crisis support. While several commentators have outlined what should inform a TIA, Sweeny et al. (2016) offer the following nine key principles:

- Recognition
- Resist re-traumatisation
- Cultural, historical and gender contexts
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, choice and control
- Safety
- Survivor partnerships
- Pathways to trauma-specific care

This literature scan provides a brief overview of these principles, along with examples of TIAs in frontline crisis support and effective TIA delivery. A TIA is necessary to recognise trauma, understand the reactions, motivations and actions of those affected by trauma, and prevent re-traumatisation, in relation to both people using a service and service providers.

The Learning, Support and Evaluation team is the primary audience for this literature scan. The consortium partners will benefit from the insights taken from this document, providing useful knowledge and academic research to contextualise observations made throughout the programme. As such, this literature scan will also be shared with Help through Crisis partnerships.

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Literature Scan: Trauma Informed Approaches

Scope

Beneficiary voice and case study research undertaken throughout September 2018 to April 2019 found that many people who use Help through Crisis (HtC) services have experienced trauma. This has raised questions around the role of a trauma informed approach (TIA) in this type of frontline crisis support to avoid the retraumatisation of those supported by HtC partnerships. As such, the purpose of this literature scan is to provide an introductory overview of contemporary research on trauma informed approaches (TIAs) and examples of good practice in the field.

The following research questions are addressed:

- 1) What defines a trauma informed approach?
- 2) What examples are there of trauma informed approaches being used in frontline crisis support?
- 3) What steps are required to ensure a trauma-informed approach is delivered effectively?

Carrying out a comprehensive review of the relevant literature about TIAs requires significant time and engagement with subject-matter experts. This literature scan is intended to provide background to inform the Learning, Support and Evaluation team's forthcoming policy commentary on the role and relevance of a trauma informed approach in frontline crisis support, and how it could benefit both providers and users of HtC services.

Definitions

Reflecting the HtC programme, the terms 'frontline crisis support' and 'the crisis support sector' refer to people who meet and assist individuals in crisis situations and aim to reduce the chance of recurring crisis.

Trauma is broadly defined as events or circumstances that are experienced as harmful or life-threatening and have lasting adverse impacts on one's physical, emotional, mental, social and/or spiritual wellbeing (SAMHSA, 2014).

A TIA is broadly defined as an approach that is grounded in an understanding of, and responsiveness to, the impact of trauma (Hopper et al., 2010). This relates to both people using a service and providers of support services.

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What defines a trauma informed approach?

A TIA (also referred to as trauma informed care (TIC)) is an approach that:

- **Realises** the widespread impact of trauma and understands potential paths for recovery;
- **Recognises** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- and seeks to **actively resist** re-traumatisation (SAMHSA, 2014).

TIA includes an empowering and strengths-based framework that is grounded in an understanding of, and responsiveness to, the impact of trauma (described further below). They also emphasise physical, psychological and emotional safety for both service providers and users (Hopper et al., 2010).

A TIA acknowledges that trauma impacts a person's ability to survive in the present moment. As such, it entails a reframing from 'What's wrong with you?' to 'What happened to you?' (Harris & Falot, 2001). Delivering a TIA requires an understanding of trauma and trauma responses, and the extent of this knowledge may vary depending on the role within an organisation. Many individuals, including those who use crisis support services, have experienced trauma, which can affect how they perceive and respond to service support. For example, whether they feel safe within support services or trust service providers (Sweeney et al., 2016). Consequently, services must be designed, structured and delivered in ways that promote empowerment and the building of trust-based relationships, avoid re-traumatisation and create opportunities for people who have experienced trauma to rebuild a sense of control and empowerment (Hopper et al., 2010; Sweeney et al., 2016).

Key principles of a trauma informed approach

While several commentators (e.g. Levers, 2012; Berger & Quiros, 2014) have outlined elements integral to a TIA, Sweeney et al. (2016) outline nine key principles that underpin a TIA. They highlight that organisational culture, service design and service delivery should be aligned with these principles:

- 1) **Recognition** – of the prevalence, signs and impacts of trauma, which includes routine and sensitive enquiry about trauma.
- 2) **Resist re-traumatisation** – understanding that operational practices, power differentials between staff and trauma survivors, and many other factors can be re-traumatising for all parties involved.
- 3) **Cultural, historical and gender contexts** – acknowledgment of community-specific and historical trauma and its impacts, and tailoring services to be culturally and gender appropriate.

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- 4) **Trustworthiness and transparency** – commitment to open and transparent decision-making at the individual and organisational level to build trust with trauma survivors.
- 5) **Collaboration and mutuality** – understanding of the inherent power imbalance between staff and survivors, and ensuring that relationships are based on mutuality, respect, trust, connection and hope.
- 6) **Empowerment, choice and control** – the adoption of strengths-based approaches that support survivors to take control of their lives and self-advocate, which can help cultivate feelings of empowerment.
- 7) **Safety** – the prioritisation of everyone’s actual and perceived safety, physically and emotionally, which includes ensuring that service environments are physically, psychologically, socially, morally and culturally safe. This includes providing adequate staff support to help them do their jobs well.
- 8) **Survivor partnerships** – An understanding that mutuality, collaboration, peer support and the co-production of services are integral to trauma informed organisations.
- 9) **Pathways to trauma-specific care** – A commitment to supporting survivors who seek access to appropriate trauma-specific care.

Examples of trauma informed approaches in frontline crisis support

A growing number of mental health and crisis support providers recognise the importance of a TIA, and more organisations are integrating TIAs in their work. While there are numerous examples of organisations that deliver TIAs both in the UK and internationally, we have summarised a number of examples from the UK to illustrate how organisations apply TIAs in practice:

[My Sisters Place](#) is a specialist domestic abuse service based in Middlesbrough that developed a trauma informed model of empowerment (TIME). This is an evidence- and practice-based model to support female survivors of domestic abuse. It is based on research and over 15 years of experience delivering effective trauma informed therapy to female survivors of domestic abuse and embedding trauma informed principles throughout its organisation. TIME aims to ensure:

- Practice is delivered in a trauma informed manner to avoid the risk of re-traumatisation and support recovery;
- The needs of the survivor, practitioner and organisation are accounted for;
- Service provision is accessible, responsive, adaptable and effective at all levels of contact with a survivor.

My Sisters Place also offers TIME training to other organisations wishing to implement a TIA.

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Hestia is an organisation in London that supports people in crisis with an approach guided by an understanding of trauma, and a focus on recovery and co-production. Hestia provides support for victims of modern slavery, women and children who have experienced domestic abuse, and people with complex mental health needs. The Hestia approach starts from the premise that service users are the experts in their own lives. As such, they must be both treated as equals and involved in the design and delivery of services. This reflects a strengths-based approach that intends to empower those seeking services by providing them with greater autonomy and influence over the services they receive. Feedback from services users gained as part of Hestia’s 2017/2018 Annual Review demonstrates that Hestia service provision embodies several key principles of a TIA: collaboration and mutuality; empowerment; choice and control; safety; and survivor partnerships.

There are also examples from statutory services. NHS Education Scotland have developed a National Trauma Training Framework (Hammond & Gardner, 2018). **Tees, Esk and Wear Valleys NHS Foundation Trust** (TEWV) is a large mental health provider in the North of England that serves 1.6 million people, employs over 5,000 staff, and has a programme to develop trauma informed services throughout its adult division (Sweeney et al., 2016; Centre for Mental Health, 2019). TEWV has developed a pathway of care and trained staff on its implementation, which staff reported as relevant to their work, empowering and confidence-boosting (Sweeney et al., 2016). Critical to the rollout of a TIA at TEWV is staff-wide training, the presence of local trauma champions among staff who facilitated supervision, management and implementation of the TIA, and follow-up training plans developed to address specific requests (ibid.).

In addition to the examples above, the Centre for Mental Health has created a [trauma informed care directory](#) (see Section 3) that identifies organisations that are either working towards adopting a TIA in their own practices and service delivery, or contributing to thinking about, and training in, TIAs (Centre for Mental Health, 2019). This provides a helpful resource for those seeking further examples of TIAs in frontline crisis support in the UK.

Effectively delivering a trauma informed approach in frontline crisis support

TIAs are premised on key principles, rather than prescriptive procedures or practices and there may be diversity in the most effective way to standardise the delivery of a TIA. One perspective on how to effectively deliver a TIA is that organisations must provide:

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- Leadership and clear communications strategies to guide the development of and transition to a TIA;
- Engage patients (or service users) in the process;
- Train and support *all* staff (Centre for Health Care Strategies, 2016).

Another perspective on effectively delivering a TIA outlines four key steps for organisations wishing to implement a TIA (Harris & Fallot, 2001):

- 1) **Planning** – This could include a commitment from leadership and the formation of a trauma workgroup to lead and oversee the process.
- 2) **An initial training event** – Training is essential for staff and service users. It should address the principles of a TIA, how staff will be supported, how the approach will work in the organisation, future directions and implementation.
- 3) **Short-term follow up** – The development of an implementation plan by the trauma workgroup and further staff training. Trauma workgroups should consist of organisational staff that champion the adoption of a TIA in the organisation and service delivery, and spearhead the development of a TIA implementation plan.
- 4) **Longer term follow up** – A review of progress and barriers to implementation. This could include building in TIA questions in service user experience surveys and implementation plans added to quality assurance processes.

The Substance Abuse and Mental Health Services Administration (SAMHSA) builds on these four steps to deliver a TIA by identifying organisational domains that must be addressed. The following ten organisational domains require systemic change in practices, policies, and protocols to enable TIA delivery (SAMHSA, 2014):

- 1) **Governance and leadership** – Organisational governance and leadership must support and invest in implementing and sustaining a TIA. This often requires a TIA champion to initiate the process.
- 2) **Policy** – Organisational procedures, policies and protocols must reflect trauma informed principles and establish a TIA as an integral part of the organisational mission.
- 3) **Physical environment of the organisation** – The physical environment of the organisation must promote a sense of physical and psychological safety and collaboration. Both those working and being served must experience the setting as safe and the physical setting must support openness, transparency and shared spaces.
- 4) **Engagement and involvement of people in recovery, trauma survivors, people and/or family members receiving services** – The significant involvement and input of these groups at all levels and in all areas of the organisation's functioning (i.e., programme design, service delivery, quality assurance, cultural competence, workforce development and evaluation). This is a hallmark of TIA that distinguishes it from typical approaches to services.

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- 5) **Cross sector collaboration** – The complexity of trauma usually requires the intervention of services from various sectors. It is important that collaborative partners share an understanding of trauma and TIA principles to avoid undermining an individual’s healing and recovery.
- 6) **Screening, assessment and treatment services** – Practitioners must be trained in, and use, trauma-specific interventions that are culturally appropriate, based on the most robust research and reflect TIA principles.
- 7) **Training and workforce development** – An organisation must have ongoing training on trauma and peer support. This includes having procedures in place to support staff with trauma histories or experiencing vicarious trauma, or secondary traumatic stress due to the nature of their work.
- 8) **Progress monitoring and quality assurance** – An organisation must have ongoing assessment, tracking and monitoring of trauma informed principles and effectively employ evidence-based trauma-specific screening, assessments and treatment.
- 9) **Financing** – The organisation’s budget must support TIA by including resources for staff training on trauma, key TIA principles, development of appropriate and safe facilities.
- 10) **Evaluation** – Evaluation designs and measures must reflect understanding of trauma and utilise trauma-oriented research instruments.

Organisations may address these domains in varying timescales and stages of development, and consider how they apply to organisational procedures, culture and practices. Addressing these four steps and ten organisational domains provide a more tangible inroad for organisations wishing to effectively deliver a TIA.

Summary

This literature scan aimed to address the following three research questions:

- 1) What defines a trauma informed approach?
- 2) What examples are there of trauma informed approaches being used in frontline crisis support?
- 3) What steps are required to ensure a trauma-informed approach is delivered effectively in crisis support?

A TIA entails embedding an understanding of trauma and its widespread impacts into all aspects of an organisation (i.e., organisational culture, service design and delivery, evaluation), as well as trauma-specific services and interventions. Research shows that there are several key principles to a TIA. This literature scan briefly outlined the nine principles that Sweeney et al. (2016) offer: recognition; resist re-traumatisation; cultural, historical and gender contexts; trustworthiness and transparency; collaboration and mutuality; empowerment, choice and control; safety; survivor partnerships; and pathways to trauma-specific care. Although wider literature identifies other features of a TIA (e.g. Levers, 2012; Berger & Quiros, 2014). We have also described several examples of TIAs in frontline crisis support in the United Kingdom, including My Sisters Place and Hestia.

Following the four key steps outlined by Harris and Falloot (2001), and addressing the ten organisational domains outlined by SAMHSA (2014), tangible actions can help organisations facilitate effective TIA delivery. These domains can be applied to organisational procedures, culture and practices in different timescales and stages of development. It is important for organisations delivering frontline crisis support services to implement a TIA in order to recognise trauma, better understand how people respond to trauma, and prevent re-traumatisation for both service recipients and providers.

The insights from this literature scan will inform a policy commentary that aims to: (i) raise awareness of trauma informed approaches and its relevance to crisis support, and (ii) influence wider practice in the crisis support sector around the topic of TIAs.

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If you have any comments or questions about any of the issues discussed in this literature scan, please get in touch with the Learning, Support and Evaluation team using the email address below, or via the Slack platform.



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