Developing Psychologically Informed Environments and Trauma Informed Care

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Complexity

* Drug/ alcohol use
* Self harm
* Abuse- psychological, sexual, physical and neglect
* Grief and loss
* Ambivalence
* Disclosure when intoxicated- sexual/ physical abuse
* Third party disclosure
* Psychiatric history/ Personality Disorder
* Engagement
* Multi-disciplinary working- silo’s

What do you want me to do about this?

PIE- Key Areas

Developing a psychological framework/ trauma focus

The physical environment and social spaces

Staff training and support

Managing relationships

Evaluation of outcomes

Is this enough? Doesn’t take the issue away

Psychological Frameworks/ trauma focus

* Attachment
* Neurology
* Resilience
* Early life trauma
* Childhood Trauma (incl sexual abuse)
* Compound trauma
* Re-traumatising environments- eg. hostels

How attachment Develops

Secure and Insecure Attachment

"A securely attached child is likely when faced with potentially alarming situations .... to tackle them effectively or seek help in doing so"

Children whose needs have not been adequately met see the world as;

'comfortless and unpredictable and they respond by either shrinking from it or doing battle with it.'

Bowlby (1980) Attachment and loss Vol. 3 and Bowlby (1973) Attachment and loss Vol. 2

Insecure Attachment

* Insecure Avoidant
* Insecure Ambivalent/ Anxious
* Insecure Disorganised

Positive Brain Development

The way a child is stimulated shapes the brain's neurobiological structure. Experience has a direct impact on a child's capacity for living, learning and relating as a social being.

Early Brain Development

We are born with most of the neurons (brain cells) we will ever own but;

- At birth the brain is 25% of its adult weight - by the age of 2 this has increased to 75% and by age 3 it is 90% of adult weight.

- This growth is largely the result of the formation and ‘hard wiring’ of synaptic connections

- Babies brains are both ‘experience expectant’ and ‘experience dependent’

Impact of Trauma

- *In the face of interpersonal trauma, all the systems of the social brain become shaped for offensive and defensive purposes. A child growing up surrounded by trauma and unpredictability will only be able to develop neural systems and functional capabilities that reflect this disorganisation.*

Source: National CAMHS Support Service, Everybody's Business

Impact of trauma

When children and young people experience persistent stress they are likely to produce toxic amounts of cortisol which can have a detrimental effect on

Brain function

All major body systems

Social functioning

Over production of Stress Hormones

These functions may be diminished or lost:

- Ability to learn language and to speak
- Understanding feelings or having words to describe them
- Connection between how we feel and our sensory experience
- Empathy
- Control of impulse
- Regulation of mood
- Short term memory
- Enjoyment

Vicious Cycle

* Neglect in early childhood impacts on brain development (reduced cortical neuronal proliferation)
* Attachment difficulties lead in increase in arousal and increased stress hormone production
* Poor attachment will impact negatively on resilience
* Attachment style will impact on relationships, increasing stress reactions through childhood
* Poor relationships impact socially and increase stress
* Increased stress hormone production in adolescence reduces neuronal development of essential pathways in limbic system
* Cycle continues

Impact of ongoing trauma

* Will negatively impact an already over aroused limbic system
* Coping behaviours will embed likliehood of negative rather than positive (eg drug use, avoidance)
* Increased chance of poor decision making/ choices- less likely to pick up ‘warning signs’
* Constriction of opportunity
* Increased likliehood of being in a position of retraumatisation
* Increased likliehood that will be viewed by others as ‘mentally ill’

Reflective Practice

* Difference in opinion across PIE settings of what constitutes RP
* Client case focussed- loud/ quiet
* Facilitated
* Reflect on how staff feel in relation to the client
* Reflect on staff, peers, team and wider service
* Solution/ Plan focussed
* Monthly

Key Task

* CONTAINMENT
* Of client
* Of individual key worker
* Of team

* Introduction of psychological models/ formulation
* Explore need for further assessment eg. psychiatric

Training

* Foundation training
* Specialised add-on’s, for example therapies- bottom up
* One off short sessions on specific issues
* Rolling programme

Physical Environment

* Important re: valuing
* Constrained by lack of funds
* User group consultation

Access to trauma therapy

* Problematic
* Evidence based therapies: TF-CBT, EMDR
* Physical therapies- yoga, massage, relaxation (manage arousal levels)
* Work in progress