



If Trauma is everybody's business where does Routine Enquiry fit in?

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TRANSFORMING PSYCHOLOGICAL TRAUMA:

A Knowledge and Skills Framework for the Scottish Workforce

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Trauma is everybody's business but not everyone needs to be an expert

Trauma informed practice



Trauma skilled practice

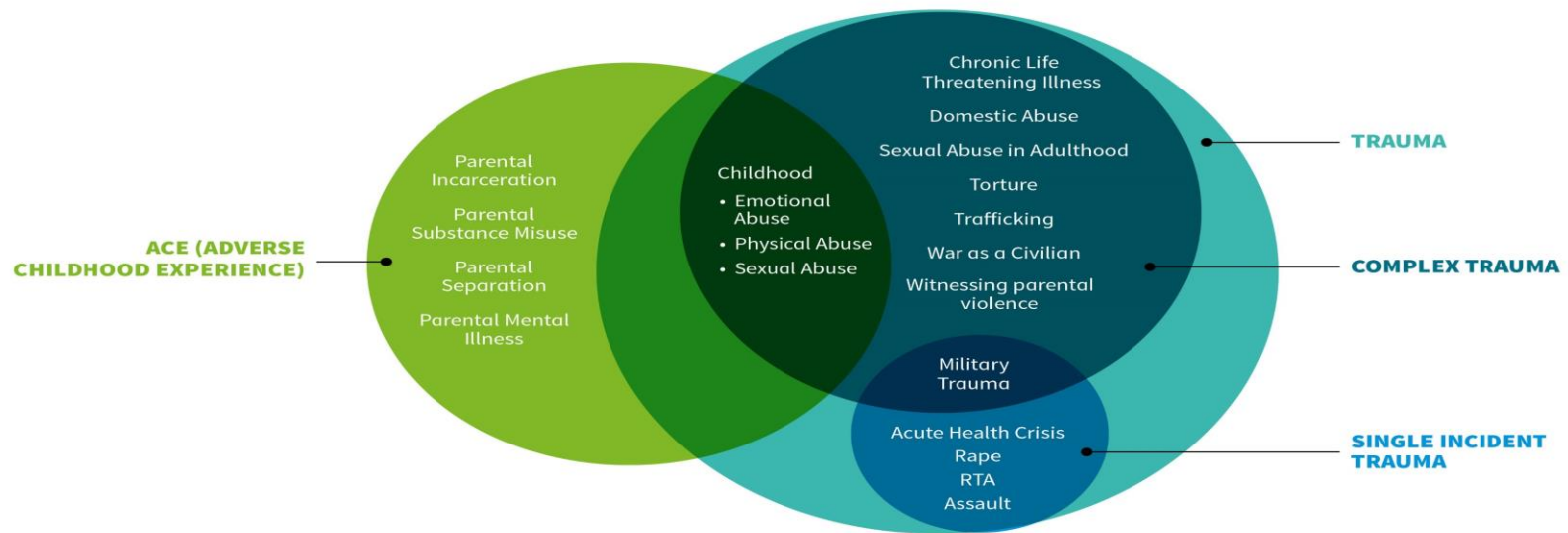


Trauma enhanced practice



Trauma specialist practice

Defining terms



Why Routine Enquiry?

- To identify and respond to need in those presently affected by the impact of adversity and trauma:
 - For safety and protection
 - For care and support
 - For interventions to mitigate against the consequences of adversity and trauma

Questions to answer

- How effective is RE in improving outcomes (Palm et al 2016)?
- What works for whom, when and in what contexts (Feder et al 2009).
- Can we evaluate RE in isolation or do we need evaluation at the systems level (Feder et al 2009).
- What do people want to happen/not to happen around and following disclosure?
- How do we proceed with children and young people?
- How do we adjust protocols to give people (staff and the public) choice and control in relation to RE?

Routine enquiry at Tier 2

Workers understand:	Workers can:
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.

Framework key themes (1)

- See RE as one component within a broad multi-faceted approach to identify and respond to those affected by adversity and trauma:
 - Be aware of trauma prevalence and use trauma-informed principles to **adapt your practice, systems and settings.**
 - **Pay attention** to the quality of the **professional relationship.**
 - Attend to the **needs of staff** (particularly for safety, choice and control).

Framework key themes (2)

- Elicit and **respond to disclosures** in a way which **does no harm**
- **Routinely enquire** where **appropriate to role** and **where organisational systems and structures support this**.
- **Identify and respond** to needs for support, care and intervention, where appropriate
- Use the **multi-agency** network to **ensure needs are met**
- Use **existing procedures and protocols** to inform responses (SHENAARI, GIRFEC, Child and Adult Protection).

What are the trauma-informed systems we need and how does training support this?

- Trauma informed practice guidance
- Trauma training curriculum overviews and quality assurance
- E-module
- Focus on leadership
 - Trauma Informed Leadership Training





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Outcomes?

- No difference in health outcomes after RE about violence victimisation in young women (RCT) Swedish Youth centres (Palm et al 2016)
 - Questionnaire
 - Empowering strategies
 - Counselling
 - High level of disclosure
 - 12 month follow up
 - No sig difference between baseline and follow up between or within groups
 - No difference in re-victimisation rates.

Cultural relevance?

- Aboriginal women (Spangano et al 2016)
- Cultural safety:
 - Build the relationship first
 - Come at it slowly
 - People like me are here
- Safety:
 - From detection by abuser
 - From shame
 - From institutional sanction
- Continuity of care

Responding well?

- Negative experiences (Trevillion et al 2012):
 - Included:
 - Non-validating experiences from clinicians following a disclosure
 - Discrimination
 - Absence of support from service

Key outcomes within tiers

Being safe and
protected from
harm

Feeling
emotionally
safe

Processing and
making sense of
trauma

Living the life
you choose –
taking an active
part in life and
society

Present focus

Past focus

Future
focus

Key ideas

- “support is provided that facilitates natural recovery, followed by selective and targeted intervention of those who appear to be showing signs of longer term problems”
- (Bryant and Nickerson 2014).
- Relational approach



Relationships matter



- Trauma informed principles
 - Collaboration
 - Empowerment
 - Safety
 - Control
 - Trust

Implementation science approach

Performance Assessment

