Teeswide Safeguarding Adults Board

Safeguarding Adults
Trauma Informed Practice Toolkit

Contents

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Brain Development

Just as a house needs sturdy foundations to support the walls and the roof, brains also need a strong foundation on which to help support its future development.

Brains are built in stages with more complex brain function being built upon the simpler structures. Positive nurturing interactions in their early years, give children a good start to building better brains.

These positive experiences are the building blocks towards improved learning and behaviour and will provide better physical, emotional, and social well-being throughout their life.

Toxic Stress

Toxic stress can be such things as abuse, neglect, parental substance uses or growing up in a chaotic environment. Brain development in children can be disrupted by toxic stress, leaving them open to a higher risk of physical and mental health problems in later years.

Air Traffic Control

In the brain, the 'air traffic control mechanism' is called executive functioning, a group of skills that helps humans to focus on multiple streams of information at the same time, and revise plans as necessary. Children require strong air traffic control to help them regulate the flow of information, prioritise tasks and manage to regulate their emotions whilst avoiding mental collisions.

Serve and Return

In a developing brain, serve and return interactions are the way to build and maintain solid brain foundations. These interactions throughout the early years are the building bricks of a healthy foundation for all future development.

Resilience

This is the ability to withstand and recover quickly from stressful times. Resilience is supported by strong brain architecture and air traffic control skills which develop over time based on life experiences and the interaction of genes.

What is trauma?

An event that is experienced by an individual as physically or emotionally harmful or threatening.

This has lasting adverse effects on an individual's functioning and physical, social, emotional, or spiritual well-being.

It is a subjective experience: what might be a trauma for one person, might not be a trauma for another.

It is your brain's way of keeping you safe – leaving a lasting imprint to avoid similar situations in the future.

What is complex trauma?

An exposure to varied and multiple traumatic events or experiences.

The events are generally within the context of an interpersonal relationship and has a severe impact on the person's mind.

It is primarily seen in individuals who have been victims of childhood abuse and neglect.

Exposure to complex trauma can impact a person's emotional, psychological, social, and physical development.

Fact – 85% of those with complex needs have been impacted by complex trauma.

(Hard Edges, Lankelly Chase 2015)

Complex trauma and adverse childhood experiences

Complex trauma can be traced back to an individual's adverse childhood experiences. Adverse childhood experiences come under three different headings:

Abuse – Physical, emotional, or sexual

Neglect – Physical or emotional

Household Impact – divorce, mental health issues, domestic abuse, substance use issues, homelessness or the threat of it, a care giver in prison.

A study carried out in America between 1995-97, identified that by experiencing 4 or more ACEs, it was likely to be a trigger point for complex trauma. Without any positive support, children experiencing 4 or more ACEs would struggle to build a level of resilience which would increase their chances of their brain moving into survival mode. A brain that spends too much time in survival mode is detrimental to our physical health as well, which means that children growing up in a household with 4 or more ACEs, face the likelihood of health problems in adulthood.

A survey carried out in 2023, (tackling childhood adverse experiences, state of the art and options for action), found that in England 9% of those surveyed had 4 or more ACEs growing up, in Scotland the figure was 15% and in Wales it was 14%. This compares to a mere 1% in Sweden but is similar to America at 16%.

Further research into the effect of childhood adversity shows how 4 or more ACE's can affect people in adulthood, without positive intervention and support:

If you suffer 4 or more ACEs in childhood, without positive intervention, then you are:

- 460% more likely to suffer depression
- 1220% more likely to commit suicide
- 220% more likely to develop heart disease
- 190% more likely to get cancer
- 10 times more likely to experience addiction

…than those that have an ACE score of zero

The attachment theory

Emotionally neglecting children has been identified as an area that could have an effect on children in their adult life. The way in which our main caregiver interacts with us from birth, will help us build a view

of ourselves, others, and the world around us. Our caregiver's attachment style will give us a strategy for our relationships and attachments in later life.

Here are the four-attachment types:

Secure

Care giver: responsive & consistent

Child: Securely attached children have confidence that a parent or caregiver will be available to meet their needs and give them comfort when they are distressed. They feel happy and secure to explore their environment as they know their caregiver will be there upon their return.

Believes their needs will be met.

Insecure Avoidant

Care giver: distant, disengaged, a child perceives that their caregivers repeatedly reject their need for closeness and affection especially during times of distress. These caregivers may have discouraged crying and any outward expression of emotions.

Child: emotionally distant, may become extremely independent both physical and emotionally as they can only rely on themselves. They could become disconnected from their own needs and feelings and find it difficult to trust or seek help from others.

Believes needs probably won't be met.

Insecure Anxious

Care giver: Inconsistent response to their child's needs and unreliable in the eyes of their child. Unable to put their child's needs before their own and they most likely did not receive the affection they needed as a child.

Child: insecure in themselves or in their interactions with others. May be clingy around their caregivers. anxious, angry.

Cannot rely on their needs being met.

Disorganised

Care giver: extreme and chaotic behaviour (Substance use, mental health, domestic abuse).
Disorganised attachment occurs when a child wants love and care from their caregiver but is also afraid of them.
Disorganised attachment can develop if a parent or caregiver responds to a child seeking comfort by ignoring, yelling at, or punishing them in some way. When the child's caregivers are both the source of fright and the only source of safety known to them, disorganised attachment often results.

Child: passive, angry, depressed, non-responsive. In adulthood, people with this attachment style are extremely inconsistent in their behaviour and have a hard time trusting others. Such individuals could also suffer from other mental health issues, such as substance abuse, depression, or borderline personality disorder.

Severely confused – no strategy on how to get needs met.

The impact of trauma on the brain

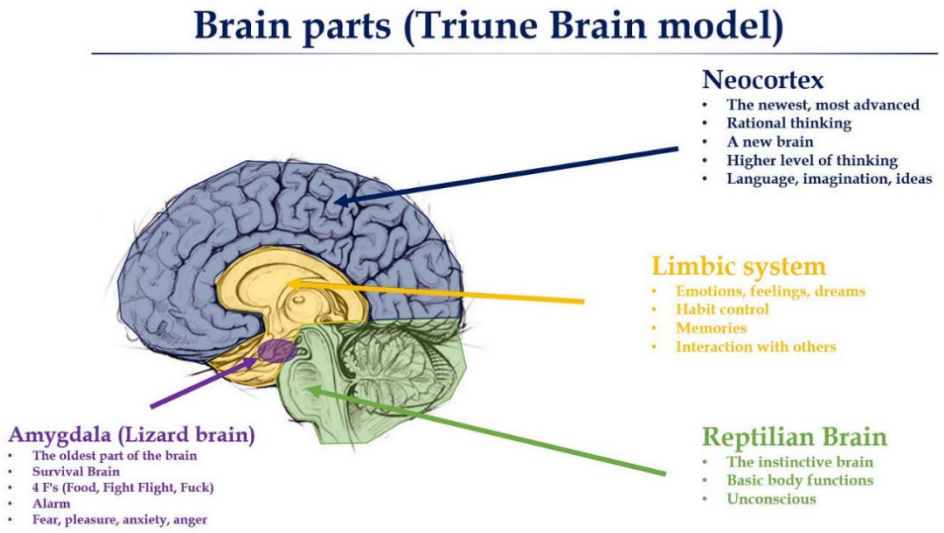
The amygdala

Our amygdala is our security guard – its primary job is to ask the question – "is this a threat?" It works alongside our hippocampus (our filing cabinet of memories), and our hypothalamus, (our pharmacist). Together they work out whether we have a memory of something in our sensory system being a threat or not – if we see something as a threat then our hypothalamus will send out a message for chemicals such as cortisol and adrenaline to be produced to help us with our threat responses of fight or flight.

Someone with a hyperactive amygdala, due to trauma, might suffer with chronic stress, fear, vigilance, irritation and have difficulty in feeling safe, calming down, sleeping.

Other areas of the brain that are impacted by trauma is our **prefrontal cortex/neocortex**, which is responsible for such things as working memory, inhibitory control, flexible shifting of attention, planning and organising and problem solving.

Our **limbic system** can also be affected by trauma. It is the part of the brain involved in our behavioural and emotional responses, it is where memories are formed, where our sense of smell is, where dreams are formed, and it drives our appetite and sexual drive.



As our limbic system, (primitive brain), wants us to survive then it will always overrule our prefrontal cortex, (complex brain). The impact in adulthood of a hyperactive threat response is:

- **Reward** – hardwired to see threat and be suspicious of professionals offering support.
- **Threat** – hardwired to get angry, aggressive or disengage very quickly.
- **Memory** – focuses on bad memories to keep you safe – this is to the detriment of good or everyday memories.

How do we respond to threat?

People with deep trauma will only need minimal triggers for their threat response to be activated.

The 5 F's:
Fight

Flight

Freeze

Friend

Flop

Fight and Flight

When we perceive a situation to be threatening, our stress response system will activate itself producing physiological changes within us. It releases hormones such as adrenalin and cortisol.

Adrenalin makes your heartbeat faster, so your blood pressure rises, this means you have more energy to fight or fly.

Freeze

Much like fight or flight, freeze is a response from our body when we feel there is a perceived threat. Both adrenalin and cortisol are released into our body, however it is the parasympathetic system that is stimulated for freeze, whereas it is the sympathetic nervous system for fight and flight. The muscles in the body will feel tense, and although energy will be building, it can't be released. While the person who is "frozen" is extremely alert, they are also unable to move or act against the danger.

There are signs to watch out for which might indicate someone being in a freeze response. They could be feeling cold or numb, have physical stiffness, they might hold or restrict their breath, have heavy limbs, their heart rate will decrease, or they might have a sense of dread or apprehension.

Friend

Our brains push us towards threating people thinking it is the best chance of safety.

When we smile or even laugh when being told off or threatened, this is our friend mode kicking into gear.

To smile when fearful is likely to be an unconscious attempt to engage socially with the person causing the fear.

Flop

Flop occurs if, and when, the freeze fails. The higher brain functions become 'offline'.

The body will shift from a position of tension to a 'floppy' state.

You become very submissive and not put up a fight. You will bend to the will of the person perceived as threatening in an attempt to stay alive.

The long-term impact of trauma

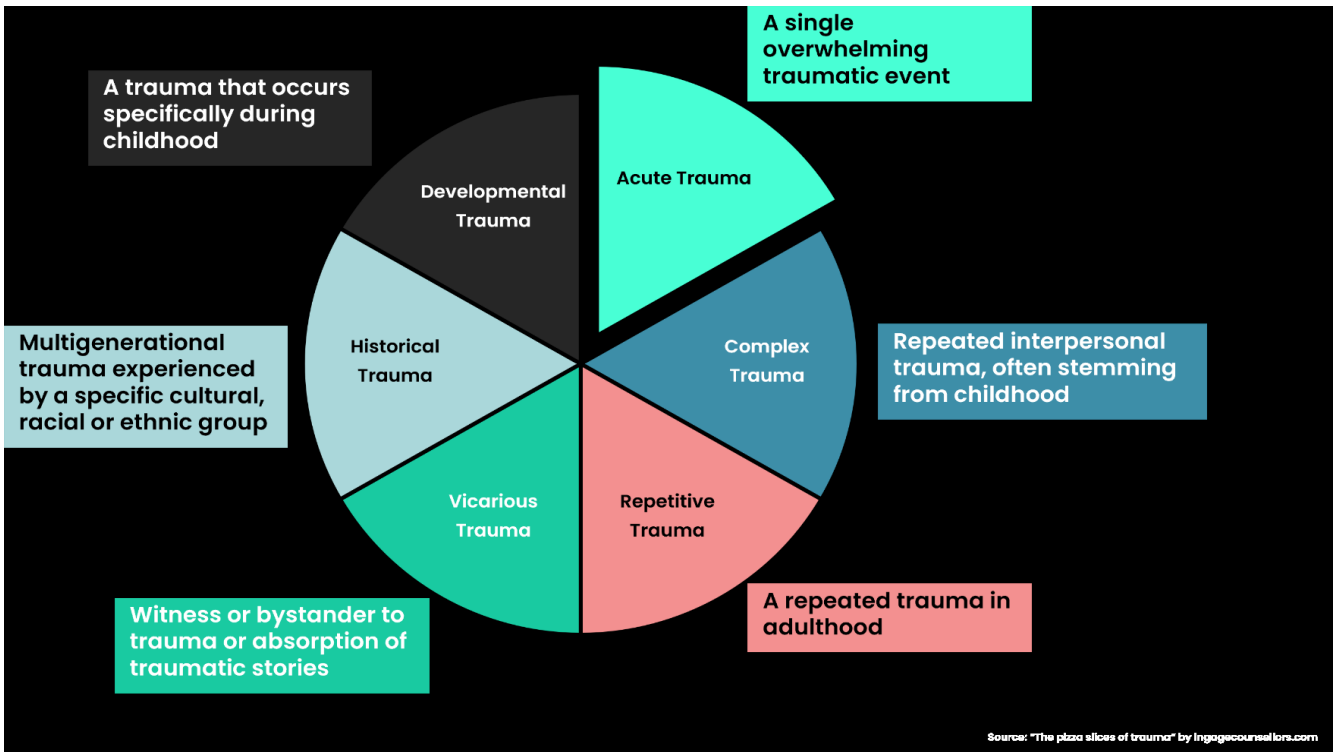
"Trauma is not what happens to you. ***Trauma is what happens inside you as a result of what happens to you.****"*
Dr. Gabor Mate

- Impacted danger cues
- Loss of self-worth
- Loss of sense of self
- Dissociation
- Struggles with intimacy
- Shame/Guilt
- Feeling unsafe
- Loss of trust

Types of traumas

We have looked at trauma and complex trauma – The diagram below shows the complexity of the word 'trauma' and the several different types of trauma aside from complex trauma. Remember trauma is subjective –

"A particular event may be experienced as traumatic for one individual and not for another" (SAMHSA, 2012, p. 8).



Becoming trauma informed

Being trauma informed is an intervention and organisational approach that focuses on how trauma may affect an individual's life. Trauma informed services understand, anticipate, and respond to issues and expectations that are often a presenting factor in survivors of trauma, this includes reducing the risk of re-traumatisation. They need to ensure that the physical and emotional safety of an individual is a priority and that the individual knows the service provider is trustworthy.

A service that is trauma informed

Realises the impact of trauma and its effect on the individual, their family and their community and the pathways for recovery.

Recognises the signs and symptoms of trauma.

Responds to trauma by having fully integrated policies and procedures that have a focus on trauma informed practice and show clear referral pathways.

Resist re-traumatisation.

"Research shows that those who have been let down by institutions that should protect them, have more post traumatic symptoms."
Freyd and Smith 2013

The key principles of trauma informed care

Safety – Staff, services users, everyone.

Trust – Transparency and building positive relationships.

Choice – Giving individuals a choice in their recovery.

Collaboration – Making decisions through sharing of power.

Empowerment – Supporting people to make informed choices.

Inclusivity – Being culturally aware and celebrating diversity.

Trauma informed practice is a philosophy of understanding that trauma exposure can impact on an individual's neurological, biological, psychological, and social development.

"Sharing trauma in a safe way, time and place, among people who listen and try to understand, can be helpful and healing."
Alcoff and Gray 1993

Why might services struggle to work with trauma survivors?

- Underestimate the impact of trauma
- Belief that support/treatment should focus on the presenting symptoms
- Lack of training/feeling incompetent
- Not knowing how to respond therapeutically
- Fear that information gathering may be too disturbing for the service user
- Not using basic and simple language with service users
- Insufficient time/time not prioritised
- Staff having untreated trauma related symptoms/vicarious trauma

Why might someone with trauma related symptoms avoid accessing services?

- Concern for safety/fear of retribution
- Fear of being judged by services
- The shame of being a victim
- Lack of trust in services
- Not seeing their events as traumatic, it is just the norm and not important
- Not recalling trauma due to denial, repression, or dissociation
- Tired of being assessed

Non-attendance or late arrivals

Being mindful as to 'why' someone doesn't turn up to an appointment or 'why' someone isn't on time for their appointment is important in trauma informed practice. Brain development in people who have lived through trauma can be attuned to surviving which means that cognitive functions such as planning how to get somewhere, deciding on how to get there, and focusing on the task of getting to an appointment can all prove difficult. If someone turns up late, they should be thanked for turning up, as it would have taken effort to get to you. This doesn't mean that we have to bend and change appointments for them if this is not possible, it just means we validate their effort.

Be curious if you are working with someone that misses appointments or who turns up late. They might feel anxious about meeting with you or about the environment they are coming to. By finding out if someone feels unsafe engaging with a service means that we can put a plan in place to make engagement easier for them and ensure they are in a good place to fully engage in our intervention, (for further information see the safety plan section).

'Did not attend' and 'three strikes and you're out', are processes that are not flexible when dealing with people that are living with trauma inside of them. To be truly trauma informed, a service needs to show that it can respond to trauma effectively with policies, procedures, and referral pathways. Optimum engagement is needed to help with growth and healing from trauma. If a service builds flexibility into their procedures, which in turn encourages and maintains engagement with service users, then they are opening up the possibility of improved engagement. Giving people with symptoms of trauma a different response to their usual 'closed case' response, can be a huge part of healing. It challenges their altered world view, there's no judgement, just validation and a consideration for how they respond to the world.

Trauma informed tools

Assessments – Things to consider

- Could using the term 'initial meeting', rather than 'assessment' make it feel less scary for a service user? Undergoing assessments can be difficult and frightening experiences for trauma survivors and for many services, replacing assessments with initial meetings might help build a more positive relationship right from the start.
- Professionals understanding that service users may have different historical experience of powerlessness and that this will impact on people's experiences of power within the assessment process.
- Ask them what they prefer to be called and consider their pro-nouns.
- Ensure that you 'check in' with the service user before starting an assessment – are they in the right frame of mind to complete the meeting today? Brief them on the approximate timescale to complete the meeting, will they need to take breaks during the meeting to ensure maximum engagement with them?
- Ask what their expectations are for the meeting and validate any bad experiences they might have had previously.

- Ask them if they have any engagement needs for further meetings e.g., they prefer afternoon appointments, they like to be met at the entrance to avoid sitting in crowded waiting areas. (This can form part of a safety plan).
- Try not to go through the assessment form question by question – the form is a recording tool. Aim for an organic conversation where you only ask what is needed.
- Assessments can feel quite deficit based – try to focus on their strengths, consider what makes them happy, what they like and what their desired state would be.
- Be transparent – advise them on how your service uses the information.
- Don't over promise.
- Confirm you are listening by checking that you have the right understanding of what they are telling you.
- Check out with them at the end to make sure they feel ok and to give them an opportunity to ask questions.

Validation

Validations means understanding where the other person is coming from even if you disagree with what they say and do. Ultimately, we need to validate what the person feels but not always how they behave.

Validation involves:

- Active listening
- Being tolerant
- Understanding current behaviour
- Mindfully responding
- Taking seriously what the person has said
- Treat them as an equal
- Reflect without judgement
- True belief in the individual

When people disclose trauma to you there are 3 things to remember:

- **Be there** – Don't push them to tell you anything they don't feel ready to and remind them that this is ok.

- **Listen** – The only question you need to ask is "do they feel safe now". Sit and listen, don't probe, or push for more.

- **Support** – Avoid trying to rescue them but think about the tools you have which might help them feel safe and validated and think about the offerings of others.

Language

Consider the language we use and how we can change it to feel more trauma informed:

Term	Possible Alternative
Service user disengaged	Service unable to engage with the service user.
Risk Management	Ongoing safety - consider using bronze, silver, and gold instead of low, medium, and high.
Victim	Survivor
Descriptions of a perpetrator – an abuser, an aggressive person, manipulative.	Describe their behaviour as this is only one part of who they are – Dave got angry, Mary got aggressive, Bob's behaviour felt manipulative.
Service user is non-compliant.	Service user is currently struggling.
Did not attend.	Service user was not able to make their appointment.
Too complex	Our service does not match what the service user needs.
Service user is not listening.	Alternative strategies need to be sought to engage the service user.

Safety Planning

To help increase a feeling of safety and empowerment. A safety plan can support staff and the individual to identify potential triggers whilst in your service and be prepared to deal with them.

Example:

What can make me feel unsafe?	What can the service do to support me with this?	What can I or others do to help me with this?
Sat in the waiting room for too long.	Not let me wait in the waiting room for too long – let me know if you are running late so that I can wait outside in the fresh air.	Make the receptionist aware that if I become angry or upset that I will wait outside to cool down.
If I'm having a bad day and I don't want to talk.	Check in with me at the start of every session and if I don't want to talk, plan for me to come back another time.	I need to be honest and tell my worker I'm not in the mood to talk.
Seeing you after I've seen other services.	Try to make an appointment when I haven't seen any	I can tell you when my other appointments are so that we

	other services, too much in one day does my head in.	can avoid them being on the same day as yours.
Groups	Make sure the groups are suitable for me and check in with me that I feel safe.	Tell my worker why I can't stay in the group and my honest reasons for wanting to leave or change the group.

Consider making notes on things such as:

- What makes you feel safe and secure?
- If I was feeling emotionally distressed, what would help to ground/soothe me?
- If I found myself getting too overwhelmed, what would my crisis strategy be?
- How should we support you with this?

An example of safety plan template:

The importance of grounding

Engagement can be difficult when people are emotionally charged or overwhelmed by a situation. By helping them to ground themselves we can direct them away from their thoughts memories or worries and refocus them on the present moment. One technique that can easily be used is:

Focus on your breathing and then identify:

5 things you can see

4 things you can touch

3 things you can hear

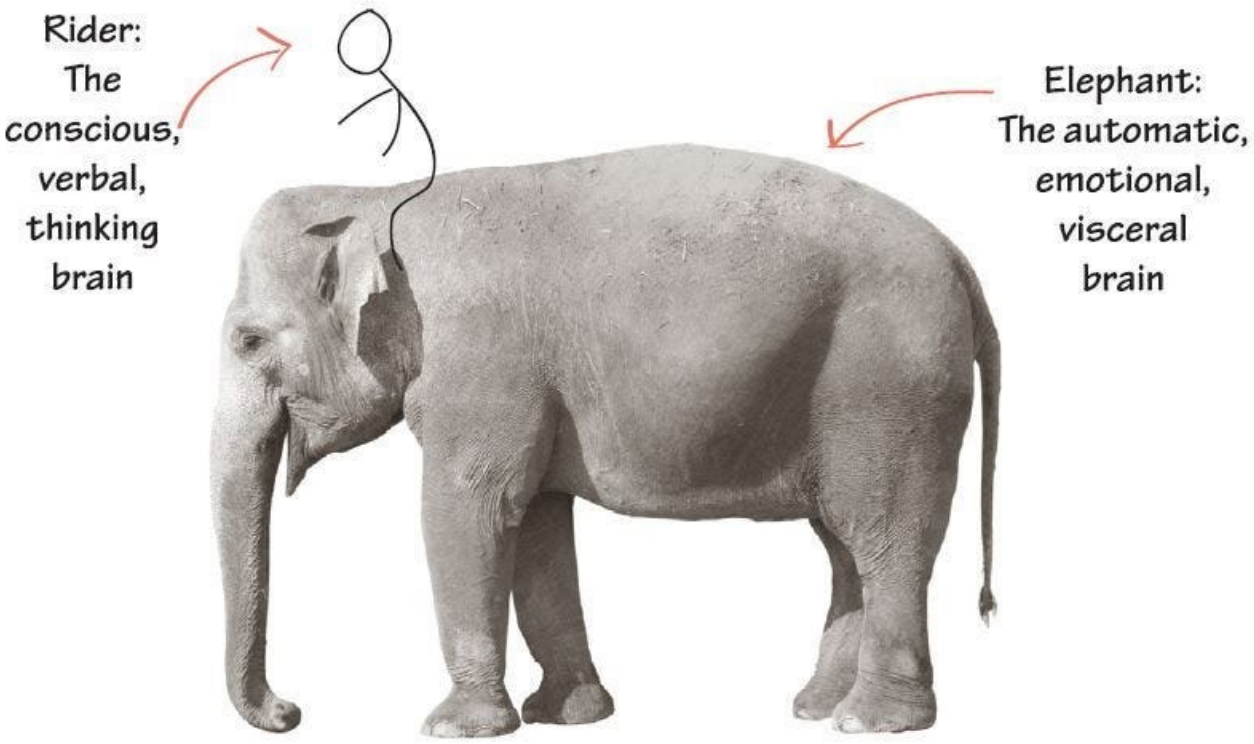
2 things you can smell

1 thing you can taste

Other grounding techniques could include:

- Literally digging your heels into the floor or pushing your feet onto the floor, actually grounding your whole body.
- Have an object to play with – consider having fidget toys available for service users.
- Have a drink or eat a sweet and consider its texture, temperature, taste etc.
- Push your tongue onto the roof of your mouth, if your mouth cannot move then your brain can't form words, the unhelpful chatter in your head should stop.
- Identify where the feeling is that is making you feel unsafe and give it a colour. Decide what your calm colour is. Close your eyes and concentrate on breathing the feeling inside of you into your lungs and out of your mouth, keep doing this until all of the bad feeling/colour has gone, breath in your calm colour and let it fill every cell in your body, keep breathing it in until you feel a warm glow around you.
- Hold a ball and pass it gently from one hand to the other, keep doing this until you feel calm.
- Whilst walking count your footsteps.

Remember the unconscious is like the elephant and the conscious is the rider – once the emotional unconscious mind feels unsafe, it will behave in whatever way it can to help it survive and the conscious mind will find it hard to take back control. Understand when there are triggers to feeling unsafe and help to steer the unconscious, (elephant), back to safety by grounding it from its thoughts and worries.



Understanding the stress response

Hyperarousal

- Increased heart rate
- Increased rate of breathing
- Blood flows from the arms and legs to organs and major muscle groups
- Tension in the person's muscles
- Hypervigilance i.e., being on guard (for threat)
- Problems with the digestive system
- Disturbance of sleep and energy levels

Hypoarousal

- Having feeling of being 'shut down' or 'cut off'
- Avoidant – avoiding places, events, feelings
- Withdrawn
- Loss of humour, motivation, pleasure, and connection with others
- Disturbance of sleep and energy levels

Tips to reduce stress

Hyperarousal

- Recognise being hyper-aroused is a distress/fear response

- Validate their response ('I can see you are...')
- Support the person to feel safe
- Turn the person's focus to their current need/task
- Support gentle ways for the person to release some energy
- Help the person to feel grounded, and feel settled in their body (e.g., feet firmly on the floor; some stretches)

Hy*po*arousal

- Recognise being hypo-aroused is a distress/fear response
- Support the person to feel safe
- Provide an opportunity for the person to express their current needs without pressuring them to do so
- Pay attention to the physical space (more or less proximity to others?)
- Help the person to become aware of their current surroundings and to tune into their senses
- Encourage the person to move a little, change their posture/position or practice a familiar ritual or rhythm. Emphasis should be on movement rather than sensations for hypo-aroused states.
- Direct attention outward (e.g., noticing objects in the room) rather than inward

Self-soothing

A specific form of grounding can be used called self-soothing. This can be done as an intervention to allow people to identify techniques they can use in times of emotional stress.

Vicarious trauma

Vicarious trauma is an occupational challenge for people working and volunteering in services that support individuals who are victims of violence and trauma.

When we work with people who have experienced trauma, we hear, see, and learn about their experiences which at times can become overwhelming. As we empathise with them, we can indirectly absorb their trauma and the emotions they have linked to it.

Between 40% and 85% of "helping professionals" develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms, according to compassion fatigue expert Francoise Mathieu (2012).
Signs and symptoms:

- No separation of personal and professional time.
- Lacking a personal life outside of work.
- Experiencing lingering feelings of anger, rage, and sadness about a service user's experience.
- Becoming overly involved emotionally with the individual.
- Loss of hope, pessimism, cynicism.
- Avoiding listening to service user's story of traumatic experiences.
- Experiencing bystander guilt, shame, feelings of self-doubt.
- Over identification with the service user (having horror and rescue fantasies).
- Distancing, numbing, detachment, cutting service users off, staying busy.
- Difficulty in maintaining professional boundaries with the service user, such as overextending self (trying to do more than is in the role to help the service user)

"There is nothing either good or bad, but thinking makes it so"

William Shakespeare

Looking after yourself at work

- Ensure you take appropriate breaks.
- Have a network of people you can talk to in work.
- Make sure you take holidays throughout the year.
- Ensure you have coping mechanisms at work.
- Spend time with friends and family.
- Encourage the use of the Employee Assistance Programme.
- Line management supervision and clinical supervision (if available).
- Embed reflective practice into your role.
- Debrief

Reflective Practice

Reflective practice can help to make meaning of what happened within a particular meeting/intervention focusing on both positives and areas of development. With reflective insight, it gives room for personal growth and best practice.

Using some of the grounding techniques within this booklet will help with symptoms of vicarious trauma and can be useful after a particularly difficult meeting where trauma has been disclosed to you.

Further Learning and Resources

Books

- The Body Keeps Score: Brain, Mind, And Body in The Healing of Trauma by Bessel van der Kolk, MD.
- It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle by Mark Wolynn.
- Childhood Disrupted: How Your Biography Becomes Your Biology And How You Can Heal by Donna Jackson Nakazawa
- In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness Peter A Levine, PhD (North Atlantic Books, 2012)
- The Boy Who Raised As A Dog by Bruce D Perry
- What Happened To You? By Bruce D Perry and Oprah Winfrey

Websites

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (hhs.gov)
- Trauma-Informed-Wales-Framework.pdf (traumaframeworkcymru.com)
- Trauma-informed practice: toolkit - gov.scot (www.gov.scot)
- Alberta Family Wellness Initiative – Building Better Brains » Alberta Family Wellness Initiative
- Hard-Edges-Mapping-SMD-2015.pdf (lankellychase.org.uk)
- trauma-informed-assessment-guidelines.pdf (kcl.ac.uk)
- Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

You Tube

- What is trauma? Bessel Van Der Kolk https://youtu.be/BJfmfkDQb14
- How childhood trauma affects health across a lifetime – Dr Nadine Burke Harris https://youtu.be/95ovIJ3dsNk
- How childhood trauma affects the brain https://youtu.be/xYBUY1kZpf8
- Attachment theory breakdown https://youtu.be/WjOowWxOXCg
- Vicarious trauma https://youtu.be/L415Vt21NXI
- We Shall be – Implementing trauma informed care in South Tees https://youtu.be/R8KkVlCgZxg
- ACES https://youtu.be/XHgLYI9KZ-A

Teeswide Safeguarding Adults Board Resources

- Policies, Procedures and Guidance https://www.tsab.org.uk/key-information/policies-strategies/
- Teeswide Safeguarding Adults Concern Form https://www.tsab.org.uk/report-abuse/

- Teeswide Safeguarding Adults Board - Safeguarding Adults Reviews Reports
  https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

- Teeswide Safeguarding Adults Board - You Tube Channel (Playlist)
  https://www.youtube.com/channel/UCMxNFNZsoxIc3YZEVXisx_w

- Teeswide Safeguarding Adults Board – E-Learning
  https://www.tsab.org.uk/training/

- Teeswide Safeguarding Adults Board – Training Courses and Events
  https://www.tsab.org.uk/events-key-dates/

Appendix 1: **Knowledge Check**

Question 1
What is classed as toxic stress?

Question 2
What is meant by the 5 F's?

Question 3
Which of the following are NOT a trauma informed principle *(please circle)*:

- Safety
- Inclusivity
- Reflective
- Empowerment
- Sustainability

Question 4
What is a safety plan?

Question 5

Name 3 signs or symptoms of someone suffering from vicarious trauma.

_____

_____

_____

_____

Question 6

Reflective practice is a method used to make meaning of what happened within a particular meeting/intervention focusing on both positives and areas of development.

True or False?

Appendix 2: **Knowledge Check - Answers**

Question 1

What is classed as toxic stress?

Toxic stress can be such things as abuse, neglect, parental substance uses or growing up in a chaotic environment.

Question 2

What is meant by the 5 F's?

Fight, Flight, Freeze, Friend, Flop

Question 3

Which of the following are NOT a trauma informed principle:

- Safety
- Inclusivity
- Reflective
- Empowerment
- Sustainability

Question 4

What is a safety plan?

A safety plan can support staff and the individual to identify potential triggers whilst in your service and be prepared to deal with them. It can help to increase feelings of safety and empowerment.

Question 5

Name 3 signs or symptoms of someone suffering from vicarious trauma.

- No separation of personal and professional time.
- Lacking a personal life outside of work.
- Experiencing lingering feelings of anger, rage, and sadness about a service user's experience.
- Becoming overly involved emotionally with the individual.
- Loss of hope, pessimism, cynicism.
- Avoiding listening to service user's story of traumatic experiences.
- Experiencing bystander guilt, shame, feelings of self-doubt.
- Over identification with the service user (having horror and rescue fantasies).
- Distancing, numbing, detachment, cutting service users off, staying busy.
- Difficulty in maintaining professional boundaries with the service user, such as overextending self (trying to do more than is in the role to help the service user)

Question 6

Reflective practice is a method used to make meaning of what happened within a particular meeting/intervention focusing on both positives and areas of development.

True or False