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Resources & Services

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/about-trauma/>

[Adverse Childhood Experiences \(ACEs\) \(youtube.com\)](#)

[Secondary Trauma – PTSD UK](#)

[Action steps using ACEs and trauma-informed care: a resilience model | Health & Justice \(springer.com\)](#)

[The Window of Tolerance – YouTube](#) / [Window of Tolerance Reimagined \(youtube.com\)](#)

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What we can do for ourselves and others?

- Seek support / talk to your manager; make use of reflective practice / supervision. Be non-judgemental towards others who share their feelings;
- Understand the strength in recognising your needs early and acting.
- Use preventative strategies – self-care, breathing exercises, physical exercise, mindfulness, time out.

Where a situation has affected several people, think about having a peer or team debrief – a chance for all of you to get together and reflect on what has happened.

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Window of Tolerance

If you work with people who 'don't engage' or are 'aggressive' (Flight/Fight), think about how their life experiences might be affecting their responses.

These basic brain responses are instinctive, not intentional – in these moments your brain and body can't tell the difference between a deadly attack and a stressful phone call or meeting. Another way of looking at this involves understanding about the Window of Tolerance – a zone where we are calm, in control and work effectively – but this zone is sandwiched between those basic responses to situations of hypo- (disengaged / depressed) or hyper- (stressful / anxious / aggressive) activation.

Bury Safeguarding Partnership

7 Minute Briefing: Trauma Informed Practice



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What is Trauma Informed Practice? (TIP)

TIP is a strengths-based approach looking to understand and respond to the impact of trauma on people's lives, not just on people who we work with, but on us too.

There are 4 main points that define trauma informed care:

- Realising that trauma has a widespread impact on individuals, families, groups etc and understanding paths to recovery
- Ability to recognise the signs and symptoms of trauma
- Integrating trauma knowledge into policies, programs, and practices
- Seeking to avoid re-traumatisation

1

Background – what is Trauma?

Trauma generally means going through very stressful, frightening, or distressing events; it can also mean how we have been affected by our experiences, both in the short and longer term. Response to trauma is very personal – two people might have the same experience but react very differently. It is ok to have these feelings and responses. Trauma can include events where you feel frightened, humiliated, unsafe, trapped, ashamed, powerless, rejected, unsupported. It's not only about direct impact, but also by seeing harm happen to someone else, or living in a traumatic environment; it can happen through ongoing events or just a one-off incident.

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How do we Respond to Trauma?

There are 5 main types of instinctive response to traumatic events:

- Fight (attack verbally or physically)
- Flight (getting away / leaving a situation)
- Freeze (shutting down, unable to engage)
 - Flop (dissociation and, or fainting)
- Friend (feelings of anxiety and attempting to pacify a perceived threatening person by being overly helpful, supportive).

Our brains remember which of these automatic responses has helped us most in different situations.

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What is Secondary Trauma?

Secondary trauma is when you are affected by something that happens to someone else. This can be especially common in health, social care and many other services where we are supporting someone through a difficult episode in their life, seeing their trauma. The risk of secondary trauma is that we then carry this with us into work with other people, with a negative impact on that intervention, and we can continue to acquire secondary trauma. This can lead to us feeling unhappy at work, leaving jobs and roles sooner, as well as physical and psychological effects.