Introduction to The Trauma Recovery Model

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Trauma Recovery Model

Developed by Dr Tricia Skuse and Jonny Mathews (TRM academy)

https://trmacademy.com

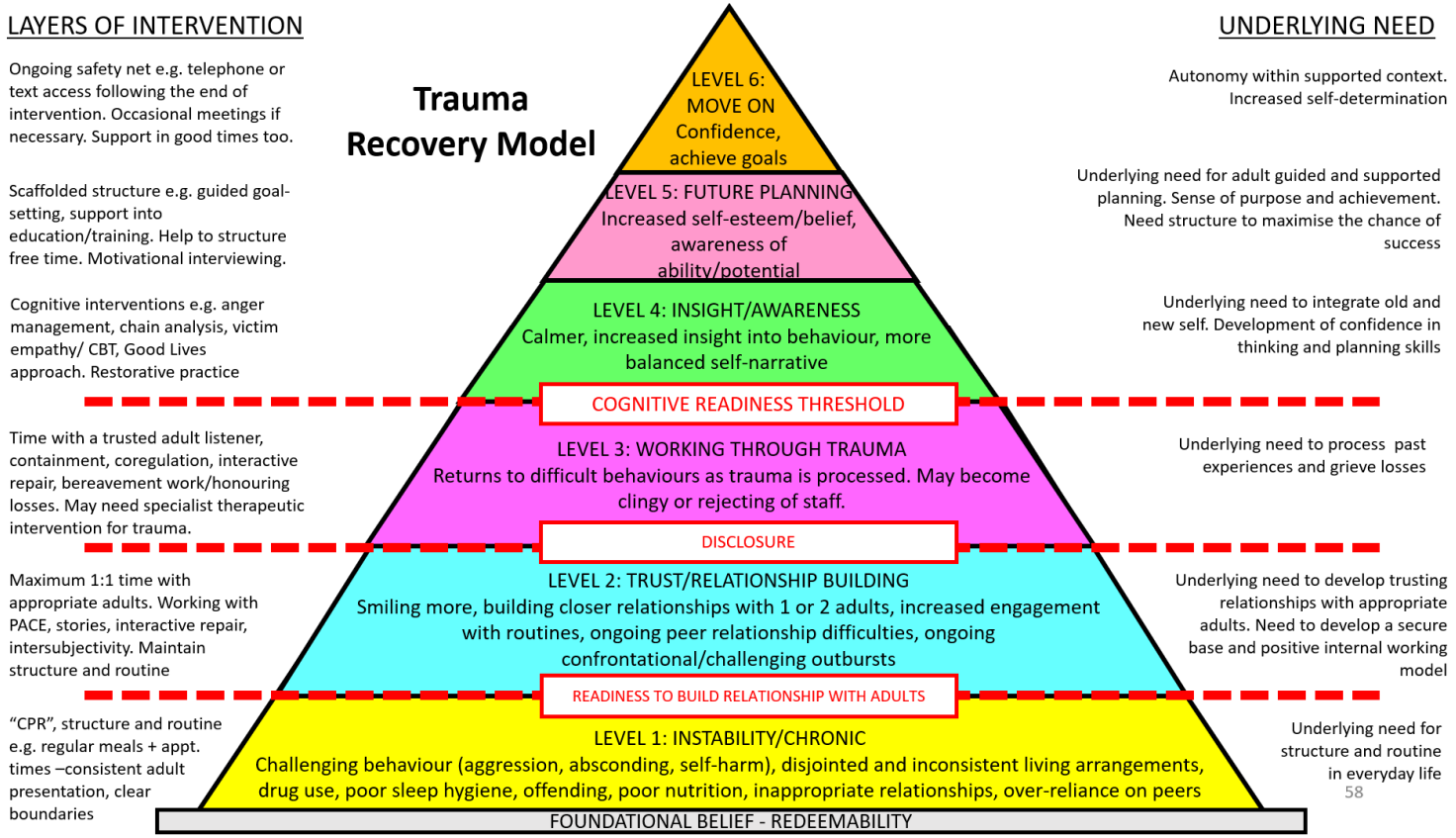
Developed initially within Youth Justice- high relationship with adversity. Complex needs not always met by traditional therapy approaches

A trauma informed framework to understand the psychological needs that underpin behaviours and identify developmentally appropriate interventions that best address those needs.

Foundational Belief of TRM of redeemability and an emphasis that relational trauma can be resolved through building safety and trusting relationships

The TRM

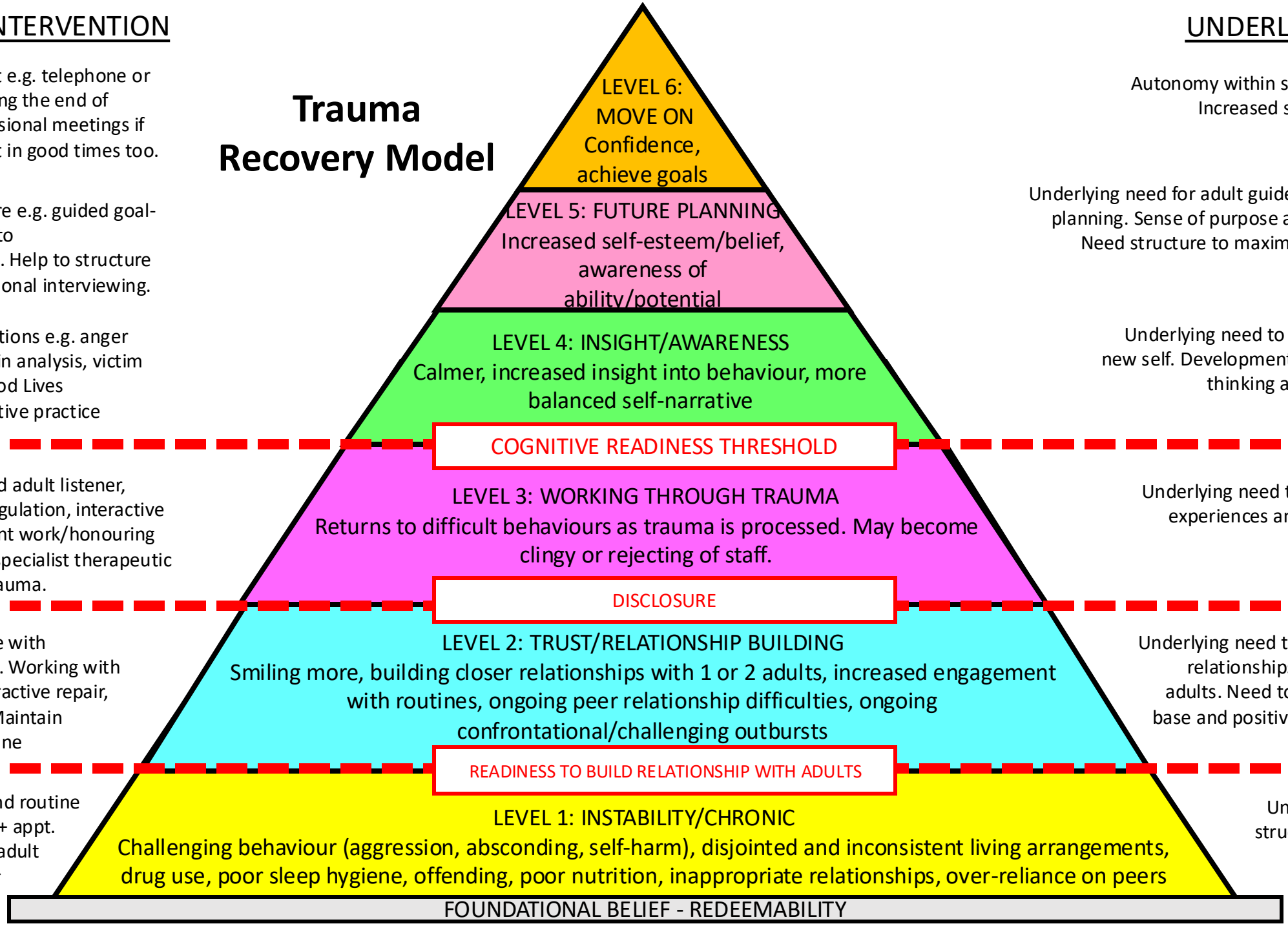
- Draws on existing theories and understanding
- Maslow's Hierarchy of Needs
- Cognitive theory of child/adolescent development (Piaget)
- Attachment theory
- Neurodevelopmental research
- …and looks at how these apply to people with complex history of trauma and childhood adversity



Trauma Recovery Model

LAYERS OF INTERVENTION

UNDERLYING NEED



Ongoing safety net e.g. telephone or text access following the end of intervention. Occasional meetings if necessary. Support in good times too.

Autonomy within supported context. Increased self-determination

Scaffolded structure e.g. guided goal-setting, support into education/training. Help to structure free time. Motivational interviewing.

Underlying need for adult guided and supported planning. Sense of purpose and achievement. Need structure to maximise the chance of success

Cognitive interventions e.g. anger management, chain analysis, victim empathy/ CBT, Good Lives approach. Restorative practice

Underlying need to integrate old and new self. Development of confidence in thinking and planning skills

Time with a trusted adult listener, containment, coregulation, interactive repair, bereavement work/honouring losses. May need specialist therapeutic intervention for trauma.

Underlying need to process past experiences and grieve losses

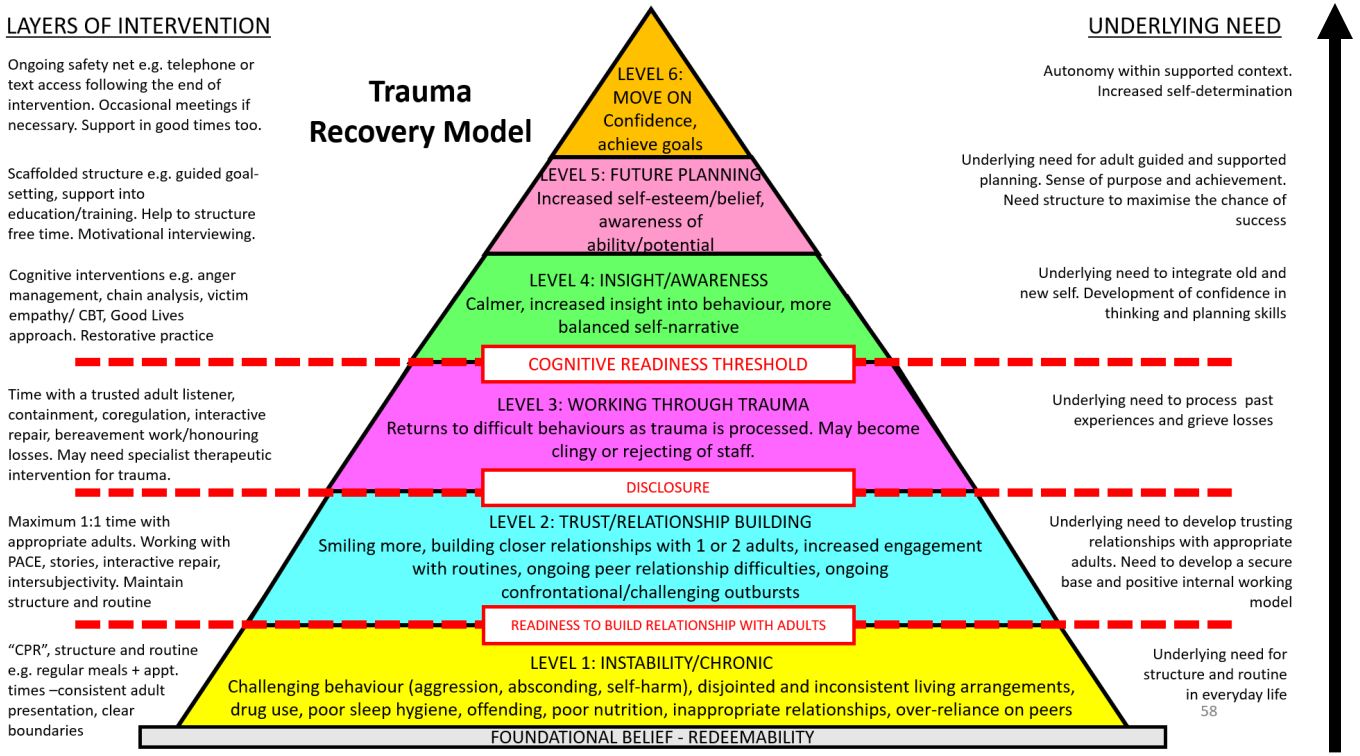
Maximum 1:1 time with appropriate adults. Working with PACE, stories, interactive repair, intersubjectivity. Maintain structure and routine

Underlying need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model

"CPR", structure and routine e.g. regular meals + appt. times –consistent adult presentation, clear boundaries

Underlying need for structure and routine in everyday life

The TRM

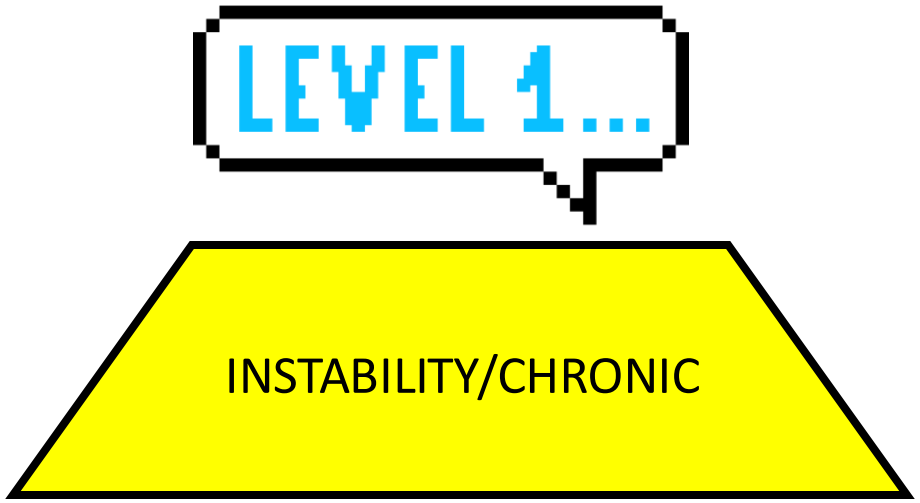


READINESS TO BUILD RELATIONSHIP WITH ADULTS

LEVEL 1: INSTABILITY/CHRONIC

Challenging behaviour (aggression, absconding, self-harm), disjointed and inconsistent living arrangements, drug use, poor sleep hygiene, offending, poor nutrition, inappropriate relationships, over-reliance on peers

Level 1: Key Features



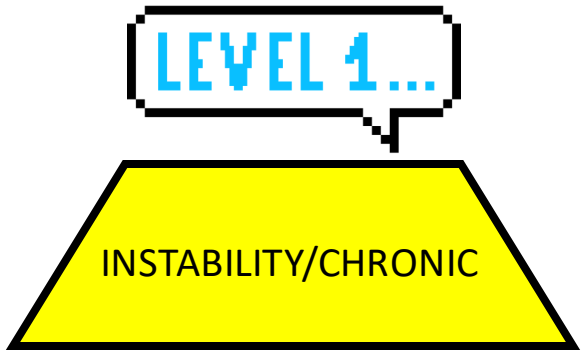
The need for structure and routine

Creating ANCHOR Points:

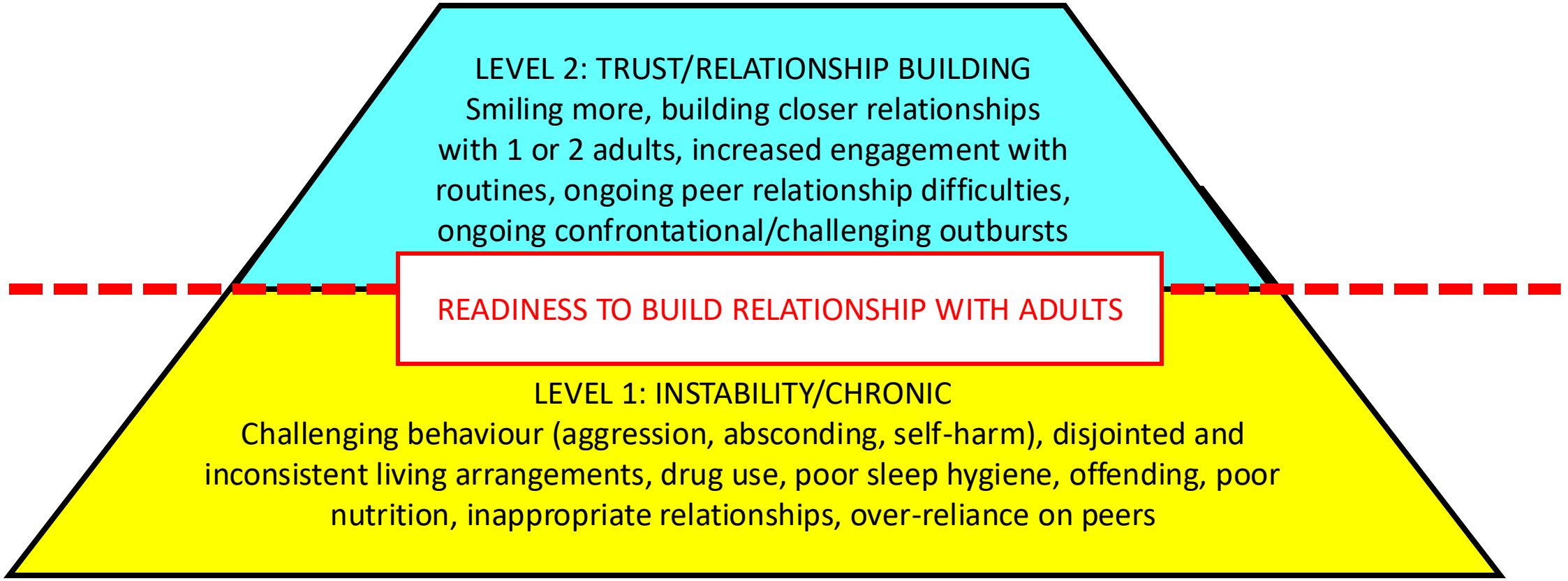
- Person – how you are
- Event – where you see people
- Time – appointment times
- Nurture

CPR

1. Consistency — ‘you deal with me the same way each time’
2. Predictability — ‘I can anticipate you – you are trustworthy’
3. Reliability — ‘I can lean on you, you don’t give up’



The Emotional Readiness Threshold



Level 2 – Key Features

The most important phase

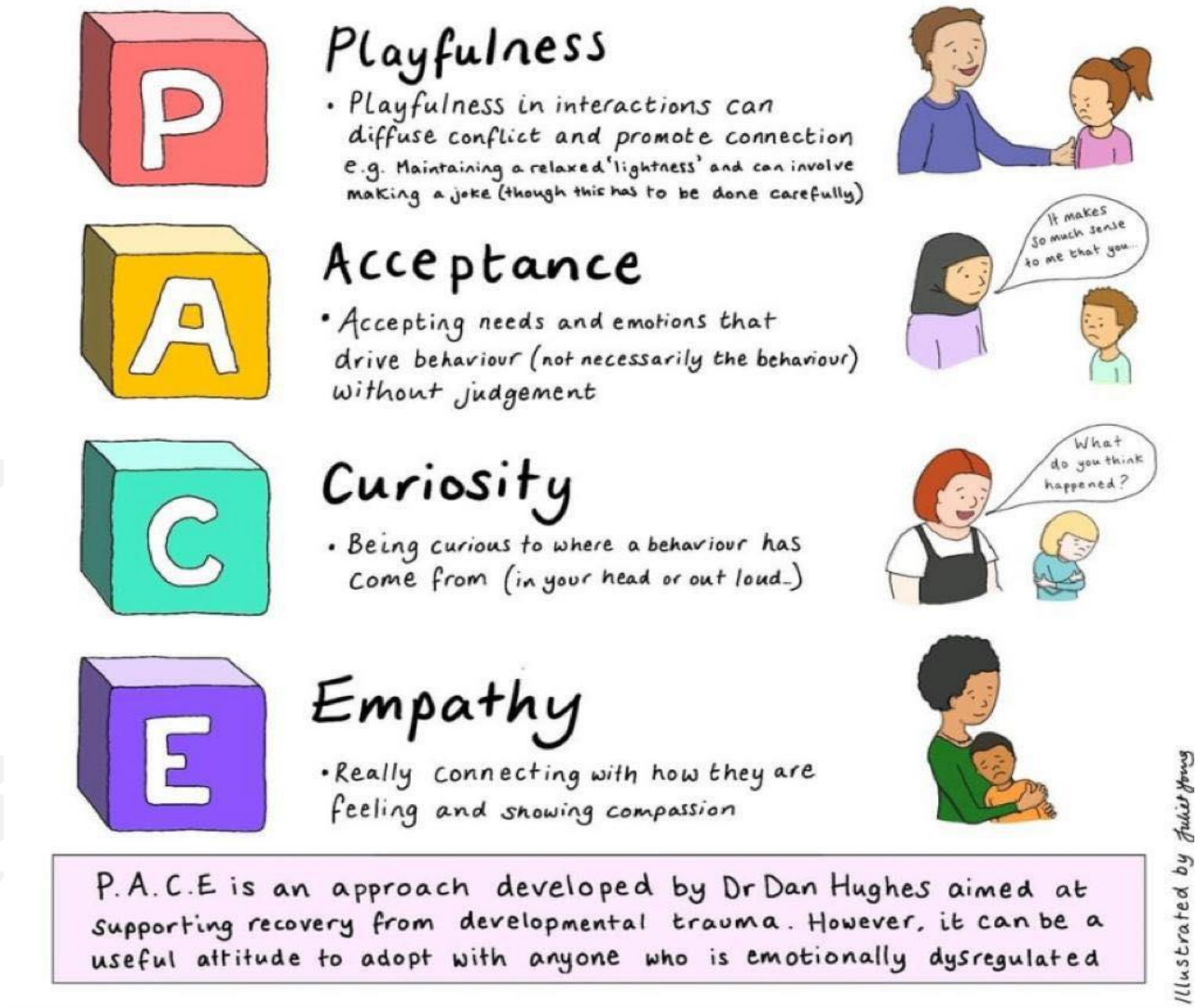
Relationship building with 1 or more adult
1:1 time

Inter-subjectivity – 3 components
1) Shared emotion
2) Shared attention
3) Shared intention

Secondary Intersubjectivity

Creating Emotional Safety

LEVEL 2:
TRUST/RELATIONSHIP BUILDING

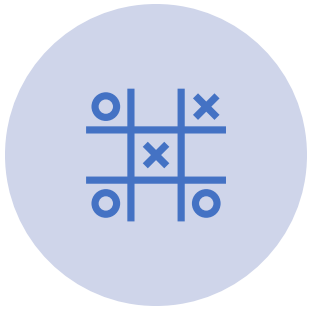


Hughes, D. (2021) DDP Network What I meant by PACE: available from :What is meant by PACE? - DDP Network

Play

GROUP GAMES

ACTIVITY GAMES



PARALLEL ACTIVITIES

ACTIVITIES WHERE ADULTS STRUGGLE TOO

LEVEL 2:
TRUST/RELATIONSHIP BUILDING

The Benefits of Play

- Relationship building
- Turn-taking
- Joint attention
- Making up for missed experiences
- Problem solving
- Emotional regulation
- Time to talk
- Safety

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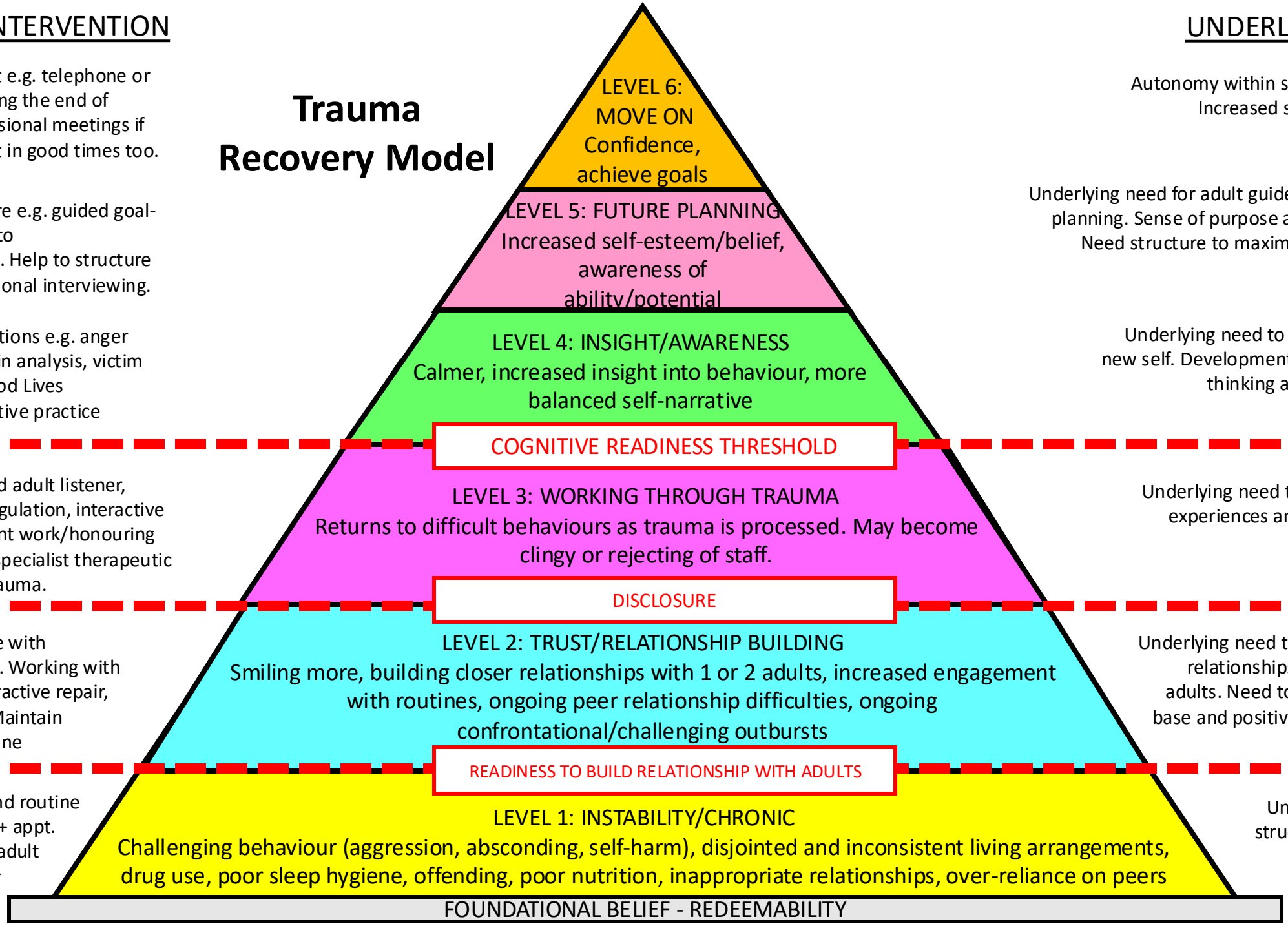

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Trauma-Informed Care- Principles

Fallot and Harris 2009

Institute on Trauma and Trauma informed care 2021

What we do in CAMHS somserset to be more Trauma informed

- Project with the young people's participation group
- *Not about necessarily proving trauma therapy (as may not be appropriate) but it's about how we provide services that are not re-traumatising and services that take account of a young person's experience*

Safety

Information about CAMHS given before the appointment (directed to internet page).

Photos of clinicians, building, waiting room.

Sensory preferences gathered (e.g., sitting, noise, lights, fidget items).

Information on confidentiality and consent given verbally and visually. Check consent about who to share with (unless risk overrides). Review frequently.

Safety plans made collaboratively.

Exploring where someone might like to be seen (e.g., home, café, park, clinic).

Consent for physical touch.

Check if there are any concerns about seeing a particular gender.

Pronouns

Same room and time if possible.

Trust

Confidentiality and consent explained and gained, and rechecked frequently.

Negotiate how people who matter will be involved and always communicate who information will be shared, and not shared with.

Expectations and endings explained.

Upcoming leave shared.

Familiarity (same room, same place).

Acknowledge that trust and engagement may take time.

Offer space to talk about previous disappointments.

Flexibility in engagement (e.g., texts, email, games, going for walks). Ask what they would like.

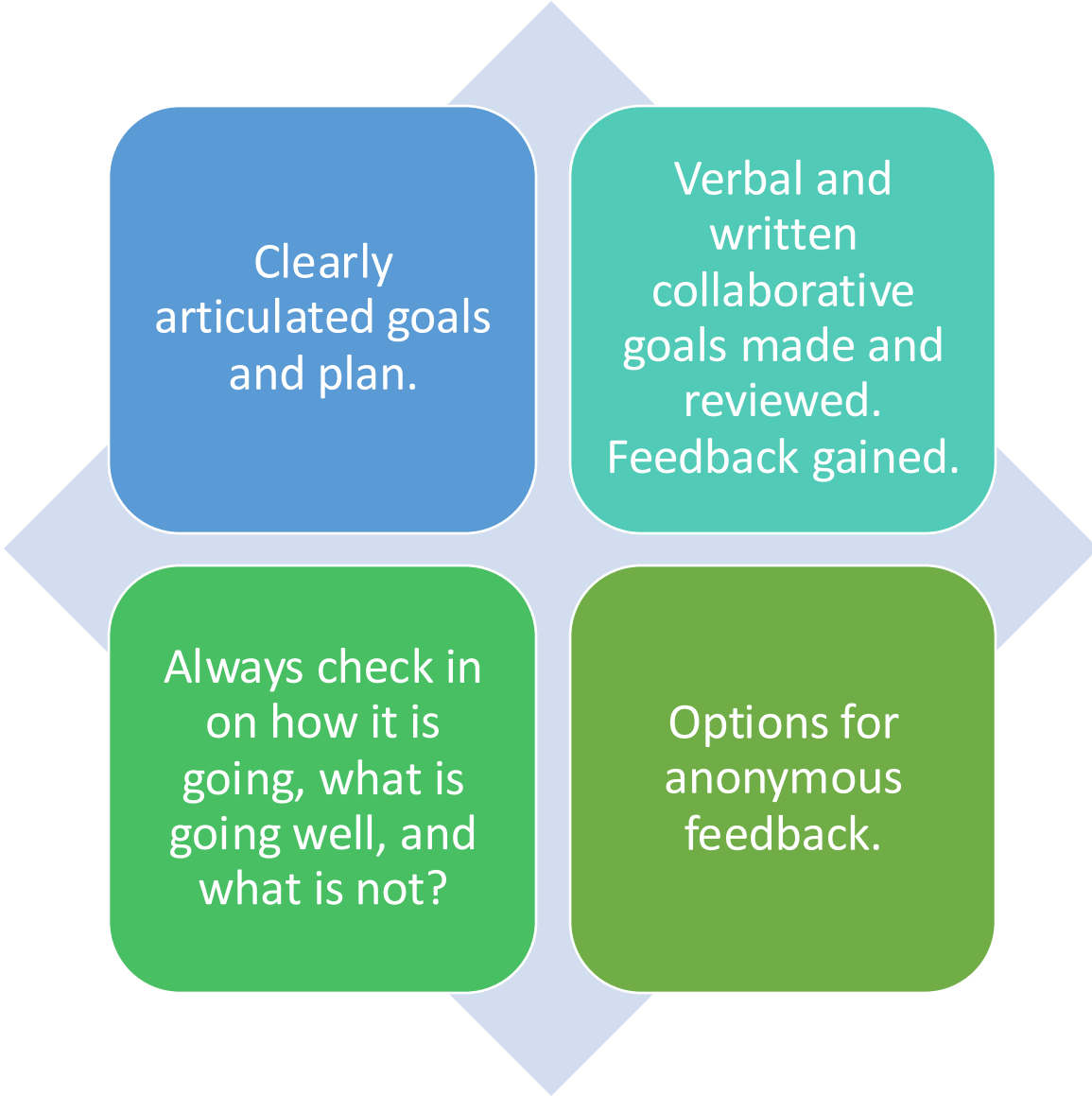
Choice

Options/choice of different therapies/approaches explained in detail and understanding and consent gained for these.

Open conversations and questions about preference of approach.

Choices listened to and actioned, where possible.

Collaboration



Empowerment

Feedback on what is going well and what they might like to change about their life.

Find out about other areas in life where they could build strengths.

Share participation opportunities.

Introduction to a strengths-based narrative (Tree of Life).

Positive relationships/ compassionate figures.

Thank you

- **TRM Academy Resources/The training room available from https://trmacademy.com Dr Tricia Skuse and Jonny Matthews.**
- CAMHS somerset YP participation group