# Introduction to The Trauma Recovery Model

Dr Annie Jinks, Senior Clinical Psychologist CAMHS (Child and adolescent mental health services) Somerset Foundation NHS trust.

# Trauma Recovery Model

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

https://trmacademy.com

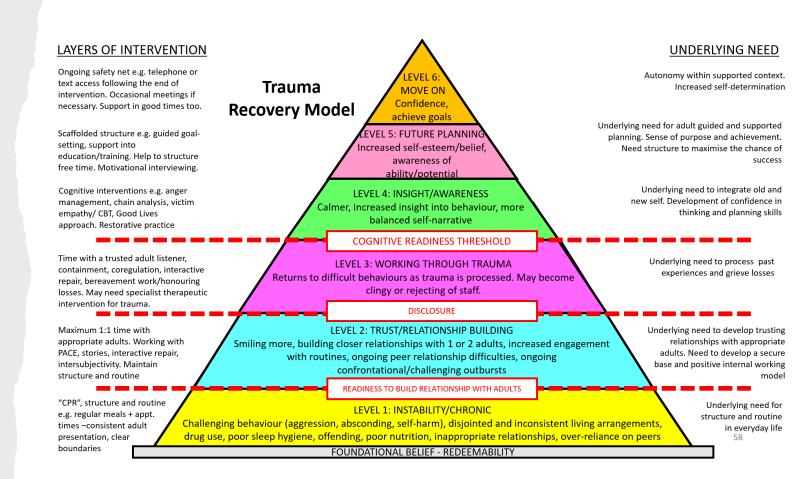
Developed initially within Youth Justice- high relationship with adversity. Complex needs not always met by traditional therapy approaches

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



### LAYERS OF INTERVENTION

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

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

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

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

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

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

Trauma **Recovery Model** 

LEVEL 6: **MOVE ON** Confidence, achieve goals

EVEL 5: FUTURE PLANNING Increased self-esteem/belief,

> awareness of ability/potential

LEVEL 4: INSIGHT/AWARENESS

Calmer, increased insight into behaviour, more balanced self-narrative

**COGNITIVE READINESS THRESHOLD** 

LEVEL 3: WORKING THROUGH TRAUMA

Returns to difficult behaviours as trauma is processed. May become

clingy or rejecting of staff.

**DISCLOSURE** 

LEVEL 2: TRUST/RELATIONSHIP BUILDING

Smiling more, building closer relationships with 1 or 2 adults, increased engagement with routines, ongoing peer relationship difficulties, ongoing

confrontational/challenging outbursts

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

FOUNDATIONAL BELIEF - REDEEMABILITY

**UNDERLYING NEED** 

Autonomy within supported context. Increased self-determination

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

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

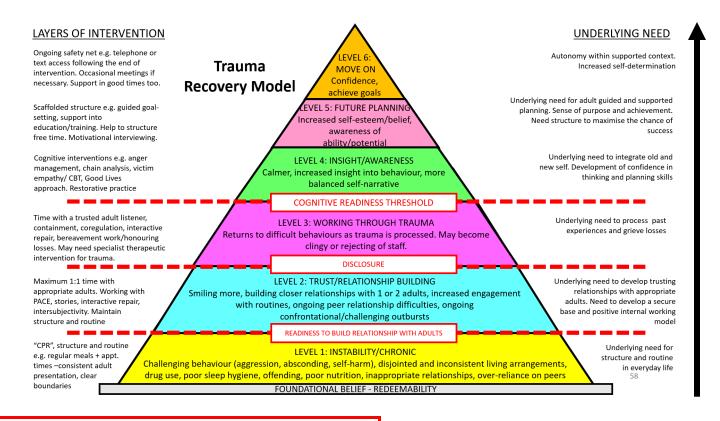
> > Underlying need to process past experiences and grieve losses

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

model

Underlying need for structure and routine in everyday life

# The TRM



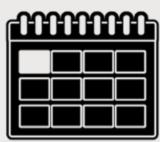
### READINESS TO BUILD RELATIONSHIP WITH ADULTS

### LEVEL 1: INSTABILITY/CHRONIC

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# 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

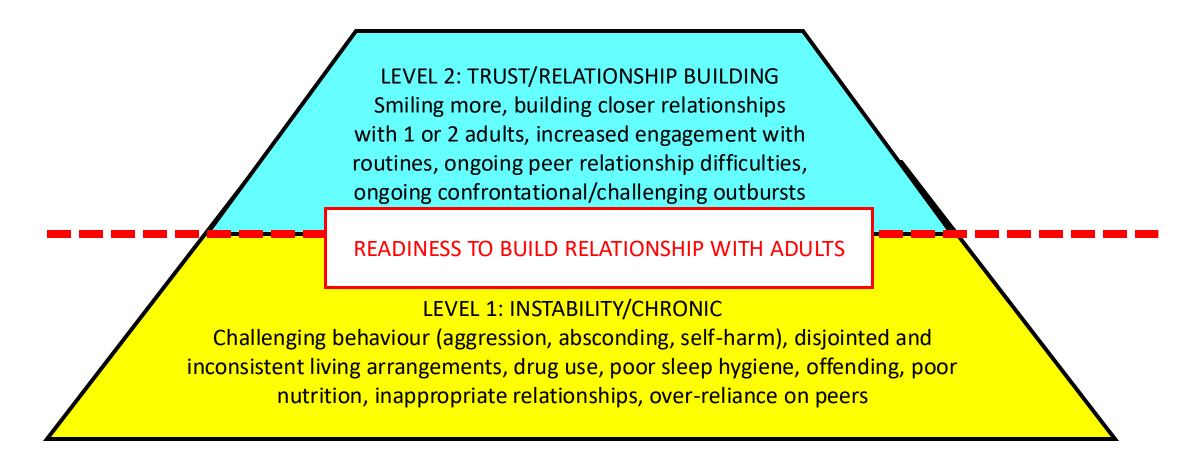
'I can lean on you, you don't give up'



Trauma Recovery Model – Dr Tricia Skuse and Jonny Matthews

@TRM

# The Emotional Readiness Threshold



# Level 2 – Key Features

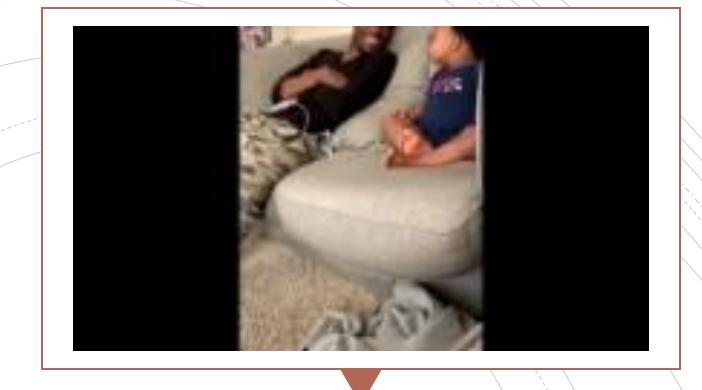
The most important phase

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

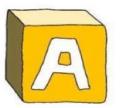
LEVEL 2: TRUST/RELATIONSHIP BUILDING



### Playfulness

Playfulness in interactions can
diffuse conflict and promote connection
e.g. Maintaining a relaxed lightness and can involve
making a joke (though this has to be done carefully)





### Acceptance

 Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement





## Curiosity

· Being curious to where a behaviour has come from (in your head or out loud-)





# Empathy

· Really connecting with how they are feeling and snowing compassion



P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated

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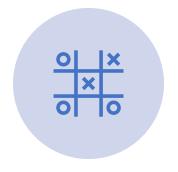
# Play







**ACTIVITY GAMES** 



PARALLEL ACTIVITIES



ACTIVITIES WHERE ADULTS STRUGGLE TOO



Trauma Recovery Model – Dr Tricia Skuse and Jonny Matthews @TRM

# The Benefits of Play

Relationship building

Turn-taking

Joint attention

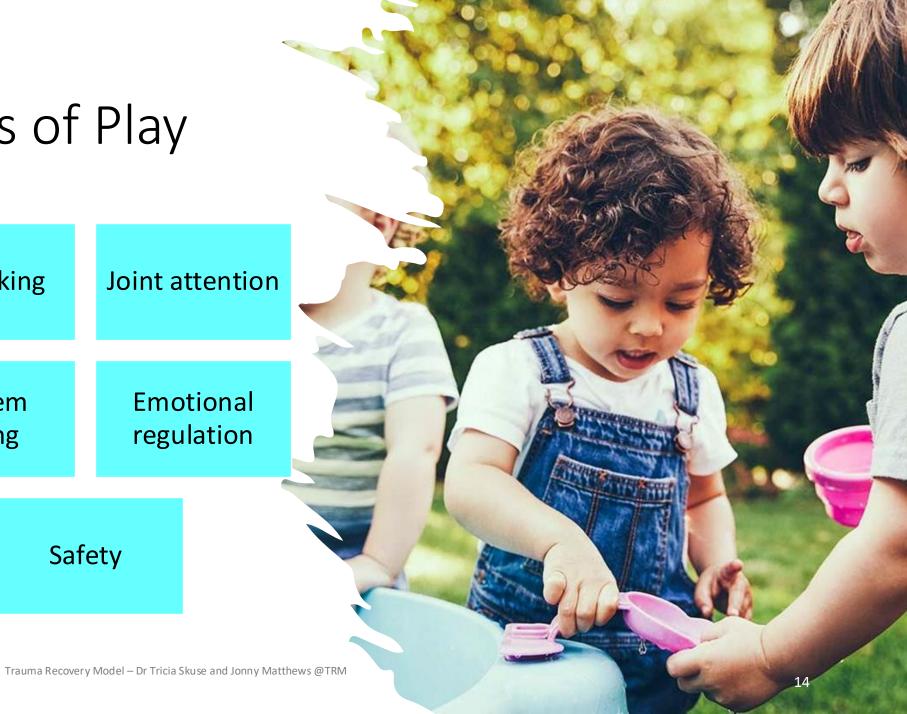
Making up for missed experiences

Problem solving

**Emotional** regulation

Time to talk

Safety



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# Trauma-Informed Care- Principles

Fallot and Harris 2009

### Safety



### Choice



### Collaboration



### **Trustworthiness**



### **Empowerment**



Ensuring physical and emotional safety

Individual has choice and control

**Definitions** 

Making decisions with the individual and sharing power Task clarity, consistency, and Interpersonal Boundaries Prioritizing empowerment and skill building

Common areas are welcoming and privacy is respected Individuals are provided a clear and appropriate message about their rights and responsibilities Principles in Practice

Individuals are provided a significant role in planning and evaluating services Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

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

Clearly articulated goals and plan.

Verbal and written collaborative goals made and reviewed.
Feedback gained.

Always check in on how it is going, what is going well, and what is not?

Options for anonymous feedback.

# 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 <a href="https://trmacademy.com">https://trmacademy.com</a> Dr Tricia Skuse and Jonny Matthews.
- CAMHS somerset YP participation group