

# ADOPTING A FAMILY APPROACH

## Short Guide Series

# Trauma Informed Practice and Adverse Childhood Experiences (ACEs)

## Trauma Informed Practice

Trauma informed practice refers to a relatively new strengths-based treatment framework that emphasises emotional, psychological and physical safety for therapists and survivors of trauma including abuse in childhood.

### What is trauma informed practice?

The main aim of trauma informed practice is to prevent re-traumatisation in therapeutic and medical settings that are designed to facilitate healing, and to safeguard against the dangers of vicarious trauma for staff.

Though the medical community at large acknowledges the benefits of trauma informed practice, the use of physical restraint, seclusion and manipulation still occurs on many mental health wards and psychiatric hospitals. These experiences are detrimental to a person's chances of recovery due to the obvious risk of re-traumatisation and the likelihood that they will not seek treatment again, due to their initial negative experience.

### The five key tenets of trauma informed practice

The trauma informed approach follows these key principles, to safeguard both the survivor of the trauma, and the professional supporting them in recovery:

#### 1. Safety

Throughout the organisation, staff and clients must feel psychologically and physically safe. There should be no obvious risks from the physical setting and interactions between staff and client engender a sense of safety.

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### 2. Trustworthiness

Organisational processes and decisions must be transparent, with the overarching goal of fortifying trust between organisation and staff, and staff, survivors and friends and family of survivors.

### 3. Collaboration

Often, survivors of trauma feel powerless, as the traumatic situation has rendered them helpless at the time and again in future when experiencing flashbacks or panic attacks. The focus on collaboration here recognises that healing happens in relationships that promote a meaningful sharing of power and decision-making.

### 4. Empowerment

New skills empower, and as such individuals' strengths should be recognised and nurtured to facilitate professional growth amongst staff and recovery for the survivor of the traumatic experience.

### 5. Choice

The choice component of the five key tenets recognises that there is no one size fits all approach to healing. Every person's experience is unique and requires a tailored programme suited to their individual needs, the organisation should aim to strengthen both the staff and client's ability to choose.

(From: [NAPAC The National Association for People Abused in Childhood](#)).

Read more on trauma informed practice [here](#).

## Key points of Trauma Informed Practice

### *Working with children who have experienced trauma*

- Children in care are likely to have experienced trauma but not all children who have adverse experiences will be traumatised. Every child is unique and their responses to the same adversity will differ.

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- Trauma can affect brain development. Many traumatised children function at an earlier developmental level than their chronological age suggests.
- Traumatised children may struggle to develop regulatory skills needed for learning and social relationships.
- Some children react powerfully to sensory triggers related to their trauma by becoming hyper aroused or dissociating. These reactions often occur below the level of conscious awareness.
- If adults involved with traumatised children are unable to manage their own emotions, this can escalate children's distress.
- Effective help requires intervention that is congruent with neuroscience, developmentally relevant and relational.
- The key adults in helping children recover from trauma are their carers and teachers. They require relevant support and training to be most helpful to traumatised children.
- Crisis-oriented care organisations may exacerbate trauma and undermine the efforts of committed practitioners.
- Post-traumatic growth and resilience is possible. Traumatised children need hope and adults involved with them must believe in a positive future for them.

From: [Insight](#) written by Judy Furnivall (CELCIS) and Edwina Grant (Scottish Attachment in Action).

### *Working with adults who have experienced trauma*

- Sometimes other people's behaviour can be difficult to understand or respond to. Always remember that aggression, anxiety, depression and many chronic health conditions can stem from past traumatic experiences. Listen carefully to what the person is saying and stop and think before responding.
- For people living with mental health diagnoses it can be extremely empowering and healing to explore and recognise that many, or even all, of their symptoms are linked to chronic traumatic experiences in childhood rather than innate 'defects' or 'disorders.'
- Trauma-informed approaches encourage practitioners to ask their clients: "What happened to you?" – not "What's wrong with you?"

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- [Research](#) suggests trauma-informed services should:
  - Welcome clients and ensure that they feel respected and supported.
  - Ensure staff maintain healthy interpersonal boundaries and can manage conflict.
  - Keep consistent appointments.
  - Offer sufficient notice and preparation when changes are necessary.
  - Maintain communication that is consistent, open, respectful and compassionate.
  - Be aware of how an individual's culture affects how they perceive safety and privacy.
- Research suggests the following factors to create safe physical environments:
  - Keeping car parks, common areas, bathrooms, entrances, and exits well lit.
  - Ensuring that people are not allowed to smoke, loiter or congregate outside entrances.
  - Monitoring who is coming in and out of the building.
  - Positioning security personnel inside and outside of the building.
  - Keeping noise levels in waiting rooms low.
  - Using welcoming language on all signage.
  - Making sure clients have clear access to the door in rooms and can easily exit.
- Think about the services you provide. Are there any elements (experiences or interactions, places, procedures, communications) that a person might find disempowering, coercive or lacking collaboration?

This animation aims to support workers to know how to adapt the way they work to make a positive difference to people affected by trauma and adversity: [Opening Doors: Trauma Informed Practice for the Workforce](#).

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### Adverse Childhood Experiences (ACEs)

#### What are ACEs?

Adverse Childhood Experiences (ACEs) are traumatic events occurring to children at any point before the age of 18.

There are ten ACEs; five which relate directly to the child and five which relate to the parents / household.

#### The Ten ACEs

Child	Parents / household
Physical abuse	Incarcerated household member
Sexual abuse	Parental separation or divorce
Emotional abuse	Household mental illness
Physical neglect	Household substance misuse
Emotional neglect	Mother treated violently

ACEs have been found to have lifelong impacts on health and behaviour. They are relevant to all sectors and involve anyone from any area of society. When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning.

Evidence shows that ACEs can increase an individual’s risks of developing health harming behaviours. These behaviours then lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) as well as negative social outcomes, such as domestic violence, low levels of education, a criminal record / incarceration, and potentially early death. Where ACEs occur in family settings, there is a high risk of intergenerational transmission, contributing to a cycle of disadvantage and health inequity.

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Adverse childhood experiences do not define people, nor do they solely determine a life outcome; they are simply a tool to understand the potential risks an individual or population may face.

### Where can I find out more?

There is a wealth of research available online, including comprehensive studies undertaken in Wales and Scotland. Below a few publications which illustrate the research behind ACEs:

[Ted Talks—Nadine Burke Harris, How Childhood Trauma Affects Health Across a Lifetime](#) - Further information on the medical and health research that support the concept of ACEs.

[Adverse Childhood Experiences \(ACEs\) \(Wales\)](#) - A film developed by Public Health Wales that explains ACEs.

[Adverse childhood experiences \(ACEs\) and resilience: risk and protective factors for mental illness throughout life](#) - An infographic on ACEs developed by Public Health Wales.

[Addressing childhood adversity and trauma](#) - Infographic on ACEs developed by YoungMinds.