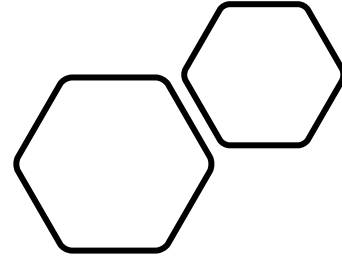


Trauma Recovery Model



Dr Laurie Grandi
(YJS Clinical Psychologist)

Aims

By the end
of the
session,
participants
will have:

Been introduced to the Trauma Recovery Model

Thought about when the TRM may be useful in our
work

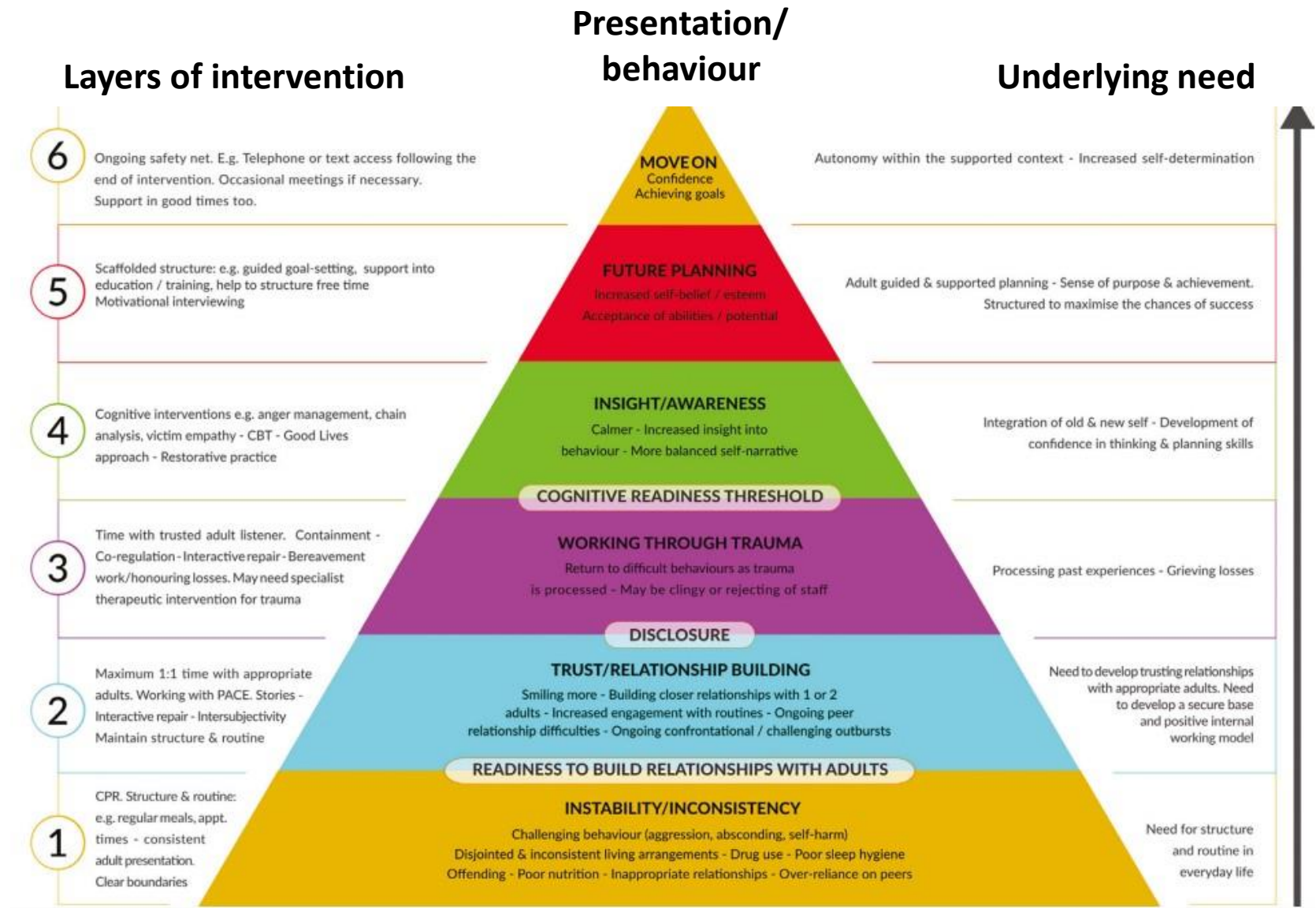
Started to think about how the TRM may be useful in
their work, both assessment and intervention planning.

Self Care

- We will be talking about difficult topics including childhood trauma and adversity, offending, harmful sexual behaviour, self harm etc...
- Do what you need to look after yourself
- Reach out to talk to someone afterwards if you need to
- Be kind to yourself



The Trauma Recovery Model



Foundational Belief - Redeemability

Introductions....

Miguel (14, male)

- Lives at home with mum
- Promising musician but no access to classes anymore.
- At an APA, excluded from school for absconding, violence and persistently disruptive.
- Offending including assaults, criminal damage and drug dealing.
- Violence at home.
- Regular mispers.

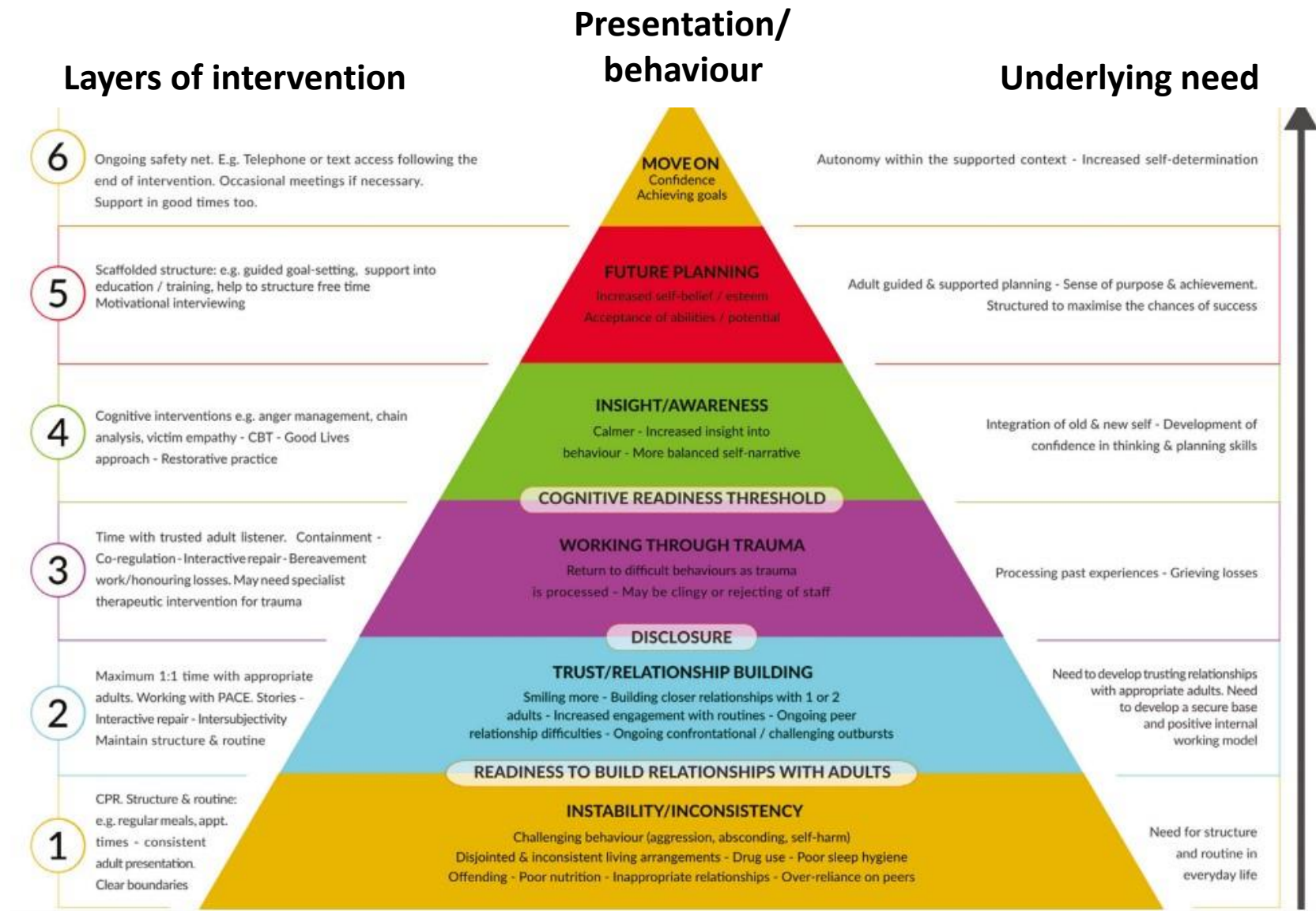


Moni (15, female)

- Moves between mum and dad's, often after falling out.
- Enjoys Rugby but can't get a lift to practice anymore.
- Educated at home, can't access school due to violence and conflict with staff and peers.
- Offending including extreme violence and stealing.
- Using drugs and alcohol and is sexually active
- Regular mispers and suicidal thoughts



What level on the TRM would you assess Miguel and Moni?



Foundational Belief - Redeemability

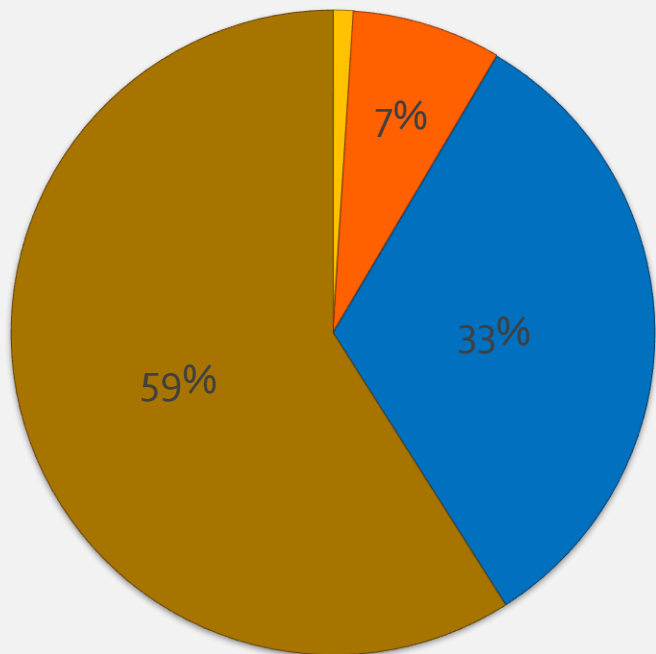
“In my view, the work of every professional, whatever their training, should be based on this principle... however unusual, confusing, overwhelming or frightening, someone’s thoughts, feelings and behaviours are, there is a way of making sense of them”

Lucy Johnstone, Consultant Clinical Psychologist

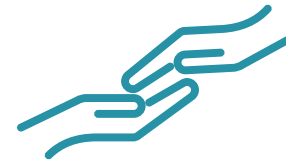
Punishing Abuse: Children in the West Midlands Criminal Justice System (2021)

A study into the 80 children known to the YOS identified 4 groups:

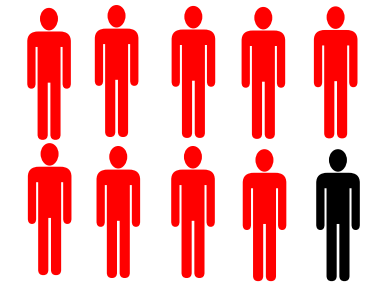
- Group 1 (No Adversity, Lowest Needs)
- Group 2 (Limited Adversity, Limited Needs)
- Group 3 (High Adversity, Medium to High Needs)
- Group 4 (Significant Adversity and Complex Needs)



■ Group 1 ■ Group 2 ■ Group 3 ■ Group 4



- 90% received a social care intervention in their lives:
- 45% had been LAC,
- 46% had been the subject of a child protection plan



89% suspected or confirmed to have been abused



70% recorded as either living in poverty or entitled to free school meals.

“I never really got any attention from my mum she was usually drunk or high on drugs. Different men stayed, one of them hurt me, and showed me nasty films.”

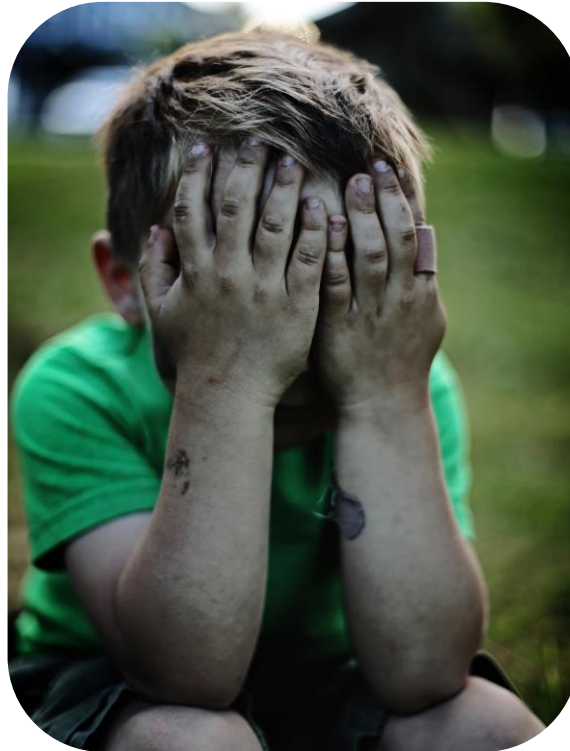
Understanding behaviour and need – a trauma-informed lens

Choice

Traditional YJS interventions are based on the idea that children make choices that result in them offending so they need help understand and change these choices.

This is true for some children.

VS



Hidden vulnerability

Most of the children who re-offend resulting in them being referred to Court have experienced adversity, trauma and abuse meaning that they don't have the capacity to make different choices due to hidden vulnerabilities.

Traditional YJS approached will not help these children.



Feeling unsafe
(hypervigilant)

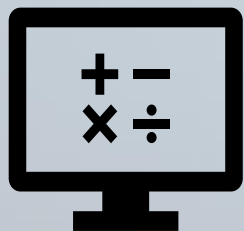


Difficulty managing
emotions

Shame and low
self-esteem



**Hidden
vulnerabilities
from childhood
trauma**

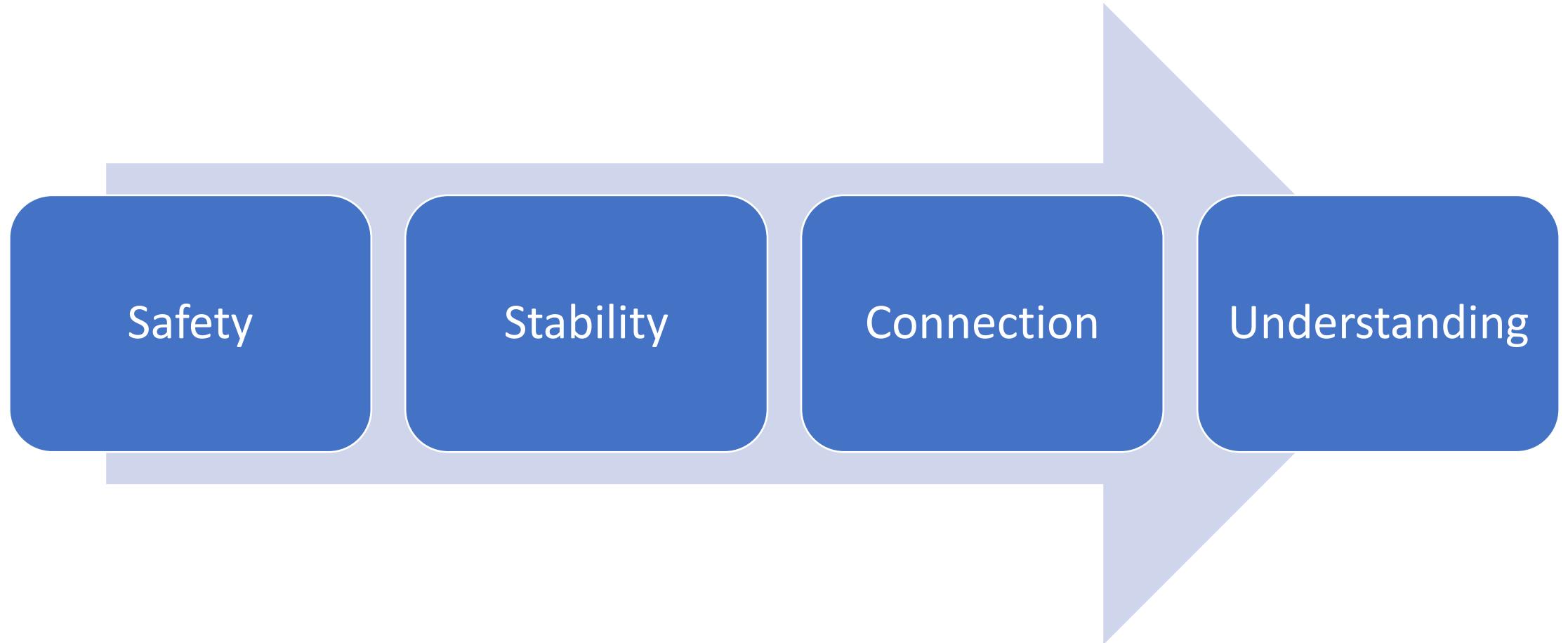


Difficulty
integrating new
information

Difficulty in
relationships and
social thinning



A simplified summary of what severely traumatised children need to help their trauma recovery...



1

CPR. Structure & routine:
e.g. regular meals, appt.
times - consistent
adult presentation.
Clear boundaries

READINESS TO BUILD RELATIONSHIPS WITH ADULTS

INSTABILITY/INCONSISTENCY

Challenging behaviour (aggression, absconding, self-harm)
Disjointed & inconsistent living arrangements - Drug use - Poor sleep hygiene
Offending - Poor nutrition - Inappropriate relationships - Over-reliance on peers

Need for structure
and routine in
everyday life

Coordinated Multi-agency response

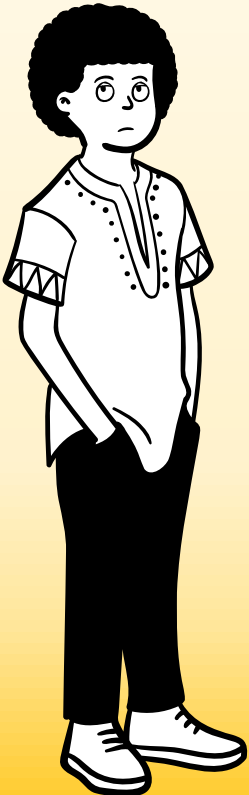
- Regular communication between professionals to keep on top of change
- One or two worker who engage the child with support and guidance from the professional network.

Structure and stability

- Develop a good understanding in the professional network of the child's experiences and needs so their behaviour can be made sense of and is less unpredictable.
- Identify and communicate clear roles for each worker with the child and their family and stick to these.
- If possible, share this understanding with parents and identify their role in the child's life clearly and stick to it.

One-to-one consistency, predictability and reliability

- Regular meeting time and place each week and stick to it even if the child does not attend (be persistent)
- Present as the same version of you all the time
- Have a recognisable trait or theme
- Boundaries are important! But so is how you implement them – connection before correction.



2

Maximum 1:1 time with appropriate adults. Working with PACE. Stories - Interactive repair - Intersubjectivity
Maintain structure & routine

DISCLOSURE

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 RELATIONSHIPS WITH ADULTS

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

Carry on as before with the features of level 1 interventions... it's working but it's wobbly!

Coordinated Multi-agency response

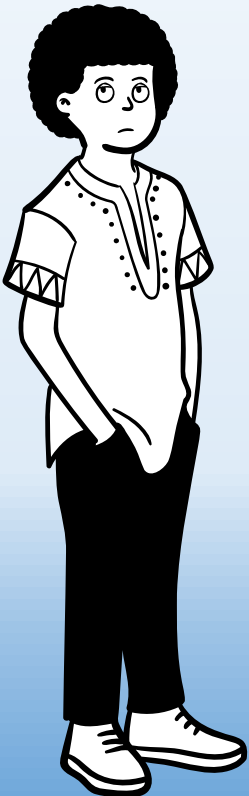
- Continue regular communication between professionals to reflect together on change and help main workers make sense of what they are seeing and hearing (disclosures?)

Use relational interventions

- Maximise time with safe adults.
- As the importance of your relationships to the child grows you can start to
 - Model positive relationship behaviours such as unconditional positive regard, proactive repair after conflict, emotion regulation, positive ways to get needs met
 - Show them you want to understand them and help them make sense of their experiences using storying and making past present connections.
 - Share positive experiences with them.
 - Be on the lookout for disclosures or tests!
- If possible, continue to help parents be do this too.

One-to-one consistency, predictability and reliability

- Remain consistent with meeting time, place and structure and your presentation.
- Maintain boundaries, letting boundaries slip could be experienced as unpredictable and signal a threat (but continue with connection before correction)



3

Time with trusted adult listener. Containment - Co-regulation - Interactive repair - Bereavement work/honouring losses. May need specialist therapeutic intervention for trauma

COGNITIVE READINESS THRESHOLD

WORKING THROUGH TRAUMA

Return to difficult behaviours as trauma is processed - May be clingy or rejecting of staff

Processing past experiences - Grieving losses

DISCLOSURE

Continue the features of level 1 and 2 interventions to help the child cope with big emotions!

Coordinated Multi-agency response

- Continue regular communication between professionals to reflect together on change and help main workers make sense of what they are seeing and hearing
- Consider introducing a specialist therapy service in the child's network
- Help other agencies understand increases in distress (e.g. education, Police)

Continue structure, stability and relational interventions

- Maximise time with safe adults.
- Give particular attention to:
 - Being a calm, consistent presence – remind them you, and others, are there.
 - Helping the child manage their emotions (coregulation)
 - Acknowledge, validate and normalise feelings
 - Introduce gentle and simple sense making (e.g. storying or psychoeducation).
 - Proactive repair
- Support parents to respond well to disclosures and distress

