RUBY WARD: TRAUMA INFORMED PILOT

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BACKGROUND

Ruby ward is a female medium secure ward with ten beds & currently with seven patients.

Ruby was chosen for the MHA QI initiative that focused on inequalities faced by people from ethnically diverse backgrounds and by people with a learning disability & autistic people.

At the time, there were changes happening on the ward that limited the diversity of the patient group, meaning that very specific initiatives for these client groups would have been harder to measure and evaluate.

BACKGROUND

There were longstanding plans to pilot trauma-informed care (TiC) on Ruby ward.

It was decided that this would be the best time to implement the pilot, as the resources and support from the MHA QI team could be utilised.

The rationale was that the pilot could improve outcomes for all patients, whilst keeping in mind the specific aims of the MHA QI project.

WHAT IS TRAUMA-INFORMED CARE?

Choice

Safety

Empowerment

Collaboration

Trust

Cultural Considerations

WHY TRAUMA-INFORMED CARE?

TiC has been demonstrated to build knowledge, change attitudes, and reduce use of restraint and seclusion (Brown et al., 2012; Green et al., 2015; Azeem et al., 2011)

Patients in TiC systems have been shown to have greater symptom reduction, reduced time in treatment prior to discharge, improved rates of discharge to a lower level of care, and improved mental health and substance abuse outcomes (Greenwald et al., 2012; Hodgdon et al., 2013; Morrissey et al., 2005).

Ruby ward population - there are less female services, so the threshold for admission is higher.

THE TIC PILOT: LONG TERM GOALS AND CHANGES

Staff Training

Design and deliver staff training based on a comprehensive training needs analysis.

Processes and Policy

Long term evaluation of the project to then inform changes in process and policy across the forensic service.

Interventions

Implement new interventions and practices that are trauma informed.

TRAINING NEEDS ANALYSIS: QUANTITATIVE

Knowledge

TIC provider survey. This measured:

- knowledge
- competence
- barriers
- practice (in the last six months).

Attitudes

Arctic-35

- Staff attitudes towards TiC have been found to act as barriers to successful implementation of TiC practice (Baker et al., 2010).

Burnout

Copenhagen Burnout Inventory

- Staff burnout can also hinder the implementation of TiC (O'Sullivan, 2019).

TRAINING NEEDS ANALYSIS: FINDINGS

Staff identified that they needed further training in:

- Psychoeducation about the development and presentation of trauma symptoms.
- Changing the hospital environment to make it less traumatic.
- Asking about trauma without re-traumatising the patient.
- Providing basic trauma-focused interventions.

Staff had overall positive attitudes to TiC. Burnout was also in the low - moderate ranges, with 93% of staff reporting ‘low’ client burnout, which encompasses direct patient work. This informed the decision that it was appropriate to proceed with the staff training.

TRAINING NEEDS ANALYSIS: QUALITATIVE

- The Triangle of Care identifies the importance of co-production with service users, staff and friends/ family.
- We held focus groups with all three groups, however it is worth noting that no one attended the family and friends focus group.
- Some patients provided their feedback on a 1:1 basis as they were not comfortable with the group setting.

TRAINING NEEDS ANALYSIS: FINDINGS

I think the training should involve refreshing our memory of trauma informed care and an overview of what trauma informed care should look like.

Training in communication and knowing how to communicate in terms of active listening.

Emotional intelligence such as noticing when a patient might need something

How to safely ask someone about their trauma, and resources we can use in 1:1 work

TRAINING NEEDS ANALYSIS: FINDINGS

Sometimes it feels like staff don't understand why we're here. They don't always know about your life and your triggers.

Staff need to really listen, and not just pretend – I told staff last week that I was feeling bad, and they replied 'oh good' because they weren't listening

I give my opinion, but I find that I get talked down and told that it's not the right way to go.

STRUCTURE OF THE TRAINING

Part One

Defining trauma and different types.
Three E's: event, experience, effect.
The different effects of trauma.
Adverse Childhood Experiences (ACEs)
Trauma and offending.
Trauma and mental health.

Part Two

Focus on practical implementation of TiC.
The six principles.
Communication skills.
Asking about trauma.
Managing distress and grounding.
Connect before correct.
Behavioural cues.

STRUCTURE OF THE TRAINING

- Each part of the training was delivered in a two hour block (with a comfort break halfway through).

- Breakfast and lunch were provided and delivered to the training room, as well as tea and coffee with assorted snacks.

- After each block of training, there was a well-being session. One was a yoga session delivered by an external teacher, the other was an art session delivered by our art psychotherapy colleagues.

EXAMPLES OF SLIDES

WHAT IS TRAUMA?

Different Types of Trauma

Childhood trauma

Collective trauma

Vicarious Trauma

Generational trauma

Moral injury

SAFELY ASKING ABOUT TRAUMA

How to safely ask about trauma?

Go at their pace

Focus on listening

Accept their feelings

Don't suggest what they could have done differently

Don't dismiss their experience

Use the same words and phrases they do

GROUP EXERCISE

Priorities
Stay alive
Shelter
Safety
Food

Emotions
Intense
Uncontrollable
Anger
Sadness
Numbness

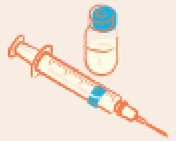
The World
Unpredictable
Unsafe
Power is needed
Narrow focus

Relationships
Lack of trust
Tribal - 'us' and 'them'
Instrumental
Fear of losing people

The Future
Uncertain
Short term thinking

CONNECT BEFORE CORRECT

For example.....



If we are administering mandatory medication, they may have no choice. This might remind them of an incident of abuse where they had no control or choice over what happened.

We can try to avoid re-traumatisation by talking them through each step, so :hey know what to expect.
There will be a pinch in your arm in approximately 3 seconds...'
This can reduce some feeling of powerlessness, as they can be prepared.

FEEDBACK

- I thought the co-production and input from the service users was done really sensitively.

- I particularly appreciated the presentation's interactive elements, which encouraged discussion and allowed us to explore Trauma in depth. This engaged approach helped me grasp the practical applications of trauma-informed care in my role as a Physical Health Nurse.

- The yoga session was a delightful addition. It provided a valuable opportunity to experience mindfulness and body awareness, both of which are essential components of trauma recovery. I found the techniques we practised to be especially useful, and I plan to integrate them into my daily routine and even explore ways to incorporate similar practices into my work with patients.

NEXT STEPS

Focus on other pathways; interventions and processes.

Conduct follow ups with the patients to see if they notice change.

Re administer the qualitative measures to identify change.

THANK YOU

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