



Trauma Champion Training Feedback

Clinical Psychologist – West Midlands

This feedback has been compiled by a clinical psychologist who completed the Trauma Champion Training in 2019 and whose team have received Respond's Frontline training.

Team changes I have observed:

- Clinician's holding in mind clients' journeys and what may have happened to them rather than just focusing on behaviour that challenges.
- Trauma training for the team – one OT has gone on to do some more training around attachment and sensory processing; two others are now doing champion training.
- Within Psychology, we are moving away from focusing on developing behavioural guidelines and moving towards more interpersonal work, supporting others to hold in mind clients' trauma when formulating difficulties and planning interventions. When there is a need for a written document, to ensure we capture clients' journeys and who they are as a person.
- Holding in mind how services can behave in ways that re-traumatise clients (e.g. rotating staff, encouraging staff to have strong boundaries when supporting clients that avoid making connections).
- Clinicians having some understanding of transference and projection.
- Commitment from clinicians to take time, come together and reflect, even when there is pressure to react quickly.

Changes within my own clinical practice:

- To value the importance and protect time to provide consistency, acceptance and attunement when formulating interventions rather than focusing mainly on PBS, behaviour guidelines, complex psychological approaches and aiming to reduce difficulties.
 - To value the time to explore historical information, clients' journeys and attachment histories and share this in accessible ways with families, systems and staff teams.
 - To take an active role in supporting teams to take time to reflect and consider trauma and how clients may experience having lots of people involved doing different pieces of work, and then everyone disappearing when work is completed.
 - To take an active role in thinking about how we can meet trust (and CQC) requirements (initial assessment, risk assessment docs, care plans, PBS plans) whilst considering how trauma may impact on client and family/carers resources to engage in these.
 - To be more aware of transference and projection and support other carers/staff teams to understand and manage feelings that can be evoked when working with clients.
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