**The Combat Stress Training Programme for Organisations to Improve Veteran Wellbeing**

**Module 4: Building Trauma Informed Organisations**

Welcome to module 4 which is the fourth of the four modules now available.

I’m Dr Jen Bateman, Lead Clinical Psychologist and we are also joined by Jolandi du Preez, Lead Occupational Therapist. This is a benefit of your Positive Pathways Programme Funding and we’re very grateful to the Armed Forces Covenant Fund Trust for their generous funding of this programme.

Let’s have a look at some housekeeping issues before we start:

* The webinar will be recorded and the recording shared on our ‘on-demand’ training webpage. Please don’t worry if you need to dash out or can’t stay until the end. Please remind colleagues that cannot attend that they can catch-up by viewing this on the webpage.
* We will be taking questions, please do submit these in the Q&A box and we will have a Q&A session at the end of the webinar. All questions will be visible to everyone. We have also enabled the Chat Box – and again, please be aware that this is visible.

Today is slightly different from previous modules as we will be inviting you to do some reflections and make some notes about the themes we will be presenting We suggest you get a pen and paper.

This is the fourth of the four modules – all training is available on our website and each module builds on the previous module. If you have missed anything, you can go back and view previous modules.

So what we will be covering in our training today?

* Understand and recognise some of the ways that trauma might be affecting veterans you meet, especially how they view relationships
* Responding and working more effectively with veterans by taking into account the impact trauma has had on them
* Taking a ‘trauma informed lens’ to your role and making a plan for your own work and organisation

As with the last module, we will be considering about trauma in this module and so only work through this material if you are feeling able to. If at any point you feel distressed, please pause watching and take care of yourself. You can speak to a trusted colleague or friend about how you’re feeling, distract yourself with an enjoyable activity, or talk to your supervisor or line manager. You can always resume at another time. When we are busy supporting others in our work, we can forget to pay attention to our own needs. To be able to support others safely and effectively, we first need to take care of ourselves. Towards the end, we’ll share some ideas about self-care and your wellbeing.

**Part 1: Understand and recognise some of the ways that trauma might be affecting veterans you meet, especially how they view relationships**

Let’s start with defining what is trauma. There’s a lot of definitions but here’s one we like:

*“Trauma results from an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effect on a person”* SAMHSA 2014

It’s important to note for our population that the trauma can result from events that a person may *witness*, as well as those they are directly involved in.

As we usually do, we’d like to share some insight from our Veteran’s Voice Network and we’d like to introduce you to Rebecca. She was a ward master in Afghanistan, Rebecca saw countless soldiers, civilians and children who were critically injured or dying.Rebecca only noticed how much these experiences had affected her years later, while she was stationed in the UK.”

*“I was thinking very negatively and I started feeling like I couldn’t cope. I felt like I couldn’t do my job properly and my state of mind had an enormous effect on my relationships.”*

*“I decided to leave my job because I needed distance from the Army, but I stayed as a Reservist with the hope of one day going back. I started lecturing part-time at my local college, hoping a new job would help my problems go away.”*

*“But I was battling with suicidal thoughts. I was terrified, so I went to my GP for help.”*

We’ll be catching up with Rebecca a bit later…

But first, we wanted to remind you of how trauma is relevant to everyone and many of us may have experienced more trauma than what we think. There’s a significant body of research about how adverse childhood experiences (ACE) can have lasting impacts on our health and wellbeing. 67% have experienced at least 1 ACE and it’s important we keep this in mind.

But what do we mean by ACE? This will include abuse or neglect but also household challenges such as domestic violence, substance abuse, mental health, divorce, incarcerated parent. There’s research that shows that people who have experienced 4 or more ACEs can lead to increased levels of lung disease and smoking suicide attempts etc.

It’s important that we realise that trauma is in our communities but also more so for the population we are supporting. Our own research (Ross, Armour & Murphy, 2020) into childhood adversities in UK treatment-seeking military veterans: 97% of veterans in the study reported experiencing at least one ACE (n=386 veterans). A high proportion of veterans have multiple ACEs increasing the risk for aggression, common mental health problems and PTSD symptoms

Many are hidden or unvoiced traumas and there can also be an intergenerational impact of trauma whereby veterans’ trauma can impact on their behaviour as a parent or care giver.

Let’s take a moment now to look at the military and trauma…

* Military service members are at risk of cumulative trauma exposures and a high percentage are exposed to multiple traumas in a combat role in the military
* Many have either witnessed traumatic events or directly experienced them during their service, making them increasingly susceptible to PTSD symptoms
* Traumatic events include exposure to grave human suffering, traumatic loss, and morally injurious experiences, exposure to severely injured, dying, or dead people and threat to self
* Combat Stress treatment primarily focus on understanding and treating these adult military traumas. Your role is very different but you do play an important role in a person’s journey.

Q: Can bereavement such as the loss of a parent be classed as a ACE? Yes. More information available via <https://acestoohigh.com/>

**Part 2: Responding and working more effectively with veterans by taking into account the impact trauma has had on them**

Why do we need to be trauma-informed?

* Trauma is everyone’s business. This doesn’t mean you are responsible for dealing with the consequences of trauma, but you play an important role In supporting those who have experienced trauma.
* A workforce who is capable of recognising where people are affected by trauma and adversity:
  + Helps us to respond in ways that prevent further harm
  + Supports recovery.

**ANIMATION SHOWN**

Jolandi du Preez, Lead Occupational Therapist

**Recognising the impact of trauma in your organisation**

This is where the reflection and the thinking come into play as we all have different workplaces with different people. We can’t be specific but please remember about principles – safety, trust, choice, control, empowerment and collaboration. I’d just like you to take a minute to consider the following:

* How might their experience of trauma affect a veteran as they come into contact with you and your colleagues?
* Try to think of some examples of behaviours or responses you might see, or have seen in veterans you’ve come into contact with?
* How might the impact of a veteran’s experience of trauma be relevant for your role, and the work that you do with the veterans you come into contact with?

Here are some examples that you may suggest:

|  |  |
| --- | --- |
| **Circumstance to be aware of:** | **Example response/ behaviour:** |
| Unexpected change to activity or routine, Timings running late without being acknowledged | Showing unease, irritability, short fuse, anger,  disengaging from activity |
| A trusted member member of staff not being available | Disengaging, avoidance |
| Changing practices /activities within an organisation, if not well explained or collaborative | Not participating or avoiding,  being obstructive or passive-aggressive |
| Struggling to keep up with the activity / pace of the group | Disengaging from an activity |

**Part 3.1: Taking a ‘trauma informed lens’ to your role**

This is another opportunity for some reflection:

* Take a mental walk through every contact or experience a veteran might have with you within your organisation, from beginning to end
* Consider how a veteran affected by trauma might experience every contact and interaction with you

To what extent:

* Is the veteran offered a sense of safety?
* Can they trust you to do what you say you will do?
* Is there a collaborative relationship between you?
* Are they empowered to make choices?

To help us support others, how about considering the following:

* Doing what you say you will do, when you will do it (consider managing expectations) and keep everyone in the loop
* Consider gender issues / being in both 1:1 and in group settings
* Consider continuity/familiarity in relationships and possible impact of staff changes
* Keep in mind that most veterans enjoy being with other veterans but there is a proportion who find it a challenging reminder

It can sometimes be difficult to express these principles but here are some examples: “*Unfortunately we are running late, I’m sorry about that. Are you able to stay or would you like to rearrange?” “I’ve left you waiting, I’m sorry about that, thank you for waiting.” Renegotiate boundaries: “Shall we aim to finish at the same time, or are you able to run on for the full activity time?” “Are you worried or unsure about anything? Do you have any questions or queries?”” If you’re not sure about anything, just let me know, I’m always here to answer any questions you may have” “What do you think about this, is there anything that’s not clear?”*

**Part 3.2: Making a plan for your own role & organisation**

It’s important that we don’t overwhelm ourselves in this journey of learning. These will be ongoing discussion but we want to share these next few slides to do some reflections of your own or with colleagues. Think about what you are already doing to support the following:

* Trust
* Safety
* Choice
* Collaboration
* Control
* Empowerment
* Safety

Now think about what do you want to STOP or CHANGE so that the impact of trauma is adequately recognised and responded to?

* Are there are any areas in your organisation where the impact of trauma is not recognised?
* Any experiences that may be disempowering, coercive or lacking?
* Are there places where a person affected by trauma may feel unsafe or trust breached?

Next, what do you want to ADD into your practice so that the impact of trauma is adequately recognised and responded to?

* Are there opportunities for empowerment and collaboration that are currently missed?
* Are there opportunities where sense of safety could be strengthened or trust created?
* Are there opportunities for supporting recovery from the impact of trauma that are currently missed?

**Taking care of yourself within the work setting**

This is very important – how to keep yourself and others around you safe. In our organisation, we already think and talk a lot about trauma but we wouldn’t expect this of others.

* Becoming a trauma informed organisation is an ongoing learning process.
* Building trusting relationships is the goal.
* Takes a long time to build trust, only a second to break it.
* When people feel safe, they are more likely to open up to us. But it could lead to discuss experiences that we are not really to deal with.
* Safeguarding vulnerable conversations, having boundaries.
* Consider the impact of veterans in group settings.
* Coping strategies from module 3: grounding, breathing techniques.

**Establishing boundaries**

* It’s not your role to specifically ask about trauma, or support someone to deal with it.
* Your role is to give an empathic response to show you’re listening and suggest signposting to a relevant service as appropriate.
  + *“It sounds as though these are important experiences, have you thought of making contact with someone who can support you with this?*
  + *“These experiences are important, but lets bear in mind that sharing in this way may not be helpful for everyone in the group.”*

**Taking care of yourself**

Although you are not working therapeutically with veterans and not likely to encounter accounts of trauma on a regular basis, it’s helpful to feel prepared.

* Supporting others who have experienced trauma can have an impact. It’s natural to have reactions.
* ‘Vicarious trauma’ is the term for changes we can experience from empathic engagement with trauma survivors.
* Those of us who have experienced trauma ourselves may be more vulnerable
* Awareness of the signs for yourself and others is important:
  1. Being preoccupied with thoughts of a person outside of the work situation
  2. Experiencing lingering feelings of sadness/anger about a person’s situation
  3. Experiencing ‘bystander’ guilt, shame feelings of self-doubt
  4. Loss of hope, pessimism, cynicism
  5. Difficulty maintaining appropriate boundaries with the person e.g. overextending yourself, trying to more that is usual to help the person
  6. Distancing, numbing, detachment, staying busy

Some coping strategies to reduce the risks:

* Seek support from colleagues - consider using a buddy system, peer support and both formal and informal opportunities to debrief/talk about the impact of your work.
* Increase your self-observation - recognise your signs of stress and burnout.
* Take care of yourself emotionally - engage in relaxing and self-soothing activities, nurture self-care.
* Maintain a healthy work/life balance - have outside interests.
* Be realistic about what you can accomplish.
* Avoid taking on responsibility for the person’s wellbeing - instead signpost to tools to look after themselves.
* Take regular breaks, take time off when you need to.
* If you feel you would like more support, take up time-limited therapy.

Here are some tips on how to manage stress (i.e. the stress bottle from module 1):

* Adapt and create a positive daily routine
* Set boundaries on your work schedule
* Look after your physical wellbeing - eat, drink water, sleep properly
* Engage in physical activity
* Get fresh air (safely)
* Plan regular, feel good activities
* Stay in touch with friends/family
* Avoid unhelpful coping strategies – alcohol, smoking
* Stay informed, but limit media consumption
* Engage with activities that take your mind away from the current crisis
* Talk about your fears/worries with those you trust

**For all of us, as well as veterans, our relationships at work should embody the same principles:**

**SAFETY……..TRUST…….CHOICE…….COLLABORATION…….CONTROL……**

**EMPOWERMENT**

**Explore some wellbeing apps:**

* Headfit: Tools for Mental Fitness [https://headfit.org](https://headfit.org/)
* Sleepio / Calm: Help with sleep [https://www.sleepio.com](https://www.sleepio.com/); <https://www.calm.com/>
* Catch It and Unmind : Support for managing emotions and problem solving [https://unmind.com](https://unmind.com/) <https://www.nhs.uk/apps-library/catch-it/>

**If you are responsible for managing/supervising others** aim to keep *the topic of self-care on the agenda of your regular 1:1 and team meetings, so colleagues can share ideas and support each other.*

**Thanks for those reminders as we’re now back in lockdown since we first discussed them in September.**

**Reflections**

We don’t want to overwhelm you but think about one thing you’d like to as a result of the time we have spent together today.

* What are your next steps?
* Are there any action points that you would like to commit to putting into practice /discuss with your colleagues, supervisor or line manager?

Let’s return now to Rebecca’s story:

*“I was thinking very negatively and I started feeling like I couldn’t cope. I felt like I couldn’t do my job properly and my state of mind had an enormous effect on my relationships.”*

*“I decided to leave my job because I needed distance from the Army, but I stayed as a Reservist with the hope of one day going back. I started lecturing part-time at my local college, hoping a new job would help my problems go away.”*

*“But I was battling with suicidal thoughts. I was terrified, so I went to my GP for help.”*

**Summary**

Just to summarise the key points from today’s presentation:

* Trauma is ‘everybody’s business’ and by completing this module you’ve made an important start in ensuring every touch point that a veteran has with your organisation, promotes their recovery.
* Discuss these ideas with your colleagues, supervisors and line manager
* Keep the vision of being a ‘trauma-informed organisation’ on the agenda at team meetings and reviews. Consider sharing your learning and swapping best-practice ideas.
* Remember to take care of yourself and your own wellbeing as you do your valuable work with veterans

Congratulations on completing module four of four. We will be asking everyone to complete a self-assessment quiz and we will then send you a certificate. We will also offer you the opportunity to receive any follow-up support from ourselves. We’d appreciate your help in completing the feedback form as well.

**End**