

THE SCOTTISH PSYCHOLOGICAL TRAUMA TRAINING PLAN

NHS Education for Scotland

in partnership with:



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ACKNOWLEDGEMENTS

Becoming effectively trauma-informed and trauma- responsive, whether as an individual, a service or even a country, can only be achieved in partnerships which think beyond all traditional silos. The development of this plan simply mirrors this reality. There are many valued partners which far exceed those who are acknowledged in this formal list of contributors. We would particularly like to take the chance to thank the nearly 200 people and organisations that responded to the consultation. The considered and thoughtful comment reflected the level of broad engagement that we have come to appreciate across the Scottish Workforce.

The Reference and Implementation Group have continued to provide a huge input into the development of the key resources as well as supporting planning and implementation.

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MINISTERIAL FOREWORD

Traumatic events and experiences are more common than was previously recognised, and they can happen to anyone. Abuse, neglect and other traumatic and adverse experiences, particularly those experienced in childhood, can have devastating and long lasting effects on people's lives. The impact is broadly felt, and can result in inequalities in physical and mental health and wellbeing, employment prospects and access to services. These experiences can result in people disconnecting from society and from the services set up to help them.

People are resilient and trauma can be resolved with the right support in place. A crucial part of recovery is being listened to and being treated with empathy and respect by others. Every interaction made with someone affected by trauma is an opportunity to support their recovery.

The workforce is also affected by trauma, through their own personal experience and, in many cases, in the course of their work as well. It is important to enable appropriate training and support to keep the workforce well, and respond as effectively as possible to people they are there to help.

That is why the Scottish Government is fully committed to developing a trauma-informed workforce across Scotland. Not everyone needs to be an expert in trauma, but there are simple changes in environment,

policies or personal interactions that people can make to become trauma-informed and responsive. At its heart, this is about viewing your work through a “trauma lens” – spotting the ways in which changes can be made to support people affected by trauma, and having the confidence to implement the principles of trauma informed practice - giving people choice, empowerment and safety, building trust and working in collaboration.



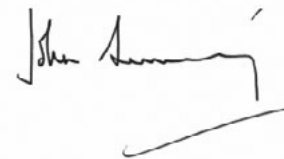
We are making progress to achieve this vision. The Knowledge and Skills Framework for Psychological Trauma, published by NHS Education for Scotland (2017) offers valuable guidance which has been integrated into numerous workforce development plans across Scotland, and replicated in countries around the world. In 2018, I announced establishment of a three year National Trauma Training Programme, producing a range of core resources including a leadership development component, to support all sectors of the workforce to upskill staff to the appropriate level of trauma informed practice and critically to embed and sustain this model of working.

In May this year, I hosted the first National Steering Group on Trauma Training which brought together senior leaders alongside people with lived experience to discuss how we can realise the vision of a trauma informed workforce across Scotland and what that would look like in practice. From this discussion, I am very clear that this should include a focus on the following:

- 1. Getting the basics right:** make every point of contact and communication count as a chance to develop respectful, empowering relationships;
- 2. Importance of trust:** people need reliable, honest and dependable communication and interactions;
- 3. Early recognition of the impact of trauma:** enabling access at the earliest opportunity to effective places, people and responses to support recovery;
- 4. Absolute requirement for collaboration:** breaking down barriers across all sectors to enable person-centred, consistent and effective trauma informed systems, networks and responses;
- 5. Commitment to support innovative, multi-disciplinary approaches:** challenging and overcoming trauma and adversity related barriers to life chances across all areas of public service.







This Trauma Training Plan has been co-produced with employers and experts with lived experience. It is a companion document to the Knowledge and Skills Framework, offering organisations guidance on how to assess skills level requirements of staff and commission appropriate training resources.

I encourage you to read this Plan, in conjunction with the Framework, and carefully consider how you can help promote and implement a trauma informed culture and practice wherever you work. Everyone has a role to play in making improvements in the service we provide for survivors of trauma and abuse. Small changes in the way we interact with and treat others, showing empathy and understanding, can make a huge difference to people's lives.



John Swinney MSP
Deputy First Minister and Cabinet Secretary for Education and Skills

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EXECUTIVE SUMMARY

Amidst growing international understanding that experiencing trauma and adversity are significant risk factors for poor health and wellbeing and reduced life chances over the course of a lifetime, the Scottish Government has committed to developing a trauma informed workforce and services.¹

The purpose of this Scottish Psychological Trauma Training Plan (hereafter known as the Trauma Training Plan) is to enable all organisations locally and nationally to effectively develop and sustain a workforce that is able to respond to the needs of everyone affected by psychological trauma. It is designed to support the local implementation of Transforming Psychological Trauma: Knowledge and Skills framework for the Scottish Workforce (2017) (hereafter referred to as the Trauma Framework) throughout Scotland and the range of professions, workers, organisations and systems that exist locally and nationally.

¹ <https://beta.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

The Trauma Training Plan provides essential guidance and planning tools to support:

- a) Workers, managers and organisations to identify their own trauma training needs with reference to the Trauma Framework
- b) Service managers and commissioners to develop or commission training to address the needs of their organisations and workers
- c) Training providers to develop and deliver high quality trauma training
- d) An understanding of key principles to bear in mind in developing and commissioning trauma training
- e) An understanding of organisational factors that will support and maintain the translation of training into practice.

Making a commitment to support all workers to access quality trauma training means making a commitment to ensure that people affected by trauma and adversity receive the best possible care, support and treatment, and that responses to their needs are safe, effective, person-centred and trauma-informed.

01 INTRODUCTION

01 | INTRODUCTION

The Scottish Psychological Trauma Training Plan

The Trauma Training Plan is a practical guidance tool. It is designed to be used in conjunction with the *Transforming Psychological Trauma Knowledge & Skills Framework* to support all organisations in Scotland to develop their workers to understand the impact of trauma on people's lives and be trauma-responsive.

01 | INTRODUCTION

The case for workforce development

There is now widespread agreement that experiences of adversity and trauma are prevalent within our society and have the potential to significantly affect the quality of a person's life over the course of their lifetime, particularly where these experiences occur in childhood and are not buffered by supportive adults.

Research shows that childhood adversity and trauma can have a significant impact on a child's ability to learn, to relate to and trust others and to cope with stress².

Adverse childhood experiences are experiences that have the potential to cause a child to experience **traumatic or toxic stress**.

Stress is experienced as **toxic** when experiences are prolonged and intense and not buffered by supportive relationships.

Stress is experienced as **traumatic** when an experience is so severe that it involves actual or threatened death, serious injury or threat to the physical integrity of the self and / or others³.

² Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Lautaud, J., Mallah, K., Olafson, E. & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 390-398.

³ <http://www.istss.org/public-resources/what-is-traumatic-stress.aspx>

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Children who experience adversity and trauma are, in adulthood, more likely to become parents at a young age, experience poor mental health, use substances, have contact with the criminal justice system, experience poor physical health and die prematurely (Figure 1) ^{4, 5, 6, 7}.

What this means is that exposure to adversity and trauma in early life can significantly affect a child's life chances, and, because children grow into adults who shape the next generation, potentially the life chances of their children.

Although ACEs research has focused on 10 key examples of adverse childhood experience (Figure 2), adverse childhood experiences are any experience that causes a child to experience traumatic or toxic stress. In addition to those commonly considered, these include bereavement, bullying and homelessness.

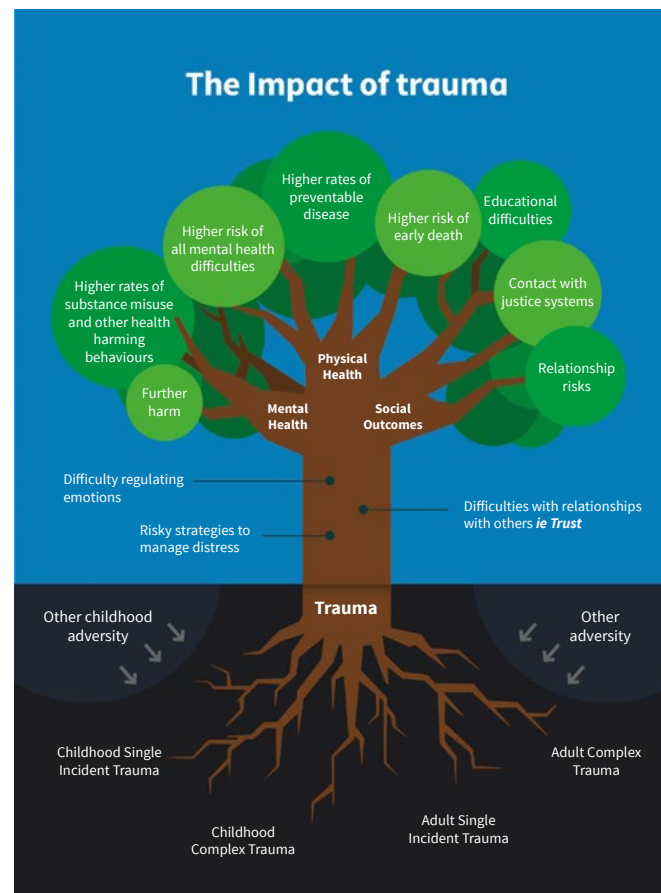


Figure 1
The Impact of trauma

- ⁴ Bellis, M.A., Ashton, K., Hughes, K. Ford, K., Bishop, J. and Paranjothy, S. (2015). Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Public Health Wales. <http://www.wales.nhs.uk/sitesplus/888/page/88504>
- ⁵ Ashton, K., Bellis, M. A., Davies, A.R., Hardcastle, K. and Hughes, K. (2016). Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population. Public Health Wales. <http://www.wales.nhs.uk/sitesplus/888/page/88507>
- ⁶ Ashton, K., Bellis, M. A., Hardcastle, K., Hughes, K., Mably, S. and Evans, M. (2015). Adverse Childhood Experiences and their association with mental well-being in the Welsh adult population. Public Health Wales. <http://www.wales.nhs.uk/sitesplus/888/page/88504>
- ⁷ Brown, D.W., Anda, R.F., Tiemeier, H., Felitti, V.J., Edwards, V.J., Croft, J.B., Giles, W.H (2009). Adverse childhood experiences and the risk of premature mortality. American Journal of Preventative Medicine. Nov;37(5):389-96. doi: 10.1016/j.amepre.2009.06.021.

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Traumatic experiences are also prevalent in adulthood⁸ and, amongst other experiences, can include domestic abuse, sexual assault and rape, accidents, exposure to military action, torture and life-threatening illness (Figure 2). Those who experience trauma and adversity in their early life are also more likely to re-victimised in their adult life⁹ meaning that there is potential for trauma and adversity to impact on a person at any stage in their life.

⁸ Kilpatrick, D. G. et al (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress*, 26 (5), 537-547.

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/peoplewhowereabusedaschildrenaremorelikelytobeabusedasanadult/2017-09-27>.

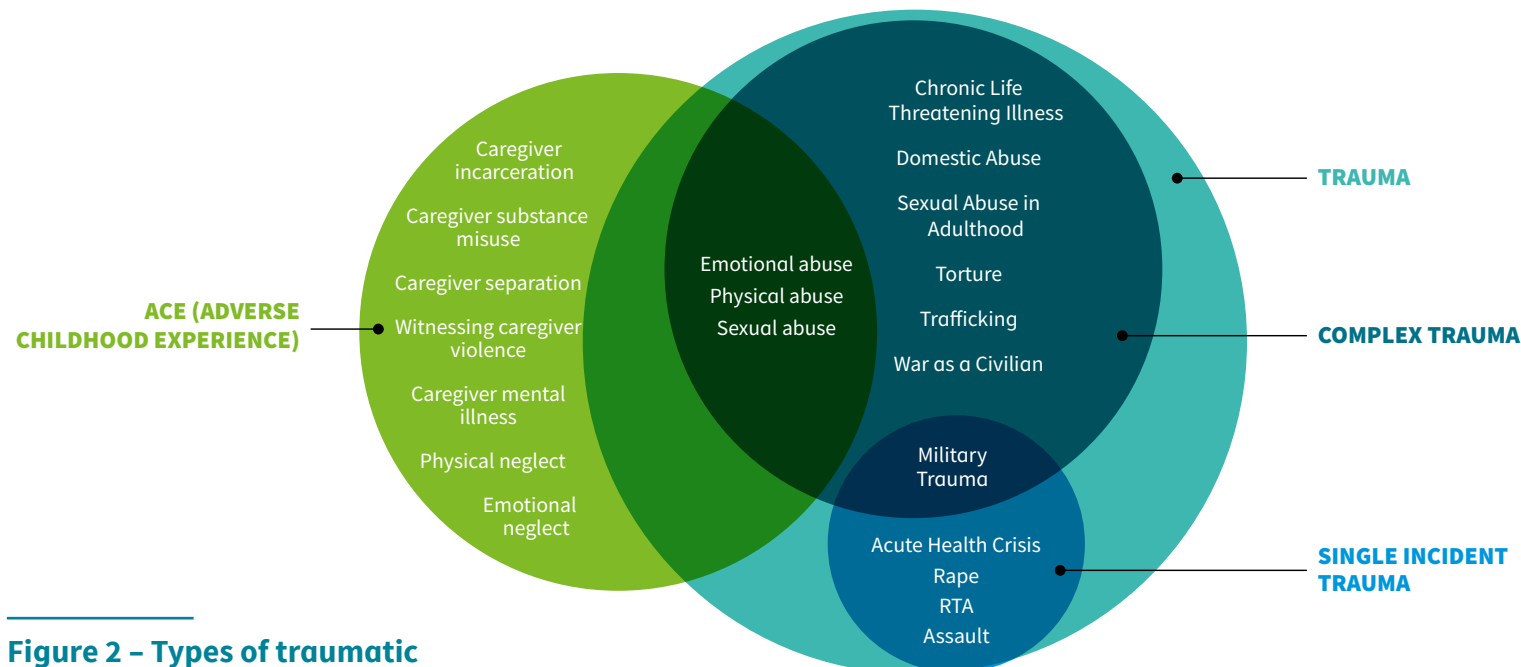


Figure 2 – Types of traumatic and adverse experience

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While these messages are sobering, they also strengthen the resolve which presently exists in Scotland to build on and progress work underway to:

- a) prevent childhood trauma and adversity**
- b) respond to the needs of children and adults affected by childhood trauma and adversity**
- c) respond to the needs of people affected by trauma experienced in adulthood.**

As a rights-based approach, GIRFEC¹⁰ has paved the way in promoting and improving the well-being of Scottish children. Other important initiatives include trauma-informed policing approaches within Police Scotland¹¹, the Nurture approach in schools¹² and the awareness-raising and policy work around ACEs co-ordinated through the Scottish ACEs Hub and Health Scotland¹³

¹⁰ Getting it Right For Every Child. Scottish Government 2010. <https://www.gov.scot/policies/girfec/>

¹¹ <http://www.scotland.police.uk/whats-happening/Trauma-Informed-Policing>

¹² Applying Nurture as a whole school approach: A framework to support the self-evaluation of nurturing approaches in school and early learning and childcare settings. Education Scotland (2016). <https://education.gov.scot/improvement/self-evaluation/Applying%20nurture%20as%20a%20whole%20school%20approach%20-%20A%20framework%20to%20support%20self-evaluation>

¹³ <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

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The 2017-18 Scottish Government Programme for Government¹⁴ made a commitment to addressing adverse childhood experiences and to supporting the resilience of children and adults affected. The 2018-19 Programme for Government¹⁵ reiterated this commitment and set out four key areas of action.

These are:

- 1. Providing inter-generational support for parents and children to prevent ACEs**
- 2. Providing the right support at the right time to reduce the negative impacts of ACEs**
- 3. Developing a trauma-informed workforce and services**
- 4. Raising societal awareness of ACEs and supporting actions in communities.**

A Trauma Knowledge and Skills Framework for the Scottish Workforce

In 2016, to follow through on its commitment to developing a trauma-informed workforce and services, the Scottish Government commissioned *Transforming Psychological Trauma – a Knowledge and Skills Framework for the Scottish Workforce*¹⁶.

This document was published in 2017 and articulates the different evidence-based ways that workers from all sectors of the workforce, can respond to make a positive difference to children and adults affected by trauma, within the context of their own job role and service remit.

¹⁴ <https://beta.gov.scot/publications/nation-ambition-governments-programme-scotland-2017-18/>

¹⁵ <https://beta.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

¹⁶ Transforming Psychological Trauma - A Knowledge and Skills Framework for the Scottish Workforce (2017). <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

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The trauma framework specifies four practice levels: **trauma informed**, **trauma skilled**, **trauma enhanced** and **trauma specialist**.

The aspiration is that all workers¹⁷ across all service sectors will develop a trauma-informed level of understanding and skill.

Workers who have regular contact with children or adults who may be affected by trauma (even if this is not known about) would develop a trauma-skilled level of understanding and skill.

Trauma-enhanced workers have a specific remit to provide supports and / or interventions or have a job role that specifically brings them into contact with people known to be affected by trauma and trauma specialists a remit for those with complex difficulties linked to trauma.

The vision is of a trauma informed and responsive nation that is capable of recognising where people are affected by trauma and adversity, and that responds in ways that prevent further harm, support recovery, address inequalities and improve life chances.

While NES is committed to developing a series of training resources¹⁸ and to supporting and strengthening local training and development work, it is expected that, to meet these aspirations, training will be provided by a range of training providers. It is also envisaged that the Trauma Framework will inform curricula developed by higher education institutes and other providers of professional training.

Making a commitment to supporting all workers to access quality trauma training means making a commitment to ensuring that people affected by trauma and adversity receive the best possible care, support and treatment and that responses are safe, effective, person-centred and trauma-informed.

¹⁷ The term “worker” is used in its widest sense and is intended to include those who provide services and supports in all contexts, paid or otherwise, including volunteers.

¹⁸ <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

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Table 1 – Practice Level Definitions

<div data-bbox="185 464 259 539"></div> <div data-bbox="288 469 521 531"> TRAUMA INFORMED PRACTICE </div> <p>All workers.</p> <hr/> <p>Examples could include shop workers, taxi drivers, recreation workers and office workers.</p>	<div data-bbox="669 464 743 539"></div> <div data-bbox="775 469 978 531"> TRAUMA SKILLED PRACTICE </div> <p>Workers who are likely to be coming into contact with people who may have been affected by trauma.</p> <hr/> <p>Examples could include some lawyers, GPs, teachers, support for learning staff, police officers, nursery staff, sports-club coaches, receptionists, dentists, judges, A&E workers, lecturers, housing workers, care workers, service managers, youth development workers, health visitors and counsellors.</p>	<div data-bbox="1155 464 1229 539"></div> <div data-bbox="1261 469 1494 531"> TRAUMA ENHANCED PRACTICE </div> <p>Workers who have a specific remit to respond to people known to be affected by trauma</p> <p>—AND—</p> <p>are required to provide advocacy support or interventions</p> <p>—OR—</p> <p>are required to adapt the way they work to take into account trauma reactions to do their job well and reduce risk of re-traumatisation</p> <p>—OR—</p> <p>are required to manage these services</p> <hr/> <p>Examples could include some lawyers, mental health nurses and workers, specialist domestic abuse support and advocacy workers, educational support teachers, some specialist police officers, some psychiatrists, forensic medical examiners, social workers, prison staff, secure unit workers, drug and alcohol workers and specialist counsellors.</p>	<div data-bbox="1673 464 1747 539"></div> <div data-bbox="1778 469 2022 531"> TRAUMA SPECIALIST PRACTICE </div> <p>Workers who have a specific remit to provide specialist interventions or therapies for people known to be affected by trauma with complex needs.</p> <hr/> <p>Examples could include social workers with specialist roles / training, major incident workers, some psychiatrists, managers of highly specialist services, psychologists and other therapists.</p>
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01 | INTRODUCTION

The Scottish Psychological Trauma Training Plan

In the following sections, the Trauma Training plan provides detailed guidance on:

- how to assess trauma training needs with reference to the Transforming Psychological Trauma framework
- how to recognise high quality trauma training and trainers
- how to support the translation of training into practice

The Trauma Training plan also provides summary overviews of core and essential trauma training areas, organised by practice level¹⁹.

¹⁹ These summaries are for reference only. When assessing training needs or designing training these training summaries should be considered alongside the full curriculum in the Transforming Psychological Training Knowledge and Skills Framework. <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

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National Trauma Training Programme (2018-2021)

The Scottish Government has committed to develop an adversity and trauma-informed workforce that makes a positive change in the lives of people who have experienced trauma or adversity in childhood or as adults.

In June 2018, the Deputy First Minister announced establishment of a three-year National Trauma Training Programme, led by NHS Education for Scotland (NES), to support the Scottish workforce to respond to psychological trauma.

The Programme is being rolled out in close consultation with stakeholders to identify the most effective approach to implementation, quality improvement and sustainability which best meets local and national priorities and need.

Child and Adult Protection Committees, Adverse Childhood Experiences (ACEs) or Trauma Hubs and other relevant bodies will be involved in determining priorities for training delivery, depending on local structures. Approaches to local delivery will be trialled in different locations to establish the most effective mechanisms.

Employers are encouraged to use the Trauma Framework and this Training Plan as practical tools to assess training needs and commission and embed their own training. Depending on availability, employers may also be able to access training activity at national or local level to complement their own provision.

Leadership

In order to achieve a trauma-informed workforce, government and leaders must communicate a trauma-informed vision and provide support to translate this vision.

With this in mind, the Scottish Government has convened a National Steering Group on Trauma Training to offer strategic direction to inform workforce trauma training and development, ensure consistency around quality and provision, determine priority sectors/professions and guide thinking on centrally funded training resources.

The National Steering Group is chaired by the Deputy First Minister with multi-agency membership including senior representatives from health and social care, social work, housing, justice, education, police and the third sector, as well as people with lived experience and trauma specialists.

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Table 2 – Essential implementation areas for trauma informed organisations and communities (adapted from SAMHSA)²¹

A COMPETENT WORKFORCE	ORGANISATIONAL SUPPORT	EFFECTIVE LEADERSHIP
<ul style="list-style-type: none">• Workforce development and training are available for organisations and the general public• Screening, assessment and appropriate care, support and treatment are in place to respond to need	<ul style="list-style-type: none">• Policy is trauma informed• Physical environments promote safety and resilience• Cross sector collaboration is the norm• All are included – no group is excluded• Monitoring and quality assurance processes are used uniformly to inform and improve services• Programmes and services are sustained financially• Progress and outcomes are evaluated	<ul style="list-style-type: none">• Government and leaders support the vision of trauma-informed services, organisations and communities

²¹ <https://store.samhsa.gov/system/files/sma17-5015.pdf>

02

DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS

02 | DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS



02 | DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS

Trauma is everyone's business

Trauma is everybody's business. Most people are likely to know or work with someone who has experienced trauma and adversity in their lives. Many of us have directly experienced trauma in our own lives.

When the work we do also brings us into contact with people who are affected by trauma, there is an added responsibility to recognise this, adjust how we work to take account of the impact of trauma, and respond in a way which supports recovery, does no harm and recognises the needs that people have.

Relationships matter

Safe and supportive relationships are known to be key in fostering resilience and in enabling recovery following adversity and trauma. For this reason, it is important that workers recognise the potential for each contact they have with people affected by trauma to afford safety, enhance resilience and promote recovery.

02 | DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS

Committing to trauma-informed principles, values and leadership

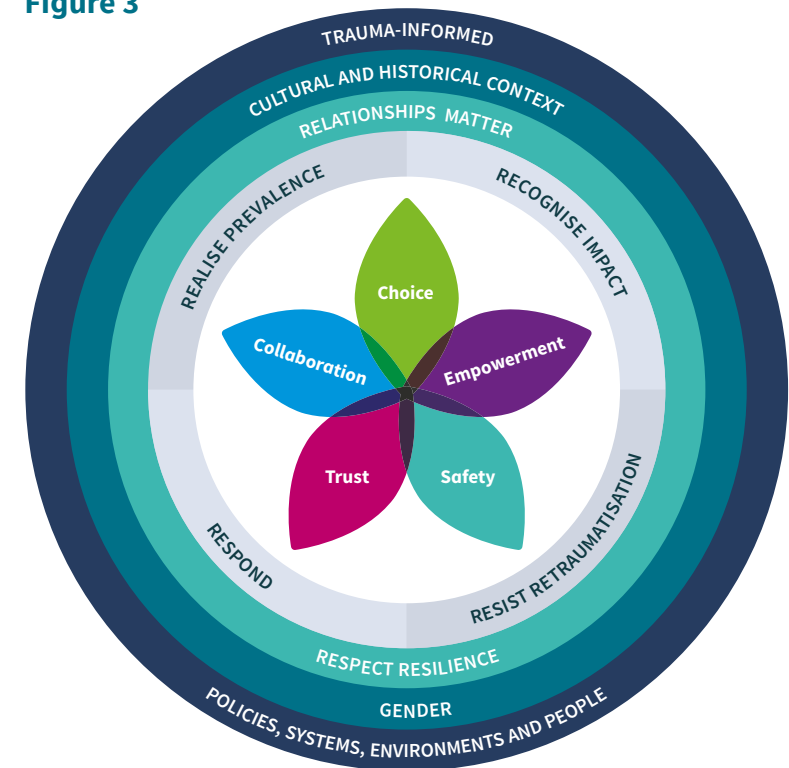
Trauma-informed organisations are those that embed the principles of **safety, trustworthiness, choice, collaboration and empowerment** into all aspects of their work and commit to ensuring that physical environments, staff behaviour and organisational policies and procedures reflect trauma-informed principles and systems (See Figure 3).

Trauma-informed organisations also hold in mind the needs of workers in responding to people affected by trauma²². As culture-bearers, managers and leaders are key to the success of trauma-informed systems and approaches and benefit from attending to their own training needs as trauma-informed leaders.

²² <https://www.theannainstitute.org/CCTICSELFASSPP.pdf>

Trauma informed principles, values and leadership

Figure 3



02 | DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS

Recovery-focussed and rights-based responses

Responses to people affected by trauma and adversity should also be rights-informed and recovery-focussed. Rights-based responses recognise the need for fairness, dignity and respect in relationships and systems²³ and the right to develop and grow²⁴. Recovery means “being able to live a good life as defined by the person”.²⁵ It involves a strengths-based focus on all aspects of the person including goals and aspirations, skills, life roles, resilience, social and community connections, as well as psychological, educational, spiritual, social and financial needs.

²³ <https://www.equalityhumanrights.com/en/about-us/who-we-are>

²⁴ <https://www.gov.scot/publications/common-core-skills-knowledge-understanding-values-childrens-workforce-scotland/>

²⁵ <https://www.scottishrecovery.net/what-is-recovery/>

Committing to learning from those with lived experience

A central pillar of trauma-informed approaches is that learning and development should be informed by the experiences of people who have lived experience of abuse, trauma and adversity.

High quality trauma training should therefore look to involve experts by experience as co-production partners in the development and, where appropriate, the delivery of training.

Working towards a shared vision and language

There is general agreement that trauma-informed systems crucially rely on multi-agency partnerships, access to community assets and collaboration.²⁶

Seeking a shared and agreed language for abuse, trauma, adversity and associated impacts can also help with thinking about the work and with developing a shared vision and goals.

²⁶ <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>

02 | DEVELOPING A TRAUMA-INFORMED WORKFORCE - KEY PRINCIPLES AND CONSIDERATIONS

Holding a life-span perspective

Trauma can be experienced at any stage or stages in a person's life. Recognising this, and responding to people affected by trauma at different life stages can require different skills and knowledge and have implications for the type of training a worker needs.

Ensuring evidence-based and best practice

Where care, support and intervention are needed, it is important that these are based on best practice guidelines and the current evidence, to optimise outcomes.

Early intervention and community capacity building are essential components to build effective, sustainable pathways to recovery.

Committing to translating knowledge into practice

In addition to receiving the right training, it is important that workers are supported by their organisation to consolidate new knowledge and apply new skills in the workplace.

Access to coaching and supervision to embed skills is essential to achieve change in the way people work. Effective leadership to support new ways of working is also crucial²⁷.

²⁷ <http://nirn.fpg.unc.edu>

03

CO-PRODUCING TRAINING WITH THOSE WITH LIVED EXPERIENCE

03 | CO-PRODUCING TRAUMA TRAINING

Co-producing trauma training with people with lived experience has the potential to enhance training quality.

The co-production process presents an opportunity to embed the trauma-informed principles of safety, choice, collaboration, empowerment and trust into all aspects and all stages of co-production, from initial conversations around who can contribute and how, to how contributions are acknowledged and remunerated.

Co-production considerations:

- Promoting fair opportunities and creating structures to ensure that people with lived experience who wish to participate in contributing to increasing understanding of trauma, can safely do so.
- Attending to issues around power, equality and consent in commissioning and developing training involving people with lived experience
- Ensuring that forums are safe for contributors
- Offering options and choices on what is contributed, how, and for how long.
- Recognising strengths and skills and enabling contributions to be developed around these
- Building in support and scaffolding, where needed, and guarding against re-traumatisation
- Being clear about how the involvement of people with lived experience contributes to programme intended learning outcomes
- Discussing how contributions are to be acknowledged
- Agreeing when and how contributions are to be remunerated, and creating workable payment mechanisms

04

USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK TO SUPPORT WORKFORCE DEVELOPMENT

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

A: ASSESSING TRAUMA TRAINING NEEDS



B: RECOGNISING HIGH QUALITY TRAUMA TRAINING



C: WHAT TO LOOK FOR IN A TRAUMA TRAINING PROVIDER



D: SUPPORTING THE TRANSLATION OF TRAINING INTO PRACTICE



04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

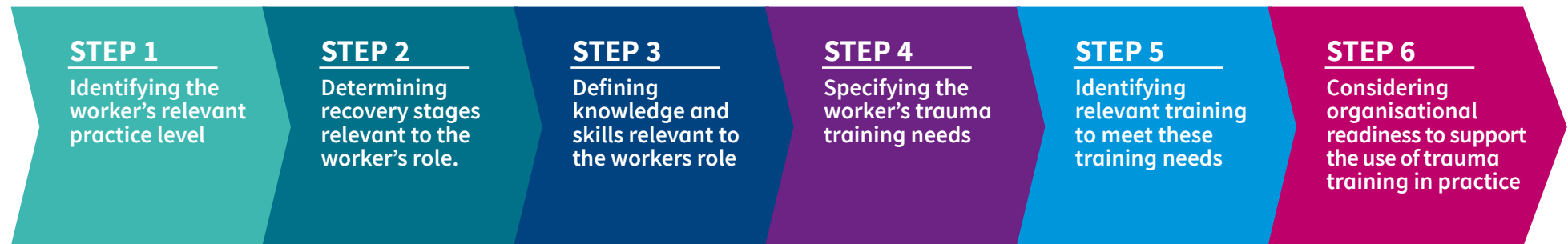


Figure 4 – Steps in assessing trauma training needs

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

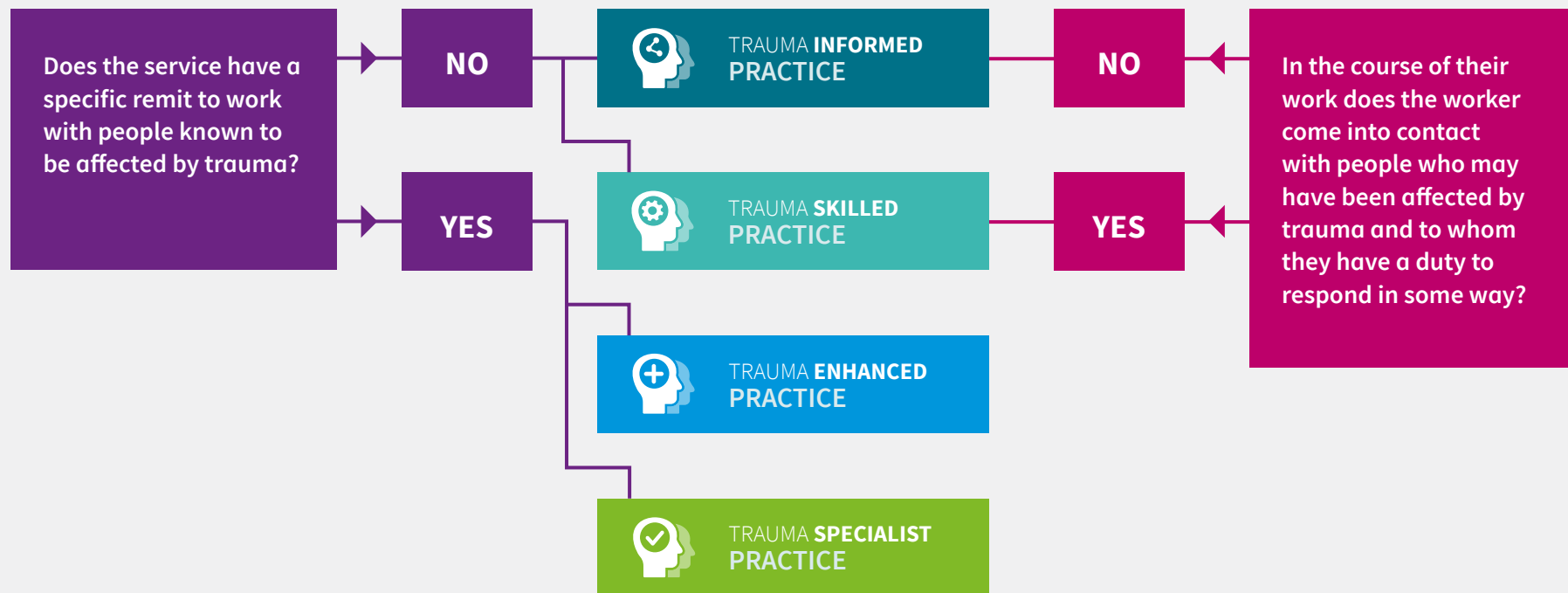


Figure 5 – Identifying the worker's relevant practice level

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

A: ASSESSING TRAUMA TRAINING NEEDS

Step 1 – Identifying the worker’s relevant practice level

“What is the service remit and what are staff expected to do in the context of their roles to meet this remit?”

Practice levels are a way of capturing what workers in different service contexts can do to make a positive difference to people affected by trauma. Different workers within the same organisation may have different roles meaning that different workers may need to be trained at different practice levels.



04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Step 2 – Determining recovery stages relevant to the workers role



“Are workers likely to be coming into contact with people at every or specific stages of recovery?”

Some workers come into contact with people at specific stages of recovery, meaning that only certain recovery stages are relevant to them – for example A&E workers, community police officers and the emergency services might mostly work with people at the safe and protected from harm stage.

Other workers – for example teachers, university lecturers, dentists, carers, social workers, medical staff, mental health staff potentially come into contact with people affected by trauma at any stage in their recovery journey, meaning that all recovery stages at the trauma skilled practice level are relevant to them.

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Step 3 – Defining knowledge and skills relevant to the workers role

“Which knowledge and skills are relevant to the worker’s role and service remit?”

Once the relevant practice levels and recovery stages have been identified, the next step is to determine exactly which knowledge and skills within the identified practice level / recovery stage are relevant to the workers role and service remit.

Some knowledge and skills may be relevant to some but not all workers – for example those who work with children may need to develop additional skills and only some workers will be mandated to carry out routine enquiry.



04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Step 4 – Specifying the worker’s trauma training needs

“What knowledge and skills do individual staff members need to develop given their existing K&S, their current job role and the service remit?”

This step is about **benchmarking** a worker’s existing skills and knowledge with reference to the Trauma Framework, identifying areas of strengths and any gaps between a worker’s current knowledge and skills and those that are expected given their job role and the service remit²⁸.

The **manager’s checklist** and **self-assessment template** are designed to help with this.

²⁸ There is an assumption that learning will develop incrementally across practice levels. For example, it would be expected that workers who are expected to work at practice level 3 (trauma enhanced) would also have practice level 2 (trauma skilled) knowledge and skills and so on.



04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Step 5 – Identifying relevant training to meet trauma training needs

“Is training available in-house or locally or do I need to commission training?”

Workers and managers are next encouraged to specify trauma training areas which would meet the worker’s training needs and to source relevant high quality training.

Core and essential trauma [training summaries](#) relevant to each **practice level** have been developed to support this process.

These training summaries should be appraised alongside the detailed knowledge and skills found in “[Transforming Psychological Trauma](#)”.

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Step 6 – Considering organisational readiness to support the use of trauma training in practice

“How ready is the service to support workers to be able to use this training?”

Managers are encouraged to take into account how ready and able the service is to support the worker to put the training they attend into practice.

APPENDIX. 1

Managers are encouraged to consider the fit between the training being attended and the needs of those who use the service as well as the extent to which the service environment can support the worker's use of new skills.

A key further consideration is the availability of coaching and supervision to support the worker to apply new skills.

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

B: RECOGNISING HIGH QUALITY TRAINING

Quality training is training which has a meaningful and demonstrable impact on a worker's attitudes, knowledge and skills, and results in improved outcomes for the people they work with.

Key indicators of good quality trauma training

- Training is designed around existing competency frameworks, the evidence-base and / or best practice guidelines
- Training is targeted appropriately and recognises and build on existing skills and knowledge
- Training is delivered by trainers who have expert knowledge and applied experience in the areas that they are training to
- Training specifies intended learning outcomes (ILOs) and makes clear the links between ILOs and training content and exercises, including the contribution of experts by experience
- Training incorporates a range of learning approaches to promote knowledge and skills development and specifies how participants will learn about, observe, practice and receive feedback on skills covered in training
- Training draws on the expertise of people with lived experience of trauma to improve quality
- Training incorporates equality and diversity principles and has processes in place to identify and respond to cultural differences as well as to sensory, learning and language needs
- Training is properly evaluated and evaluation looks to establish whether the training
 - a) is well received by the audience
 - b) has met the ILOs
 - c) brings about a change in what people do in practice
 - d) brings about improved outcomes in the real world²⁹

²⁹ Kirkpatrick, D.L (1995). Evaluating Training Programmes: The Four Levels. Wiley, San Francisco.

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

C: WHAT TO LOOK FOR IN A TRAUMA TRAINING PROVIDER

Effective trainers are able to:

- Assess the training needs of workers within a given organisation
- Apply principles of best practice and evidence in adult learning to the development and delivery of training
- Use experiential exercises appropriately
- Facilitate and manage training groups
- Understand that training is “a process rather than an event” and support the transfer of training into the workplace
- Use technology and audio-visual materials appropriately
- Understand the values, ethics and standards of the professional groups receiving training
- Incorporate an understanding of cross-cultural differences and of equality and diversity principles into the development and delivery of training

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Effective trauma trainers are able to:

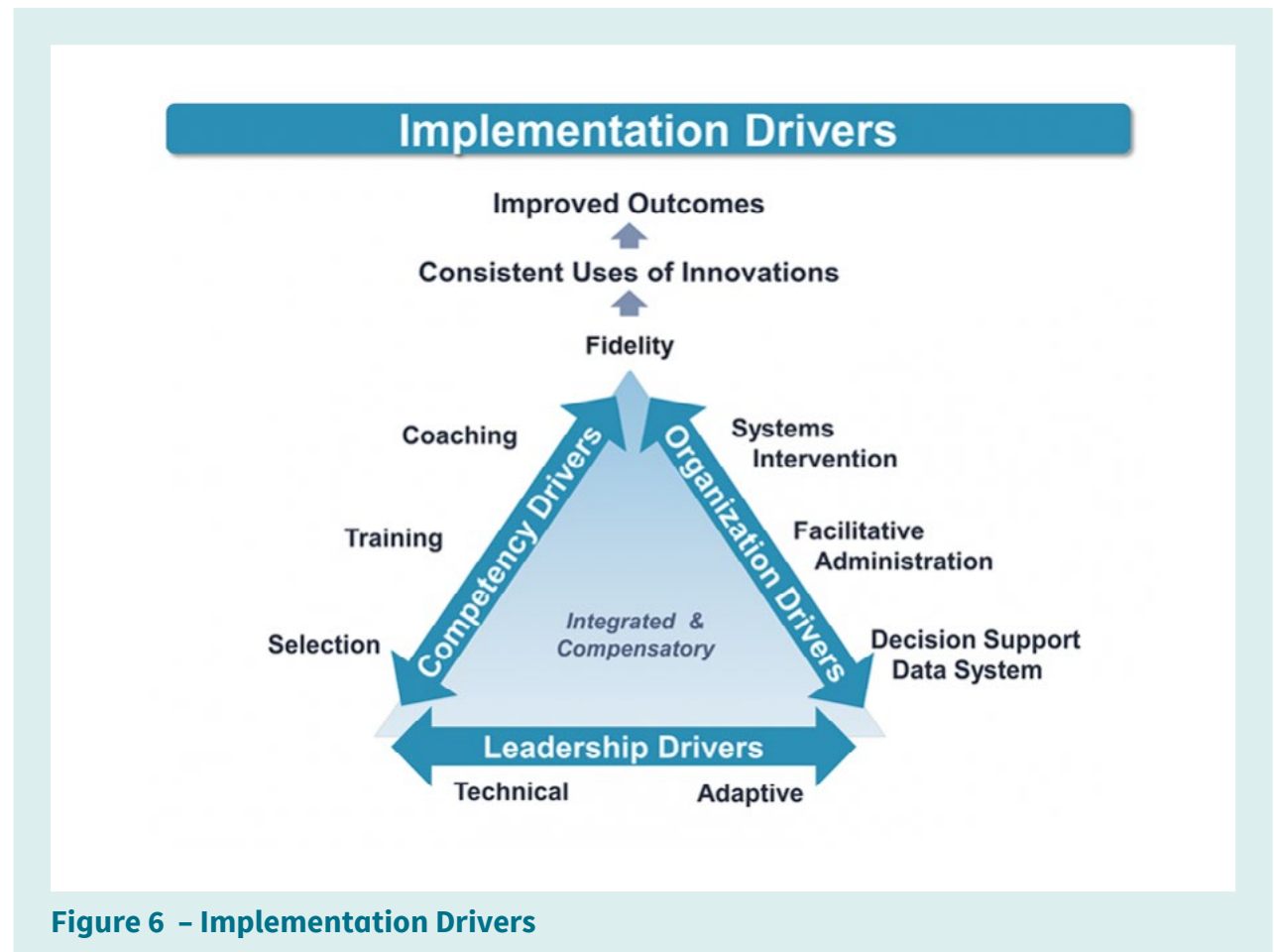
- evidence that they possess a high level of knowledge and skills relevant to the area of trauma they are providing training in
- demonstrate a commitment to aligning trauma training with the Trauma Knowledge and Skills framework and other relevant frameworks, best practice guidance and the evidence-base
- evidence their experience of having applied trauma-related knowledge and skills in a relevant real-world setting (for trainers training staff at trauma skilled, enhanced and specialist levels)
- evidence a commitment to co-designing and co-producing training with experts by experience in ways which are ethical and trauma-informed
- dynamically assess the emotional impact of trauma training on individual participants and the group and adjust content / approach / emphasis accordingly

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

D: SUPPORTING THE TRANSLATION OF TRAINING INTO PRACTICE

Implementation research shows that, for training to be successfully translated into practice, attention needs to be paid to ensuring that:

- a) the workforce is competent
- b) there is organisational support for new skills and new ways of working
- c) there is effective leadership to support the embedding of new skills and ways of working.



04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

A competent and supported workforce

A workforce is competent when attention is paid to ensuring that **the right people are selected for and receive the right training** and that, after receiving training, **workers are supported through coaching and supervision to apply and embed their skills and knowledge.**

Research shows³⁰ that on the job coaching is essential if new skills are to transfer and be applied in the workplace. It is therefore recommended that training which involves learning new skills be supported by on the job skills coaching. It is also recommended that regular reflection on the work should be an integral part of all jobs that involve regular contact with people affected by trauma.

A range of different approaches to this exist. Which one is used depends on the nature of the work that the worker does and whether the key purpose of reflection is normative (e.g. case management meetings), formative (e.g. coaching sessions) or restorative (i.e. serving a supportive and processing function).

Clinical supervision is mandated for all roles that involve the delivery of psychological therapy or interventions and reflective practice sessions for other roles.

It is also recommended that coaches and supervisors receive adequate training on how to coach and supervise³¹ and that they attend to their own supervision needs.

Figure 7 illustrates the kinds of staff support mechanisms that might be used to embed, develop and maintain skills-use, support worker wellbeing and ensure the safety and wellbeing of those using services.

³⁰ Joyce, B. R., & Showers, B. (2002). Student achievement through staff development (3rd ed.). Alexandria, VA: Association for Supervision & Curriculum Development (ASCD).

³¹ E.g. <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks>

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

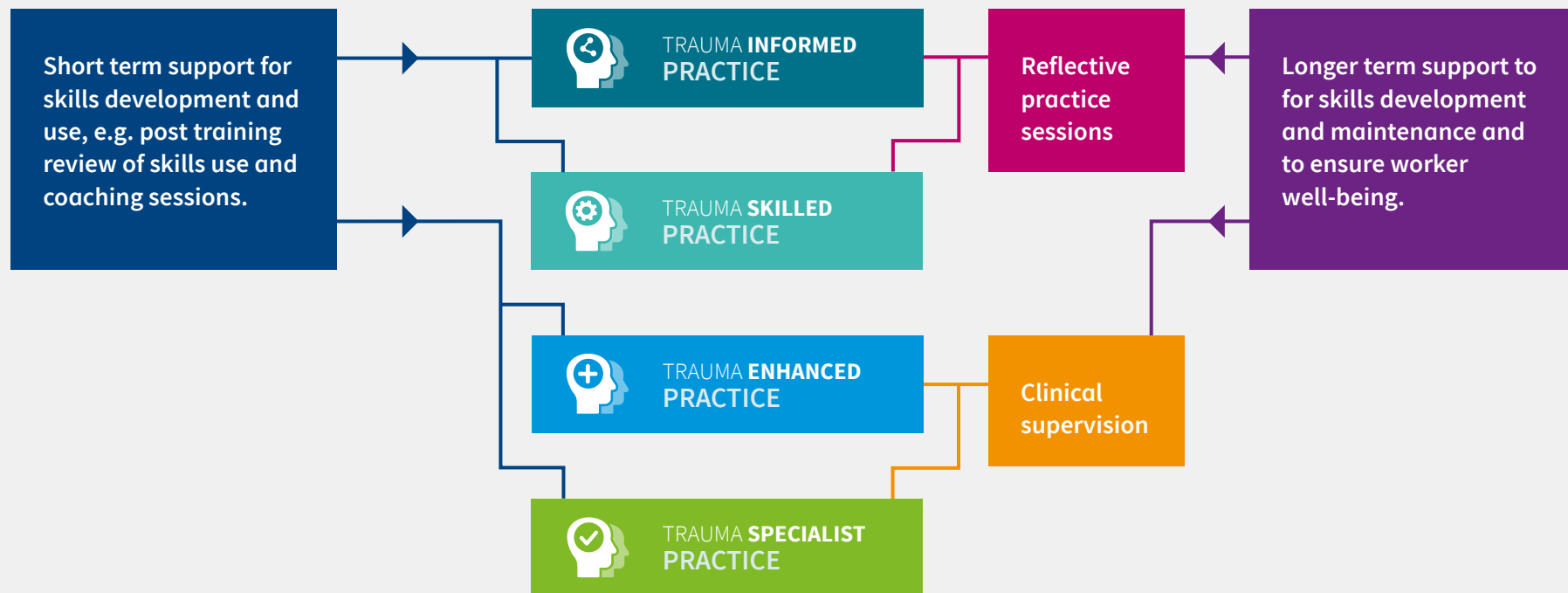


Figure 7 – Potential staff support structures following trauma training

04 | USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK

Organisational support for new practice

Organisational support and managerial buy-in is central if workers are to be able to translate the training they receive into practice. Essential enabling factors include ensuring that **dedicated time and support** is available for staff to implement and embed new practices and that **data collection systems** are in place to support new practices and to monitor and evaluate outcomes.

Organisational support for trauma-informed change also means building the principles and values of **safety, trust, collaboration, choice and empowerment into workplace policies, service processes and the physical environment** and ensuring that these principles are reflected in the experiences of staff as well as service users.

Effective leadership to support the process of practice change

Leaders are important as culture-bearers, to provide direction, to make decisions about the timing of changes within services, and to problem solve issues and remove barriers to change as they emerge.

Trauma-informed leaders also recognise the potential for working with people affected by trauma to impact at a systemic level and work to establish trauma-informed cultures and systems to counterbalance this.

05

CORE AND ESSENTIAL TRAUMA TRAINING SUMMARIES

05 | CORE AND ESSENTIAL TRAINING SUMMARIES

05 | CORE AND ESSENTIAL TRAINING SUMMARIES

The core and essential trauma training tables in this section provide a summary overview of the training areas to be covered in trauma training at different practice levels. These summaries are for reference only.

When assessing training needs or designing training these training summaries should be considered alongside the full curriculum in the *Transforming Psychological Training Knowledge and Skills Framework*. Page numbers given in the trauma summary tables are to support cross referencing with the trauma knowledge and skills framework.

Training summaries detail training areas relevant to people working with children and/or adults. Where training areas are specific to those who work with children, these are indicated in **purple text** in the tables.

Trauma training summaries are designed to be used:

- **By workers:** to support orientation to core and essential trauma training areas
- **By trainers:** to gain an overview of core and essential training areas at each practice level to support
 - a) planning / co-production of trauma training
 - b) self-assessment of trauma training competencies
- **By managers and commissioners:** to gain an overview of suggested training areas at each practice level

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA INFORMED PRACTICE

01 | Understanding Trauma (Trauma Informed practice): *pp30–33*

- Definitions and types of trauma
- Prevalence of trauma and adversity (ACEs)
- Health, mental health, social and relationship consequences of trauma and adversity
- Understanding trauma reactions
- Why trauma is “everybody’s business”

02 | Impact of trauma and adversity on access to care, support and treatment *pp32–33*

03 | Trauma-informed relationships and recovery *pp30–33*

04 | Principles, practice and benefits of trauma-informed care *pp34–35*

05 | Understanding and managing the impact of trauma on the self *p36*

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SKILLED PRACTICE

01 | Understanding Trauma (Trauma skilled practice): *pp39–41, p59*

- Types of abuse, neglect and adversity
- Trauma impact, trauma reactions and adaptations
- Impact of trauma on:
 - Stress management and tolerance (window of tolerance)
 - Ways of coping
 - Interpersonal functioning and relationships
 - Good enough attachment and inter-personal development** (*CYP: pp40–41*)

02 | Trauma-informed practice and services: *pp47–49*

- Self-awareness and good self-care
- Professional support and supervision
- Trauma-informing professional relationships
- Trauma-informing services

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SKILLED PRACTICE

03 | Recognising and responding to adversity risk and harm: *pp42–44, p62*

- Recognising current risks (to self, to others, from others)
- **Recognising children at risk** (*CYP: p41,44*)
- Re-victimisation
- Paying attention to the risks of trauma and adversity for children
- Adult and child protection responsibilities
- Specialist support services and multi-agency working

04 | Hearing about abuse and trauma: *pp44–47, pp56–57, p59*

- How to listen to personal stories of abuse and trauma
- Supporting and responding to disclosures
- The *why, when* and *how* of routine enquiry
- Using communication support / interpreters to support disclosure
- Signposting and onward referral

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SKILLED PRACTICE

05 | Recognising and responding to individual needs: p42, pp50–63

- Understanding the spectrum of needs linked to trauma and the concept of stepped matched care
- **Using GIRFEC tools to identify, support and review the spectrum of needs in children and young people** (CYP: p51, 55, 58, 62)
- **Understanding that a child's needs will be associated with their age and developmental stage** (CYP: p53, 60)
- Supporting resilience and recovery following trauma
- Acute trauma, psychological first aid and watchful waiting
- Recognising clinically significant trauma related distress and timescales for onward referral
- **Understanding the importance of the family and support systems around the child, and interventions to support resilience and recovery** (CYP: p51, 55, 58, 60)
- Basic trauma psychoeducation
- Recognising strengths, engendering hope and enabling recovery

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

01 | Understanding Trauma (Trauma enhanced practice): pp66–70, p79

- Trauma and attachment
- **The importance of a child's current context and relationships** (CYP: p67, 68)
- Developmental impact of trauma
- **The interaction between trauma and critical development stages** (CYP: p.67,68)
- Impact of trauma on physical health
- Trauma symptoms and adaptations
- Stress tolerance (window of tolerance) and dissociation
- Trauma triggers and re-traumatisation
- Mental health diagnoses and trauma
- Indicators of and risks for trauma exposure

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

02 | Trauma informed practice and systems: p36, 70,74,79, 87, 89, 92

For staff:

- Principles and practice of trauma-informed approaches
- Trauma-informing relationships with clients and colleagues
- Minimising re-traumatisation linked with service systems
- Using organisational supports for well-being and sustaining self-care

For managers:

- The impact of trauma exposure on services and organisation and the implications for quality care and staff well-being
- The role of service / organisational factors in compounding / mitigating the impact of trauma
- Trauma informed approaches in practice – the *why*, *what* and *how*
- Supporting and sustaining trauma-informed systems
- Staff support, well-being and supervision within trauma informed systems

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

03 | Trauma-informed risk assessment and management: *pp71–73, p76*

- Risk factors and red flags for trauma or harm
- Risk factors for self-harm in the context of previous / current trauma exposure
- Risk factors for different forms of violence, abuse and re-victimisation
- Trauma-informed risk assessment
- Trauma-informed risk management
- Assessing and managing risk during therapeutic interventions with people affected by trauma

04 | Disclosure and routine enquiry and response: *pp73–75, pp83–84, p89*

- Factors influencing disclosure
- Conducting routine enquiry with adults²⁶ and responding to disclosures
- Confidentiality and recording disclosure
- Legal aspects of disclosure

²⁶ Routine enquiry is not advised with children (TPT, p.75). If a child makes a disclosure of trauma or abuse, it is advised that workers respond in a way that is trauma informed and using local child protection procedures and protocols.

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

05 | Working with interpersonal difficulties linked to trauma: *p67, pp77–78, p88*

- Implications of attachment trauma for emotional stability and coping, and for interpersonal functioning and the professional relationship
- Negotiating and managing professional contact, boundaries and endings
- Psychological interventions for interpersonal difficulties linked to trauma

06 | Assessing people with trauma-related difficulties: *pp78–80*

- Trauma, resilience and recovery and the spectrum of needs linked to trauma
- **Understanding that a child's needs will be associated with their age and developmental stage** (*CYP: p80*)
- Strengths-based mental health assessment
- Assessing the link between trauma and substance misuse
- Trauma and mental health diagnosis
- Trauma-informed care planning – including setting culturally-relevant and personally valued goals, roles and measuring outcomes

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

07 | Delivering interventions for people with trauma-related difficulties: *pp71–72, pp80–82, pp84–92*

- Recognising where trauma is unresolved
- The phase-based model of trauma and recovery
- **Systemic and developmental considerations included in the phase-based model of trauma and recovery in children and young people** (*CYP: p72, 80, 86, 91*)
- Matched stepped care
- Resilience and hope
- Psychosocial support and advocacy
- Evidence-based and protocolised stage 1 interventions for trauma
- Skills development following trauma
- Understanding the aims of psychological therapy for people affected by trauma
- **Importance of the family and support systems around the child in supporting resilience, recovery and interventions** (*CYP: p83*)
- Clinical supervision

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA ENHANCED PRACTICE

08 | **Recovery and connection:** *pp93–96*

- Models of mental health recovery
- Trauma-informing care planning
- Identifying value-based and personally meaningful goals and roles
- Recognising and addressing skills gaps
- Psychosocial support

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

01 | Understanding trauma (trauma specialist practice):

pp100–101, 103–106, pp108, p112

- Understanding trauma across the lifespan: developmental, neurobiological and psychological levels of explanation
- **Understanding systemic and developmental factors contributing to trauma presentations in children and young people** (*CYP: p.100, 101, 112*)
- Attachment trauma, emotional self-regulation and self-soothing
- Attachment-informed systems and interventions
- Toxic stress, traumatic stress and allostatic load
- Cumulative trauma, complex reactions, complex needs
- Interactions between poor physical and mental health following trauma
- Trans-diagnostic understandings of trauma impact and evidence-based interventions: what works for whom?
- Working with co-occurring substance use and trauma
- Effects of trauma on systems, services and organisations

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

02 | Developing trauma informed systems, practices and services:

p36, pp100–101, p107

- Understanding the impact of trauma on services and organisations and the implications for quality care and staff well-being
- Understanding the role of service / organisational factors in compounding / mitigating the impact of trauma for people affected by trauma
- Theories and models of trauma informed care and practice
- Making the case for change: trauma informed care – the evidence
- Trauma informed care in practice – the *what* and the *how*
- Trauma informed practice tools
- Culturally relevant systems and practice
- Developing, supporting and sustaining trauma-informed systems
- Self-awareness, self-regulation, self-care and organisational systems for staff support and supervision within trauma informed systems

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

03 | Trauma informed risk assessment formulation and management: *pp99–101, 105, 116*

- Applying principles of trauma informed care to the risk management process
- Risk factors for re-victimisation.
- Assessing and managing risk to self and / or others in the context of trauma using evidence-based approaches
- **Risk assessing current context and relationships** (*CYP: p100–101*)
- Developing and maintaining risk management plans
- **Promoting safety and stability for the child and the family context using a systemic approach** (*CYP: p100, 105, 116*)
- Assessing and managing risk during trauma focussed therapeutic interventions
- Multi-agency risk-management systems
- **Child protection procedures and protocols** (*CYP: p.100–101*)
- Using psychological case formulation / conceptualisation to inform multi-disciplinary and multi-agency risk management plans

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

04 | Working with interpersonal difficulties in the context of trauma: *p102, p104*

- Understanding the nature of interpersonal difficulties linked to trauma – attachment theory and other relevant theoretical perspectives
- Implications of attachment trauma for the persons' engagement with human services and systems
- Holding the family and wider network in mind in therapy
- Trauma and the therapeutic relationship
- Evidence-based interventions promoting affect regulation skills and interpersonal functioning following trauma
- Working with self-harm in relationship contexts
- Using supervision to address process issues in therapy
- Working therapeutically with people from other cultures, including through interpreters
- Using consultation and training to support attachment and trauma-informed professional relationships

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

05 | Psychological assessment and trans-diagnostic case formulation / conceptualisation in people with complex trauma-related difficulties:

p100, pp102–105, pp110–112

- The trauma and diagnosis debate
- Multi-dimensional and strengths-based psychological trauma assessment
- Understanding that the impact of trauma presents in different ways and people affected by trauma may present in different contexts, including but not limited to:
 - Mental health, eating disorder and substance misuse settings
 - Criminal justice settings
 - Physical health (including emergency care, long-term conditions, weight management and medically unexplained symptoms) settings
 - Head injury settings
 - Learning disability and / or autism settings
 - Educational settings
- **Conducting attachment and neurodevelopmentally-informed assessments**
(CYP: p.100, 105, 110, 112)
- Developing trans-diagnostic psychological case conceptualisation / formulation

(Continued on next page)

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA **SPECIALIST PRACTICE**

05 | **Psychological assessment and trans-diagnostic case formulation / conceptualisation in people with complex trauma-related difficulties:** *p100, pp102–105, pp110–112 (continued)*

- **Developing attachment and neurodevelopmentally informed trans-diagnostic formulations / conceptualisation** (CYP: *p.105, 110, 112*)
- Assessing readiness for therapy
- Using case formulation / conceptualisation to inform multi-disciplinary and multi-agency care plans

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA SPECIALIST PRACTICE

06 | Delivering therapeutic interventions for people with complex trauma-related difficulties: *pp100–101, pp 105-116 (continued)*

- Using matched stepped care to respond to people affected by trauma.
- What works for whom: using the evidence-base and best practice guidelines (e.g. MATRIX, NICE, SIGN, ISTSS) for mental health difficulties and conditions linked to trauma
- Phase-based model of trauma and recovery and current debate
- Theory, models and mechanisms underpinning effective therapeutic interventions and therapy
- **Attachment and neurodevelopmentally-informed interventions for trauma** (*CYP: p100, 101, 112*)
- Matching therapeutic need to therapeutic approach / modality
- **Factoring in developmental presentation and abilities in selecting therapeutic modality** (*CYP: p110, 112, 116*)
- Working therapeutically with complexity and “co-morbidity” .
- Trauma processing therapies
- **Care-giver involvement in therapeutic interventions** (*CYP: p105, 110. 116*)
- Multi-disciplinary and multi-agency working in the context of trauma
- Self-awareness, self-regulation and self-care
- Reflective practice and clinical supervision

05 | CORE AND ESSENTIAL TRAINING SUMMARIES



TRAUMA **SPECIALIST PRACTICE**

07 | Recovery and connection: *p117*

- Resilience theory
- Mental health recovery models
- Values-based conversations
- Recognising and addressing skills gaps
- Goals and roles
- Culturally-relevant goal setting
- Psychosocial support

08 | Research skills: *p109*

- Formulating research questions
- Writing research proposals
- Securing project funding
- Securing ethics permission
- Research methodology and analysis
- Writing for publication
- Developing and evaluating therapies in novel contexts

A1 APPENDIX 1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

These questions can be used by managers, with reference to the NES (2017) *Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce* to support training needs assessment, training commissioning and organisational readiness assessments.

ASSESSING A WORKER'S TRAUMA TRAINING NEEDS IN LINE WITH THE TRANSFORMING PSYCHOLOGICAL TRAUMA FRAMEWORK

01	What is the remit of my service in relation to people affected by trauma and adversity (informed, skilled, enhanced, specialist)?
02	What is the remit of my service in relation to people affected by trauma and adversity (informed, skilled, enhanced specialist)?
03	Which recovery stage(s) are most relevant to the remit of my service (i.e. safe and protected, able to cope, processing and making sense, living the life you choose)?
04	Are workers likely to be coming into contact with people at specific or all stages in their recovery?
05	Are different recovery stages relevant to different staff depending on job role?

NOTES: TYPE IN ANY NOTES BELOW

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

ASSESSING A WORKER'S TRAUMA TRAINING NEEDS

IN LINE WITH THE TRANSFORMING PSYCHOLOGICAL TRAUMA FRAMEWORK

06	Which knowledge and skills within the relevant practice level / recovery stage are appropriate to this worker's role and service remit?
07	What practice level are workers currently working at?
08	What practice level would they ideally be working at?
09	Are different recovery stages relevant to different staff depending on job role?
10	Are the needs of staff around increasing awareness / knowledge and / or developing skills in practice?
11	What knowledge and skills do individual staff members need to develop given their existing K&S and their current job role?
12	Which training sections in the Trauma Training Plan incorporate these knowledge and skills?

NOTES: TYPE IN ANY NOTES BELOW

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

IDENTIFYING QUALITY TRAINERS AND TRAINING

01	Is training available in-house or locally or do I need to commission training?
02	Does the prospective trainer have the relevant knowledge, skills and applied experience required to deliver this training (i.e. are they a competent expert)?
03	Does the prospective trainer have experience in delivering high quality training based on sound academic principles?
04	Does the prospective training clearly specify who this training is appropriate for?
05	Does the prospective training address gaps in knowledge and skills which my workers have?
06	Does the prospective trainer have processes / recommendations in place to support the transfer of training into the workplace and identify any challenges to implementation / support participants to do this?

NOTES: TYPE IN ANY NOTES BELOW

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

IDENTIFYING QUALITY TRAINERS AND TRAINING

07

Does the prospective training:

- Align itself with the Transforming Psychological Trauma Framework and / or other relevant evidence-based frameworks / best practice guidelines?
- Incorporate the contributions of experts by experience?
- Link to relevant therapeutic models and protocols, where appropriate?
- Allow adequate time for skills development?
- Have measurable and specific intended learning outcomes?
- Take into account equality and diversity principles?
- Articulate what criteria should be used to select staff for training?

NOTES: TYPE IN ANY NOTES BELOW

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

ESTABLISHING COACHING AND SUPERVISION STRUCTURES

01	If the training aims to support staff to develop skills, what coaching / supervision is available locally to support the embedding and effective use of these skills?
02	Do potential coaches and / or supervisors have the right level of knowledge, skills and experience to act as coaches / supervisors?
03	Are processes in place to monitor the effectiveness of coaching and supervision?
04	Are processes in place to ensure that staff are applying skills learnt during training in the appropriate way?

NOTES: TYPE IN ANY NOTES BELOW

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

ASSESSING ORGANISATIONAL READINESS TO IMPLEMENT TRAUMA TRAINING

01	How ready are managers and workers to buy into a trauma informed service approach?
02	How ready is my service to support staff to implement this training?
03	What challenges to implementing the training are likely and how might these challenges be met?
04	Can we ensure that adequate time and resource is given to release staff for training and skills development?
05	Can we ensure that adequate time and resource is given for coaching and supervision following training?
06	Do we have a person in place who can effectively monitor the implementation of training, including attending to appropriate coaching and supervision?

NOTES: TYPE IN ANY NOTES BELOW

A1

TRAUMA TRAINING NEEDS ASSESSMENT AND PLANNING – GUIDANCE FOR MANAGERS

ASSESSING ORGANISATIONAL READINESS TO IMPLEMENT TRAUMA TRAINING

07	Can we establish necessary communication processes to support implementation of the training?
08	What do we need to do to build implementation of this training into job plans?
09	What data support systems do we need to have to know if the training is being implemented?
10	What data do we need to gather from staff and clients to assess the impact and outcomes linked to training?

NOTES: TYPE IN ANY NOTES BELOW

A2

APPENDIX 2

TRAUMA TRAINING NEEDS ASSESSMENT: SELF-ASSESSMENT

A2

TRAUMA TRAINING NEEDS ASSESSMENT: SELF-ASSESSMENT

This form can be completed by workers in consultation with managers and with reference to the NES (2017) *Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce* to support self- assessment of trauma training needs.

NAME:

What is the remit of my service in relation to people affected by trauma?

What is my role within the service?

What trauma framework practice level is most relevant to my role and the remit of the service?

Which trauma framework recovery stage(s) are most relevant to my role within the service?

A2

TRAUMA TRAINING NEEDS ASSESSMENT: SELF-ASSESSMENT

What are my areas of strength (skills and knowledge)?

What are my areas for development (skills and knowledge)?

Agreed trauma training and development plan and expected outcomes:

Agreed skills support, coaching and supervision plan:

A3

APPENDIX 3

TRAINING DEVELOPMENT AND PLANNING TEMPLATE FOR TRAINERS

TRAINING DEVELOPMENT AND PLANNING TEMPLATE FOR TRAINERS

This form can be used by trainers with reference to the NES (2017) *Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce* to support training programme development.

Training Title:

Target audience:

Trauma framework linked practice level / recovery stage:

Aims of Training:

NOTES: TYPE IN ANY NOTES BELOW

A3

TRAINING DEVELOPMENT AND PLANNING TEMPLATE FOR TRAINERS

Intended learning outcomes:

Teaching and learning strategy:

Syllabus / programme:

NOTES: TYPE IN ANY NOTES BELOW

A3

TRAINING DEVELOPMENT AND PLANNING TEMPLATE FOR TRAINERS

Associated reading / e-learning:

Key challenges to address in delivering training:

Training evaluation, strategy and tools:

NOTES: TYPE IN ANY NOTES BELOW

ABOUT THIS RESOURCE



NESD0715 DRAFT

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