



## Trauma-Informed Approach to Adult Support & Protection: Series Brief 2- Understanding non-engagement

### What is Trauma-informed Practice?

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Trauma-informed Practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development (<https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/> *Trauma Informed Practice, A Toolkit for Scotland*).

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### Here are the some behavioural reactions to trauma:

Trauma response	What the adult might be coping with
Fight	Frightened; low or no self-esteem; no reason to trust anyone; hypervigilant; fear driven; have been let down in the past; unable to emotionally regulate; unable to think through consequences of actions; struggles with learning and being curious; afraid of change; cultural differences; poor mental health; depression and anxiety.
Flight	Anxiety; toxic stress; lack of trust; feeling unsafe; hyper avoidance; fear of authority; poor experiences in the past when working with practitioners; or recent staff changes.
Freeze	Fear of relationships; does not feel safe; unable to trust; feels let down; feelings of shame and guilt.

### What can you do-

1. Understand how the impact of trauma might affect people's responses to you & your organisation

2. Adapt how you work so: a. you do no further harm b. the impact of trauma does not create a barrier

**Adopting a trauma informed approach means doing the opposite of what occurs when trauma is experienced and building a relationship based on the 5- trauma informed principles: Safety, Collaboration, Trust, Empowerment and Choice.**

Principal	Description	Why	Outcomes for adult
<p><b>Safety</b></p>	<p>People should feel and be physically, emotionally, psychologically, socially, and culturally safe. This involves cultural, sexual and gender sensitivity, an awareness of intersectionality, practitioner understanding and working in a way which promotes choice and control, transparency.</p>	<p>Experiencing trauma fundamentally disrupts a person's ability to feel safe at any given moment and they may be more sensitised to stress.</p> <p>Trauma experiences may be exacerbated where practitioners do not understand current responses as a triggering of past trauma.</p> <p>Distress and extreme states are often viewed through a biomedical lens and interpreted as symptoms of a mental illness, a personality disorder, or the result of bad choices.</p> <p>People who identify as part of a minority group, for example LGBTQ+, may feel particularly unsafe in mainstream services.</p>	<p>'I feel safe and understood. I can begin to trust people again.'</p>

<p><b>Trustworthiness</b></p>	<p>This involves keeping people informed of any changes, telling a person when we will be late, using simple language, being accountable and transparent in what we can and cannot do. We can demonstrate trustworthiness by being genuine, non-judgemental, compassionate, and kind in our interactions</p>	<p>Trust needs to be earned. It can be difficult for those who have experienced trauma to establish trust. We cannot expect a person to automatically trust us because we are a professional.</p>	<p>'I feel valued, and I have a Worker I can rely on'</p>
<p><b>Choice</b></p>	<p>Trauma survivors may convey distress non-verbally, for instance by losing concentration. Practitioners can look for cues that the person is feeling anxious or distressed and respond to this, by asking 'Is it ok to talk about this?' Remember that a person who appears unaffected may be in acute distress. Trauma survivors can be adept at presenting as robust and composed, which may or may not reflect what is going on internally. Consider how they will cope after the conversation. How can they be supported with this?</p>	<p>Survivors often find accessing trauma-specific support very difficult. There needs to be the option for survivors to access trauma-specific treatment from specialist services (if they wish to), when the time is right for them.</p>	<p>'I am an expert in my own life and I have choice in how I work with services'</p>
<p><b>Collaboration</b></p>	<p>Relationships should be collaborative and mutual, based on respect, trust, connection and hope. We should move away from 'helper' roles which reinforce helplessness or power dynamics.</p>	<p>The inherent power imbalance between practitioners and survivors can mirror that of abusive relationships. Having experienced powerlessness in the past can lead to ongoing feelings of disconnection, hopelessness, mistrust, and fear.</p>	<p>'We are working through this difficult stuff together'</p>

<p><b>Empowerment</b></p>	<p>Ensure people are supported to take control of their lives, so that they can make meaningful, genuine choices around their care and support. This approach promotes self-care, it is strengths based, creative, joyful and acknowledges the coping and adaptive skills survivors have developed to get to this point.</p>	<p>Peer support and the coproduction of services mean that mutuality, empowerment, collaboration, and fairness are part of the response to trauma. A sense of control will have been removed during the time of the abuse. Partnership working allows for control to be returned to the survivor.</p>	<p>'I am taking control of my life now; I have a deeper understanding of myself, and my past'</p>
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### How can trauma be disguised?

Professionals should consider the impact of the language that is used to describe people and consider how this language can affect the interactions between the professional and the person.

When we use a trauma informed approach we begin to understand and accept that behaviour is a form of communication. As professionals we need to be curious about the ways that individuals present, and the impact of those underlying reasons have on their current behaviour. It is the role of the professional to find ways of engaging with the person, build connection and create safety.

### When adult's struggle to engage with services

Non-engagement was previously known as 'disguised compliance' however this term did not take into consideration personal histories of trauma and trauma responses, nor does it come from a strengths-based approach.

When people struggle with accepting or engaging with support, their behaviour may involve giving the appearance of co-operating with professionals, this may be to avoid confrontation or please the professional and allay concerns. Showing your best side may be viewed as 'normal' behaviour and therefore we can expect a degree of this. But some people may be fearful of professionals and as a result do not engage entirely with support.

Professional curiosity and the ability to have difficult conversations are an essential part of Adult Support and Protection practice; and are required when working with people who struggle to engage with support.

## **What has led to this situation?**

Seeing behaviour through a trauma lens allows us to understand potential links between current difficulties and past experiences. Re-traumatisation can occur when a current experience triggers the same, or similar, emotional, psychological and/or physiological response as an original, traumatic experience. Re-traumatisation may occur when professionals make decisions on a person's behalf. Trauma responses may be triggered when practitioners do not understand how their interactions and imbalances of power remind a person of a past trauma.

## **When practitioners are concerned that a person is not engaging, they should be asking:**

- Why does this person behave in this way?
- Does this current situation have a connection to a previous traumatic experience?
- What skills can I use to help this person feel safe and create connection?
- How can I enable this person to feel empowered and have choice in the way they engaging with me?
- What are the triggers in this person's life that lead to their non-engagement?
- How can I create a relationship based on trust?

## **What are the risks when people struggle to engage?**

- Professional fail to recognise the root cause of the behaviour.
- The relationship between the professional and the person may break down.
- Professionals may perceive the risk to be low level.
- It removes focus from the adult with care and support needs.
- Professionals can become over optimistic about progress being achieved, leading to cases being stepped down and delaying timely interventions.
- Professionals may close the case because of lack of engagement or lack of progress.

**When an individual or carer is not engaging with a service:**

<p><b>Strategies to consider</b></p>	<ul style="list-style-type: none"><li>• Incorporate the 5 Trauma Informed Principles into every interaction.</li><li>• Be professionally curious</li><li>• Make sensitive enquiries.</li><li>• Have the confidence to have difficult conversations.</li><li>• Build cooperative relationships.</li><li>• Be patient- trusting and secure relationships take time to develop.</li><li>• Recognise the impact of professional optimism and unconscious bias in our decision making.</li><li>• Engage in regular supervision.</li><li>• Have you considered- Coordinating a multi-agency response, seek advice from partner agencies.</li><li>• Discuss with your line manager.</li><li>• Have you consulted legal services- if appropriate.</li><li>• Have you considered a Risk Assessment; a chronology; clear case recording, which evidences defensible decision making.</li></ul>
<p><b>Concerns/ Issues Raised</b></p>	<ul style="list-style-type: none"><li>• Does this behaviour increase risk?</li><li>• Consider the impact of trauma- historical, cumulative, and current.</li><li>• Is this behaviour a trauma response?</li><li>• Does this person feel unsafe and unable to trust others?</li><li>• Mental health.</li><li>• Is the person making an informed decision- have an understanding of situation, including insight into risk situation and consequences of ongoing exposure to risks?</li><li>• Could there be undue pressure, explicit or relational based?</li><li>• Is alcohol or substance impacting on their capacity?</li><li>• Corroborate information shared by family and carers- if relevant.</li></ul>

### **Top Tips to achieve change:**

- Focus on the adult, ensure you speak to them about their wishes and feelings in line with principles of ASP legislation.
- Consider if the views of family and carers- if appropriate- are consistent with the those of the adult. Are their stories inconsistent?
- Family or carers can easily prevent practitioners from seeing and listening to an adult.
- Practitioners need to ensure they are professionally curious about the adult, their life experiences, and the impact it still has on them.
- Effective multi-agency work needs to be coordinated, so we have all available information regarding the lived experience of the adult.
- Practitioners can be miss opportunities to identify risk because of stories we want to believe are true.
- Practitioners need to build cooperative relationships with people based on the 5 trauma informed principles.
- Use regular supervision to help understand your decision making.

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