



**Gwasanaeth
Ymlyniad Gwent**
Gwent Attachment
Service

**Traumatic Stress Wales
Conference February 2023**

Who are we and what do we do?

A quick orientation...



- public money
- complex task
- complex context



Building on shifting sands...

How do you build the foundations for therapeutic intervention to be most effective?



Prudent healthcare

Which ideas can we expect to be useful across contexts and networks?

"Being in healthcare means people often pressure us to do something more radical, organisational culture change is the thing we're not doing."



By Kate

What culture are we sitting in?

...and how do we change it?



A quick orientation...



- public money
- complex task
- complex context




Survival mode is supposed to be a phase that helps save your life.
It's not meant to be how you live.

-Michele Rosenthal



If you think you're
too small to have an impact,
try going to bed with a
mosquito in the room.

A small mosquito is perched on a thin, vertical green stem of a leaf. The background is a soft-focus green, suggesting a natural outdoor setting.

- Anita Roddick (Body Shop founder)

Building on shifting sands...

How do you build the foundations for therapeutic intervention to be most effective?

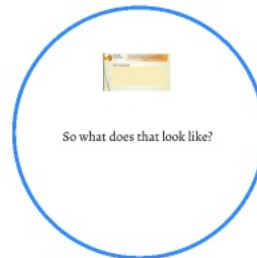
Prudent healthcare

Which ideas can we expect to be useful across contexts and networks?



"Trying to implement trauma specific clinical practices without first implementing trauma informed organizational culture change is like throwing seeds on dry land"

-Sandra Bloom



"Trying to implement trauma specific clinical practices without first implementing trauma informed organizational culture change is like throwing seeds on dry land"

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"Our ability to make and model healthy relationships, and to show children different ways of doing and being in relationships is the singular ingredient"
Trevino, 2011

Creating Cultural Change





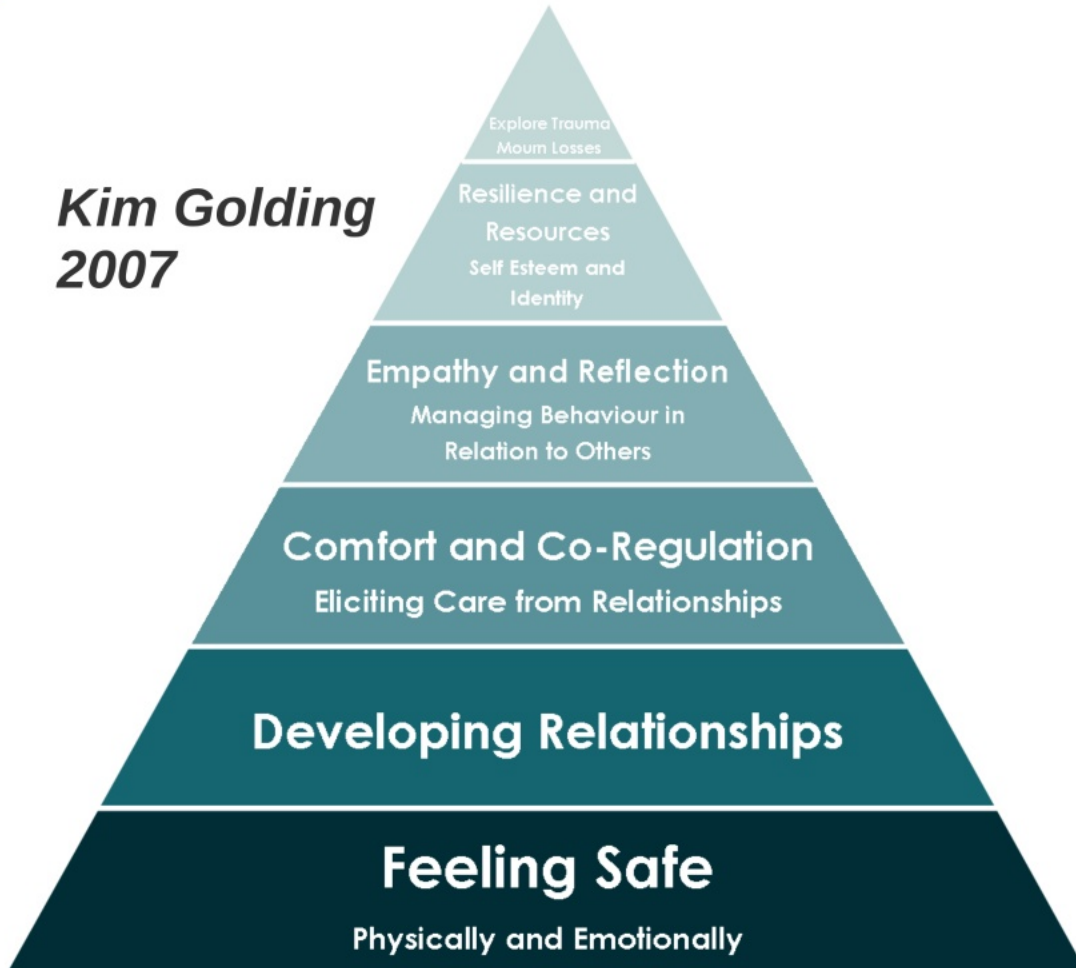
"Our ability to make and model healthy relationships, and to show children different ways of doing and being in relationships is the superglue ingredient"
Treisman (2017)

Creating Cultural Change

*"Who can fix culture?
Only everyone".*

Margaret Heffernan

**Kim Golding
2007**



"Our ability to make and model healthy relationships, and to show children different ways of doing and being in relationships is the superglue ingredient"

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*"Who can fix culture?
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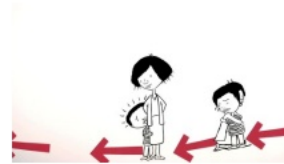
Margaret Heffernan

What culture are we aiming for?

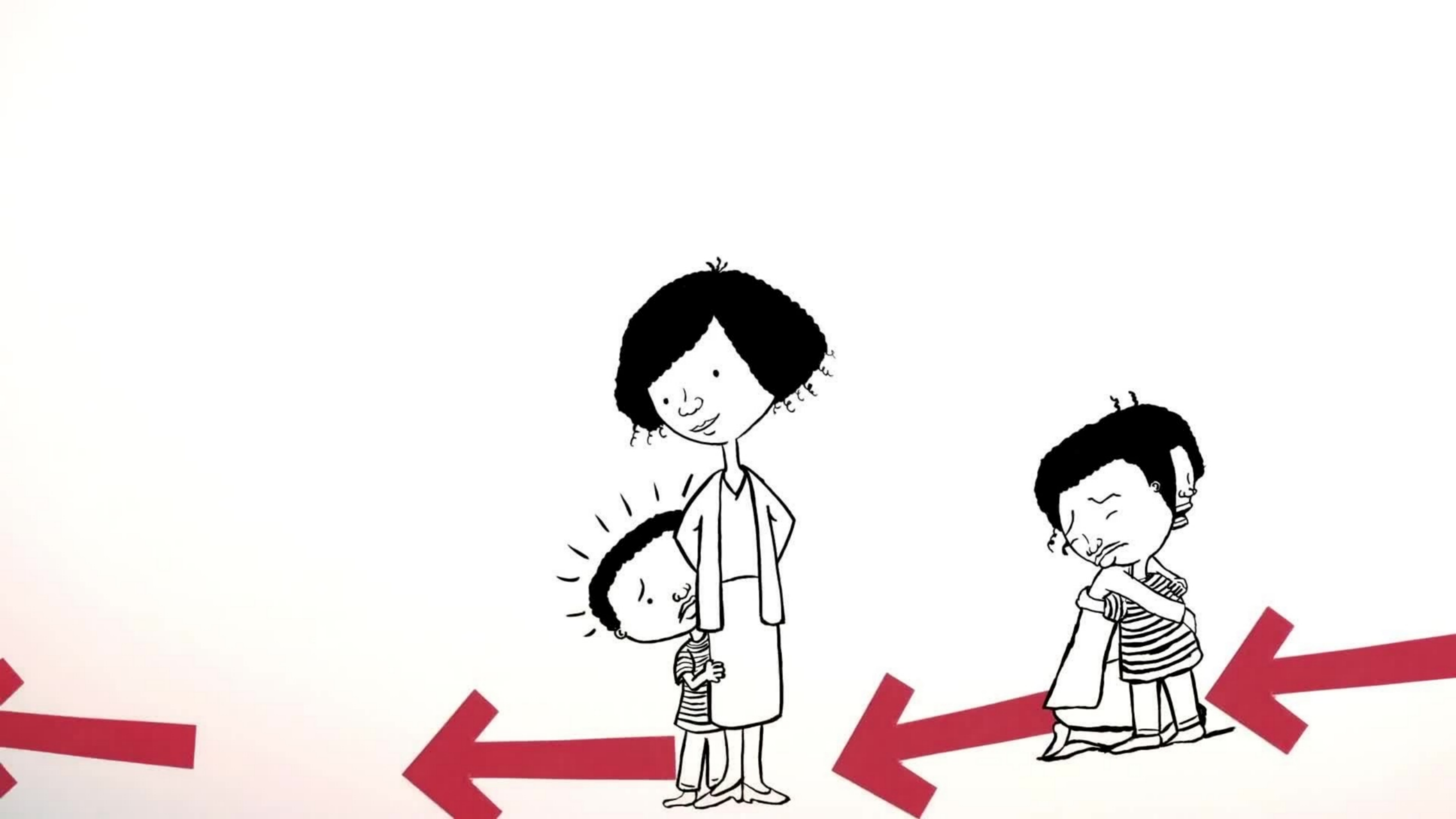
Someone, somewhere, I always think,
must have been the first... to offer comfort beyond their tribe
not because they had to... but because they could.

Someone else again would have seen that,
watched, learned how to do the same, ease the pain,
and so it must have begun within us, not so much an idea as an offering
- *a caring chain of practice and knowledge.*
A refusal as a species to just lay down and take it.

Owen Sheers
from 'To Provide All People': a poem in the voice of the NHS









So what does that look like?

Aims and goals



Aims and goals

Creating resourceful networks around the child

Aims and goals

Creating resourceful networks around the child

Contributing to the evidence base

Aims and goals

Creating resourceful networks around the child

Support agencies and individuals to embed skills

Contributing to the evidence base

Aims and goals

Creating resourceful networks around the child

Support agencies and individuals to *embed* skills

Contributing to the evidence base

Support connections and relationships across agencies and around children.

Aims and goals

Creating resourceful networks around the child

Support agencies and individuals to *embed* skills

Nurture a culture that **values complexity**

Contributing to the evidence base

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Aims and goals

Creating resourceful networks around the child

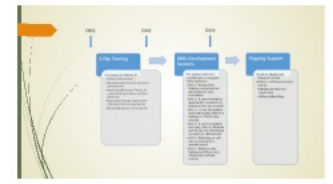
Support agencies and individuals to *embed* skills

Nurture a culture that **values complexity**

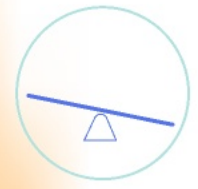
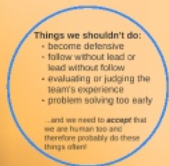
Contributing to the evidence base

Support connections and relationships across agencies and around children.

Improve the outcomes for children and young people.



Therapeutic process of the Work



**Experiential-
attachment applies
to everybody**





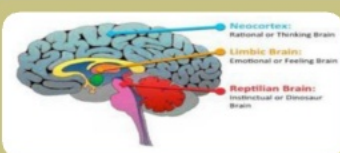
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*Working together to support better outcomes for children
and young people who have experienced early adversity and
trauma*

Training themes



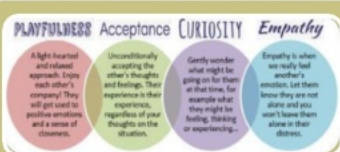
What is attachment?



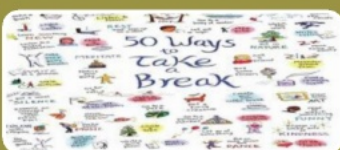
Attachment and brain development



Applying attachment theory to understanding
children and their behaviour



Attachment informed skills and approaches



Remembering you're human too – the importance of
looking after yourself

OM1



2-Day Training

- Covering core themes of:
 - *What is attachment?*
 - *Developmental trauma and brain development*
 - *Applying Attachment Theory to understanding children and their behaviour*
 - *Promoting Change: Attachment-informed skills and approaches*
 - *Remembering you're human too*

OM2



Skills Development Sessions

- Six sessions delivered monthly and covering the following topics:
 - SDS 1 – Recap of the training concepts and an introduction to case formulation
 - SDS 2 – A case formulation, applying the concepts from training to the case in-depth
 - SDS 3 – A case formulation and practicing the skills from training (i.e. PACE) using role play
 - SDS 4 – A case formulation and using videos to illustrate and discuss relevant training concepts (i.e. attunement)
 - SDS 5 – Reflecting on self-care in response to a stressful period.
 - SDS 6 – Reflect on the training and SDS process. Whole team self-care exercise.

OM3



Ongoing Support

- Invite to Attachment Champions Forum
- Ad-hoc workshops on topics such as:
 - Attachment informed supervision
 - Sibling relationships

Kim Goldings Pyramid of Need: what you might see and what to do

What might you see?

- Able to use relationships for comfort and emotional regulation
- Reflects on current and past experiences, but still struggling with feelings of grief, trauma and loss
- Able to experience a rupture and repair in relationships
- Able to use relationships for comfort and emotional regulation
- Poor self-esteem and sense of efficacy
- Struggling with sense of identity

- Behaviours are consistent with moving up and down different stages of the pyramid
- Emotional regulation can still be fragile and inconsistent
- Dismissive of own and others needs
- Struggling to make sense of internal world of self and others

- Struggling to manage own emotions, but may begin to accept co-regulation from safe person; Developing ability to seek emotional comfort and regulation from those when distressed
- Continues to struggle to make meaning of own experience and experience of others

- Starting to tolerate and trust relationships, sometimes using these as a safe base. Struggling to manage own emotions, but may begin to accept co-regulation from safe person
- Other times still struggling to make or keep friends and trust availability of carer (rejecting or clinging)
- Behaviour of concern may escalate, as if testing boundaries

- Almost constantly distressed/downstairs brain, struggling to use carer as safe base and/or finding it difficult to feel safe away from carer
- Often defensive (Deflecting, demanding, chaotic, rigid, downstairs brain, hiding, not attuned to you, no eye contact, no focus, hyperemotive) rather than open & engaged (responsive, collaborative, creative, curious, focused, upstairs brain, eye contact, attuned, intersubjective)

- Being in blocked trust of relationships, aggressive and/or controlling in relationships and/or isolated, withdrawn, superficial in interactions, chaotic, demanding, deflecting, easily distracted and fears change
- Home/placement at risk or broken down
- Difficult for adults to attune to and understand the child's emotions and inner-world

Open and Engaged



What might you do?

Time and stability with ongoing stable attachment relationships may be enough, but if child is struggling to process past experiences, formal therapeutic work may be appropriate if required at this point, such as DBP, Therapy, life story work. These therapeutic approaches may well benefit ongoing interventions further down the pyramid in the context of a well thought-out care plan, but they are unlikely to be as beneficial to a child's need without the types of interventions suggested below.

Time and stability with ongoing stable attachment relationships may be enough, but if child is struggling to feel good about themselves, interventions focussed on raising self-esteem and self-confidence might be appropriate

- Aim to support the child to develop their perspective taking and ability to experience empathy for others. Support attachment figure to:
- Remember curiosity becomes more important at this stage, alongside empathy and acceptance
 - Help child make meaning out of day to day experiences
 - Help the child to integrate their old and new self
 - Promote child's compassion towards self and others

- Aim to support the child to tolerate and feel safely in comfort, empathy and nurture and to develop capacity to co-regulate
1. Empathy (alongside acceptance) is more important than curiosity at this stage. If the child struggles to manage empathy, be more matter of fact and indirect, before gradually developing their tolerance for direct and effective empathy. For example, support the carer to label and wonder about their own and child's emotions or say 'no wonder you found that hard, who would I?'
 2. Notice and reflect about patterns of behaviour and make guesses about behaviour in relation to child's internal working model
 3. Child will continue to need support to co-regulate their emotions

- Aim for the child to accept being in an intersubjective relationship and using this as a secure base
- Support around attachment informed parenting ensuring they are attuned and responsive; connection through PACE before correction, staying with distress NOT giving reassurance and considering the rupture repair cycle; adults to acknowledge and express regret when ruptures happen (when unable to be what the child needed). A sense of resolution can be a gift.
 - Maintain Rituals, Routines, Structures, boundaries. Keep things simple. Lower expectations and provide low-key rewards (not punishments or rewards relating to relationship; time with a key person should never be bartered in exchange for behaviour or improvement). A relationship exists to show acceptance of the child as a whole)
 - Carer support to establish whether the child is beginning to feel safe enough for the carer to be CURIOUS about the child's experience and rely any sense-making through wondering out loud and story-telling
 - Consider peer mentoring and social activities with teens and adults

This is not a time for focus to be for the child to progress developmentally or emotionally. Instead, focus on offering a stable, predictable and stress-free environment, aiming for the child to trust relationships at school (see Louise Bomber resource) and at home, so they can experience JOY, CURIOSITY and COMFORT (often in this order).

1. Consider impact of carer experiences and relationships on experience of parenting. Establish carer fears, doubts and hopes of parenting and their strengths and barriers to accepting and engaging with child's experience.
2. Educate carer around attachment and developmental trauma for carers, leading to individualised understanding of the child (shark music, internal working model, shield of shame, upstairs downstairs brain) and reasons for attachment-informed parenting
3. Psycho-education around attachment informed parenting ensuring attunement and responsiveness (connection through PACE before correction, staying and connecting with distress NOT reassurance)
4. Maintain Rituals, Routines, Structures, boundaries. Keep things simple. Lower expectations, low key rewards (not punishments or rewards that are abstract or relate to relationship)
5. Carer's need to remain predictable, available and responsive and maintain this (as much as possible) even when the child is resistant, rejecting and unresponsive.

Closed and Defensive

With reference to Kim Golding, Dan Hughes, Louise Bomber, Thera, Dan Siegel, Tracy Skow, ACE's hub, Circle of Security





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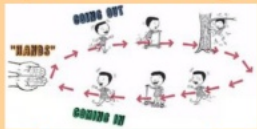
Kim Golding's Pyramid of Need

Developing Relationships

Feeling Safe

Physically and Emotionally

Open and Engaged



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Explore Trauma & Mourn Losses

Resilience & Resources

Empathy & Reflection

Comfort and Co-regulation

Developing Relationships

Feeling safe



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Closed and Defensive



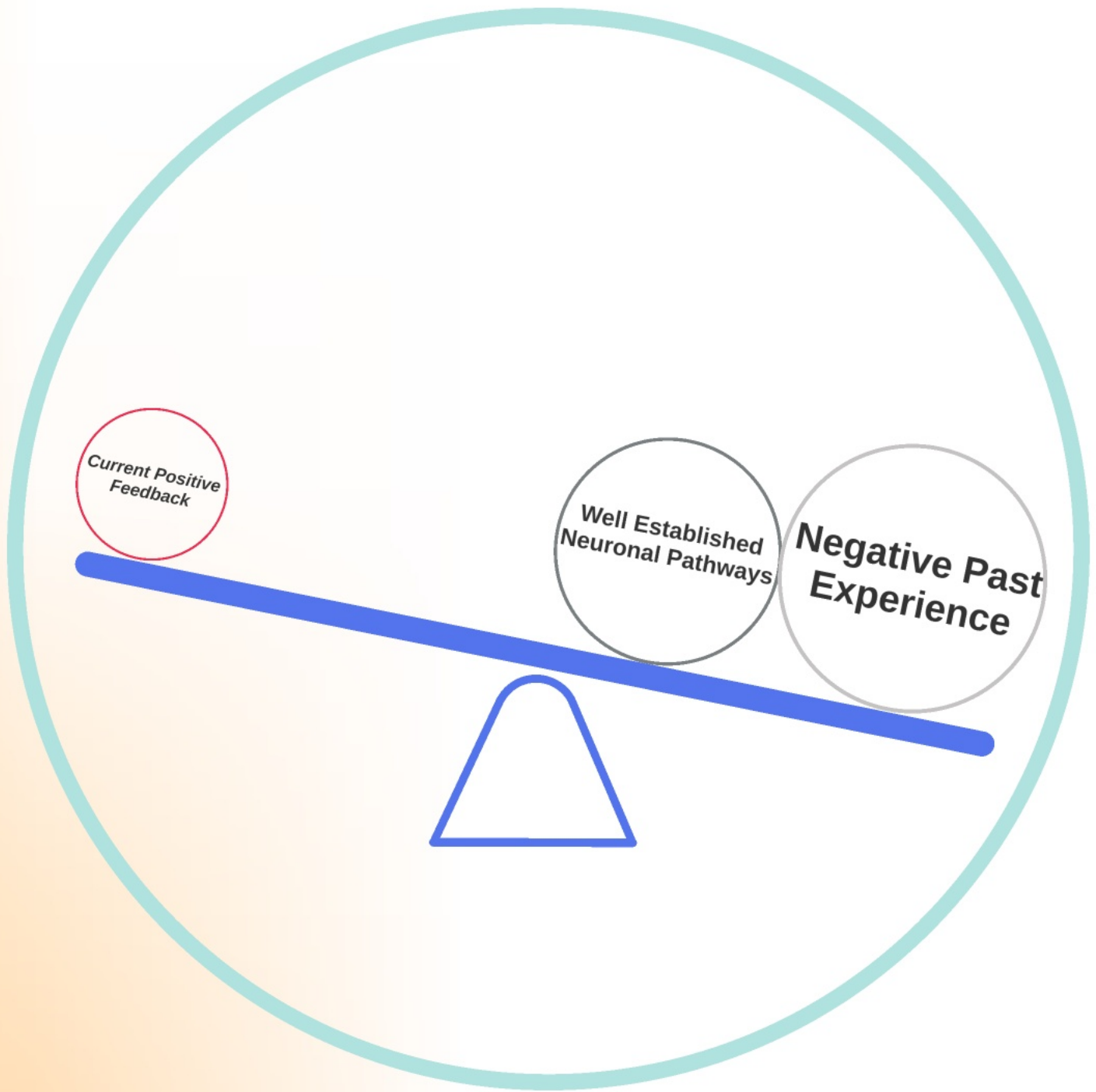
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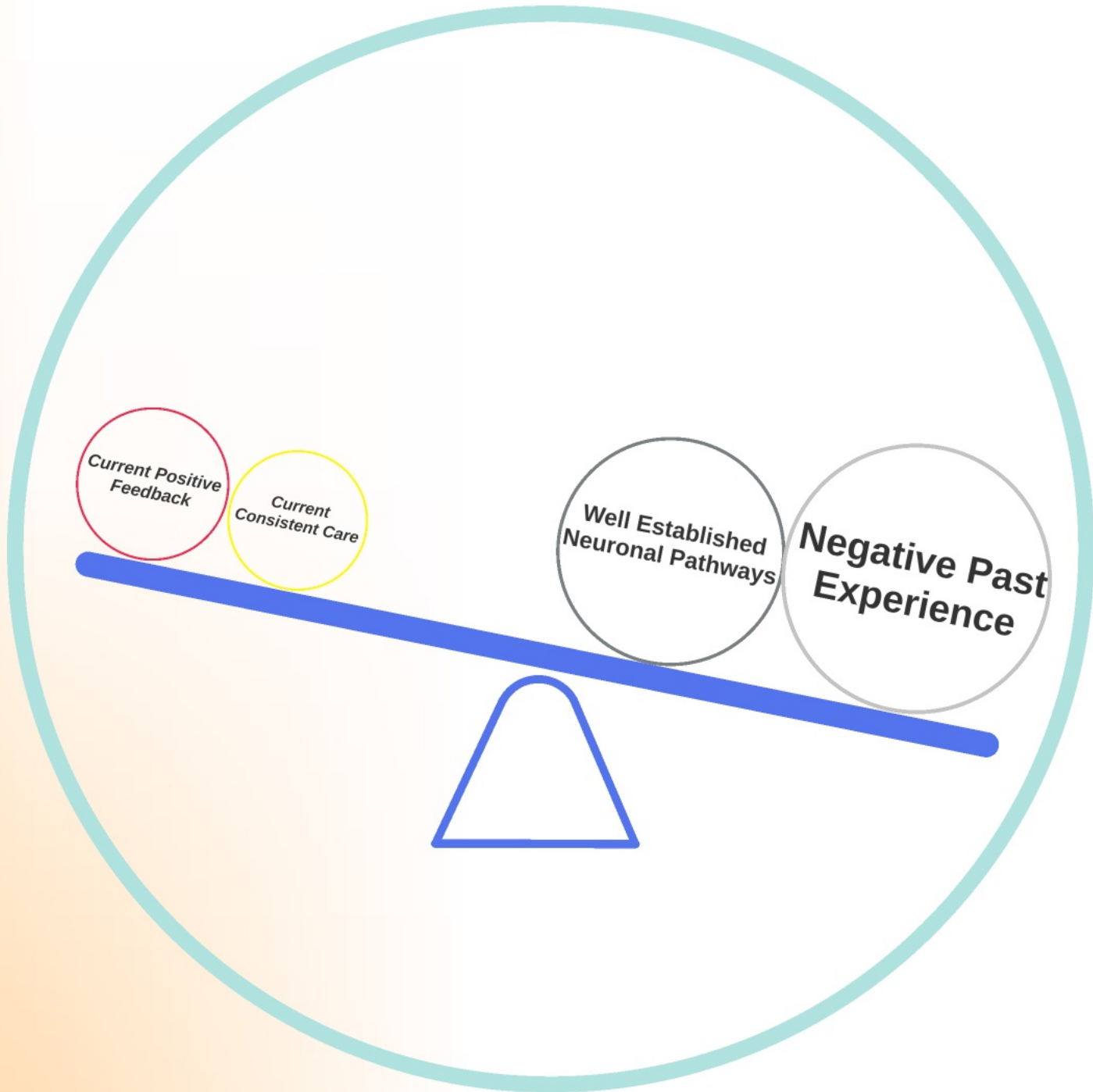


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Attachment Champion Forum

What have people noticed since the training?



What have people noticed since the training?



What have we achieved?



*All YOS teams
in Gwent*

All PRUs in Gwent

*We have
completed 70
social care
team
trainings
across Gwent*



*Health teams
include CAMHS,
School Health
Nurses, Health
visitors and
ISCAN*

*Other including:
Welsh Government
Magistrates
Guardians
IROs*



Introduction

- Children's social workers support vulnerable young people who have often experienced complex developmental trauma.
- Previous research shows low confidence, knowledge and high worries relating to attachment and trauma informed working can inhibit effective clinical practice, but that addressing these barriers improves self-reported ability to work with such presentations.
- Therefore, the Gwent Attachment Service (GAS) designed a training package to increase use of attachment and trauma-informed working across children's social care teams within Gwent.

Hypotheses:

1. GAS training would significantly improve participants knowledge and confidence, and significantly reduce their worries about working in an attachment- and trauma-informed way.
2. Monthly skills development sessions (SDS) would sustain the gains made during training.



Method

Ethical approval: Granted by ABUHB R&D.

Sample: 274 social care staff across 21 Gwent teams.

Design: Within-subjects across 3 time points.

Intervention: 2-day attachment and trauma training followed by 6 SDS's.

Measures: 21-Item Knowledge, Confidence and Worries self-report questionnaire.

Results

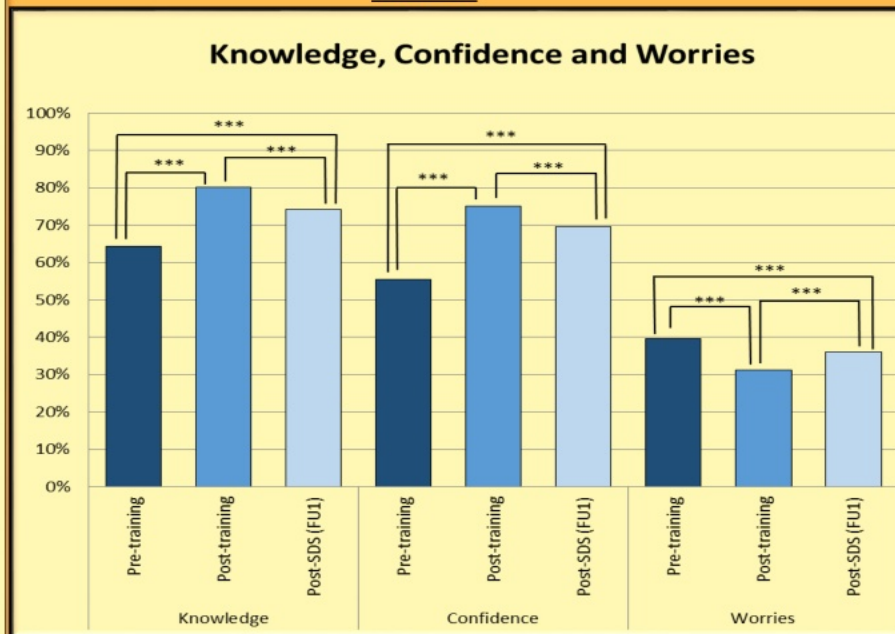


Figure 2. Mean percentage ratings for knowledge, confidence, and worries.

*** $p < .001$

Discussion

- As hypothesised, there were significant improvements across knowledge, confidence and worries pre-post training.
- Against predictions, knowledge and confidence significantly decreased and worries significantly increased from post-training to post-SDS.
- However, scores across each subscale remained significantly improved pre-training to post-SDS, suggesting teams still felt more knowledgeable/ confident and less worried at intervention completion than prior to its commencement.

KCW

Conclusions

- Findings suggest the training package improved and maintained participants knowledge, confidence and worries regarding attachment- and trauma-informed working and suggest the feasibility of NHS-based teams delivering such training.
- This whole-systems approach will help improve the service offered to children and families affected by complex developmental trauma.
- These findings contribute to the wider goal of building a population of emotionally resilient and mentally healthy young people across the region.

Next Steps

- Data from an untrained control group is currently being collected and will be analysed.
- Investigation of the link between this training and direct outcomes for young people.

Acknowledgements

- Samantha Halstead and Kirsty Campbell for their help with data analysis.
- All the teams involved in training.
- The Integrated Care Fund for their provision of funding.

Contact Information

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made during training.

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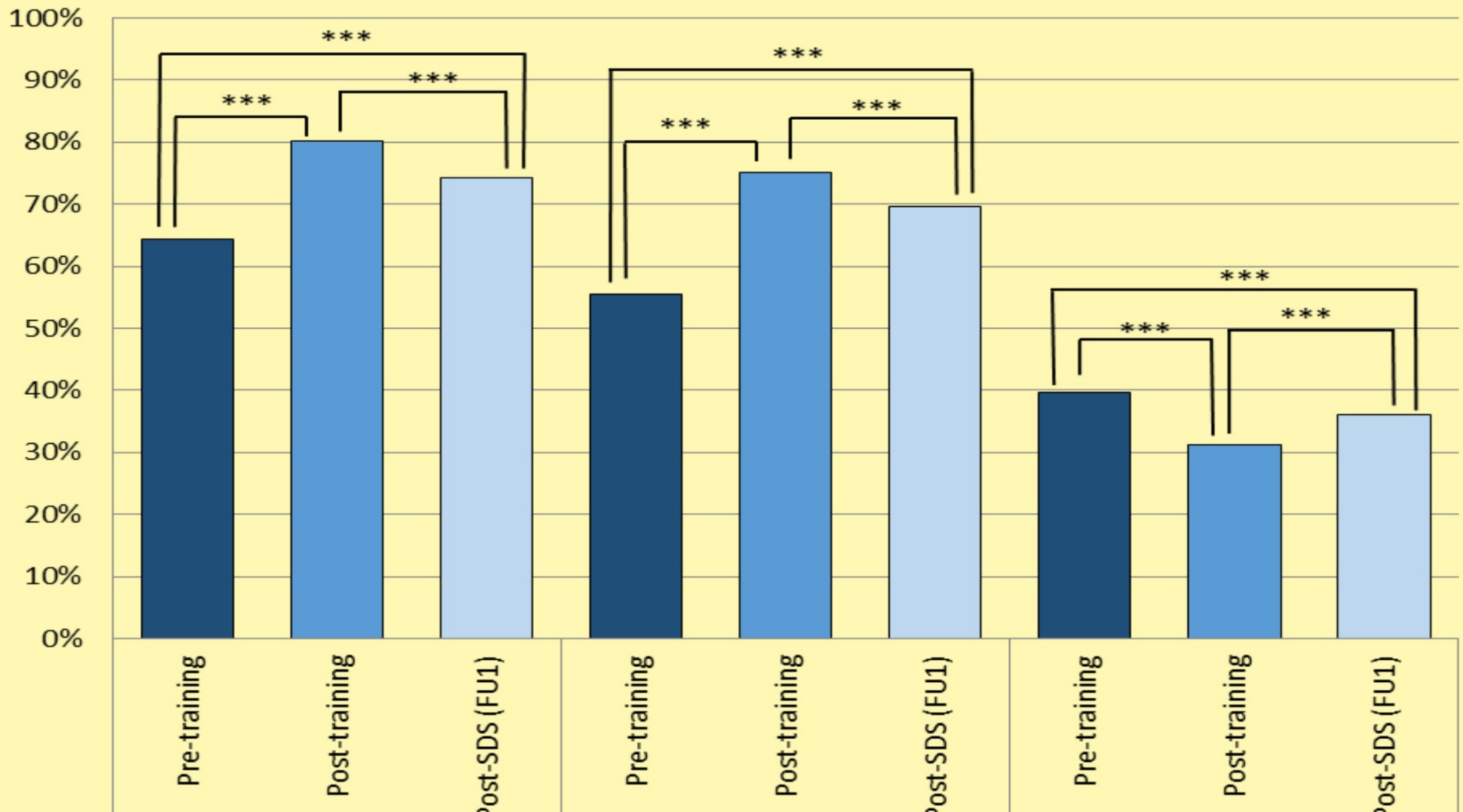
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Data Analysis: One way repeated measures ANOVA

Knowledge, Confidence and Worries



- As...
- sig...
- kn...
- w...
- Ag...
- an...
- de...
- in...
- po...
- Ho...
- su...
- im...
- su...
- kn...
- w...

"I feel I am able to have open conversations with families and young people without judging. I regularly use PACE and connection before correction with parents that struggle to manage certain behaviours"

"(GAS has) supported me in building relationships with carers I find difficult. Given me a toolbox of options when a situation is difficult to respond to. Strengthened my existing feeling this is how the helping profession should look in the face of increasing bureaucracy and managerialism in social work, this training has reminded me and other I know this is why we came into social work!"

"We don't always get it right but we are trying really hard. "

**What have people noticed
since the training?**

ance the training?

ance the training?



**KEEP
CALM
AND
REFER
ON**

What have people noticed since the training?



What have people noticed since the training?



What have people noticed since the training?



What have people noticed since the training?



Attachment Champion Forum



Ideas for forum moving forward:

North / South Forum!

If there is more than 1 attachment champion for each agency consider splitting them into 2 forums!!

To keep the Multi-agency format.

Please keep it multidisciplinary
I like the insight to young people in different settings. Adrian, Carol

Multi-Agency forum is helpful - maybe in smaller groups?

important to remain multi-agency
- useful sharing forum
- happy with group size

Stay as multi-agency.

Preference remain multiagency.

Live hearing feedback over teams.

Keeping it multi ~~age~~ agency with Social + Education.

To remain with multiagency forums

Ideas for forum moving forward:

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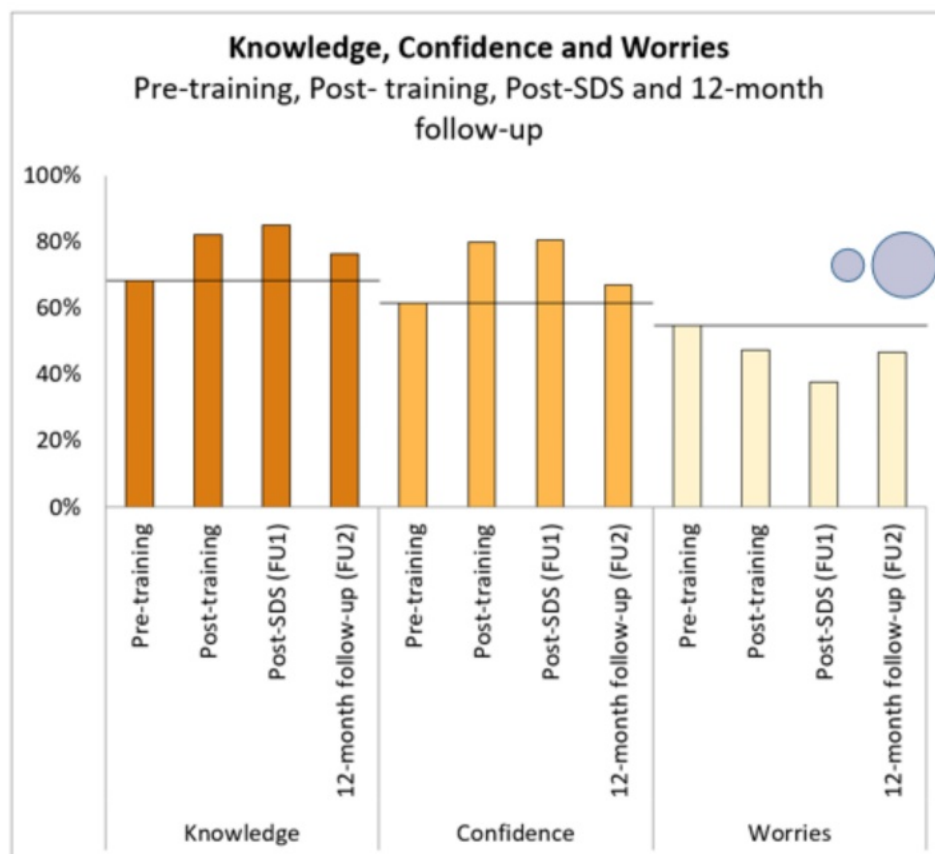
Keeping it
multi ~~age~~ agency
with
Social + Education.

To remain with
multiagency forums



First glimpse at our 1-year follow-up data

Whole team (including participants who didn't complete the questionnaires at each time point, and those who may have started working at the PRU after training and SDSs finished).



Knowledge and confidence have remained above baseline, whilst **worries** have remained below baseline 1 year after training!

This is despite of staff turnover, indicating that the training and skills development sessions may have resulted in a cultural change within the team.



Barriers

What might get in the way of being able to reuse knowledge more effectively and successfully across the organisation?

Questions & Reflections



"Trying to implement a new strategy without first understanding previous cultural and organisational culture change is the classic recipe for failure"

Social care professionals' perceptions of their role in supporting and promoting good practice in the practice

- The widespread impact of trauma
- Lack of funding
- Inconsistent funding
- Inconsistent supportive culture

Our hopes in moving forward

Continuing to work on support & resources

Continuation of focus on all the best practice (e.g. for the way and what's) to support & link up learning water

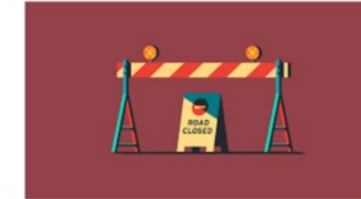
- Building a shared culture
- Equipment shared across interworking and work
- Train the system leaders
- Mutual sharing
- Reflection space for teams or country by base
- Specialist shared resources
- Professional development
- Cross, robust service links
- Monitor links with 'What's Next?' through future delivery
- Good membership

Facilitators

What would you need to be able to embed and sustain effectively and integrative practice in your organisation?

Barriers

What might get in the way of being able to move towards/achieve **reflective and integrative practice** in your organisation?



Challenges & Reflections



"Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land."

The Sanctuary System

Social care professionals' perceived barriers to implementing attachment and trauma informed care training in the practice

Roberts, Halstead, Pepper & McDonnell (2023)

- The widespread impact of trauma
- Lack of funding
- Inconsistent funding
- Inconsistent supportive culture

Develop a shared language
& shared understanding

Reflective & integrative practice

Develop a shared language
& shared understanding

Direct clinical input

Reflective & integrative practice

Develop a shared language
& shared understanding

Develop a shared language
& shared understanding

Reflective & integrative practice

Develop a shared language
& shared understanding

Direct clinical input

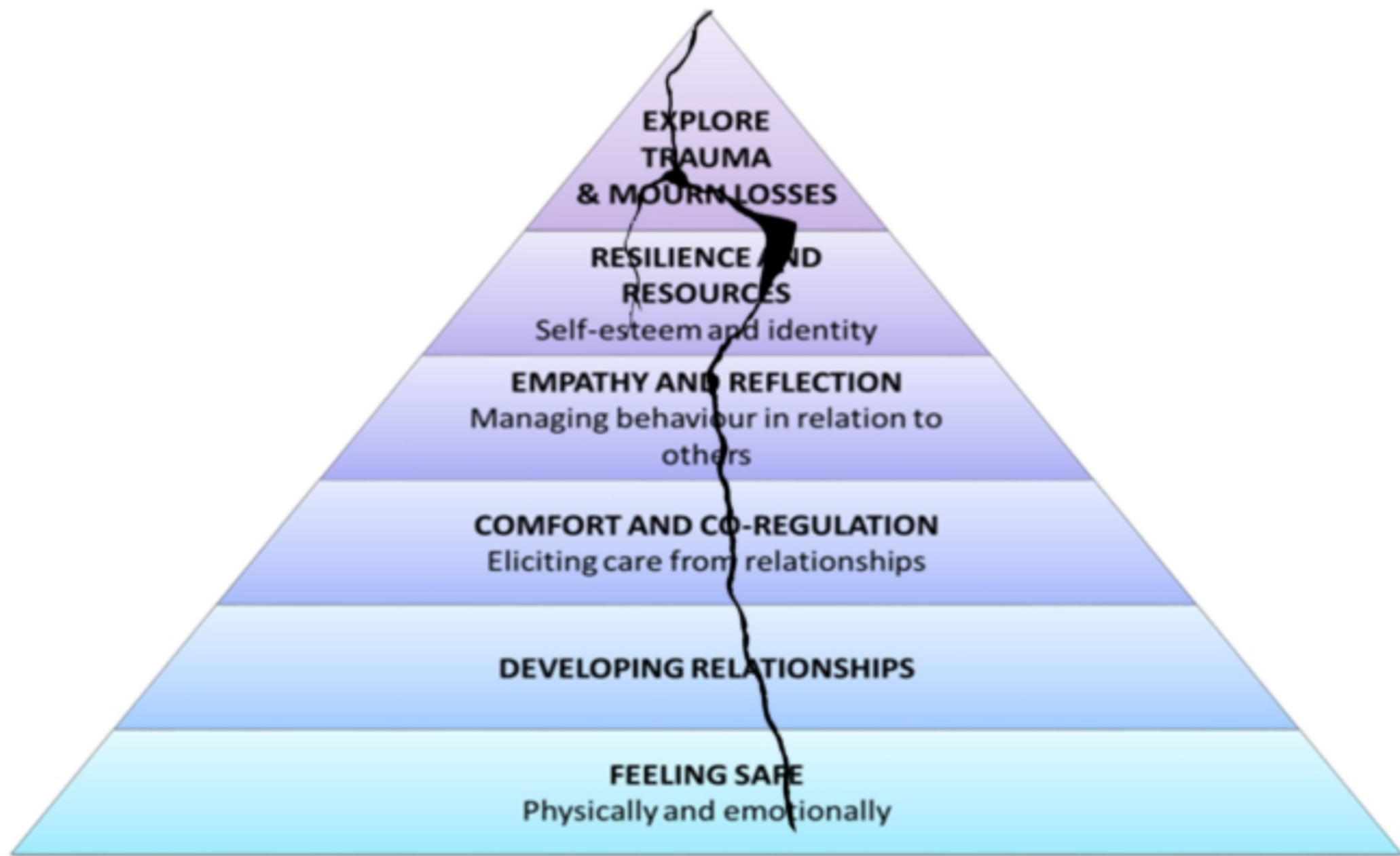
Reflective & integrative practice

Develop a shared language
& shared understanding

Barriers

What might get in the way of being able to move towards/achieve **reflective and integrative practice** in your organisation?





"Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land."



Dr. Sandra Bloom

Social care professionals' perceived barriers to implementing attachment and trauma informed care training in the practice

Roberts, Halstead, Pepper & McDonnell (2023)

- The widespread impact of trauma
- Lack of funding
- Inconsistent funding
- Inconsistent supportive culture

Facilitators

What would you need to be able to embed and sustain **reflective and integrative practice** in your organisation?



Our hopes in moving forward

Sustaining shared language & understanding

Continue our offerings at this level (including core training and ad hoc trainings) & catch up training model

Reflective & integrative practice

- Attachment informed supervision workshop and triads
- Train the trainer models
- Debrief offering
- Reflective space for teams on a quarterly basis
- Specialist /Bespoke workshops
- Attachment champions forum
- Consultation to service leads
- Maintain links with TSW & Scottish Trauma Network
- Board membership



Questions & Reflections





**Traumatic Stress Wales
Conference February 2023**