

HSC Trauma Network

Thanks to Kevin Dyer, Consultant
Psychologist for use **of slides**

point
PTSD

post

stress

ysi



The Service: A Managed Care Network

Referrals

Consultations

A managed care network

Aim is to create a world-class, evidence-based network which will:

1. Integrate mental health trauma care into a single network (recognising and incorporating good existing services and practice)
2. Develop best practice models and safe, accessible care pathways
3. Work in a partnership model with the community and voluntary sector
4. Include an evidence-based training and workforce development framework
5. Adopt an outcomes framework
6. Adopt a research focus from day one

The HSC element of the network will be available to all of those who have experienced significant trauma (including non-“Troubles”-related, and those under 18)



A managed care network

- Values and supports the existing expertise and capacity of staff across community, voluntary, and statutory service to treat individuals with psychological trauma
- Builds on regional, national and international recommendations to develop a training, education, and research strategy to meet the needs of those suffering from PTSD and Complex PTSD
- Understands the needs of children, young people, families, adults, and older adults to develop integrated world-class partnerships and pathways in a truly lifespan service

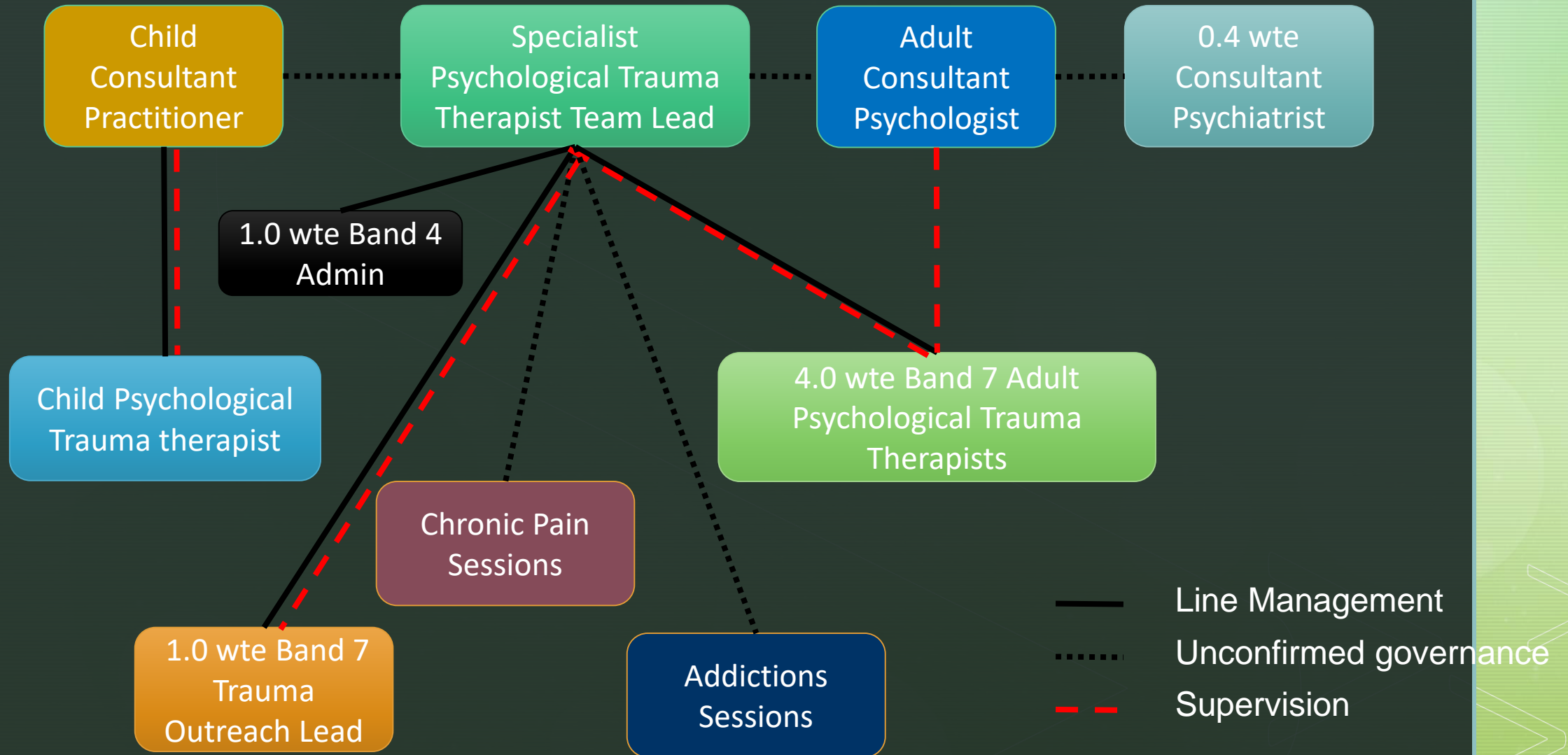


Our Mission Statement

“We work collaboratively and in partnership with people in our society to improve access to the highest quality psychological trauma care”



HSC Trauma Network Local Trust Team



Rough guide to unique role ...

PTSD/AMH Clinicians

1. Clinicians will see clients with all mental health presentations (e.g., anxiety, depression, PTSD)
2. Referrals will come from GPs/Trust
3. Clinicians will receive increased training on trauma
4. Consultation is a small part of job role or not at all
5. Outcomes framework is based on Trust service policy
6. Clinicians go to local Service Meetings
7. Research may not a significant part of job role
8. Clinical work only needs to be consistent within Trust

Trauma Network Clinicians

1. Clinicians will only see clients with trauma/PTSD and have a specific role in trauma-informed care
2. Referrals will come via PTS or alternative service pathways as per Interim Operational Policy
3. Clinicians will receive increased training on trauma and additional evidence-based interventions
4. Consultation is a significant part of job role
5. Outcomes framework includes Trust service policy but also Trauma network CORENET
6. Clinicians go to local service meetings but have a regional remit – attend Trauma Network meetings and groups
7. Research is a significant part of job role (e.g., RCTs) and will have additional specific job plan tasks
8. All aspects of team work (e.g., access, assessment, interventions etc.) need to be regionally-consistent in terms of delivery

HSC element of the Regional Trauma Network

Phased implementation
Interim plan



Phased Model of Regional Trauma Network pathways

Phase 1

- To introduce and evaluate an enhanced trauma pathway for victims and survivors' of the Conflict/Troubles; design a pathway for children, young people, and individuals who experience barriers to seeking help.

Phased Model of Regional Trauma Network pathways



Phase 1

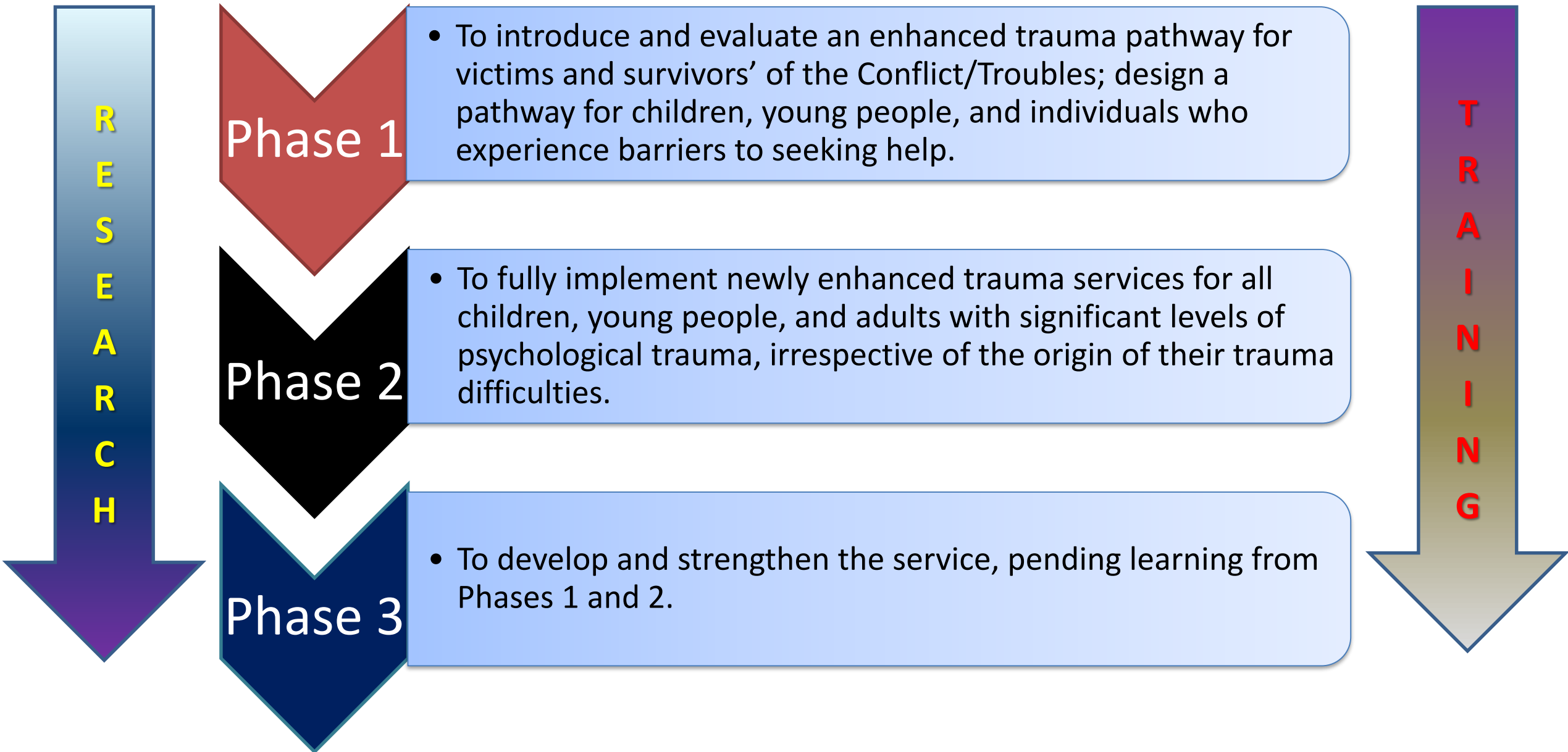
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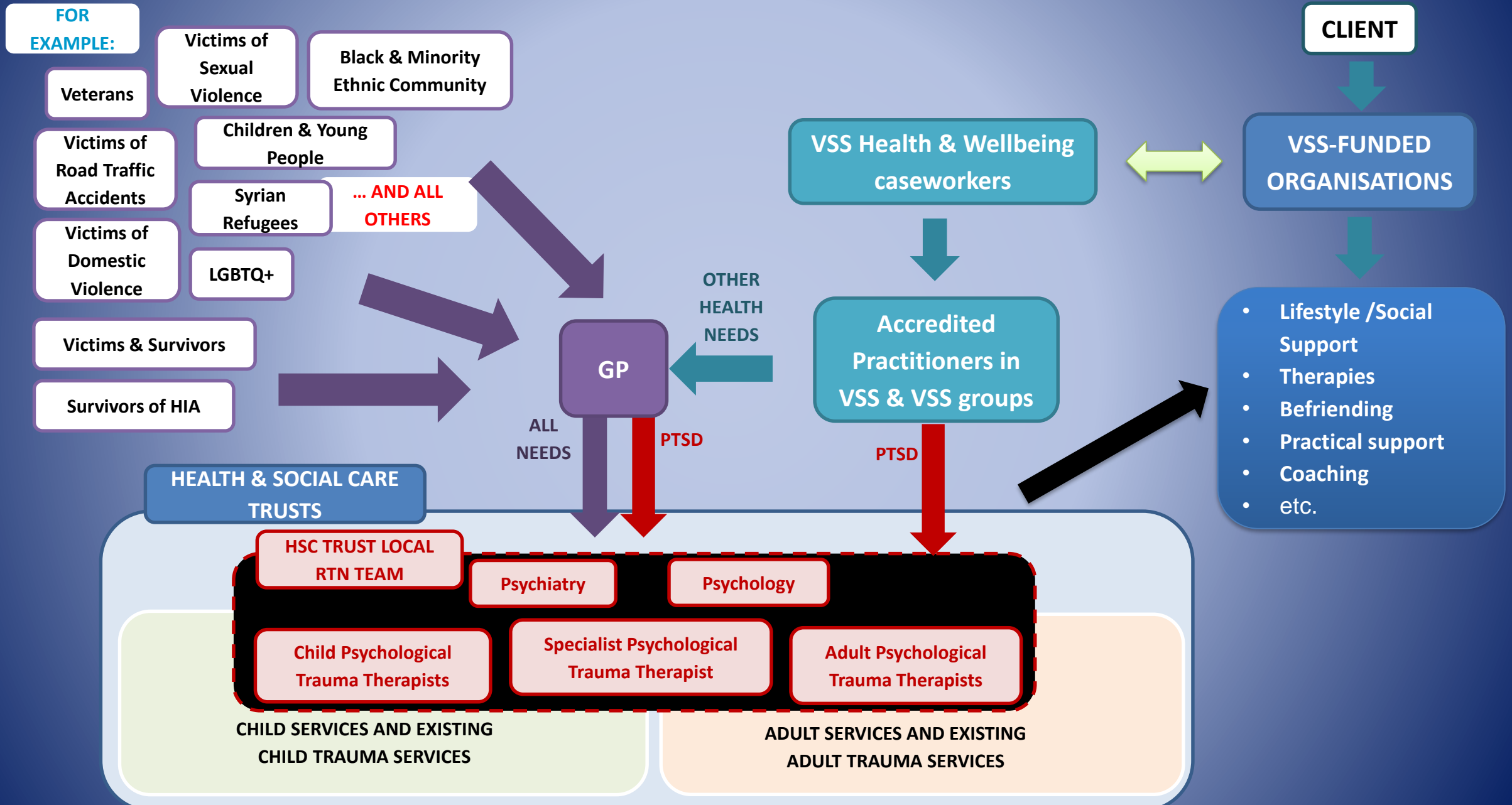
Phase 2

- To fully implement newly enhanced trauma services for all children, young people, and adults with significant levels of psychological trauma, irrespective of the origin of their trauma difficulties.

Phased Model of HSC Trauma Network pathways



Regional Trauma Network: Phase 1 Pathway



HSC Trauma Network

What is our current status and direction?



Phased Model of Regional Trauma Network pathways

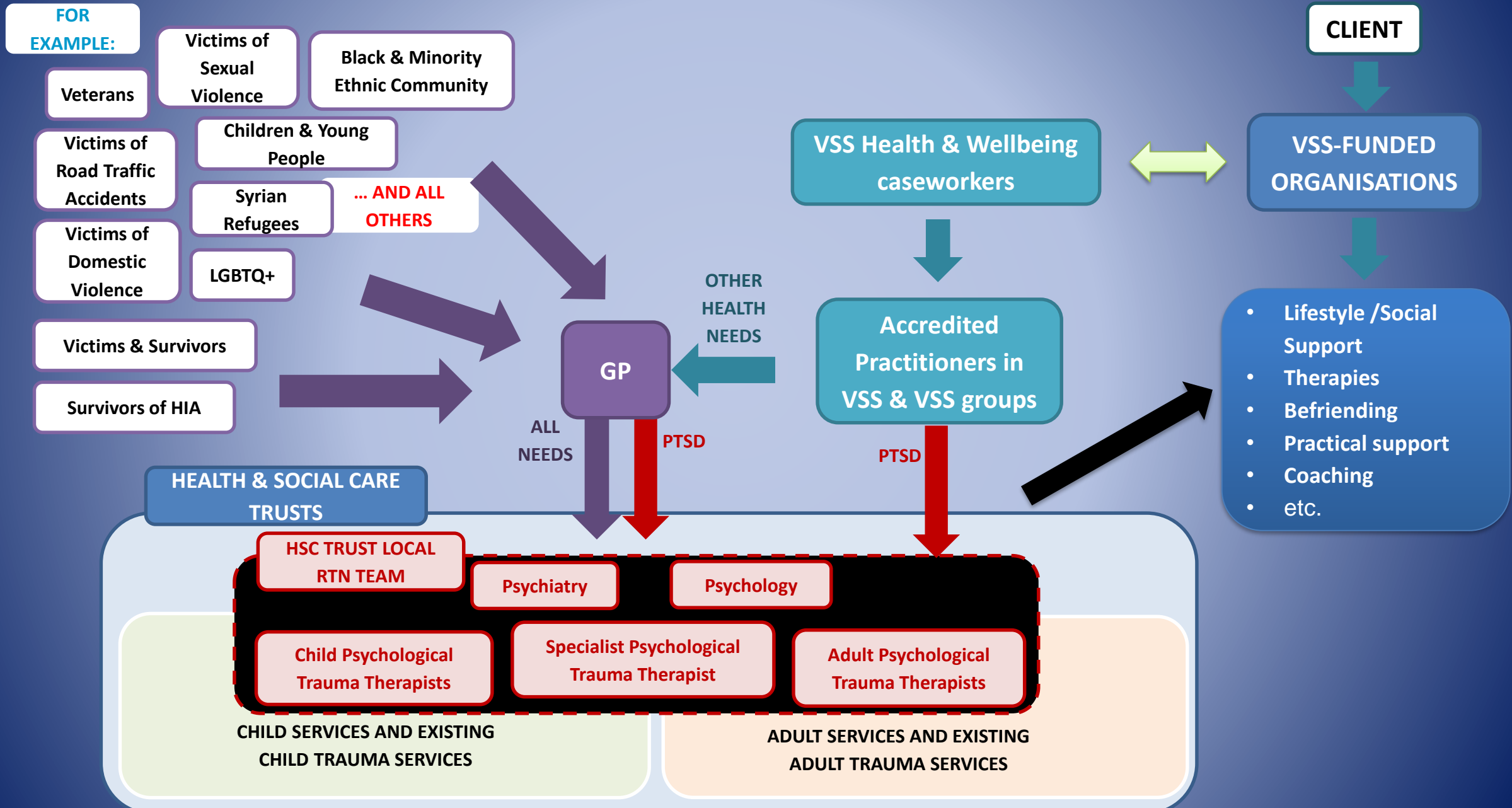
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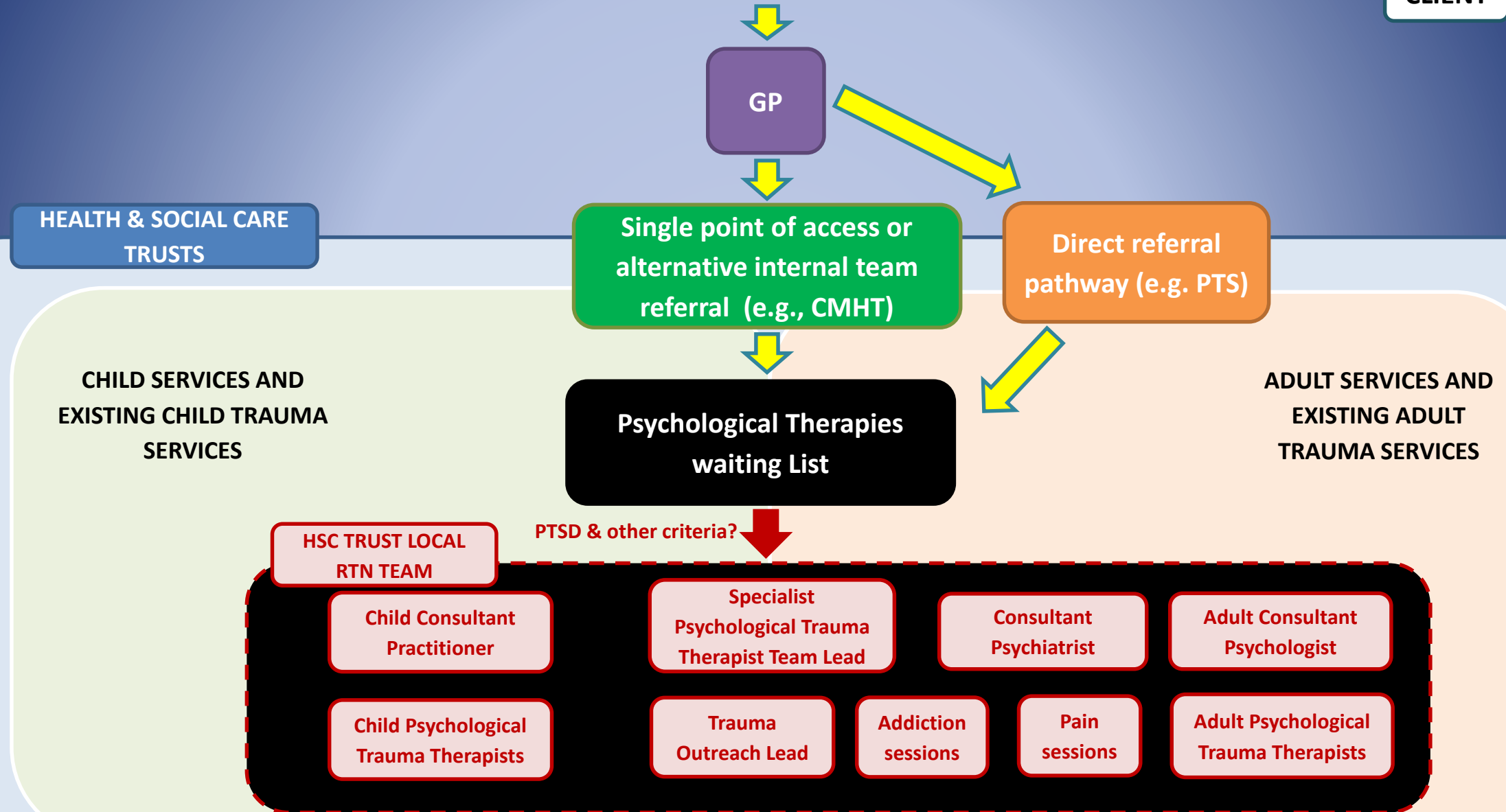
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Regional Trauma Network: Phase 1 Pathway



Regional Trauma Network: Interim Pathway

CLIENT



Referrals



Who is the interim pathway for ?

- The current remit of the Southern HSC Trauma Network is to provide effective evidence based Trauma related therapies and support for adults with a moderate to severe levels of Trauma-related
- Have 1 or more traumatic event as defined by DSM-5, ICD-11
- Have clinical levels of PTSD symptoms for which they are seeking treatment
- Have an ability to engage in the appropriate therapy for their difficulties
- Those motivated to formulate goals and make active changes to their life

What is Psychological Trauma

- Psychological trauma can occur through experience of events that are shocking and overwhelm our capacity to cope. These events include, but are not limited to:
- Crime and violence (e.g. physical and sexual assault, domestic violence);
- Childhood neglect or abuse;
- Conflict (e.g. war, military service);
- Man-made disasters (e.g. traffic accidents, domestic fires, terrorism);
- Natural disasters (e.g. earthquakes, storms, floods);
- Witnessing any of the above or somebody dying;
- Other traumatic events where there is perceived threat to life (e.g. medical procedures)

Psychological trauma can lead to:

- Re-experiencing the event(s) – perhaps through flashbacks or night terrors;
- Persistent anxiety or panic;
- A perception of ongoing threat;
- Low mood and/or self-esteem;
- Reduced tolerance of stress (leading to increased anxiety or anger);
- Emotional numbing;
- Avoidance of distressing thoughts, feelings or reminders of the event(s)

What Next for HSC Trauma network?

- Complete recruitment into posts
- Psychiatry
- CYP consultant post
- Secure accommodation
- RTN 2 Monthly Webinar's to recommence
- Develop interface with different teams/CYPS
- Individual & Group therapy offered using EBP. (TIME & S&T)
- Commence CORENet outcome measures
- Consultation service / QI project
- Trauma Informed training delivery, regionally directed?
- RCT in conjunction with Oxford 2022/23

TIME GROUP

Quality Care - for you, with you

What is the T.I.M.E. workshop?

The T.I.M.E. workshop is an eight week trauma focused programme which aims to:

Teach (T) you about trauma and its symptoms so that you are fully **informed (I)** of its origins and impact, and equipped with skills that enable you to **manage (M)** your reactions safely and effectively, allowing you to **engage (E)** with your life again.

Features of the workshop:

- Each Session lasts approx. 2 hours. There is usually a short break halfway through the sessions.
- Is facilitated by qualified staff from the HSC local Trauma Network such as Clinical/Counselling Psychologists and Psychological Therapists.
- Sessions are not "group therapy" sessions. You will not be expected to share personal information which you do not feel comfortable discussing.

Great Results Require Hard Work

We expect you to attend all eight sessions unless there are exceptional circumstances. You will be given exercises to work on between the sessions. To support you with these exercises, you will be offered a phone call with a facilitator once a week.



Why should I attend this group?

The group has been designed to help educate you about trauma and teach you ways to manage unhelpful symptoms. Evidence has shown that making sense of our symptoms will help us to feel more able to manage our emotions, and is the first step towards recovery.

The workshop can be helpful in preparing for individual therapy or can be a stand-alone intervention for stabilisation of trauma symptoms.

Workshop Structure and Content

Workshop sessions run once a week consecutively. Examples of workshop content are displayed below:

Sessions 1-4 will aim to help you understand trauma and debilitating symptoms that can arise as a result.



Sessions 5-8 will aim to help you develop strategies to manage and cope with symptoms and prepare for the future.

Currently in Mental Health services-completed
Mental Health and risk assessment
Meets the referral criteria or presenting with symptoms relating to Trauma
Consents to referral
Has ability to engage in weekly group, currently via Zoom

Consultations



Background

- The need for the provision of consultation to individuals and/or teams within other organisations and services has been widely recognised (BPS, 2007; O’Kane, 2012).
- Consultation is now viewed as a shared, collaborative process leading to the development of new skills and psychological insights (Lake, 2008).

The Service offered

- The consultation service as provided by the HSC Trauma Network will aim to offer a reflective space for professionals to work collaboratively to devise a shared psychological understanding of a client's trauma-related psychological difficulties.
- To use this understanding to respond to the consultation query, for example treatment options, guiding treatment and/or decision making (adapted from Geach, Moghaddam & De Boos, 2017).

Collaborative Consultation

- The consultants aim to provide a non-directive space to jointly *discuss* and *reflect* on particular issues, therefore, professionals requesting the consultation will remain accountable for their own clinical practice and decisions. (Not supervision)
- The consultants role and responsibility lie in facilitating the process of exchange of ideas rather than providing advice or recommendations.
- As consultants our aim is to place our knowledge and learning alongside those of consultees so that together we can make optimal use of the resources and competence that already exist among consultees and within the agency.

Consultation Pathway

- All requests for the consultation service will be made available via a consultation referral form.
- Forms available on SharePoint under Psychology services list
- The Consultation Referral Form to be:
 - ✓ Forwarded to the local RTN Admin
 - ✓ Screened for suitability
 - ✓ Allocated to an RTN clinician
- A consultation appointment will be offered in the format requested (e.g. Virtual or face to face) by the RTN clinician, however this may vary according to local procedures already in place.



CONSULTATION REFERRAL FORM – Appendix B
(Regional Trauma Network)

What is the process?

1. Referrer Details Please provide your name, profession, work address and contact details below Please ensure you provide correct contact details	
Name	
Profession	
Work address	
Contact Details <ul style="list-style-type: none"> • Phone • Email 	
2. Consultation Request Details Please indicate your preferred format for the consultation session	
Telephone (individual) <input type="checkbox"/>	Team or Service based training request <input type="checkbox"/>
Face-to-Face (individual) <input type="checkbox"/>	Other <input type="checkbox"/> If other, please specify
Team or Service based formulation session <input type="checkbox"/>	
3. Background to Consultation request Please give some detail/background to your consultation request. Use the prompts below to guide your description. <i>(Descriptions of frequency, intensity, duration, onset, and course of mental health difficulties; PTSD symptoms; trauma history and symptom links; person's view of difficulties; impact on daily living; person's strengths; psychological mechanisms of difficulties etc.). If your request is for training, please describe below the type of training required.</i>	

4. Consultation goals/hopes/expectations Please indicate what you hope to gain from the consultation session? What are your goals?

NB: If the nature of this consultation request is with reference to a specific case/client, has the service user given consent to be discussed at this consultation?
 YES NO

Signature	
Print Name	
Signature	

PLEASE forward this referral to XXXXXXXXXX.

Consultation Pathway Continued...

- To obtain more information and clarify need of consultee and/or tea, the RTN clinician may contact in advance of scheduled appointment time.
- Meet in-person or via zoom, make introductions, clarify any contracting, the consultation session will then proceed to a shared and joint psychological discussion regarding the case or consultation query.
- Discussion of case/issue, gathering a rich body of information
- Devise a shared psychological understanding or formulation to respond to the consultation query and goals (e.g. to discuss and plan treatment options).

Consultation record form – upload to clients casenote on PARIS



CONSULTATION RECORD FORM – Appendix A

(Regional Trauma Network)

Details of RTN clinician		Details of professional/service requesting consultation	
Name		Name	
Profession		Profession	
Work address		Work address	
Contact Details		Contact Details	
Session Attendance details			
Date and Time of Consultation session			
Location of Consultation session			
Format of Consultation session (e.g. telephone, team based, face-to-face)			

NB: If the nature of this consultation request is with reference to a specific case/client, has the service user given consent to be discussed at this consultation?

YES NO

RTN clinician checklist for contracting	
Have you explained the role and function of Consultation within the RTN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you explained the proposed session agenda (e.g. identifying goals/expectations for session, information gathering, devising psychological formulation to guide response to consultation question/query)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you explained confidentiality (with limitations), record keeping process, clinician accountability and the need for ongoing supervision?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Consultation goals

Identify goals/hopes and expectations for Consultation session – e.g. What do you hope to get out of this session? How will we know that this session has been useful for you?

Relevant background information

Identify relevant background regarding the consultation issue/query/case (Descriptions of frequency, intensity, duration, onset, and course of mental health difficulties; PTSD symptoms; trauma history and symptom links; person's view of difficulties; impact on daily living; person's strengths; psychological mechanisms of difficulties etc.)

Consultation Pathway Continued...

- For individual case- The RTN clinician will record the consultation session on a Consultation Record Form. This is shared to professionals attending the consultation session. This will mark the closing of the consultation session.
- For a team consultation with more than 1 session, this will be completed at end of contracted sessions
- The consultee will be invited to evaluate (complete form and return).

Consultation Evaluation form



CONSULTATION EVALUATION- Appendix C (Regional Trauma Network)

The aim of this questionnaire is help us to evaluate your experience of our consultation service. Your feedback is important to us in helping to shape and further develop the consultation service. **This questionnaire should take approximately 5 minutes to complete.**

This questionnaire is anonymous and while we will not ask you to provide personally identifiable information, we will ask you for some details about the service in which you work in and your profession. This is to allow us to investigate any trends in the data and help us to develop the service.

Please note that the data you provide will be used to prepare reports regarding the consultation service and this will be circulated throughout the RTN and HSC.

Section 1: Firstly, we want to find out about the format of consultation session you attended. Please indicate the type of consultation session you participated in.

Tick one box only

Telephone (individual) <input type="checkbox"/>	Team or Service based training <input type="checkbox"/>
Face-to-Face (individual) <input type="checkbox"/>	Other <input type="checkbox"/> If other, please specify
Team or Service based formulation session <input type="checkbox"/>	

Section 2: Next, we find out how useful you found the consultation session

Tick one box only

- Not useful at all
- Not very useful
- Moderately useful
- Very useful
- Extremely useful

What was **most useful** about attending the consultation session?

What was **least useful** about attending the consultation session?

How **satisfied** were you with the outcome of the consultation session (i.e. advice and/or suggested [recommendations](#))

Tick one box only

- Not satisfied at all
- Not very satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

Based on your experience of the participating in a consultation session, how **likely** are you to request a consultation from our service again in the future?

Tick one box only

- Not at all likely
- Not very likely
- Moderately likely
- Very likely
- Extremely likely

Based on your experience of the consultation session, how **likely** are you to recommend the consultation service to a colleague?

Tick one box only

- Not at all likely
- Not very likely
- Moderately likely
- Very likely
- Extremely likely

As we are dedicated to improving the consultation service, please provide any recommendations or suggested improvements that you feel could enhance the

Requesting a Consultation - form completed.

Background information obtained, including

Presenting, Predisposing, Precipitating, Perpetuating, and Protective factors

Identify the **specific goal** of the consultation request i.e. discussion of treatment options, process issues, devising a formulation

Consultation request received by RTN local trauma team, screened and allocated to therapist to respond and action

Contracting & initiating the session

Contact by RTN clinician (or other local arrangement) made with requesting agency to arrange Consultation appointment

Shared psychological discussion

Detailed information gathering, background information & identification of the maintaining factors.

Devise a shared formulation

Formulation and planning

Agree on decisions, actions, treatment planning and outcome of consultation

Record session using Consultation Record Form (signed by all parties).

Consultation closed

Consultation Evaluation

Structure and Process

Consent from patient

Consultation Referral form

Consultation Record Form

Information leaflet

Building the Relationship

Collaborating in partnership

Mutual understanding of roles & responsibilities –

Contracting of roles and responsibilities

Shared leadership in Consultation process

Equality of access

HSC Trauma Network (RTN)

Thank you
Any questions?