

MENTAL HEALTH SERVICES WORKING ON TRAUMA

Challenges, success factors and good
practice

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About the publication

Trauma is a complex issue that has received increased attention over the past years. However, many mental health professionals still face challenges to study and work on it and mental health service providers do not always work in a “trauma-informed” way.

This document was written by the EPR Secretariat with the contribution of the EPR Mental Health Working Group. The Working Group decided to work thorough 2022 on gathering resources and good practices on service delivered by mental health professionals focusing on trauma. The information collected and the experiences exchanged among member organisations led to the development of this document. It which provides a brief overview of the relevance of trauma today and the most common forms of interventions, however its main focus is on the challenges faced by mental health service providers and professionals when working with clients with past trauma experiences, as well as the success factors that can help them improve the support offered and become “trauma-informed” services. The good practices gathered during the year of activity are illustrated at the end of the document, together with a brief presentation of the members that contributed to them.

Given its complexity and wide spectrum, EPR consider this a “living” document that will be revised and updated over 2023 to ensure that it is a truly comprehensive and useful resource.

What is trauma?

Trauma is a widespread issue. The term is used to describe the emotional response to a distressing event and the emotional consequences that last long after the event occurs. Traumatic situations push people beyond the limits of their mental and physical capacity and can trigger a strong stress reaction that may lead to psychological and physical issues¹.

Such situations are very broad and hard to define. They don't relate only to significant terrible events that are out of one's control like wars, climate disasters or childhood abuse, but can be related also to less exceptional and more daily-like circumstances, such as stress, anxiety, sudden loss or bullying. These are common feelings experienced by most individuals, however some might perceive them as particularly physically and/or emotionally harmful or as life threatening. In this case, they can have lasting adverse effects on the person's mental, social and spiritual functioning and wellbeing.

Trauma is being increasingly acknowledged as a relevant issue affecting many people around the world. The feeling of uncertainty, loss and threat brought by Covid-19 pandemic has had a heavy impact on the mental wellbeing of many, from health care professionals to young people, and it has contributed to highlighting the need to provide better and more effective support to people struggling with mental health and trauma. Recently, the war in Ukraine has added to the mental pressure of citizens and has caused many to suffer traumatic events such as fleeing or the loss of dear ones. The need for trauma treatment with language support for refugees across Europe is a major issue. As a result, the demand for trauma care and disaster management is growing, and there is an increased consideration of the role that services can play to face this challenge.

“There is now an increasing recognition of the impact of trauma and how services may help to resolve or to exacerbate trauma related issues. We need to understand how to provide our services through a trauma-informed approach”

EPR member from Ireland

¹ <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma>

The most common trauma interventions

Nowadays trauma specialists work with a series of therapeutic methodologies that have become common worldwide. The following techniques are widely considered the most efficient evidence-based interventions to deal with trauma.

- **Body and Movement Oriented Interventions:** body-focused therapies focusing on movement activities and bodily experiences, and some techniques can also derive from sports². These interventions include somatic experiencing, body-oriented psychotherapy (which focuses on the patient's inner physical sensations in order to modify the trauma-related stress response)³, and psychomotor therapy (a method based on body awareness and physical activities), but also relaxation therapy.
- **Eye movement desensitisation and reprocessing (EMDR):** an internationally recognised form of therapy where the patient focuses on a traumatic memory including images, emotions, and physical sensations, while the therapist provides a form of distraction, for example by making the patient follow the movements of the finger (the name of the method derives from this eye movement, although it is just one of the forms of stimulation). The aim is to help the client to learn from the past traumatic experience, desensitise triggers and find a healthy present and future⁴.
- **Brainspotting:** it is a brain-based therapy based on the way the brain processes signals coming from the eyes and the relation between the two. The brain's processing capacity can be overwhelmed by trauma and not be able to process the negative experience entirely⁵. Brainspotting aims at using the patient's gaze and visual field to guide the brain to find the internal information that it didn't process and to "reset" the memory, so that it doesn't cause distress anymore.
- **Trauma-focused cognitive behavioural therapy:** a form of treatment focusing on the relationship among thoughts, feelings, and behaviours linked to the patient's symptoms. The therapy is based on the fact that changing the pattern of any of these domains can improve the person's functioning⁶.
- **Narrative Exposure Therapy:** a method where patients are asked to narrate their life describing their emotions, thoughts and physiological responses to trauma experiences, with the aim to help them to establish a coherent narrative in which trauma is contextualised and understood⁷. At the end of the treatment, patients receive an autobiography. It is often used in community settings, for example with refugees.

² van de Kamp, M. M., Scheffers, M., Hatzmann, J., Emck, C., Cuijpers, P., & Beek, P. J. (2019). Body- and Movement-Oriented Interventions for Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis. *Journal of traumatic stress*, 32(6), 967–976. <https://doi.org/10.1002/jts.22465>

³ Christian Fazekas, Dennis Linder, Franziska Matzer, Josef Jenewein, Barbara Hanfstingl. (2022) Interpreting physical sensations to guide health-related behavior. *Wiener klinische Wochenschrift* 134:S1, pages 3-10.

⁴ Shapiro, F. (2018). *Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols and Procedures*. New York: The Guilford Press.

⁵ Grand, D. (2013). *Brainspotting. The revolutionary new therapy for rapid and effective change*. Boulder, Colorado: Sounds True.

⁶ <https://www.apa.org/ptsd-guideline/treatments/cognitive-behavioral-therapy>

⁷ <https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy>

Challenges identified by service providers

Through the template circulated among the Mental Health Working Group, EPR gathered the main challenges and barriers faced by service providers when offering support to people suffering from trauma.

Lack of specialised training and limited resources. Despite working often with clients who have trauma experiences, professionals working in the services sector often lack specialised knowledge on trauma and do not feel competent to deal with traumatized patients. As a result, many patients and service users still face significant problems to find adequate help. The level of preparation and qualification of staff, doctors and psychologists is a key factor to ensure the provision of appropriate and quality support to service users. Staff members who are involved in trauma interventions should be officially trained at least in one of the evidence-based interventions mentioned above. However, most of EPR's Working Group members report that trauma-specific professional training is very limited across Europe. Professional training for social workers is also very expensive, as it requires an improvement in health care infrastructure and training institutions.

Lack of “trauma-informed” services. Service providers can be of different kinds and focus on various issues and target groups, however most of them are not trauma-informed, meaning that they do not take into due account the

relevance of trauma in their process of assistance. A respondent from Austria, for instance, pointed out that there are only two trauma-specific organisations in the region of Styria. This situation should be addressed, since the client taking part in interventions or therapy for other issues can end up facing their trauma too.

Technology. Technological advancements can help services to become more efficient, however the use of technology is still very limited, mainly to due to a lack of financial resources.

Costs/benefit struggle and evidence-based interventions. There is a need to identify and apply more evidence-based interventions. However, services might face difficulties in selecting interventions that have a good balance between costs and benefits. This is often linked to the lack of stable funding for service provision.

“In Austria there exists a lack of trauma-specific services in general and a lack of professional training for staff of different kind of social services, who have to work with clients with trauma experiences”
EPR member from Austria

Success factors and tools

Specialised training. Professional trauma-specific training is essential to prepare services staff to deal with clients suffering from trauma. Training should include common trauma interventions such as EMDR and brain spotting, but also soft skills that are equally important as the clinical competence, such as empathy. The professional has to understand the life experiences of a person and how they value them as traumatic, for how small or irrelevant they might seem.

Upskilling. Continuous professional development and upskilling are essential to enable services staff to take full advantage of new technologies and therapeutic tools and provide quality assistance in treating or preventing trauma. Consulting external experts can be a valuable opportunity for services which are not trauma specific but want to become more trauma-informed.

Individualised and stable relationship. Finding the right methodology according to the person's needs and values is important to provide tailored support, choosing among a variety of technologies and therapeutic tools available to professionals. A constant relationship building between the professional and the client is essential to identify the specific challenges and needs of the person. This is also why the changing of staff is a challenge, as it affects

stability for people who often struggle with relationships.

Building a safe environment. To encourage the development of a successful relationship between the professional and service user, it is important to provide an environment that both perceive safe. As people with trauma may face often breakups in their life and need a point of reference, a continuous engagement with a professional in a comfortable environment can help them to better manage such moments and address their concerns.

Accessible services and coordination. Services that are low-threshold and accessible ensure that support is provided to all those who need it. Services which don't deal with trauma directly but are able to connect to other organisations or specialised professionals can ensure that clients can access to the right kind of support. Although connecting to the right organisations can be a challenge sometimes, coordination among services remains a key element to ensure quality support to people with trauma and other vulnerable groups.

Co-production. Taking a co-production approach where service users are consulted and involved in the development of training and the design of services can help to ensure that the services truly meet the needs of the users and that their staff are

well-prepared to work with people
suffering from trauma.

Good practices from EPR members and beyond

Intras Foundation (Spain) provides a wide range of services to people with disabilities and mental health problems, but it doesn't work specifically on trauma. However, the organisation is well aware that in the context of its interventions clients might need support also to address trauma, and it work with different tools and techniques, such as classical therapy, art therapy, storytelling sessions, therapeutic writing, adventure therapy and mindfulness. It has also started to work on prevention in the field of education in Valladolid, to work with professors in order to help young people having or being at risk of mental health disorders.

CRPG (Portugal) offers its services to clients who suffer from long-term health conditions, chronic diseases, mental health disorders and autoimmune disorders. In this diversity, many clients also have trauma experiences, and this is why CRPG as an organisation doesn't provide trauma-specific services but takes trauma into account in every part of its work in an holistic approach. The aim is to support service users to manage their clinical condition while also learning how to achieve better self-regulation at cognitive and emotional level. Interventions combine EMDR, mindfulness, somatic self-regulation and biofeedback interventions to improve people's capacity to self-regulate and maintain their connection to themselves and the environment.

Furthermore, some years ago the organisation noticed that many psychologists working in the team were not trauma-informed: they knew the therapies but had no experience in observing the clients in their window of tolerance. In order to improve their preparedness, now everyone in the team has to carry out a baseline training on trauma, including interventions such as EMDR and brain spotting. The organisation developed a digital portfolio with resources on trauma and trauma interventions.

Rehab Group (Ireland) has a subsidiary company called National Learning Network (NLN) which provides a range of flexible training courses for people with a disability, mental health issues, illness or additional support needs. NLN is the largest private provider of personalised education, training and employment services in Ireland. In recent years NLN has increasingly recognised the impact that trauma has on the learning experience of students and since the end of 2020 it has started a process to become trauma-informed in order to maximise its support and improve students' experience in the Network. To build staff competencies in this area, in the early stages of the process NLN engaged a leading expert⁸ in Ireland and internationally on child and adolescent wellbeing and the impact of trauma on development, including its link with substance dependence and mental health, and consequent considerations for service design and delivery. This external expert facilitated two

⁸ Dr Sharon Lambert, University College Cork: <http://research.ucc.ie/profiles/A011/sharon.lambert%40ucc.ie>

key steps in the learning process in 2020, a training part with a briefing for management, psychologists and programme development officers and a second training session for rehabilitation officers. Thanks to this process, most staff have done some level of training and are more aware of the fact that the trauma experiences of students can often interfere with their learning achievements and that the learning environment itself can sometimes be a trigger for people with past traumatic experiences. NLN aims to support people to widen their window of tolerance by educating them on trauma and its lasting impact, by providing them with a safe trauma-sensitive space and by having trained supporters to engage with students in evidence-based interventions to help them better process and retain information, maintain focus and make sense of their training.

Chance B (Austria) is an organisation which provides low-threshold assistance to people with mental health disorders. Similarly to other members, it is not a trauma-related organisation, however it supports clients who have to handle different kinds of trauma due to certain events or life experiences. In this case, Chance B aims to assist them and empower them in their actual situation, so that they can understand that it's still possible for them to achieve accomplishments. In order to do so, the organisation focuses on building a long-lasting and stable relationship with the client, as well as on shaping a safe environment for them. Moreover, the organisation makes efforts to connect with psychotherapists and other experts outside of its services in order to guarantee that its clients receive adequate professional support to process and deal with their trauma.

EPR member **Cedar Foundation** (Northern Ireland) provided three good practices from outside the EPR network on offering trauma-specific services. A common feature they share is the focus on trauma caused by political turmoil and conflict, in particular by the Troubles in Northern Ireland, the conflict that lasted from the 1960s to 1998. An estimated 61% of adults living in Northern Ireland have experienced a traumatic event at some point in their lifetime and around 39% have experienced a Troubles-related traumatic event⁹.

The first example is the **Victims and Survivors Services (VSS)**¹⁰, which delivers support and funding on behalf of the Northern Ireland's Executive Office in order to provide adequate services to victims and survivors. The victims and survivors that have access to the VSS are the ones identified by the Victims and Survivors (Northern Ireland) 2006 Order, which is a piece of legislation that introduced a Commission for Victims and Survivors to promote their interests and check the adequacy and effectiveness of services provided to them¹¹. According to the Order, victims and survivors are those who have been injured physically or psychologically in consequence of a conflict-related incident, those who care for the injured and the bereaved. The services provided by the VSS include psychosocial therapies like

⁹ <https://hscboard.hscni.net/consultation-begins-regional-trauma-network/>

¹⁰ <https://www.victimsservice.org/home/>

¹¹ <https://www.legislation.gov.uk/nisi/2006/2953/article/6>

EMDR or Cognitive Behavioural Therapy, complementary therapies, counselling and welfare support.

The second example is **WAVE – Widows Against Violence Empower**, a group that was formed in 1991 by eight women who had lost their partner in the Troubles and that now is the largest cross-community victims' group in Northern Ireland¹². WAVE was initially focused only on the bereaved, but over time it expanded to those who were injured and traumatised in the conflict. The group has 5 centres in the country and various sub-groups. A sub-group made up of experienced practitioners and facilitators coordinates WAVE Trauma Education, which led to the development of accredited training courses on trauma and loss.

The training courses create a unique learning pathway in the country and are divided into five strands. The first one is community education, which consists of trauma courses that are community-oriented and aim to support society to deal with the legacy of the conflict in Northern Ireland. The second strand offers a part-time degree in Psychological Trauma Studies, which lasts four years and focuses on the effects of trauma, especially in the context of surviving political conflicts and having to deal with a violent past. Strand three offers the opportunity to continue the studies with an online postgraduate degree in Psychological Trauma Studies, while strand four focuses on citizens' education through a training which involves victims and survivors as Citizen Trainers. They deliver tutorials to help students of third level education better understand the long term effects of the Troubles at the individual and community levels. Finally, strand five consists of a series of workshops on trauma designed for those who want to learn more about it and about related topics such as addiction, traumatic grief and treatment.

The third example is the **Regional Trauma network for Northern Ireland**¹³, an initiative launched following the recommendation from the Commission for Victims and Survivors to implement a comprehensive Mental Trauma Service. The goal is to address the mental health impact of the Troubles and to improve trauma care at the individual, family and community level. It will operate within the National Health Service, in close cooperation with the aforementioned VSS and other organisations working with victims and survivors.

The network of services is still being implemented through three phases: 1) the introduction of a new pathway to trauma services for victims and survivors with significant psychological trauma symptoms to lower their barriers to access treatment 2) the full implementation of enhanced trauma services for children, young people, and adults with psychological trauma, regardless of the origin of their trauma and 3) the continuous strengthening of the services based on the lessons learned from the first two phases.

¹² <https://wavetraumacentre.org.uk/who-we-are/about-wave/>

¹³ <https://hscboard.hscni.net/regionaltraumanetwork/>

Members from the EPR Mental Health Working Group that contributed to this work



The **Cedar Foundation** delivers a wide range of services in Northern Ireland, ranging from community inclusion, training and employment and housing support. It is committed to a rights-based approach to disability through the design and delivery of innovative services which are co-produced with the service users. Cedar is very active in the field of mental health and wellbeing, not only of its service users but also of its professionals. In its Strategic Plan 2021-2026 it developed a Mental Health and Wellbeing Strategy for its staff.

Chance B was founded in 1986 as a self-help association by parents of children with disabilities and teachers of the Gleisdorf special school for children with intellectual and physical disabilities.

Within more than 30 years, Chance B has become a non-profit organisation operating in Eastern Styria, Austria, offering 30 different social services for every age and every area of life, including mental health, with the aim to ensure that all people who need support are able to live well in the region and to participate in society.



CRPG - Centro de Reabilitação Profissional de Gaia is a Portuguese organisation which provides social and rehabilitation services for persons with disabilities or acquired disabilities

following accidents or diseases (particularly persons with acquired brain injury), with the aim to reintegrate them into active life. Services include vocational rehabilitation, support to professional qualification and access to return to work.

Intras Foundation is a Spanish non-for-profit organisation, founded in 1994. The organisation has 10 centres across Spain with more than 120 psychiatrists, psychologists and professionals from the social and economic fields. INTRAS' services include psychosocial and labour rehabilitation programmes, occupational and vocational training and professional guidance with the aim to empower people with mental health issues to live a self-determined and self-confident life through reflecting their potential wishes and providing them with accordingly.



Rehab

Investing in People, Changing Perspectives

The **Rehab Group** is a charity that provides various types of social and rehabilitation services for over 20,000 adults and children throughout Ireland and the UK, and champions the value of diversity and inclusion for people with disabilities in their communities. Their areas of expertise include mental health and wellbeing, quality of service and employment. Rehab Group has various subsidiary companies, among which the National Learning Network, which is the largest private provider of personalised education, training and employment services in Ireland for people with a disability, mental health issues or additional support needs.

Theotokos Foundation is a non-profit welfare organisation that was established in 1954 in Athens, Greece. It provides services to children and young adults with intellectual developmental disorders and autism spectrum disorders, as well as to their families in order to ensure equal rights to life and to employment. Services include special education, therapy services and vocational training and rehabilitation, and areas of expertise include mental health, quality of life and quality of services.



THEOTOKOS
FOUNDATION
REHABILITATION CENTER FOR CHILDREN AND
YOUNG ADULTS WITH INTELLECTUAL DISABILITIES
AND AUTISM SPECTRUM DISORDERS

Further bibliographical resources

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