



# 2024 Annual Conference 'Working Together'

**#PDFConf24**



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THE PROFESSIONAL  
DEPUTIES FORUM





THE PSYCHOLOGICAL PERSONAL INJURY SERVICE

PDF conference - 19 Sept 2024

**“We are family”**

# **The ripple effect of trauma on the systems supporting our clients**

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# Plan

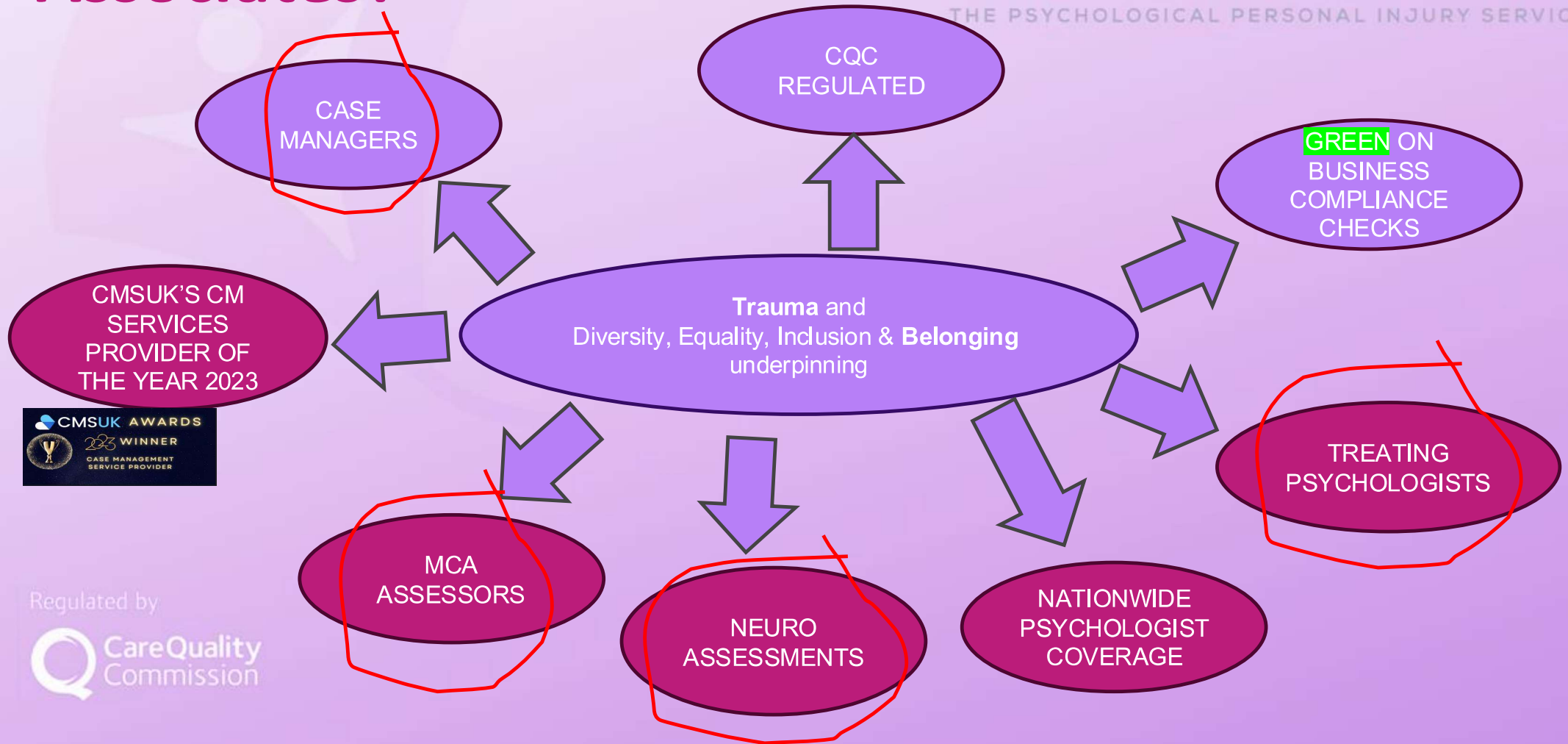
- What is trauma anyway?
- How trauma presents in families
- Case study
- What we can do when we see trauma signs
- What about us?
- The “take home” messages



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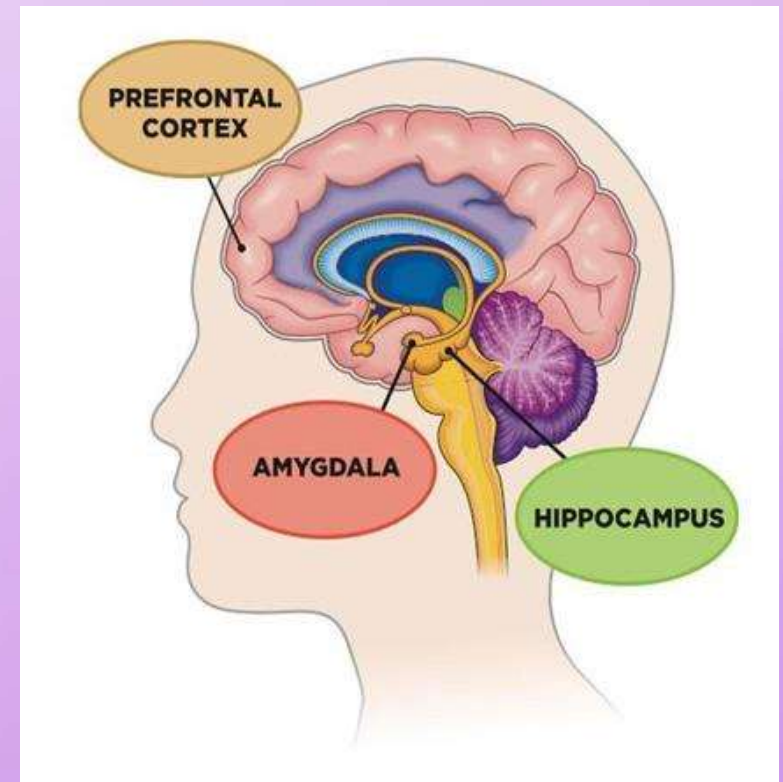


# Who is PsychWorks Associates?



# Science bit: neuropsychology

- ▶ ***During moments of heightened stress/threat***
  - Function of the **amygdala** is enhanced. It has a number of hard-wired responses to threat including:
    - Release of stress hormones (cortisol)
    - Activation of the sympathetic nervous system (controls fight or flight response).
  - High levels of cortisol impair **hippocampal** function and as a result there will be adverse effects on memory formation i.e. memory of the event won't be contextualised.
  - Hypo-functionality occurs in the **prefrontal cortex** meaning its decision-making and slowing-down abilities are impaired



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▶ ***Any of us can experience traumatic symptoms***

# Science bit: psychology 1/2



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## What trauma is (Big Ts & Little Ts):

- ▶ Single events
- ▶ Repeated exposure to negative events
- ▶ Intergenerational
- ▶ Systemic abuses
- ▶ Vicarious experience

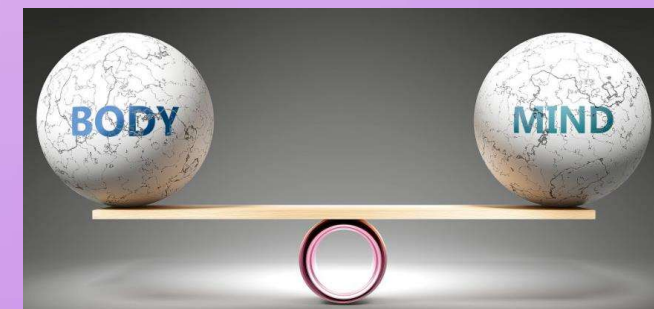
## What trauma is not:

What we think it should be based on our experiences and knowledge

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Presents in the mind and body



# Science bit: psychology 2/2

## Trauma can look like...

- Anger, shame, confusion, anxiety, sadness, powerlessness, helplessness
- Withdrawn, low self-esteem
- Difficulties regulating mood
- Denial and shock
- Controlling
- Mistrusting others
- Difficulties with relationships
- Self-destructive behaviours
- Sleep issues
- Muscle tension
- Low energy/fatigue... **And more**

## DSM-V says PTSD looks like...

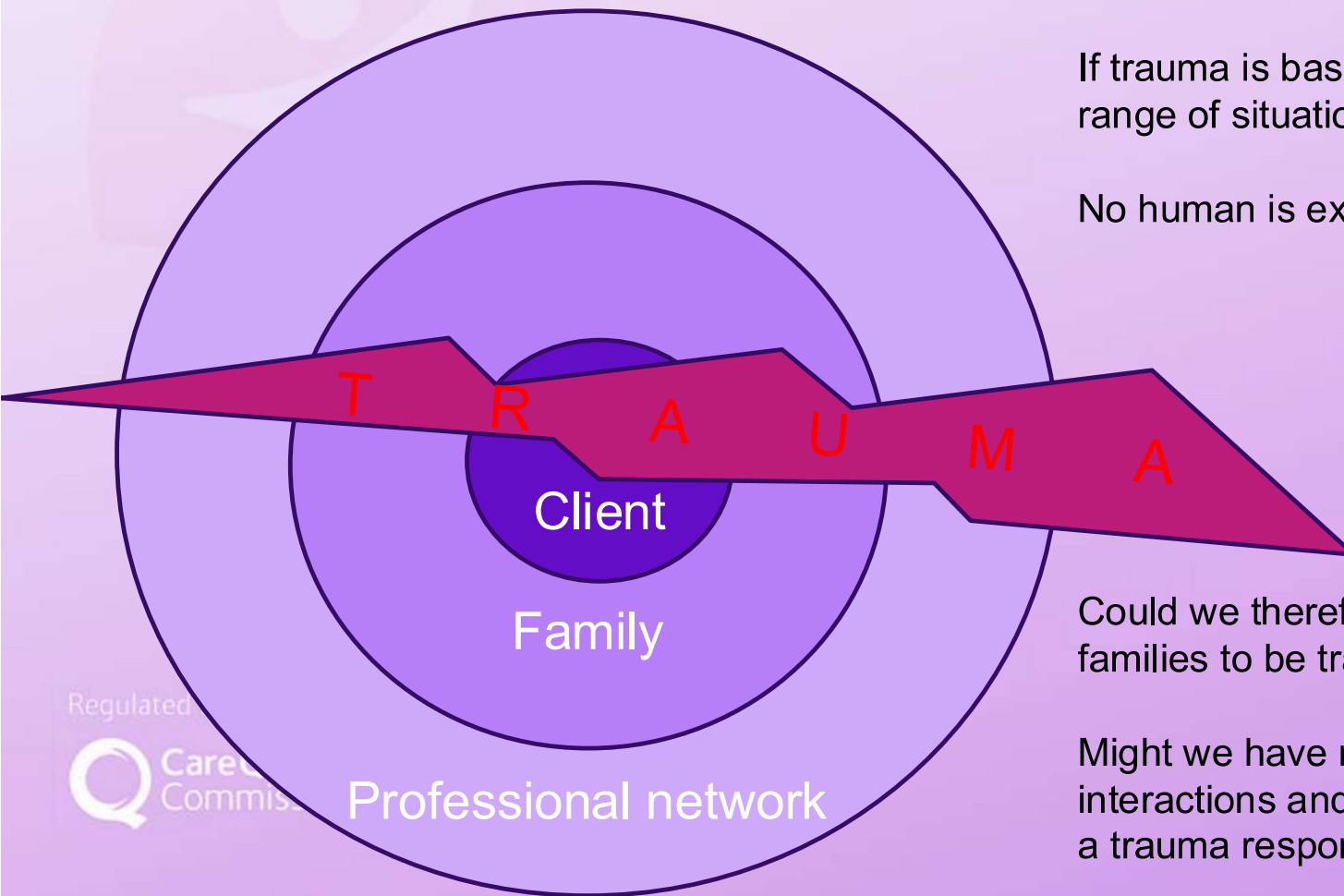
- **Repeated and unwanted reexperiencing of event** (flashbacks, nightmares, repetitive and distressing intrusive images or sensory impressions)
- **Avoidance** (of people, situations, circumstances and thoughts associated with the event)
- **Hyperarousal** or **hypervigilance** (for threat, exaggerated startle response, sleep problems, irritability and difficulty concentrating)
- **Emotional numbing** (lack of ability to experience feelings, feeling detached from other people, giving up previously significant activities, or amnesia for part of the event)

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—————▶ Severity and duration

# Science bit: systemic effects



If trauma is based on the human brain's response to a range of situations

No human is exempt

**Why would we not then consider that any one of us can be victim to trauma, direct or indirect?**

Could we therefore consider responses from client families to be trauma related?

Might we have more potential to see our own interactions and those of our colleagues to be linked to a trauma response?



# Case study – the injury

- Young family of 4; Mixed race (East Europe and West African)
- RTA when P was a neonate and sibling was 5 → Brain injury
- Mum was driver → traumatised
- Hyper-focused on P (15) and no other family member → strained relationships
- Focus was to get best compensation
- Took “spend to evidence need” literally
- “Recoverability” was not well understood
- Once settled → new home in new area, care and rehab package ceased
- Mum felt she knew what was best now → high spend and little investable funds



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# Case study – the worries

- Communicating with parents was tricky
- Mum protective of P
- Money talk was triggering for mum → distressed
- Client voice ‘silenced’ between strong parent and diligent professionals
- Cultural preferences defined “help”
- Family relationships were strained
- MCA/CQC → mum felt disenfranchised
- Lots of head space needed from professionals → stilted conversations
- All parties involved were developing a low tolerance to cope

... and so the cycle began!

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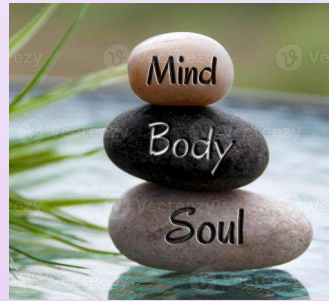
# Case study – the plan

- A narrative that “hears” mum’s trauma
- Respecting cultural norms around what help looks like
- Slowly built trust and compassion with mum → goals could be put in place
- Set the expectations for P’s future with P
- Built that A-team of clinicians and carers
- MCA and CQC eventualities
- Check in with ourselves and each other; ask for help
- Reflect on the successes!



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# The self-care bit



## With your soul:

- What do you enjoy about/avoid at work?
- Do you feel you're missing out on anything? What?
- What makes your heart sing?
- Is there balance?
- Are you happy?

## With your mind:

- Do you have helpful boundaries?
- What are your values?
- Are your values and lifestyle aligned?
- How do you soothe yourself?
- What would you say to a friend living your life?

## With your body:

- How do you nourish your body?
- What does your body tell you it needs?
- Where does stress sit?
- What does your body need to physically relax?

What does this mean for your behaviour?

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## In sum...

THINK  
"AMYGDALA"

TIME &  
REPETITION

RAPPORT

CLIENT &  
FAMILY-  
CENTERED

SEED-  
DROP

VARIED  
COMMUNICATIONS

NO  
SUPER  
HERO  
WORKS  
ALONE

GOOD FIT  
CLINICIANS

KNOW &  
USE YOUR  
RESOURCES

KNOW  
THYSELF

CELEBRATE  
SUCCESSES

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## “Take home” message



Everyone's and all life experiences and trauma responses matter and are worth addressing... including yours.

We're only human after all, but it'll make us better professionals the moment we accept that we are so.

Once we acknowledge that it's hard when it's hard, we can bring in ideas and resources to shift the trajectory towards something more manageable for all... including you.



**Any Questions?**

**PsychWorks Associates**  
**welcomes conversations on:**  
**Treating Psychology**  
**MCA assessments**  
**Neuropsych assessments**  
**Case Management**

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**Contact us: [www.psychworks.org.uk](http://www.psychworks.org.uk) | [admin@psychworks.org.uk](mailto:admin@psychworks.org.uk) | t: 0204 570 3350**

**Thankyou!**

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