# A pluralistic, technically eclectic, multimodal approach to delivering trauma-informed children and family services in a social enterprise

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# **Abstract**

Background & Aims: There is growing demand for health, social care and education services to adopt trauma-informed approaches. This study aimed to explore client experience of receipt of Multi-Modal Practitioner (MMP)-delivered, traumainformed care in a family support service, and of traumainformed care in a primary school in ethnically diverse, inner-city part of a broader evaluation. Methodology: Pragmatic Case Study (PCS) methodology was utilised post-intervention. Specifically, case studies of a client receiving MMP support via family support services and a Special Educational Needs (SEN) primary school pupil accessing trauma-informed support services, are detailed. Results: Delivery of trauma-informed, multimodal approaches deployed resulted in positive outcomes for clients. Conclusion: Working in a trauma-sensitive manner based on 'the 4 Rs' resulted in demonstrable positive impact to pupils and, when combined with family support workers trained in the MMP approach, offers a promising proposition to supporting children and families affected by trauma.

# Introduction

There is growing interest and need for organisations working in the fields of health and social care, and education, to adopt a trauma-informed approach to the delivery of services (Cutuli, Alderfer, & Marsac, 2019). While many interventions and approaches have been developed and championed in various sectors beyond traditional clinical and mental health settings, to our knowledge, none have adopted a technically eclectic (Lazarus, 2003), multi-modal approach to address well-documented inequalities regarding access, and provision of comprehensive trauma support for individuals from diverse communities, including those of Black, Asian & Minority Ethnic (BAME) backgrounds (Fernando, 2017).

Specifically, it has been reported that statutory services such as the NHS have reduced understanding or awareness in respect of the delivery of culturally appropriate services for individuals affected by trauma (Bignall, Jeraj, Helsby & Butt, 2019). Social enterprises play a key role in supporting those affected by trauma and Adverse Childhood Experiences (ACEs), plugging the gap, and making services more culturally accessible and appropriate.

The Big Life group, a social enterprise operating across the North of England, has conceptualised and developed a comprehensive trauma support offer for children and families presenting with multiple needs. Specifically, this includes the novel Multi-Modality Practitioner (MMP) approach; a pragmatic intervention, theoretically underpinned by social and cognitive learning theory and Multimodal Therapy (Lazarus, 2003), through which interventions that address mental and physical health, long-term conditions, child and family, employment, and financial needs, are delivered in a technically eclectic, multimodal manner.

# Study aims

This study profiles, via two pragmatic case studies, the innovative MMP approach and trauma-informed interventions deployed in a school and family support service, as part of a broader evaluation taking place.

# Methodology

Two post-intervention case studies

# **Participants**

# Case study one

Special Educational Needs (SEN) primary school pupil (Year Five, aged ten years, male, mixed white and Pakistani heritage) presenting with multiple ACEs, witnessed parental domestic violence, formerly placed in foster care for five years, now residing with grandparents.

Design

# Case study two

Family support service client (mother of three children, aged 35 years, Asian) presenting with childhood trauma, sexual and domestic abuse, parental alcoholism, who accessed the service specifically for support with post-natal depression.

Case study one

Procedure

The child was supported to write a weekly journal in which he would talk about what he looks forward to in the week ahead, acting as a catalyst to encourage positive self-discussion and promotion of self-compassion. Zones of Regulation<sup>TM</sup> (Kuypers, 2011) work was also undertaken with a Zones of Regulation box created to support emotional regulation. This approach was augmented with horticultural therapy, which was accessed on a weekly basis. Positive behaviour reinforcement strategies were deployed, and support was provided to encourage the development of social skills and confidence within social situations, leading to an improved social engagement system. (Geller & Porges, 2014).

# Case study two

The client was supported by an MMP-trained family support worker, who delivered a range of one-to-one interventions, in a non-pathologising, strengths-based and collaborative manner (Rapp et al., 2007). Interventions delivered included:

- The Drama Trauma Triangle in Transactional Analysis (Karpman, 1968), supporting the client to stay in the Winner's Triangle (Choy, 1990) moving from the role of victim to that of survivor.
- The mindful observation of self in Acceptance and Commitment Therapy to enhance emotional regulation along with introduction of the concept of 'psychological flexibility' (Hayes et al., 2013)
- Offering 'strokes', attention and recognition, termed as 're-parenting' (Berne, 1961).
- •- Supporting re-authoring of the trauma story (White and Epston 1990).
- •- Psychoeducation regarding the window of tolerance (Siegel 1999).

# **Ethics**

Ethical approval was not sought since both case studies were part of routine service evaluations

# Results

Delivery of trauma-informed, multimodal approaches deployed by a Family Support Worker trained in the MMP approach resulted in resolution of presenting problems with no further onward referral to clinical trauma services, successful resolution of presenting post-natal depression symptomatology and improved family relationships.

Furthermore, findings revealed deployment of trauma-informed practices in a primary school resulted in visible positive shifts in behaviour, improved emotional literacy and involvement in learning activities in an SEN pupil. Emotional regulation and awareness of emotions, social and communication skills were all improved, along with enhanced positive self-image.

# Discussion

# **Findings**

The findings highlight that trauma-informed care when delivered in a multimodal, culturally sensitive manner in community-based settings, can result in improvements in emotional and social literacy in children affected by trauma. Furthermore, the MMP approach gave rise to successful resolution of presenting trauma and postnatal depression in a vulnerable mother of three children.

The multimodal approach contrasts with the mainstream treatment of trauma, which has focused heavily on a singular approach, that of Cognitive Behavioural Therapy (CBT). In contrast, we advocate the adoption of a multimodal, community-based approach to supporting individuals presenting with trauma, which may represent a solution to meeting the needs of those from BAME backgrounds. Schools offer a unique environment to countering and preventing childhood trauma. Taking a trauma-informed approach can result in improvements in emotional literacy (through increased regulation and understanding of emotions) and increased involvement in learning activities in children with trauma histories.

## Implications & future directions

Such findings support the future use of multimodal approaches in the treatment of trauma in both children and adults. The MMP approach is particularly suited to supporting those from diverse ethnic communities who face barriers to accessing support and for whom, when presenting with multiple needs, a singular treatment intervention approach is often ineffective. The MMP approach also offers a pragmatic solution to address skills deficits in health and social care roles and is required to meet the complex and multifaceted needs of those affected by trauma.

# Limitations

Only two case studies were included in the study, limiting the generalisability.

For case study one, outcomes were reported on an observational basis and therefore is open to researcher bias. For case study two, outcomes were self-reported, relying on client insight of symptoms. There was an absence of follow-up for both case studies, therefore it is unknown whether positive outcomes were maintained.

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