



Centre for Development  
and Complex Trauma  
Part of St Andrew's Healthcare



THE  
Compassionate Mind  
FOUNDATION

RADIANT  
SUNSHINE



the british  
psychological society  
crisis, disaster and trauma  
psychology section

# Promoting Excellence in Trauma Research and Practice

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## ANNUAL RECOGNITION AWARDS



MAY 2024

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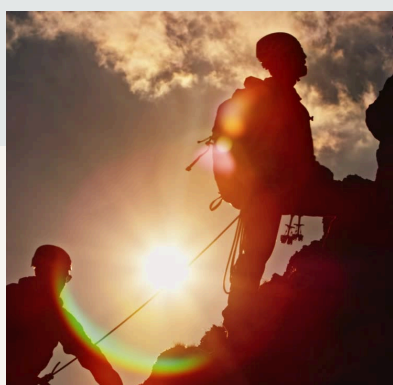
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# LAUNCHING THE ANNUAL RECOGNITION AWARDS IN TRAUMA RESEARCH AND PRACTICE

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## WHY HAVE RECOGNITION AWARDS FOR TRAUMA RESEARCH AND PRACTICE?

Psychological trauma is increasingly present in mental health research and clinical services. Yet, significant gaps exist in our knowledge and disparities between research and practice are pronounced, especially in the meeting of the needs of marginalised populations.

To improve outcomes for trauma exposed populations, it is vital that we ensure service users and healthcare professionals are supported by:

- Developing & implementing practices that are effective
- Sharing good practice
- Investing in the professional development and wellbeing of health professionals working with trauma-exposed populations

To help meet these goals, we are launching a series of annual recognition awards to highlight, promote and disseminate clinical and research practice that improves outcomes for service users and staff groups.

## THE ARA SPONSORS

The 'Annual Recognition Awards in Trauma Research and Practice' are hosted by organisations with recognised clinical, educational and research expertise and knowledge in psychotraumatology or mental health needs across different populations. Whilst the ARA's are expected to grow, there are four founding sponsors:

- **Centre for Developmental and Complex Trauma (CDCT), part of St Andrew's Healthcare**
- **Crisis, Disaster and Trauma section of the British Psychological Society (BPS)**
- **The Compassionate Mind Foundation (CMF)**
- **The RADiANT Research Group, Hertfordshire Partnership University NHS Foundation Trust**

The award sponsors are keen to ensure that we offer approaches to care based on the latest evidence, reaching groups who are most likely to be exposed to and impacted by trauma and adversity.

The awards aim to encourage, validate and support the dedication of clinicians, academics and experts by experience to continue to develop better understanding, processes, treatments and outcomes for the wide range of trauma-exposed populations.

Equally, we also see the awards as an opportunity to foster a closer network of clinicians and academics, to support working towards our collective common goal.

The four sponsoring organisations, and all of the judges involved with the awards are offering their time free of charge, in recognition of the need for a collective effort to take the trauma speciality forward.

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*"Awards play a vital role in recognizing excellence, motivating researchers and clinicians at all career stages, facilitating career advancement and networking, and promoting public engagement and advocacy. They contribute to the vibrancy and progress of the scientific community by celebrating achievements and fostering collaboration and innovation."*

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**Professor Thanos Karatzias, Edinburgh Napier University**

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Dr Deborah Morris

Awards Chair  
Director, CDCT



Prof Thanos Karatzias

Edinburgh Napier  
University  
CDCT



Dr Annette Greenwood

Chair Elect, CDT, BPS  
Lead, Trauma  
Response Service,  
STAH



Prof Regi Alexander

RADiANT, Hertfordshire NHS  
Foundation Trust.  
President, RSM, Intellectual  
Disability Section



Prof Paul Gilbert

Founder & President  
Compassionate Mind  
Foundation  
University of Derby



Verity Chester

Research Manager  
RADiANT  
EIC, Advances in  
Autism

# ANNUAL RECOGNITION AWARD CATEGORIES

## THE RECOGNITION AWARD CATEGORIES

To meet the challenges ahead, six awards are on offer, each aligned with the CDCT's key objectives.

The first award focuses on recognising clinical initiatives, ensuring that the needs of service users are at the heart of the awards.

In acknowledgment of the need to have a skilled and supported workforce a dedicated award for staff groups working with trauma exposed populations has also been formed.

To promote the critical role of experts by experience (EBE) and the role of co-production, an award has been established for clinical or research initiatives that demonstrate a strong co-produced or peer/EBE-led component. Of note is that peer/EBE-led or co-produced submissions are not restricted to this category only and can also be submitted to all other relevant categories.

Research plays a critical role in advancing our understanding of and practice in trauma, and in recognition of this we are offering two dedicated research awards that spotlight emerging researchers to encourage their work, as well as recognising the contributions of researchers already established in the field.

Finally, to highlight innovations in trauma practice in working with marginalised or understudied populations, we are offering a specific award that centralises the needs of those often minimised in the mainstream trauma literature. Whilst we are offering a specific category for research or clinical initiatives with marginalised groups, all award categories are open to submissions demonstrating work with marginalised groups.

## THE ANNUAL RECOGNITION AWARD CATEGORIES



Clinical initiative improving practice & outcomes for service users



Clinical initiative that provides professional development or improves support for staff groups working with trauma populations



Clinical or research initiative demonstrating strong coproduction / lived experience component that improves outcomes for service users



Early stage career research award: Applied research that focuses on improving understanding of psychological trauma



Established career award: Applied research that focuses on improving understanding of psychological trauma



Applied research or clinical initiative that improves understanding, management or outcomes of psychological trauma in marginalised populations



## AWARD 1

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### Clinical initiative improving practice & outcomes for service users

Clinical interventions can take many forms. They may involve direct therapy, guided self-help or working systemically through teams or families, and reflect the most critical approach of reducing the impact of trauma and wider mental health presentations that often co-occur.

Wider clinical initiatives that address the holistic impact of trauma and improve the quality of life of those exposed such as through addressing physical health needs and increasing life skills, social connections, education or employment opportunities are both necessary and highly valued priorities by service users.

Just as clinical interventions play a pivotal role in the prevention of and response to trauma exposure, so must our efforts to ensure that we are offering interventions that are safe and effective, for different populations.

Evaluations of clinical practice may reflect large scale multi-centre control trials led by research teams, or local service evaluations led by clinicians and organisations.

The importance of service evaluation is often overlooked in the trauma literature, yet they are of critical importance to reducing the gap between evidence and practice, and developing practice-based evidence.

They also often reflect work with populations who are absent from or poorly represented in the wider trauma literature and, as such, are critical to ensuring that the needs of marginalised populations are considered.

Service evaluations often offer the most translatable implications for clinical practices and services, and we very much welcome submissions from local initiatives.

#### EXAMPLES OF POTENTIAL SUBMISSIONS

- Development and evaluation of a new trauma assessment process or pathway for service users
- Development and evaluation of a new or adapted trauma intervention or treatment model for service users
- Review, re-design and evaluation of an existing trauma assessment or treatment service/model for service users
- Development and evaluation of integrative and holistic care initiatives for trauma-exposed populations
- Development and evaluation of trauma-informed or trauma-sensitive design for service delivery
- The development, implementation and review of 'indirect' or working through teams or families, such as formulation, care planning or working with families, staff groups or multi agencies.
- Services supporting family delivered interventions

## AWARD 2

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### Clinical initiative that provides professional development or improves support for staff groups working with trauma populations

Healthcare professionals and first responder staff groups who work with trauma-exposed populations are dedicated and passionate individuals, often working in challenging environments.

Working effectively with trauma-exposed populations requires ongoing professional development and support.

Well designed training and education, as well as supervision, derived from evidence and evaluated for their effectiveness, are essential for professional development and the wellbeing of our staffing groups.

This field of work is incredibly fulfilling, though it can also affect the well-being of those assisting trauma survivors. It is vital that we support staff, for their own wellbeing, to ensure that we continue to provide functional and healthy services that best meet the needs of those receiving care.

As such, it is crucial to offer staff effective support to prevent challenges, alleviate distress, enhance well-being, and tackle the underlying causes of distress to avoid future issues.

Ongoing investments in public and private sectors to promote and protect staff wellbeing, and the continued spotlight on occupational distress is key to ensuring improvements in the wellbeing of the workforce. However, this will only be achieved if initiatives to drive wellbeing are grounded in theory and evidence, to ensure they are effective.

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*“Evidence based research and practice is important for the development of all trauma response initiatives for staff within healthcare settings and beyond. It is critical to ensure staff training and support services reflect the needs of the staff and are accessible to all. Provide effective, evidence based support and interventions to promote recovery and wellbeing.”*

Dr Annette Greenwood, Chair Elect, Crisis, Disaster and Trauma Section of the British Psychological Society

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### EXAMPLES OF POTENTIAL SUBMISSIONS

- Development and empirical evaluation of a new assessment pathway, process or assessment tool for staff groups
- Development and empirical evaluation of a new or adapted trauma intervention, policy, model or service for staff groups
- Development and empirical evaluation of individual or organisational initiatives to enhance well-being (e.g., social prescribing interventions, embedding of compassion-based investigation processes, physical activity initiatives)
- Development and empirical evaluation of initiatives to address clinical practice issues (e.g., ethics consultation groups)
- Organisational trauma-sensitive or focused intervention that seeks to improve wellbeing for those working with trauma-exposed populations

## AWARD 3

### Clinical or research initiative demonstrating a strong co-production/lived experience component that improves outcomes for people with trauma needs

Peer-led or co-produced research and clinical innovations are increasingly being recognised as key to improving our understanding of trauma and in shaping services and clinical priorities.

Such work emphasizes the value of experiential knowledge twinned with traditional expertise, leading to a more nuanced understanding of trauma that integrates multiple insights and perspectives.

At the same time, these voices and experiences can be underutilized or invisible without committed actions, imaginative individuals, expansive leadership and "trauma informed" organizations.

*"It is imperative that clinical and research initiatives embrace the richness, creativity and value of lived experience, alongside professional expertise, to harness 'wise expertise', whilst also creating, and benefiting from, a sense of shared purpose that embodies a true co-productive culture."*

**Donna Walker, REDS Recovery College & Peer Support Manager, St Andrew's Healthcare**

The process is an adventure in managing risk for the potential rewards (better outcomes), while offering both challenge and support.

This award recognises the effective, significant and constructive participation and influence of EBEs and quality of partnership working (reciprocity and investment) in research and/or clinical initiatives. It is about meaningful 'doing with.'

*"There are a number of rungs on the 'ladder of co-production', however, for the ladder to be secure its base must be trust, commitment and shared values because it shows sensitivity to real world trauma needs. In the process there is resistance to tokenism through engagement in planning, decision-making, implementation, evaluation and feedback. This will be required in the act of creating or critiquing knowledge, practice or experiences."*

**David Gibbs, Policy & Practice Advisor, EBE, CDCT**

### EXAMPLES OF POTENTIAL SUBMISSIONS

- Implementation and evaluation of peer-led services, processes or interventions
- Evaluation of co-production practices in trauma assessment and formulation practices, including service delivery
- Peer led or co-produced development, piloting and evaluation of a tool, process, or clinical intervention
- Peer led or co-produced research or service evaluation project
- Development and evaluation of a service user-led research or audit group
- Co-produced design, delivery and evaluation of educational/training resources (e.g., information leaflets and videos, webinar series)

## AWARD 4

### Early stage career research award: Applied research that focuses on improving understanding of psychological trauma

A rich understanding of the way in which trauma presents and the experiences underpinning the emergence of trauma symptoms in those requiring support from healthcare services is critical to informing effective approaches in working with and addressing the holistic needs of service user populations.

The integration of research with clinical practice reflects a necessary interface for the delivery of quality care that is empirically informed by robust real-world data and evidence.

Accordingly, generating research that bears great potential for meaningful impact on the experiences of and outcomes for people in healthcare services, whether as a user or provider, is arguably a central responsibility held by clinicians, academics and researchers in the field.

The embedding of meaningful research activity within clinical work is something that should very much be supported.

Recognition of the efforts of individuals to drive forward a quality care agenda through the delivery of robust, data-driven and theory-advancing research is important for shaping a generation of research-minded clinicians and clinically-minded researchers.

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*“Supporting practitioners and academics engagement in research at the early stages of their career is pivotal for ensuring that we develop a generation of research ‘scientists’ who have the knowledge, skills and confidence to develop and address critical questions. It is also pertinent to integrating a research culture within services that drives quality, evidence-informed care’.*

**Elanor Henry-Webb, Research Associate & Lecturer, CDCT**

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### EXAMPLES OF POTENTIAL SUBMISSIONS

- Synthesis of evidence that improves our understanding of the experiences of or effective treatments for trauma
- Development of guidelines to inform best practices for the assessment/treatment of trauma
- The development or validation of a new tool or assessment process
- Empirical studies of mechanisms underlying trauma presentations in service user/staff populations, which generate or advance theory
- Empirical studies establishing the prevalence of trauma presentations and related needs in a service user/staff population, which generate theoretical and practice implications
- Empirical, data-driven case studies reporting on the process and outcomes of a trauma intervention/pathway



## AWARD 5

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### Established career award: Applied research that focuses on improving understanding of psychological trauma

In addition to recognising and encouraging initial entrance into the clinical research sphere, we are equally keen to recognise and celebrate the work of individuals with an established portfolio of research who continue to show an outstanding commitment to the advancement of the psychological trauma field.

Within recent years, the psychological trauma field has seen some innovative and trail-blazing research by pioneers in this area. Research which significantly contributes to current understandings of and ways of effectively working with psychological trauma in clinical care will be considered for this research award category.

Significance may be demonstrated through the devising and addressing of pertinent research questions, or via the development and application of novel and notable research methods.

Please note that all submissions for this category must be able to demonstrate evidence that the submitted work to which the award application relates has been subject to a peer-reviewed publishing process.

For example, peer-reviewed, published journal articles or book chapters would be eligible for this award category. Self-published articles and guidelines that have not been derived from empirical research data or processes will not be considered.

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*"We want to celebrate the contributions of established researchers in the field of psychotraumatology"*

Professor Thanos Karatzias, Edinburgh Napier University, CDCT

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#### EXAMPLES OF POTENTIAL SUBMISSIONS

- Development of guidelines to inform best practices for the assessment and/or treatment of trauma in a service user/staff population
- Authorship of a published book or book chapter
- Empirical studies of mechanisms underlying trauma presentations in a service user/staff population, which generate or advance theory
- Empirical studies establishing the prevalence of trauma presentations and related needs in a service user/staff population, which generate theoretical and practice implications
- Empirical, data-driven case studies reporting on the process and outcomes of a trauma intervention/pathway



## AWARD 6

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### **Applied research or clinical initiative that focuses on improving understanding, management or outcomes of psychological trauma in marginalised populations**

Membership of one or more socially marginalised group elevates the likelihood of exposure to trauma, adversity and exclusion across the life span. This may, as a consequence, impact on an individual's clinical needs relating to trauma care and their experiences of mental health services. Yet, marginalised groups are under-represented in innovations in this field.

We cannot assume that policies and practices developed for dominant social groups reflect the needs of all groups within society. Individuals from minoritized backgrounds may experience unique adversities and barriers to accessing and engaging with services including language, culture, neurodevelopmental and diversity status, as well as gender and ethnicity.

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*"People who are at a higher risk of experiencing traumatic events often come from marginalized communities that are frequently overlooked in trauma literature, clinical trials, and clinical guidance. Redressing this invisibility is a societal, clinical and research imperative."*

Dr. Deborah Morris, ARA's Co-Chair, Director CDCT

As clinicians, researchers and leaders, we have a responsibility to ensure that compassionate and supportive specialist mental healthcare is accessible to all and to support the development of people working in this area.

The aim of this award is to identify the work with, within, and for these communities, to promote equity and ensure needs are better understood, given greater prominence and to highlight the work being undertaken with under researched and supported populations.

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*"Marginalised populations are much less likely to receive effective help. Their trauma is often labelled and treated as a behavioural difficulty, with no further exploration as to the cause of this behavioural change. There are difficulties with current screening and assessment tools and their ability to accurately identify trauma in these populations. The availability of specialist therapies is limited. As such, this award aims to acknowledge and encourage innovations in practice to better support trauma provision for those who do not currently receive the support needed."*

Verity Chester, Research Manager, RADiANT research group,

#### EXAMPLES OF POTENTIAL SUBMISSIONS

- Development of practice guidelines to inform best practices for the assessment and/or treatment of trauma in a marginalised population
- Development, delivery and evaluation of training programmes for improving understanding of/working with trauma needs in marginalised populations
- Exploration of the experiences of/barriers to accessing trauma assessment/treatment in a marginalised population
- Evidencing a process/intervention to overcome barriers to engagement with a marginalised population
- Development, implementation and evaluation of the effectiveness of a new or adapted assessment tool, treatment model or pathway for a marginalised population

## ANNUAL RECOGNITION AWARD PRIZES

### WHAT AWARD WINNERS RECEIVE

The ARA's reflect our commitment to acknowledge progress and support the development of individuals and teams whose work is driving the field of psychotraumatology forward.

Accordingly, the winners of each award category will receive dividends that support their continued development and the dissemination of their contributions to the field.

Whilst a small financial incentive is offered, the primary focus of the awards are the CPD benefits and the recognition of their practice and contributions to the field.

Award prizes include four specialist supervision sessions with an ARA judge to support the ongoing development of the individual / teams work in the year following the award.

To support ongoing learnings, up to four members of each winning team will be able to attend the CDCT's international online trauma conference programme, free of charge, which attracts world class speakers, outlining best practice in different areas of trauma research and practice. The CDCT typically hosts three trauma focused conferences a year.

Winners of each category will also be invited and supported to prepare and present their submissions at the 5th International Trauma Informed Care online conference hosted by the CDCT and Crisis, Disaster and Trauma section of the BPS.

To further ensure dissemination and visibility of their award winning practice/research, a volume containing all winning submissions and highly commended entries, will be disseminated, free of charge, to teams and individuals working with populations with trauma needs in the UK and beyond.

### Annual Recognition award prizes



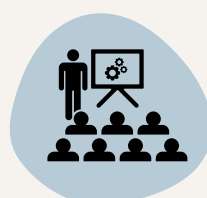
**£250 per team**



**4 x specialist supervision sessions, across 12 months, from the ARA judges**



**Presenting the submission at the 5th International TIC online conference**



**Free access to CDCT trauma conference (4 people per team, 12 months)**



**Winning submissions published in a volume FREELY circulated across the UK and beyond**

# KEY AWARDS PROCESSES

## SUBMISSION, JUDGING AND COMMUNICATING OUTCOMES

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Submitting for an award is a straight forward process. We are keen to encourage, not put off submissions!

Individuals and teams can nominate themselves for an award or they can be nominated by a third party, with the consent of those being nominated.

The awards submission document can be accessed from the QR code on this page or by emailing [TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org). You can also email this address to ask any informal questions or to request a discussion with the Chair for the awards, to clarify any points relating submissions or the submission process.

Completed submissions form needs to be submitted to [AwardSubmissionsCDCT@stah.org](mailto:AwardSubmissionsCDCT@stah.org). Submissions will be acknowledged within 3 working days.

In instances where individuals or teams are nominated by third parties, the award organisers will contact, via email, the nominated parties to confirm they consent to being nominated and to confirm the accuracy of the submission.

After the form is submitted, all identifying information is removed and the submission is forwarded to the senior judges for initial screening. In the event of an incomplete or unclear submissions, the judges will request the awards administrators contact the lead name on the submission to invite re-submission, once omissions or clarifications are made.

The decision to anonymise submissions prior to judging is to reduce the risk of bias in this process. The judges will assess the submission based on pre-agreed criterion and their own expert opinion.

Following the completion of reviews for each award category, the judges individual ratings will be discussed amongst the judging team to reach a consensus agreement on the outcome. Judges will agree an overall winner for each award and, where appropriate, also identify highly commended entries.

The outcomes of the each of the award categories will be shared by email.

1

Request submission form:  
[TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org).

2

For submission queries email:  
[TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org).

3

Submit completed submission form to:  
[AwardSubmissionsCDCT@stah.org](mailto:AwardSubmissionsCDCT@stah.org).

4

Submissions acknowledged  
within 3 working days

5

Submission are anonymised &  
forwarded to senior judges

6

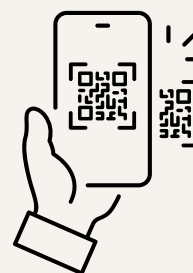
Submission are anonymised &  
forwarded to senior judges

7

Following an initial screen, if submissions  
are incomplete or unclear, lead authors will  
be invited to complete and re submit

8

Judging processes take place &  
consensus agreements reached



Scan the QR code to head to  
the awards website and forms

## KEY DATES IN THE AWARD TIMELINE

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29th May - Launch of awards

OPEN

10th June - Awards are open to submissions

15th September -  
Award submission close

16th September -  
10th October -  
Judging period

14th October -  
Winners  
announced

26th November - Winners  
present at the online 5th  
International TIC conference

February 2025 - Volume of winning  
entries published

# FREQUENTLY ASKED QUESTIONS FOR THE ANNUAL RECOGNITION AWARDS

## **My service is outside of the UK, can I still submit an entry for an award?**

Yes, you can submit. Although the awards are based in the UK, international teams may submit for the awards

## **Is the submissions form the only way to submit?**

It is anticipated that the vast majority of submissions will be via the submission form. However, for some populations, such as Deaf people for whom BSL rather than written English is the preferred method of communication, award submissions can be made via video formats. Please email the general trauma awards address for further advice, at: [TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org)

## **Can an individual or team self-nominate?**

Yes! Nominations from individuals or teams who carried out the work are very much encouraged!

## **Can I submit the same entry for more than one award?**

We ask that only one category is submitted per entry. Meaning, a submission can only be submitted to one category. If you are not sure which category you would like to submit to, please email the general awards email for advice. [TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org)

## **Can I submit more than one entry?**

Yes! Individuals, teams or organizations can submit different applications for up to six awards. This means that up to six different submissions can be made, one for each of the six different awards.

## **What if I disagree with the judges decision?**

Judges decisions are final and not subject to appeal. Where appropriate, individuals or teams may seek feedback about the strengths and relative improvements that could be made for future submissions.

## **My submission matches more than one category, which one should I submit it to?**

It is possible that a piece of work could be submitted to more than one category. Apply for the award that you best feel fits your work. Alternatively, you can contact the general awards email address for advice: [TraumaAwardsCDCT@stah.org](mailto:TraumaAwardsCDCT@stah.org)

Once the submission is made, if the judge initially reviewing the submission form feels that it would likely be more successful in a different category, the awards administrator will contact you to suggest an alternative category. You do not need to follow this suggestion and it won't prejudice the review process.

## **What if I want to withdraw from the awards after I have made a submission?**

It is possible for submissions to be withdrawn. In the event of wanting to withdraw a submission, please contact: [AwardSubmissionsCDCT@stah.org](mailto:AwardSubmissionsCDCT@stah.org)

## **Is there a maximum number of people who can be named on one submission?**

There is not a maximum number of people who can be named on a submission. However, conference access, one of the prizes, is capped at four people per submission.

## **We have people with lived experience on our submission and they don't want to share their full name on the submission form. Is this OK?**

We accept that some people with lived experience feel uncomfortable with their full identifies being shared in the public domain and this will be fully supported and respected for the public confirmation of outcomes. For the submission process, all people involved with submissions will be asked to provide an email address, or other means of confirmation, so that we can confirm you are happy to be apart of the submission process and to communicate outcomes.



# THE ARA JUDGES



**Professor Regi Alexander**  
**Consultant Psychiatrist clinical lead in Forensic Learning Disability,**  
**Hertfordshire Foundation NHS Trust.**  
**President, Royal Society of Medicine, Intellectual Disability Section**  
**Covenor, RADiANT**



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Working across hospital and community forensic services in psychiatry, Regi Alexander is a Consultant Psychiatrist based within the Trust's Norfolk services and clinical lead in Forensic Learning Disability in the NHS East of England Provider Collaborative. A fellow of the Royal College of Psychiatrists and visiting professor at the University of Hertfordshire, he is also president of the Royal Society of Medicine's Intellectual Disability Section and convenor of RADiANT (Research in Developmental Neuropsychiatry), a network of NHS Trusts, academics, service users, family members and community leaders

A full-time practicing clinician throughout his career, his research interests focus on the interface between neurodevelopmental disorders, psychiatric illnesses and challenging or offending behaviour. He is the author of about 100 research papers, book chapters, treatment guidelines, monographs, and articles in the lay press on these topics.



**Verity Chester**  
**RADiANT Network Manager Manager**  
**The RADiANT Research Group, Hertfordshire Partnership University NHS**  
**Foundation Trust**  
**EIC, Advances in Autism; Journal of Intellectual Disabilities and Offending**  
**Behaviour**



Verity Chester is a Research Associate and the Network Manager for RADiANT, a clinical and research consortium focused on mental health and behavioural issues associated with five developmental conditions; Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder, Epilepsy and Acquired Brain Injury.

Verity is also the Editor of Advances in Autism journal, and is currently studying a PhD at the University of East Anglia, Norwich, and her research is investigating social information processing among autistic offenders. Prior to this, Verity obtained her BSc in Forensic Psychology from the University of Leeds in 2009, and a MSc in Forensic Psychology from London Metropolitan University in 2012. Throughout her studies Verity has worked as a Research Associate on a portfolio of projects ranging from clinical audit, service evaluation, quality improvement, and research. Verity has authored over 70 peer-reviewed publications and her research interests focus on intersections of intellectual disability, autism, mental health and offending behaviour. For further details relating to publications please see her ResearchGate: <https://www.researchgate.net/profile/Verity-Chester>



**Dr Emily Fox,**  
**Director of Psychological Therapies, St Andrew's Healthcare**  
**President, Society for DBT UK**



Dr. Emily Fox has been a Consultant Clinical Psychologist since 2004. Since qualifying, Emily has worked in a number of inpatient settings including learning disability, eating disorders, acute admissions, and adolescents.

Since 2003 she has worked in women's inpatient units delivering a comprehensive DBT programme. Emily completed her DBT Intensive Training in 2004 in Northampton, USA. From 2015-2017 she was Head of Psychology for the Charity, and appointed as Director of Psychological Therapies in 2020. In 2009 Emily undertook DBT supervision with Heidi Heard, PhD, and joined the British Isles DBT Training team in 2010. In 2012, Emily was nominated as General Secretary for the Society for DBT (SfDBT) for the UK and Ireland. Since 2016 she has been Chair for the SfDBT for the UK and Ireland. Most recently, Emily began her tenure as the President for the Society of DBT, UK and Ireland.

Emily has co-authored many papers regarding the delivery of DBT in inpatient settings and more recently focused on diagnostic differences between Personality Disorder (Borderline Pattern Specifiers) and Complex Post-traumatic Stress Disorder. Further, she authored the chapter 'Delivering DBT in an Inpatient Setting' in The Oxford Handbook of Dialectical Behaviour Therapy edited by Michaela Swales and published by OUP in 2018.

# THE ARA JUDGES



**David Gibbs**  
Policy and Practice advisor,  
Centre for Developmental and Complex Trauma  
Expert by Experience



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David is a Trainer and Consultant who is passionate about matters of race and mental health. He is an expert by experience working with the University of Birmingham, Psychology Department and as a Lay Manager for Birmingham and Solihull Mental Health Trust. David also serves on the Board of the Group of Trainers in Clinical Psychology - Involvement Group. He recently completed a Master's Degree in Theology and Transformative Practice.



**Dr Paula Easton**  
Acting Lead, Rivers Centre, Edinburgh, Scotland  
Consultant Clinical Psychologist,

Dr Easton is currently the Acting Clinical Lead for NHS Lothian's Rivers Centre, a specialist service for people of all ages affected by psychological trauma.

Dr Easton first joined the Rivers Centre as a psychology assistant in 1999 when she was involved in both clinical and research work. She worked on the initial stages of the literature review and consultation regarding the model of Psychological First Aid and was on the organising committee for the European Conference on Traumatic Stress in 2001. Paula began the postgraduate clinical psychology training course at the University of Edinburgh in 2001 and, following qualification in 2004, she returned to work at the Rivers Centre.



**Professor Paul Gilbert, OBE**  
Professor of Research, University of Derby  
Founder and President of the Compassionate  
Mind Foundation



Prof Paul Gilbert is a Clinical Psychologist of over 45 years. He is a Professor at the University of Derby and Visiting Professor at the University of Queensland in Australia. He has published over 350 academic papers and 22 books, and set up the international charity 'Compassionate Mind Foundation' in 2006, now one of the leading international organisations in the study of compassion. In recognition for his contributions to mental health, he was awarded an OBE by the then Queen of England in 2011.



**Dr Annette Greenwood**  
Chair Elect, Crisis, Disaster and Trauma Section, BPS;  
Lead, Trauma Response Service, St Andrew's Healthcare



Dr Annette Greenwood is a HCPC registered Consultant Counselling Psychologist who specializes in psychological trauma and staff wellbeing, as well as an Associate Fellow of the BPS, Chair for the Crisis, Disaster & Trauma (CDT) section of the BPS and a nominated board member of UKPTS. She has worked at consultant level in the NHS for 20 years and is the Trauma Response Lead and Consultant Clinical Advisor for the Veteran's Complex Trauma service at St Andrews Healthcare, a charity that provides specialist secure care for mental health patients within the UK. She has lead psychological incident responses both at international and national level and was a consultant psychologist on a Neonatal Unit for 10 years working with parents and staff who cared for terminally ill babies. For further details relating to publications see her ResearchGate: [www.researchgate.net/profile/Annette-Greenwood](http://www.researchgate.net/profile/Annette-Greenwood)

# THE ARA JUDGES



**Dr. Lawrence Jones**  
**Head of Clinical & Forensic Psychology Services, Rampton Hospital,**  
**University of Nottingham, School of Medicine**



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Dr Lawrence Jones is a Registered Clinical and Forensic Psychologist, Head of Psychology at Rampton High Secure Hospital and Honorary Associate Professor at Nottingham University.

Dr Jones has worked in community, prison and hospital settings with people who have offended, and is a former chair of the Division of Forensic Psychology, BPS. Dr Jones has published on therapeutic communities, assessment of engagement, formulation, 'personality disorder', offence paralleling behaviour, iatrogenic interventions, trauma interventions, and trauma informed care.



**Professor Thanos Karatzias**  
**Professor of Mental Health & Director of Research, Edinburgh Napier University,**  
**Research Consultant, Centre for Developmental and Complex Trauma, UK, Centre**  
**for Developmental and Complex Trauma, UK**



Professor Karatzias has spent his entire clinical and academic career working in the field of psychological trauma. In collaboration with national and international research partners, he has developed a special interest in the effects and treatment of psychological trauma on physical and mental health, on prison populations, and on people with learning disabilities. He has published extensively in these areas.

**Dr Sunil Lad**  
**National Clinical Director for Health and Justice and Chair for the Health and**  
**Justice Clinical Reference Group (CRG) in NHS England**  
**Consultant Counselling Psychologist Specialist and Secured Services**



Dr Lad is a Consultant Counselling Psychologist at Northamptonshire Healthcare Foundation Trust. Working in prisons since 2003, he has developed a special interest in justice settings and the link between healthcare outcomes and reducing reoffending. As part of the NHS long term plan he is the Clinical Lead for the Enhanced Reconnect programme, which supports people leaving prison with complex health needs who are at high risk of reoffending to get tailored treatment for mental health, substance misuse and other services, for up to a year after release.

He has given high quality clinical leadership training founded on the values of compassion in a variety of healthcare services in justice settings including a high secure prison, immigration removal centre, young offender institutions and Mental Health Treatment Requirements in the community which are being rolled out across the country with good outcomes.

Sunil also holds a Masters in Forensic Psychology which informs his knowledge in understanding offending behaviour. He is passionate about providing trauma informed compassionate care to this population, to address health inequalities and how good care can provide routes to addressing social exclusion and reduce risks of offending behaviour, preventing harm.

# THE ARA JUDGES



**Dr Deborah Morris (Awards Chair)**

**Director, Centre for Developmental & Complex Trauma, St Andrews Healthcare,  
Director of Postgraduate programmes in trauma,  
Faculty of Medicine and Health Sciences, University of Buckingham**



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Deborah is a Consultant Clinical Psychologist and has worked clinically with adults and older adults with complex trauma, personality disorder and neurodevelopmental needs in forensic, prison and mental health settings for over 20 years. Deborah has previously worked in professional and clinical lead positions and in services that support the mental health and trauma needs of healthcare professionals.

Deborah is the Director for the Centre for Developmental and Complex Trauma, and the Director of Postgraduate programmes in psychological trauma, acting as course director for the MSc Practitioner in Psychological Trauma, University of Buckingham.

Her publications and ongoing research interests include; occupational distress and trauma, treatments for personality disorder, the intersection of personality disorder and complex trauma, intellectual disabilities, developmental trauma disorders, moral injury, gendered approaches to trauma, older adults, adverse childhood experiences, the physical health impact of trauma, and the psychometric properties of psychological tools.

In her spare time, Deborah indulges her obsessions with Star Wars, scuba diving with sharks and with her typically unsuccessful attempts to establish an organic allotment. She is an avid cook and enthusiastically avoids gyms and all forms of organised fitness.

**Diane Palmer**

**NHS Director of Specialist Services (Veterans,  
occupational trauma, TRIM, Trauma Informed  
Care & Staff Physiotherapy)  
Norfolk & Suffolk, NHS Foundation Trust**



Diane Palmer is a multi-national award winning Nurse, Social Worker and Therapist, specialising in psychological trauma and trauma-informed practice. Her 30+ year career has seen her pioneer military mental health and safeguarding support for the MOD, specialist NHS veterans mental health services, and dedicated occupational trauma services for NHS, health and social care staff during the pandemic, for which she was awarded the BJN National Nurse of the Year in 2022.

She is the Founder and Chair of the Global Veterans and Families Network and the International Trauma Informed Care Network. Diane is Vice Chair of the MOD Veterans Advisory and Pensions Committee, a Trustee for PPUK Charity and is currently employed as an NHS Director of Specialist Services. Diane is a member of multiple advisory boards and outside of work can be found organising charity events, watching football with her son, relaxing at the spa or walking her dog in the countryside.



**Jon Taylor**

**Consultant Forensic Psychologist, Approved Clinician in Training  
Senior Lecturer, Centre for Developmental and Complex Trauma**



Jon is a Consultant Forensic Psychologist and Psychotherapist who has worked in range of prison, secure hospital and community forensic settings for almost 30 years. With a keen interest in developing a rich understanding of the role of trauma and adversity in the lives of those who develop offending behaviours, Jon is committed to promoting and modelling a compassionate and co-operative approach to all aspects of forensic service provision.

Jon has been an accredited member of the BABCP since 1995, is a trained Compassion Focused Therapist and cofounder of the CFT forensic special interest group. For further details relating to Jon's publications, please see his ResearchGate: [www.researchgate.net/profile](http://www.researchgate.net/profile)



# THE ARA JUDGES



**Donna Walker**  
**REDS Recovery College & Peer Support Manager**  
**St Andrew's Healthcare**



By background, Donna is an accomplished Human Resources, Equality & Inclusion, and Leadership Development professional with extensive experience working across a range of sectors, working at a strategic level and managing diverse teams.

Currently, she champions lived experience and co-production in a complex mental health setting, and leads an inspiring team of learning professionals with lived experience of mental health challenges who provide recovery focused education to patients, staff and partners in care. They role model recovery in practice, help instil hope, and support the recovery of patients, the development of recovery-focused practice and a culture of co-production.







# Centre for Developmental and Complex Trauma

Part of St Andrew's Healthcare

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## About us

The Centre for Developmental and Complex Trauma (CDCT) was established in 2021 and is based in Northampton, a part of St Andrew's Healthcare. The core aim of the CDCT is to drive better outcomes for people who have experienced repeated incidents of trauma across the lifespan.

## Our values

Our values integrate contemporary frameworks of working with trauma; combined with a high level of academic rigour to deliver research, further education and CPD activities that are theoretically underpinned and focused on developing data-driven approaches to understanding trauma and delivering personalised care.

Central to our values are the role of co-production and empowerment. The CDCT operates a highly collaborative working model, prioritizing developing relationships with stakeholder groups to ensure that our work is co-produced, relevant, impactful and translatable to clinical services.

Our CPD events, research and service development activities are conducted through an intersectional lens, with the differential impact of gender, neurodiversity and ethnicity playing a central role in the design and reporting of our activities.

## Contact Us

Please contact us for an information discussion about opportunities to work together: please email us at [CDCT@stah.org](mailto:CDCT@stah.org) or visit [www.stah.org/cdct/](http://www.stah.org/cdct/)

## Portfolio of activities

To achieve our goals, the CDCT delivers a growing portfolio of activities and services that seek to advance knowledge, skills and clinical practice or service users and staffing groups.

### The CDCT's portfolio of current activities



Student and professional clinical and research placements



Comprehensive research, service development and evaluation programme covering 8 areas of trauma and over 20 current projects



International conference programme



Postgraduate education programme in psychological trauma with the University of Buckingham



Research skills for clinicians CPD programme



Hosting special interest groups



Consultation and supervision

To learn more about our work scan the QR code



[CDCT@stah.org](mailto:CDCT@stah.org)



[@CDCT\\_Updates](https://twitter.com/CDCT_Updates)



[www.stah.org/cdct/](http://www.stah.org/cdct/)

# The British Psychological Society Crisis, Disaster and Trauma psychology section

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the british  
psychological society  
crisis, disaster and trauma  
psychology section



The Crisis, Disaster and Trauma Psychology Section provides its members with a central hub where issues of psychological trauma can be explored, research and evidence-based treatments can be examined, and ongoing standards of best practice can be shared.

The Section is working to create a framework that will allow its members to share experiences, develop ideas and increase knowledge and skills in trauma psychology.

Our activities include:

- Community influence and support
- Professional practice
- Professional support
- Research
- Teaching and training

To learn more about our work scan the  
QR code



CDTChair@bps.org.uk



@BPSCRISISTRAUMA



<https://www.bps.org.uk/member-microsites/crisis-disaster-and-trauma-psychology-section>





**The Compassionate Mind Foundation** was founded as an international charity in 2006 by Professor Paul Gilbert and colleagues.

Compassion Focused Therapy (CFT) is an evolution informed biopsychosocial and evidence based approach to mental health difficulties.

It helps clients cultivate compassion focused brain states to address difficulties including shame, self-criticism, depression and anxiety.



## **WORKSHOPS & BESPOKE TRAINING**

We provide specialist CFT workshops delivered by experienced practitioners and trainers.

Bespoke trainings are also available on request.

## **DIPLOMA**

For therapists wanting to deepen their knowledge and practice of CFT, we provide our 30-week BPS-approved Diploma in Compassion Focused Therapy.

This includes teaching, supervision, and group work. Developed and delivered by Professor Paul Gilbert OBE and international CFT experts.

LEARN MORE:



Follow us on:





## What is RADiANT?

Research in Developmental Neuropsychiatry (RADiANT) is a clinical and research network of NHS service providers from across the UK. Hosted at present by Hertfordshire Partnership University NHS Foundation Trust (HPFT), it was launched in July 2019. Clinicians from over 20 NHS Trusts, clinical academics from over 20 universities across the world and a range of experts by experience, community leaders and professionals from multiple disciplines are involved in the network's activities.

Launched in 2019, RADiANT focuses on mental health and behavioural issues associated with five developmental conditions- Intellectual Disability (ID), Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Epilepsy (EPI) and Acquired Brain Injury (ABI).

Our network has three over-arching aims:

- Research
- Staff Development
- Public Education

In our first 3 years RADiANT has:

### Research

- Supported grant funded research projects including drug trials, psychological interventions and use of technology in patient care.
- Conducted service evaluations and other research projects, including those on epilepsy, long term outcomes, mortality, patient and carer experience.

### Public Education

- Led the first co-produced and peer reviewed COVID treatment guidelines in Intellectual Disability.
- Hosted a Great Care Information Hub where staff, service users and family members can have access to reliable evidence-based information.
- Contributed to public education initiatives, including those run by local magazines, schools and churches.

### Staff Development

- Published the first detailed guidelines on management of COVID in people with intellectual disabilities.
- Produced monthly seminar series on intellectual disability and autism related topics, open to staff and experts by experience.
- Led on the development and promoted training modules on Intellectual Disability and Autism, produced by MindEd for care staff in the community.
- Attended and presented at national/international conferences and webinars with experts by experience on topics including use of the Mental Health Act, COVID treatment guidelines for people with developmental disorders, autism and epilepsy.
- Hosted a hybrid launch event to celebrate and showcase the Norfolk Forensic Community Learning Disability Service.

To learn more about our work scan the QR code





Centre for Developmental  
and Complex Trauma



THE  
Compassionate Mind  
FOUNDATION

RADIANT



the british  
psychological society  
crisis, disaster and trauma  
psychology section

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TraumaAwardsCDCT@stah.org



AwardSubmissionsCDCT@stah.org

