Supporting CAMHS Clinicians to Work Therapeutically with Trauma Presentations: Lessons Learned

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Background

Clinicians who work in Child and Adolescent Mental Health Services (CAMHS) have a variety of professional backgrounds with different levels and types of therapeutic training. CAMHS clinicians may be from a variety of professions: Clinical Psychologists, Mental Health Nurses, Social Workers, Psychotherapists, etc. Cases are triaged and allocated according to clinical need and clinician skill set before a full initial assessment, which provides continuity of care but means that clinicians may need additional support to provide suitable therapy confidently. In Tower Hamlets CAMHS this is often the case with trauma presentations; and a recent audit has identified a large number of trauma-related cases. With the service increasingly working towards trauma-informed practice in its strategy, an opportunity arose to support clinicians in this way.

Method

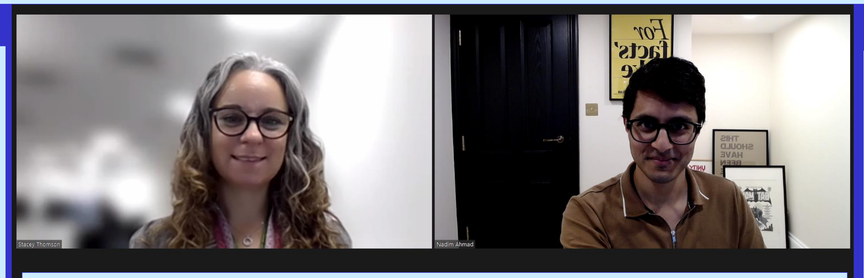
Two senior Clinical Psychologists with additional therapeutic training and clinical experience with Post-Traumatic Stress Disorder (PTSD) and Complex Trauma have provided 90 minute monthly consultations. These consultations permit 30 minutes for case presentation, discussion and recommendations and therefore discussion of three cases per consultation. The whole service is advised of the date and time of the consultation and clinicians may elect to present a case in which there are symptoms of trauma. The aim of the consultations is to provide a space to think about the impact of trauma, shaping the formulation and intervention and when trauma-focused therapy may be suitable.

Format

The consultations have been offered on MS Teams with the two senior Clinical Psychologists and presenting clinician in each 30 minute slot. The presenting clinician is advised that no formal preparation is necessary, asked to describe the case and identify a question or issue with which they would like help. They may then be asked some clarifying questions, observations and formulation are discussed with contributions from both clinicians and consultants before ideas and recommendations are agreed. Notes are made by one of the Consultants on the electronic recording system and resources discussed are emailed to the presenting clinician. Sometimes, presenting clinicians are invited to bring back the case for further consultation if desired.

Evaluation

Brief feedback sheets were completed by the presenting clinicians. The Consultants discussed and reflected on the experience, process and repeated themes presenting clinicians and consultants raised.



Results

Attendance

To date, 10 consultations have been offered and a total of 27 (from a possible 30) cases discussed. Clinicians who have attended have been from social work, psychotherapy, family therapy and mental health nursing backgrounds. Three clinicians have attended at least two consultations to discuss different cases.

Clinician Feedback

All feedback has been positive. Some examples are:

> "I appreciated the discussion around activity ideas and clinical application"

> "I found the consultation a very open and encouraging space"

> "I found it very helpful that we were told no preparation was necessary as it freed my thinking."

In general, clinicians find the ideas and resources provided helpful and appreciate that no preparation is necessary and notes are written during the consultation slot.

Consultant Reflections

All cases presented have been appropriately self-selected by clinicians: that is, a traumatic event and symptoms of PTSD or Complex Trauma have been present. The cases presented have been complex; with aspects of social communication difficulties, learning difficulties, social deprivation, inter-generational and developmental trauma.

Frequently clinicians have asked whether a specialist therapeutic intervention for PTSD or Complex Trauma is indicated. In almost all cases, at the time of presentation, there was therapeutic work that the clinician could usefully provide: typically grounding techniques or stabilisation. In one case a specific trauma intervention involving a change of clinician who could provide trauma therapy was recommended.

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The most prevalent recommendation in consultations has been the use of Grounding Techniques. Clinicians have found discussion of Grounding Techniques and their application useful, reassuring and accessible.

Clinicians often reported worries about young people being re-traumatised by therapy and that any mention of the traumatic event(s) may be damaging to the young person. Discussing ways to address this so that young person is in control of what is talked about in therapy appears to have been helpful to clinicians.

Clinicians often described feeling that their skills were not adequate to support a young person with a complex presentation. Consultants have validated the complexity of the cases, horror of the trauma and, emphasised the value of the safe space that the clinicians have provided. Clinicians have reported leaving the consultations feeling more confident and capable in their trauma work.

Discussion

Trauma consultation slots have been well attended and feedback from clinicians has been very positive. Feedback collected was very brief to ensure completion. To clarify clinicians' views more detailed feedback should be collected, immediately after consultations and a later date agreed with the clinician. This feedback could take the form or more detailed written responses or focus groups which could be evaluated thematically. It may be useful to assess whether suggestions, for example Grounding Techniques, were used in therapy by asking clinicians or perusing clinical notes.

The Trauma Consultations have prompted teaching on Grounding Techniques to the wider CAMH team. This session was well attended and clinicians have further disseminated the resources with partner agencies.

An informal approach appears to have enabled clinician attendance and participation; as has Consultants recording notes electronically and sharing resources. This model of consultation could be useful in other services that have a similar range of trauma presentations and clinicians with diverse skill sets to facilitate trauma informed practice and improve outcomes.