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# Safe4Child

## Trauma-informed approaches to support staff working with children and adolescents exhibiting behaviours that challenge

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### Abstract

Behaviours that challenge, such as verbal insults, threats, and physical assaults, are a common occurrence for frontline staff working in child and adolescent psychiatric settings and residential care homes for children and youth. Rates of trauma among service users are high in these settings, indicating a need for a trauma-informed approach to managing behaviours that challenge. The aim of the EU-project Safe4Child is to develop a training programme that enables students and frontline staff in the fields of child mental health and child welfare to adopt a trauma-informed perspective and reduce restrictive practices, such as coercion and seclusion. The program is developed based on a needs-based analysis, including qualitative interviews and piloting with students and practitioners in Finland, Ireland, Bulgaria, and Germany. The use of virtual reality (VR) headsets as part of the training provides learners with an immersive experience that transforms abstract concepts into hands-on experience.

**Schlagwörter:** trauma-informed care, child mental health, residential care, virtual reality

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### Aggressive incidents as occupational risk

Globally, it is estimated that around one in six children aged 10-19 years fulfil the formal criteria of a mental health diagnose (WHO, 2021). Many of these young people require support from child mental health and child welfare services, which are both systems known to be under economical strain with high vacancy levels across the workforce (Bilbao-Ubillos, 2023). Dealing with aggressive or violent behaviours is a commonly known challenge for professionals working in these fields. The few studies that systematically examine the risk for frontline staff to be confronted with verbal and physical assault indicate that this phenomenon „unfortunately does not seem to be a rarity“ (Lammers, 2019, 290). Workplace injury statistics from Germany in 2016 show that 25% of all reported incidents of violence, assault, or feeling threatened were reported by staff on inpatient psychiatric wards, with a slight increase of 2% compared to the previous year (Deutsche Gesetzliche Unfallversicherung, 2017). The most common situations reported were related to admission processes in the hospital and occurred most frequently on acute psychiatric wards, with younger and less experienced professionals having a higher risk of experiencing aggressive incidents. The majority of psychiatrists and psychologists on inpatient wards and 88% of those working in outpatient settings experienced at least one aggressive incident (Müller, 2016). Two-thirds of inpatient and half of all outpatient respondents reported that assaults occurred over the period of 12 months prior to the study. The majority experienced verbal aggression, but 37% of professionals working in hospitals (13% in private practice) had also been physically attacked by service users.

A survey of 2,300 professionals working across 168 psychiatric hospitals conducted by one of the major trade unions in Germany revealed similar results (Verdi, 2017). Almost 50% of the professionals experienced some type of physical assault in the previous four weeks. Eisele et al. (2021) recently conducted a large-scale analysis of aggressive incidents in psychiatric hospitals in the German federal state of Baden-Württemberg. The survey analysed data of over 60,000 admissions per year in a representative population and included 2,223 child and adolescent psychiatric patients. The results showed that in 2019 the proportion of cases with aggressive incidents was 8,1%, and 0,27 incidents per treated case were reported. The percentage of children and adolescents exhibiting behaviours that challenge was noticeably higher

than in adult psychiatry and psychosomatic clinics. However, overall, the number of reported incidents was lower compared to other countries worldwide, including other European countries. The authors suspect that this is due to the relatively high number of psychiatric beds per inhabitant in Germany and a lower proportion of acute cases.

In the child welfare sector professionals are also frequently exposed to behaviours that challenge. A representative survey among pedagogical staff in child and youth residential care facilities in Switzerland (Steinlin et al., 2015) showed a high rate of aggressive incidents, with 91% of all employees reporting at least one incident during the three months prior to the study. The most common incidents were verbal abuse (79%) and verbal threats (53%), followed by physical assaults (24%). Professionals working in residential care homes have furthermore been shown to be at an increased risk for developing burnout and secondary traumatic stress (Schmid et al., 2020). The extent of verbal and physical violence experienced has been shown to be related to higher stress reactions (cortisol concentration in the hair) and more signs of exhaustion and burnout in residential care workers (Kind et al., 2018). For the field of social work in general, few large-scale systematic studies in the German-speaking countries have been conducted. However, comparable studies from the United States show that social workers are commonly exposed to violence and aggression (Jayaratne et al., 2004; Newhill, 2003). Incidents have been linked in various studies with feelings of helplessness, excessive demands, and powerlessness, as well as other stress reactions and burnout (Hähnle et al., 2020; Shier et al., 2018; Schmid & Kind, 2017; Steinlin et al. 2016).

### **Importance of holistic approaches**

With aggressive and violent incidents posing a common occupational risk, there is a need for training programs designed to de-escalate risky situations and protect both staff and service users through creating an organisational culture which allows staff to address (the likelihood of) aggressive incidents openly and not treat the issue as a taboo subject (Groen et al, 2024). For this change to occur, processes on an institutional and professional level are needed for management and frontline staff to become aware of the extent to which commonly used ways of dealing with behaviours that challenge, as well as conceptual and organisational characteristics of services, contribute towards escalation. Several studies have looked at the interplay of these aspects in relation to aggressive and violent incidents in different settings, such as psychiatry, nursing care, and residential care services for children and young people. Various aspects have been identified that influence the occurrence of violence and aggression among clients and patients, as well as the ratio of restrictive measures used by professionals in response in these settings. These factors include the staffing ratio, the training and job satisfaction of staff, the quality of management, team cohesion, as well as service user participation and reduced power

asymmetries and positive relationships between service users and staff (Weltens et al., 2021; Barter et al., 2004). The financial and personnel resources of facilities and services as well as training opportunities are hence of fundamental importance to prevent aggressive and violent incidents.

### **Trauma-informed care and trauma pedagogy**

Studies show that most children and young people living in child and youth residential or foster care have been exposed to traumatic events (Vasileva et al., 2015). High rates of trauma have also been reported for child and adolescent patients using psychiatric services (Schmid et al., 2020) and among young unaccompanied refugees (Witt et al., 2015). From a trauma-informed care or trauma pedagogy perspective, behaviours that challenge are understood as a necessary consequence of service users' lived experience of severe disadvantages, psychosocial stress, and traumatization. From this point of view aggression and violence are phenomena to be expected when working with this population and to be recognized as behaviours that follow an individual logic (principle of the „good reason“) (Lang et al., 2013; Gahleitner et al., 2017). Coercion, seclusion, and restraint, which are often used to manage behaviours that challenge, are in this framework understood to be a potentially re-traumatizing experience for a person in mental distress (Kelly et al., 2023). Trauma-informed care therefore lays the focus on preventing aggression and violence and de-escalating potentially critical incidents (Schmid & Lang, 2015). Trauma-informed care principles include trauma-sensitivity, safety, choice, collaboration, trustworthiness, and empowerment (Ames & Loebach 2023). This encompasses creating a predictable environment as a safe space, radically accepting service users' experiences, and offering strategies to develop emotional self-regulation and adopt alternative ways of coping. A trauma-informed approach reflects on power differences between service users and staff and emphasizes shared decision-making regarding rules and responsibilities. Challenging and problematic behaviours are viewed as emerging in the context of (possibly) strained interaction and relationship dynamics between service users and staff and as influenced by the organisational structures and the living environment. Existing trauma-informed interventions in residential care and child and adolescent psychiatric clinics tend to be multi-faceted, drawing on a variety of theoretical and methodological approaches aiming to bring about change in clinical practice (Ames & Loebach, 2023). A systematic review conducted as part of the Safe4Child EU-project (Kelly et al., 2023) showed significant reductions in the use of restrictive practices following the implementation of trauma informed approaches.

## The Safe4Child project

The project Safe4Child (2021-1-FI01-KA220-HED-000032106) is funded by the European Union, Erasmus+ Strategic Partnership for vocational education and training over the period of three years from 2/2022 to 1/2025. The project consortium consists of four universities, which are Turku UAS (Turku, Finland) as the project leader, UCC (Cork, Ireland), the MU-PLOVDIV (Plovdiv, Bulgaria) and HAW Hamburg (Hamburg, Germany). The aim of the project is to develop and assess the feasibility of a training program that enables practitioners in the fields of child mental health, child welfare (residential care) and paediatrics to de-escalate behaviours that challenge using a trauma-informed approach. The project has four main objectives, which are comprised of different tasks and activities:

**1. Trauma-focused framework.** A framework for the understanding and management of behaviours that challenge in child and adolescent psychiatry, residential care and on paediatric wards is developed based on mapping the current evidence and stakeholder consultation.

Activities:

- A literature review related to trauma-informed care in child mental health care is conducted.
- Safety incident data from child psychiatric and paediatric wards and residential care settings are gathered to indicate the prevalence of incidents.
- Focus group interviews are conducted in each participating country among frontline workers working with children in psychiatric and residential units and paediatric wards.
- Dissemination of result activities will take place via scientific and professional publications.

**2. Online Course curriculum.** An online-course curriculum under the title “Safe4Child – Trauma-informed approaches to support staff working with children and adolescents exhibiting behaviours that challenge” is developed.

Activities:

- Course content for an online-course on trauma-informed care (5 ECT) is developed, piloted, and evaluated.
- A course handbook to facilitate the self-guided use of the training program and the VR learning environment is created.
- Results are disseminated via scientific and professional publications.

**3. Virtual reality environment.** A technical high-fidelity virtual reality environment will be developed.

Activities:

- VR high-fidelity surroundings are created as a case-based learning environment for students and staff.
- A high-fidelity simulation is developed to be used with VR-headsets.
- A user manual for VR simulations is produced.

**4. Implementation guide.** A Safe4Child trauma-informed care implementation guide for different target groups will be developed.

Activities:

- An extended stakeholder analysis will be conducted with experts in other relevant fields such as early childhood education and schools.
- An implementation guide will be developed based on all results of the project and will be validated by a steering group panel.
- Dissemination of result activities will take place via scientific publications.

### Present status of the project activities

Since the start of the project in 2022, most of the project objectives have been successfully achieved. The Safe4Child training program and the curriculum was developed over two years among the international project team. The online course (based on the learning platform Moodle) is targeted at health and social care professionals and students in the fields of nursing, child and adolescent psychiatry and social work.

This article provides an overview of the main background of the project, its objectives, the progress to date and the results already achieved.

The curriculum content draws on the comprehensive systematic review on trauma-informed interventions, which was carried out and successfully published in the first year of the project (Kelly et al., 2023). Furthermore, a series of focus group interviews with professionals with frontline staff from different professions and organisations were conducted in all partner countries and the data was analysed using reflexive thematic analysis (paper submitted). The results showed the importance of establishing a safe and therapeutic space for both service users and staff. This includes creating an organisational and physical environment that provides staff with lear-

ning opportunities to identify antecedents of aggressive incidents, adopt strategies to de-escalate critical situations, and use patient-led debriefing to reduce restrictive practices and enhance and maintain therapeutic relationships.



Figure 1: VR-scenario of the Safe4Child Curriculum



Figure 2: Practicing the VR-simulation

The Safe4Child training program consists of five modules, of which four are available as a self-guided online course. These modules cover principles of trauma-informed care and de-escalation strategies that have been successful in increasing the safety of staff and service users. Module five consists of a guided virtual reality (VR)-based simulation, which allows learners to engage with a case vignette and witness a young boy in distress with the goal of applying a trauma-informed perspective on behaviours that challenge using self-reflective questions. The VR-environment poses as a bridge between classroom or online learning and real-life experience to enhance skills such as self-awareness, decision-making, and problem-solving (see Figures 1 and 2).

Table 1: Modules of the Safe4Child training course

|   |
|---|
| <b>1. Infant, child and adolescent mental health (1 ect)</b>  |
| <i>Social, emotional neurobiological influences on mental health and wellbeing</i>  |
| <b>2. The therapeutic environment and therapeutic use of self (1 ect)</b>   |
| <i>Establishing a therapeutic relationship in a safe environment</i>  |
| <b>3. Ethical, legislative and trauma informed perspectives on restrictive practice, restraint and seclusion (1 ect)</b>                        |
| <i>Contextual factors associated with restrictive practice, seclusion and restraint</i>   |
| <b>4. Trauma informed interventions for working with children and adolescents who engage in behaviors that challenge (1 ect)</b>                |
| <i>Trauma informed interventions</i>  |
| <b>5. VR simulation of trauma informed interventions for working with children and adolescents who exhibit behaviors that challenge (1 ect)</b> |
| <i>VR Simulation training</i>   |
| <i>Practicing de-escalation skills to manage challenging situations</i>   |
| <i>Implementing strategies based on positive behavior support principles to address and prevent challenging behaviors.</i>                      |

## **Piloting the Safe4Child training and ongoing dissemination**

The online curriculum was piloted at universities in Finland, Ireland, Bulgaria, and Germany. In each partner country more than 30 participants (students and frontline workers) took part in a first piloting and evaluation of the training between March to May 2024. To evaluate the quality of the overall training course and specifically the usability of the VR-simulation, qualitative data (via semi-structured focus groups) and quantitative data (via pre/post assessment of attitudes towards aggression and trauma-informed care) has been collected and the data is currently being analysed. The preliminary analysis indicates a high level of acceptance and perceived learning success of the training.

The final goal of the project is to develop and finalise the implementation manual for the training. To achieve this, focus groups with professionals from other fields of practice, such as school and early education, are conducted in all partner countries to discuss the specific need and potential of a trauma-informed training course to deal with behaviours that challenge in these fields. The training program, manual, and implementation guide will all be freely available after the project has been completed.

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