

Crossfields Institute

Qualification Specification

Level 4 Award in Trauma Informed Care

Level 4 Certificate in Trauma Informed Care



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Qualification reference number: 603/2880/0 (Award)-603/2882/4 (Certificate)

Crossfields Institute Level 4 Award/Certificate in Trauma Informed Care

Published in Great Britain

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Registered Company No: 6503063

Registered Charity No: 1124859

Publication date January 2018

Version 1.0

Introduction

The following Ofqual regulated qualifications are included in this specification:

- Crossfields Institute Level 4 Award in Trauma Informed Care
- Crossfields Institute Level 4 Certificate in Trauma Informed Care

About Crossfields Institute

Crossfields Institute is an awarding organisation and educational charity specialising in holistic and integrative education and research. The Institute develops specialist qualifications which aim to support the development of autonomous learners with the intellectual rigour, practical skills, social responsibility and ability to think creatively and act decisively. The Institute is also a higher education institute (HEI) and works in partnerships with universities in the UK and overseas.

Guide to the Specification

We aim to support centres in providing a high quality educational experience. We also believe that for learners to get the most out of these qualifications they should be encouraged to be autonomous and responsible in their approach to their studies. A clear, accessible qualification specification is key to this. This specification gives details about the qualification, explains how it is assessed and outlines important policies which support its delivery. It is an essential document for learners, centres and assessors, and has been written with all these audiences in mind.

The specification should be used as a reference source both before and during delivery of the qualification, and also signposts where further advice and support may be found.

Key Facts

Qualification Titles	CI Level 4 Award in Trauma Informed Care	CI Level 4 Certificate in Trauma Informed Care
Qualification Number	603/2880/0	603/2882/4
Rules of Combination	3 mandatory units	10 mandatory units
Total Qualification Time	38 hours	125 hours
Guided Learning Hours	12 hours	31 hours
Credits	3	12
Minimum age of learners	18	
Assessment Methods	Portfolio of evidence	
Grading system	Pass/Fail	
How long will it take to complete?	18 months	
Developed by	The qualification has been developed by Crossfields Institute with subject specific expertise provided by Novalis Trust	

Introduction	3
About Crossfields Institute	3
Guide to the Specification	3
Key Facts	4
Section 1 About this Qualification	7
1.1 Qualification Objective and Rationale	7
1.2 Overview of knowledge, understanding and skills	8
1.3 Rules of Combination	9
1.4 Requirements for real work environments	10
1.5 Progression opportunities	10
1.6 Delivery requirements	10
1.7 Assessment overview	10
1.8 Levels of Attainment	11
1.9 Expectations of Learners	12
1.10 Requirements for Centres	12
1.11 Role of the Centre and Crossfields Institute	12
Section 2 Units	13
2.1 Unit List	13
2.2 Guide to the Units	14
TIC-L4-Unit1 - The Context of Trauma Informed Care	15
TIC-L4-Unit2 - The Impact of Toxic Stress and Adversity on Individuals	17
TIC-L4-Unit3 - The Role of Attachment and Relational Health in Trauma Informed Care	19
TIC-L4-Unit4 - Trauma Responsive Care	21

TIC-L4-Unit5 - Sensory Integration and Trauma Responsive Care	23
TIC-L4-Unit6 - Trauma Specific Therapeutic Interventions	24
TIC-L4-Unit7 - Trauma Organised Organisations	25
TIC-L4-Unit8 - Trauma Responsive Organisations	27
TIC-L4-Unit9 - Trauma Responsive Systems	29
TIC-L4-Unit10 - Personal Growth, Development and Change in Trauma Responsive Care	31
Section 3 Delivery Requirements	32
Section 4 Assessment & Quality Assurance	33
4.1 Our Approach	33
4.2 Assessment Requirements	33
4.3 Quality Assurance Process	34
4.4 Assessment Planning Guidance	35
4.5 Training and Support	35
Section 5 Policies and Procedures	36
Appendix 1: Glossary of Specialist Terms	37
Appendix 2: Resource and book list	39
Appendix 3: Exemplar Assessment Plan	42

Section 1

About this Qualification

1.1 Qualification Objective and Rationale

This Crossfields Institute Level 4 Award and Certificate in Trauma Informed Care have the following objectives:

- Preparing learners to progress to a qualification at a higher level
- Preparing learners for employment
- Supporting a role in the workplace
- Giving learners personal growth and engagement in learning

They aim to equip learners with a theoretical and practical understanding of Trauma Informed Care. Possible benefits for learners of completing these qualifications include:

- familiarises learners with foundational principles of trauma, its core theoretical concepts and how these can be applied in a care setting
- offers experiential and interactive group learning that relate trauma theory to care practice
- supports learners to explore new ideas and focus on transferring their learning to practice
- enables learners to demonstrate that their practice reflects best practice in Trauma Informed Care and meets regulatory requirements
- prepares learners to progress to a higher qualification and develop their career in practice areas related to care

Learners may develop their interpersonal skills such as communication, relational, reflective and creative skills. These can also benefit their self-confidence and holistic well-being.

The qualification also supports organisations in ensuring their staff are offering the most appropriate, effective care to the individuals in their care.

Rationale

Trauma has a profound impact on the emotional, behavioural, cognitive, social and physical functioning of individuals, and results in difficulties that may persist throughout their lifetime. As a result of this, many children, young people and adults who have experienced trauma need to access social care services and may require periods of time in care.

By understanding the impact of trauma on individuals, care providers can structure care services in a way that is more responsive to their particular needs, and effective in promoting recovery. Ensuring best practice in services, and helping

individuals to recover and heal from their experiences, increases the likelihood of positive long-term outcomes and can decrease the need for further support over their lifespan.

Trauma theory is a fast developing area, and is emerging as a fundamental influence on best practice in the care of individuals within the care system. Despite increased research in this area, there is little in the way of regulated qualifications across the world and none in the UK. This qualification is an integral part of the effort to expand understanding of the impact of trauma, and structure and deliver services in a way that are Trauma Responsive.

Note: a Glossary of specialist terms used in included in Appendix 1

1.2 Overview of knowledge, understanding and skills

These qualifications are designed for learners who wish to gain a deeper understanding of the effects of trauma, in order to inform their professional practice.

These qualifications consist of 10 units of which Units 1,2 and 3 must be taken for the Award and all 10 for the Certificate:

Unit 1 – The Context of Trauma Informed Care

This unit explores the prevalence of trauma and takes a general view of the individual, familial and societal impact of trauma. It considers how humans have evolved to be resilient to danger and covers historical approaches to trauma as well as current thinking for care of those affected by Post Traumatic Stress Disorder (PTSD) and Complex Trauma.

Unit 2 – The Impact of Toxic Stress and Adversity on Individuals

This unit considers the biological, social and relational impact of exposure to chronic stress and adversity. It explores the significant long term outcomes are for people exposed to childhood trauma, primarily using the ACES study. Finally it explores how this information can be used to inform the care of individuals who have experienced childhood adversity.

Unit 3 – The Role of Attachment and Relational Health in Trauma Informed Care

This unit introduces the key principles of attachment and relational health. It explores how neglect and abuse can determine an individual's attachment style which can impact on relational health throughout life. It considers the typical development of children and how this is facilitated by the key attachment relationships at the earliest stages of life. Finally it explores how attachment relationships support the development of our ability to deal with stress and adversity.

Unit 4 - Trauma Responsive Care

This unit asks learners to reflect on fundamental aspects of care and how they can be delivered in a way that is sensitive to individuals with Complex Trauma. This includes a range of aspects from safe environments to managing interpersonal relationships. The unit encourages the learner to explore how they are able to maintain safety, whilst supporting the individual in developing functional independence and a future unaffected by traumatic experience.

Unit 5 – Sensory Integration and Trauma Responsive Care

This unit introduces learners to the theory and principles of sensory processing and sensory integration. Many individuals who have been exposed to traumatic experiences have difficulties in this area and present with a range of associated behaviours. This unit will explore the types of sensory experiences that will support people to develop sensory and regulatory skills.

Unit 6 – Trauma Specific Therapeutic Interventions

This unit introduces key principles of therapeutic interventions for people who have experienced trauma, and explores specific interventions and how they support recovery. Learners will be encouraged to identify how they use therapeutic principles in their work and give examples.

Unit 7 – Trauma Organised Organisations

This unit takes the focus away from the effects of trauma on individuals and onto the caring organisation as a whole. It introduces learners to the concept of the “trauma organised organisation”; the idea that organisations, like people, can be negatively affected by adversity and stress. It will highlight how organisations can process the experiences of its members, and other stress factors, and can become organisationally stressed, resulting in chaotic and corrupt cultures.

Unit 8 – Trauma Responsive Organisations

This unit considers how organisations can become more responsive and resilient to trauma. It will consider the shared values of Trauma Responsive Care and how these contribute to effective provisions, as well as how the physical environment can create a safe and therapeutic environment for recovery.

The unit also aims to help learners to identify strategies and tools that can be introduced in the work place to create positive, safe cultures that can support those affected by trauma. Finally the unit will explore strategies to support group living and how organisations can reduce restraint and seclusion.

Unit 9 – Trauma Responsive Systems

This unit introduces learners to systems and structures that are important in effective trauma informed organisations. It aims to help learners understand the need for systematic processes in the planning, delivery and evaluation of services and how they can contribute to a safe, effective, therapeutic environment.

Unit 10 – Personal Growth, Development and Change in Trauma Responsive Care

This unit supports learners in understanding the importance of change and continual learning, both for carers and those in care, as well as change on an organisational level. It describes what trauma recovery looks like, and the stages and phases that individuals typically go through in order to heal and recover.

It also looks at the role of Continuing Professional Development and reflective practice in developing staff competence, as well as how to engage people in their own learning journeys.

1.3 Rules of Combination

All units are at level 4.

The first three Units are mandatory for the completion of the Level 4 Award. All Units are mandatory for the completion of the Level 4 Certificate

Total Qualification Time

Level 4 Award in Trauma Informed Care – total qualification is 38 hours

Level 4 Certificate in Trauma Informed Care – total qualification time = 125 hours.

Some of the TQT is guided learning hours (GLH) i.e. face to face delivery time. The amount of GLH allocated to each unit is specified in the unit descriptors. Learners should bear in mind that these hours are given for guidance only and the amount of time required by individual learners will vary.

Learners also need to be aware that all units require the learner to be engaged in additional independent learning hours (ILH) to support their progress through the unit and for the preparation of work for assessment.

Total Qualification Time (TQT) is the sum of GLH and ILH and represents the total amount of time a learner may take to complete each unit.

1.4 Requirements for real work environments

Learners are expected to either be employed in a care/education setting or related context or should volunteer for a minimum of 200 hours in a similar setting.

1.5 Progression opportunities

This qualification prepares learners to:

- Progress to further training and qualifications in related disciplines
- Prepare learners to find employment in a range of educational and care settings.
- Support people in their existing role in the workplace, both with regards to further developing their own practice and demonstrating their commitment to supporting high quality practice

1.6 Delivery requirements

Centres can offer the qualifications using whatever modes of delivery meet their learners' needs. This could include full time or part time or a combination of these in blended delivery. Whatever delivery methods are used, centres must ensure that learners have sufficient access to the resources identified in the specification and to appropriately qualified subject specialists delivering the units.

A full explanation of the delivery requirements for these qualifications is included in section three.

1.7 Assessment overview

Assessment is an ongoing process that is initiated in the earliest stages of the qualification and recorded in a portfolio of evidence. At the core of the process is observation of practice by experienced tutors, written assignments and reflective

practice. Formal assessment may be supported by peer observation or feedback as witness testimony.

The portfolio of evidence may include, feedback from an assessor, a learning journal, written assignments, self-reflective journals and witness testimony.

Plagiarism

Plagiarism means claiming work to be your own which has been copied from someone or somewhere else. All the work you submit must be your own and not copied from anyone else unless you clearly reference the source of your information. Your tutor will explain how to provide a reference list that shows where you found your information. If your Centre discovers evidence that your work is copied from elsewhere, it will not be accepted and you may be subject to your Centre's or our disciplinary procedure. If this happens you will have to submit an additional piece of work for assessment. We will be notified of any cases of plagiarism.

Buying and selling assignments

Offering to buy or sell assignments is not allowed. This includes using sites such as eBay. If this happens we reserve the right not to accept future entries from you. Full information about the assessment process is included in Section 4, and assessment exemplars are included in Appendix 3.

1.8 Levels of Attainment

This qualification is published on the OFQUAL Regulated Qualification Framework as a level 4 qualification. Unit learning outcomes are designed to fit this level. Tutors assess work for the qualification against this level descriptor throughout the qualification. Level Descriptor from the Regulated Qualifications Framework 2015

Knowledge Descriptor (the holder ...)	Skills Descriptor (the holder can...)
<p>Has practical, theoretical or technical knowledge and understanding of a subject or field of work to address problems that are well defined but complex and non-routine.</p> <p>Can analyse, interpret and evaluate relevant information and ideas.</p> <p>Is aware of the nature of approximate scope of the area of study or work.</p> <p>Has an informed awareness of different perspectives or approaches within the area of study or work.</p>	<p>Identify, adapt and use appropriate cognitive and practical skills to inform actions and address problems that are complex and non-routine while normally fairly well-defined.</p> <p>Review the effectiveness and appropriateness of methods, actions and results.</p>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461637/qualification-and-component-levels.pdf

1.9 Expectations of Learners

The entry requirements for learners

- Applicants must be at least 18 years of age
- Applicants are expected to have a good level of written and spoken English. Applicants for whom English is not the first language must be able to demonstrate that they are able to meet the requirements of this qualification. Applicants may be asked to have a verbal interview and complete a written assignment as part of a process to ascertain whether their English level will enable them to access the demands of this qualification
- Learners are expected to have completed their organisation's / local authority's safeguarding training
- Learners must follow their organisation's policy and procedure in the course of this qualification

Centres must follow their access and recruitment policy, in accordance with Crossfields Institute's requirements, to ensure equality and diversity in recruitment for this qualification.

1.10 Requirements for Centres

To offer these qualifications, centres must be approved by Crossfields Institute. For more information about these processes, please contact us via email on info@crossfieldsinstitute.com or phone 01453 808118.

In order to be approved to offer these qualifications, centres must have:

- Appropriately qualified and suitably experienced staff
- A suitable learning environment that is conducive to group work within a workshop format and which is accessible for all learners
- Be able to facilitate practical work experience, in an appropriate work setting, that will allow learners to successfully complete the course

1.11 Role of the Centre and Crossfields Institute

Each centre is required to work in partnership with Crossfields Institute to ensure that all learners have the best possible experience whilst taking this qualification and are treated fairly. Our commitment to this is supported by our Centre Handbook, which all centres should become familiar with (www.crossfieldsinstitute.com/resources). The handbook also explains a range of mandatory policies which are listed in section five.

If you have any queries or concerns about this qualification, or if you would like to suggest improvements to this specification or the qualifications themselves, please contact us by email at info@crossfieldsinstitute.com or phone 01453 808118.

Section 2 Units

2.1 Unit List

	Guided learning hours (GLH)	Total qualification time (TQT)
TIC-L4-Unit 1 The Context of Trauma Informed Care K/616/8437	4	12
TIC-L4-Unit 2 The Impact of Toxic Stress and Adversity on Individuals M/616/8438	4	14
TIC-L4-Unit 3 The Role of Attachment and Relational Health in Trauma Informed Care T/616/8439	4	12
TIC-L4-Unit 4 Trauma Responsive Care K/616/8440	3	14
TIC-L4-Unit 5 Sensory Integration and Trauma Responsive Care M/616/8441	3	12
TIC-L4-Unit 6 Trauma Specific Therapeutic Interventions T/616/8442	2	12
TIC-L4-Unit 7 Trauma Organised Organisations A/616/8443	3	12
TIC-L4-Unit 8 Trauma Responsive Organisations F/616/8444	3	12

TIC-L4-Unit 9 Trauma Responsive Systems J/616/8445	3	13
TIC-L4-Unit 10 Personal Growth, Development and Change in Trauma Responsive Care L/616/8446	2	12

2.2 Guide to the Units

These qualifications are split into units, which specify what knowledge and skills the learner must demonstrate in their assessments. Each unit covers one area of the qualification and includes:

Unit Code	a unique code assigned by the regulator
Unit Level	gives the level of demand placed upon learners in line with level descriptors published by the regulator
Unit Aim	explains what is covered in the unit and how it contributes to the learners' learning journey
Total Qualification Time (TQT)	total hours required to complete the unit – including independent study and assessment
Guided Learning Hours (GLH)	total hours of face to face time, which can include classroom work, lectures, seminars, mentoring, and tutor facilitated webinars
Learning Outcomes	Tell learners what they will know, understand and be able to do upon completion of the unit

In learning outcomes it is important to take note of the language used. In particular, the verbs have been selected to provide a clear indication of what is expected of the learners. For example, being asked to 'explain' a concept is very different from being asked to 'evaluate' an approach. Further information about verb usage is available from Crossfields Institute.

TIC-L4-Unit1 - The Context of Trauma Informed Care

Aims and Rationale

This unit aims to introduce the learner to the context of Trauma Informed Care. Initially it considers why the study of trauma is important before looking at the prevalence of public health issues relating to trauma and the impact on society.

The unit then considers how, as a species, we have evolved to make us both resilient to danger, but vulnerable to chronic exposure to adverse experiences. Adverse childhood experiences can have a tremendous impact on future violence and victimisation, as well as lifelong health and opportunity. As such, early experiences are an important public health issue.

Finally the unit looks at the historical study of trauma and how we have come to our current understanding and framework for care of those affected by Post Traumatic Stress Disorder (PTSD) and Complex Trauma.

This initial unit is important for learners to establish the context of Trauma Informed Care. Understanding the long term impact that trauma has on society helps learners to understand the importance of effective care in a world where increasing numbers of individuals are subject to significantly traumatic experiences.

Details

Guided Learning Hours (GLH)	4	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

1.1	Explain why individuals who have experienced trauma require specialised care and support both on a personal and social level
1.2	Describe how humans have evolved to be resilient to danger
1.3	Describe ways in which human nature contributes to our vulnerabilities, particularly under stress
1.4	Examine historical perspectives on the study of trauma

Indicative Content

This unit explores the prevalence of trauma and takes a general view of the individual, familial and societal impact of trauma.

It will introduce the key strengths and vulnerabilities of humans to danger and adverse experience including:

- Evolutionary responses to danger (fight, flight, freeze)
- Development of social groups and families
- Evolution of vulnerable infants

Finally, the unit looks at key figures and their work in the study of trauma. These could include:

- Charcot's work in the 19th century on traumatised women
- Janet's work on personality development and behaviour as a result of trauma
- Kardiner and Spiegel's work with shellshock in WW1
- Lindemann's work with survivors of the Coconut Grove fire in Boston in 1942
- Lifton and Shatan's work on PTSD with Vietnam veterans
- Herman and Courtois' development of the understanding of Complex Trauma
- Van Der Kolk's development of the Developmental Trauma Disorder diagnosis

TIC-L4-Unit2 - The Impact of Toxic Stress and Adversity on Individuals

Aims and Rationale

This unit aims to introduce learners to the long term effects of Toxic Stress, and adversity. It looks at the biological, neurological, social and relational impact of these on individuals.

This unit also looks at the Adverse Childhood Experiences (ACEs) Study as a way of understanding the long term outcomes for people who have experienced trauma in childhood.

The ACEs Study is a research study conducted by the American health maintenance organisation Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated an association of adverse childhood experiences (ACEs) with health and social problems as an adult.

This unit is important as it starts to clarify for learners the significant impact of traumatic experience on individuals, both in the short and long term. It also highlights that the effects of trauma can affect multiple areas of people's lives, resulting in complex difficulties.

Details

Guided Learning Hours (GLH)	4	Total Qualification Time (TQT)	14	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

2.1	Explain biological and neurological impacts of chronic exposure to stress, adversity and trauma
2.2	Discuss social and relational impacts of chronic exposure to stress and adversity
2.3	Describe the statistical outcomes for people with significant adverse childhood experiences, using the ACES study
2.4	Use the ACES study to discuss the potential long term outcomes for a person in own care setting

Indicative Content

This unit considers the biological, social and relational impact of exposure to chronic stress and adversity. This should include:

- Neurological changes that occur with chronic exposure to stress through adaptation and neural sculpting
- How and why different behaviours adapt to protect individuals from traumatic experience

The unit also explores the ACES study including:

- How adverse childhood experience scores are established
- What the significant long term outcomes are for people exposed to childhood trauma

Finally it will consider how this information can be used to inform the care of individuals who have experienced childhood adversity.

TIC-L4-Unit3 - The Role of Attachment and Relational Health in Trauma Informed Care

Aims and Rationale

This unit aims to introduce the learner to key principles of attachment and relational health. It explores how neglect and abuse can determine an individual's attachment style which can impact on relational health throughout life.

It supports the learner in considering the typical development of children and how this is facilitated by the key attachment relationships at the earliest stages of life. It helps learners to understand how attachment relationships support the development of our ability to deal with stress and adversity.

Understanding the importance of relationships and positive attachments in healthy development, will help learners to identify how these are essential components in the effective care and treatment of people that have suffered trauma.

Details

Guided Learning Hours (GLH)	4	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

3.1	Explain the key principles of attachment
3.2	Describe how early attachment relationships support the development of executive functioning and our ability to deal with stress and adversity
3.3	Discuss the impact of neglect and abuse on attachment
3.4	Analyse different attachment styles
3.5	Discuss how early attachments can impact on relationships in adult life

Indicative Content

The unit will explore key principles of attachment through the work of Bowlby, Lorenz, Harlow, Schaffer and Emerson. Learners will be introduced to aspects including:

- How infants attach to a caregiver
- The stages of attachment
- The importance of attachment to development
- How attachment supports emotional regulation
- How early attachments form the basis for future relationships
- Learners will be introduced to the effects of neglect and abuse and how each can contribute to an inability to regulate emotions, and the development of different attachment styles

Learners should cover different attachment styles, through the study of the Adult Attachment Interview, and how they each impact on relationships as adults.

TIC-L4-Unit4 - Trauma Responsive Care

Aims and Rationale

This unit asks learners to reflect on fundamental aspects of care and how they can be delivered in a way that is sensitive to individuals with Complex Trauma. This includes a range of aspects from safe environments to managing interpersonal relationships. The unit encourages the learner to explore how they are able to maintain safety, whilst supporting the individual in developing functional independence, and a future unaffected by traumatic experience.

This unit sits at the heart of practice and interactions with individuals that are being cared for. By reflecting on their own practice learners will be encouraged to identify their strengths and consider changes to their practice to make it more effective.

Details

Guided Learning Hours (GLH)	3	Total Qualification Time (TQT)	14	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

4.1	Describe models of recovery from chronic exposure to stress and adversity
4.2	Evaluate the importance of positive relationships when supporting people in care, using examples from own work relationships
4.3	Describe how principles of safe care can be used to support individuals to manage their own safety
4.4	Be able to support individuals to manage their emotional regulation
4.5	Assess key principles of loss and bereavement in relation to traumatic experience and the recovery process
4.6	Describe how the SELF-framework [©] can support people to develop a future unaffected by their traumatic experience, giving examples from own practice

Indicative Content

This unit considers how positive relationships ensure safety and can help individuals to recover from traumatic experience. Learners will be asked to reflect on examples of how their own positive work relationships have enabled them to support the care of those affected by traumatic experience.

It explores how principles of safe care can be used to support individuals to manage their own safety. This includes mechanisms for ensuring the physical, psychological, social and moral safety of individuals in care. Again, learners will be encouraged to use examples of how they maintain different types of safety in their own work.

The unit also assesses how to support individuals to manage their emotional regulation. This includes:

- Identifying key issues for emotional management for individuals affected by trauma

- Exploring a range of tools and strategies to help individuals identify, describe and manage their emotions
- Considering key principles of restraint reduction in care
- Reflecting on their practical examples of how they have supported individuals to manage their emotional regulation

The unit also explores key principles of loss and bereavement in relation to traumatic experience and the recovery process. This includes:

- Considering the potential losses that those individuals affected by trauma may have experienced
- Exploring how recovery may result in further losses for the individual and how to support this through the recovery process

Finally, learners are introduced to the S.E.L.F tool from Dr Sandra Bloom's Sanctuary Model and how it can be used to help individuals manage difficulties around their traumatic experience and look forward to a future unaffected by trauma.

S.E.L.F. is not a staged treatment model, but rather a nonlinear method for addressing in simple words, very complex challenges. The four concepts: Safety, Emotions, Loss, and Future represent the four fundamental domains of disruption that occur in a traumatised person's life and within these four domains, any problem can be categorised. Naming and categorisation are the first steps in making a problem manageable.

TIC-L4-Unit5 - Sensory Integration and Trauma Responsive Care

Aims and Rationale

This unit aims to introduce learners to the theory and principles of sensory processing and sensory integration. Many individuals who have been exposed to traumatic experiences have difficulties in this area and present with a range of associated behaviours. This unit will explore the types of sensory experiences that will support people to develop sensory and regulatory skills.

By understanding sensory difficulties learners will be better able to understand some of the challenging behaviours that individuals present. They can then structure environments and activities in the best way to support their care.

Details

Guided Learning Hours (GLH)	3	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

5.1	Evaluate how senses are typically developed and how sensory processing occurs
5.2	Explain a range of sensory processing difficulties
5.3	Discuss behaviours associated with sensory processing difficulties
5.4	Explain how to help individuals manage their levels of arousal, using examples from own practice
5.5	Implement sensory diets for people with specific sensory needs

Indicative Content

This unit explores the basics of sensory processing and how individuals can use all their senses to help make sense of the world. It identifies how children typically develop sensory processing skills, and how traumatic experiences during childhood can result in changes to effective development.

It considers typical sensory processing difficulties that people exposed to trauma may have and how these difficulties may present themselves through certain behaviours.

Finally, the unit covers how sensory processing difficulties may be supported through:

- Sensory diets using a variety of sensory equipment and activities
- Programmes such as the Alert programme to help individuals understand and manage their levels of arousal

TIC-L4-Unit6 - Trauma Specific Therapeutic Interventions

Aims and Rationale

This unit aims to introduce key principles of therapeutic interventions for individuals who have experienced trauma, and explores specific interventions and how they can support recovery. Learners will be encouraged to identify how they use therapeutic principles in their work.

Specific therapeutic interventions may be beneficial for individuals to understand and process their particular experience of trauma, allowing them to envisage a future free from the impact of trauma. In this unit learners are expected to develop an understanding of a range of possible interventions so that they may be able to identify the most appropriate support for each person and support them to engage in the process.

Details

Guided Learning Hours (GLH)	2	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

6.1	Compare and contrast two assessment tools for those affected by adverse experiences
6.2	Describe the principles of therapeutic intervention for Complex Trauma
6.3	Give examples of utilising principles of therapeutic intervention for Complex Trauma in own practice
6.4	Explain a range of therapeutic interventions that can support individuals who have experienced abuse and neglect

Indicative Content

The unit covers different models of assessment for individuals with complex difficulties as a result of exposure to chronic stress and adversity. This includes the Neurosequential Model of Therapeutics as developed by Dr Bruce Perry and the Child Trauma Academy (CTA). The unit explores how therapeutic principles can be applied to care work, and encourages reflection on the learners own practice to highlight examples.

It also considers a range of therapeutic interventions that support individuals who have been affected by traumatic events. This may include Trauma Art Narrative Therapy, Didactic Developmental Psychotherapy, CBT, DBT, EFT, EMDR, Energy Psychology, Gestalt Therapy, Guided Imagery, Psycho-drama, Sensorimotor Psychology, somatic experiencing and movement therapies

TIC-L4-Unit7 - Trauma Organised Organisations

Aims and Rationale

This unit takes the focus away from the effects of trauma on individuals and onto the caring organisation as a whole. It aims to introduce learners to the concept of the trauma organised organisation; the idea that organisations, like people, can be negatively affected by adversity and stress. It will highlight how organisations can process the experiences of its staff members, and other stress factors, and can become organisationally stressed, resulting in chaotic and corrupt cultures.

This unit is essential to the qualification because providing care and support for those affected by trauma can only be effective if it is held within a safe and supportive organisation. Consistent, predictable environments and relationships are key to the recovery of individuals, and these are fostered by organisations that are mindful about the way their structure affects the individuals within the organisation.

Details

Guided Learning Hours (GLH)	3	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

7.1	Explain factors which can contribute to organisational stress, with reference to own work environment
7.2	Describe key features of a trauma organised organisation
7.3	Identify short and long term impacts of a trauma organised organisation for service users
7.4	Assess short and long term impacts of a trauma organised organisation for staff
7.5	Describe group dynamic processes that can reduce an organisation's ability to deal with the complexity of trauma-related problems

Indicative Content

This unit provides insight into how organisations can themselves become traumatised through different means, including external pressures, traumatic events and parallel processing through traumatic re-enactment of its members. It describes the features of trauma organised organisations such as systemic stress, parallel processing, and the inappropriate use of physical intervention. Other features of trauma organised organisations could include:

- Communication issues
- Controlling management cultures
- Poor staff retention
- High levels of staff sickness
- High levels of restraint and seclusion
- An inability for the organisation to affect change or deal with difficulties

- Poor outcomes for individuals supported by the service
- Corrupt and unsafe cultures

This unit then considers in depth the impact that these organisational difficulties may have on service users and staff.

TIC-L4-Unit8 - Trauma Responsive Organisations

Aims and Rationale

This unit aims to support learners in considering how organisations can become more responsive and resilient to trauma. Initially, learners will consider the shared values of Trauma Responsive Care and how these contribute to effective provision. The unit then explores how the physical environment can help create a safe and therapeutic environment for recovery.

The unit also aims to help learners identify strategies and tools that can be introduced in the work place that can support in creating positive, safe cultures that support those affected by trauma. This learning is framed in the context of the work of Sandra Bloom and The Sanctuary Model[®].

As most care settings involve some level of group living, this is considered in the context of service users that have experienced trauma. Learners will explore the difficulties and consider strategies to support those in care living in groups. Finally learners will explore how organisations can reduce restraint and seclusion through examining the work of Kevin Huckshorn.

This unit builds on the material covered in previous units and may enable learners to make positive changes in their own work environment using a wide range of evidence based methods.

Details

Guided Learning Hours (GLH)	3	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

8.1	Identify how shared values for Trauma Informed Care contribute to effective care, giving examples from own practice
8.2	Describe how the physical environment can support people that have been exposed to chronic adversity and stress
8.3	Describe how the Sanctuary Model [®] Commitments and Toolkit support organisations to become Trauma Responsive
8.4	Evaluate strategies to effectively manage group living environments
8.5	Discuss strategies for reducing seclusion and restraint

Indicative Content

This unit provides an introduction to the shared values associated with trauma informed care provision. It will consider why each of the shared values is important, and how it contributes to effective care. Learners will be encouraged to reflect on examples from their own practice to deepen their understanding.

There is also a detailed consideration of how organisations can develop a trauma informed vision and develop sustainable trauma informed cultures. This will include:

- the importance of a clear, shared vision or mission

- the role of participation and communication in sustaining cultures
- the concept of corrupt cultures and how to identify them

The unit also considers the role of the physical environment in providing low arousal predictable environments for individuals affected by traumatic experience. This will include how the quality and specific features of the environment can support trauma informed care. It also explores the benefits of routine and rhythm in structuring care schedules.

Through an analysis of The Sanctuary Model, this unit then explores how organisations can make themselves safe and resilient places where people exposed to trauma can be cared for and recover.

Learners will undertake an analysis of group living including:

- The benefits and difficulties in group living for individuals affected by trauma
- Strategies to support effective group living

Finally learners should consider the work of Dr Kevin Huckshorn, in particular the Six Core Strategies[©] for reducing the use of seclusion and restraint.

TIC-L4-Unit9 - Trauma Responsive Systems

Aims and Rationale

This unit aims to introduce learners to systems and structures that are important in effective trauma informed organisations. It aims to help learners understand the need for systematic processes in the planning, delivery and evaluation of services and how they can contribute to a safe, effective, therapeutic environment.

In order to support individuals that are affected by traumatic experiences, services need to be delivered in a safe, systematic and predictable way. This unit aims to support learners in developing a deeper understanding of best practice and be able to apply this in a caring environment.

Details

Guided Learning Hours (GLH)	3	Total Qualification Time (TQT)	12	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

9.1	Explain how legislation, regulation, and policy and procedure structures support trauma informed organisations
9.2	Discuss the significance of person-centred and anti-discriminatory systems when working with people who have experienced trauma, using examples from own work environment
9.3	Explain how person-centred assessment and planning can be used to support people who have experienced trauma
9.4	Analyse the importance of having systems in place to support staff working with individuals that have experienced trauma
9.5	Reflect on own experience of how organisations support staff

Indicative Content

This unit explores how effective systems can support the delivery of care to people affected by traumatic experience. It includes a detailed analysis of key legislation and explores how regulation, legislation and policy can ensure high quality effective care for those who have experienced trauma.

This unit considers the role of person-centred care and anti-discriminatory practice in trauma informed care including:

- Principles of person-centred care and anti-discriminatory practice
- How person centred care and anti-discriminatory practice support people affected by trauma
- How person centred assessment and planning can support people affected by trauma
- How staff can implement person centred care and anti-discriminatory practice in their work

Finally the unit explores particular difficulties that staff can face when working with people affected by trauma. It assesses systems that can support staff to remain resilient and effective in their practice. It also encourages learners to explore the importance of supervision, safety plans, and other support systems through reflecting on their own experience.

TIC-L4-Unit10 - Personal Growth, Development and Change in Trauma Responsive Care

Aims and Rationale

This unit aims to help learners understand the importance of change and continual learning, both for carers and those in care, as well as change on an organisational level. It describes what trauma recovery looks like, and the stages and phases that individuals typically go through in order to heal and recover.

The unit will also look at the role of Continuing Professional Development (CPD) and reflective practice in developing staff competence, as well as how to engage individuals in their own learning journeys. By understanding themselves and others, learners are better able to manage themselves and support others to recover from their experiences.

The unit is important to the qualification because change can only be promoted by increasing the knowledge and understanding of everyone involved in the care process. Continued self-reflection and the development of skills is essential for both staff and individuals in care, to ensure a continued contribution to positive outcomes

Details

Guided Learning Hours (GLH)	2	Total Qualification Time (TQT)	13	Level	4
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Learning Outcomes - on successful unit completion learners will be able to:

10.1	Explain how psychoeducation can support individuals to understand their experiences and functioning
10.2	Discuss how CPD promotes effective care and identify how it has contributed to own practice
10.3	Assess how reflective practice promotes effective care and how it has contributed to own practice

Indicative Content

This unit will explore models of recovery from chronic exposure to stress and adversity. In particular identifying the stages and processes of healing for individuals affected by trauma.

It will also consider the role of psychoeducation in recovery and how this can be used to help individuals understand their experience and look towards a future unaffected by trauma.

Finally the unit will ask learners to assess the importance of CPD and reflective practice for staff working in care. This will include a consideration of the effects of CPD and reflective practice on the learners own practice.

Section 3

Delivery Requirements

These qualifications should be delivered in a way that:

- Supports learners to obtain new knowledge and skill
- Encourages them to reflect honestly on their practice
- Empowers them to make effective changes to their own and their organisation's practice

Units should be delivered in a way that is accessible to all learners, and provision should be made for learners with additional needs. The qualification should be delivered by individuals with the relevant knowledge, experience and qualifications to successfully support learners.

Each unit should be delivered using a range of learning styles and opportunities. It is suggested that there is at least one formal taught session for each unit followed by an opportunity for group work and sharing of information and experiences. Learners should be given opportunity for individual research.

The environment in which these qualifications are delivered should be conducive to learning and learners should be given appropriate time considering their work load.

The content of these qualifications may provoke strong or difficult reactions in learners should be provided with signposting to additional emotional support where necessary. Group learning environments and opportunities should be supported by a group contract to ensure safety and confidentiality.

Section 4

Assessment & Quality Assurance

4.1 Our Approach

The Crossfields Institute approach to quality assurance is underpinned by educational values which address the development and transformation of the whole human being. In this qualification teaching, learning and assessment should be interconnected in order to support each individual to reach his or her full potential.

The following guidance is provided to support centres and learners in understanding this qualification's requirements for assessment and how the assessment processes will be monitored.

4.2 Assessment Requirements

These qualifications are assessed through a portfolio of evidence. The learner must meet all learning outcomes in the unit before they can be awarded that unit.

We encourage a holistic approach to assessment where appropriate, this means using assessment tasks which can cover elements of more than one unit.

Assessment methods used for this qualification will include:

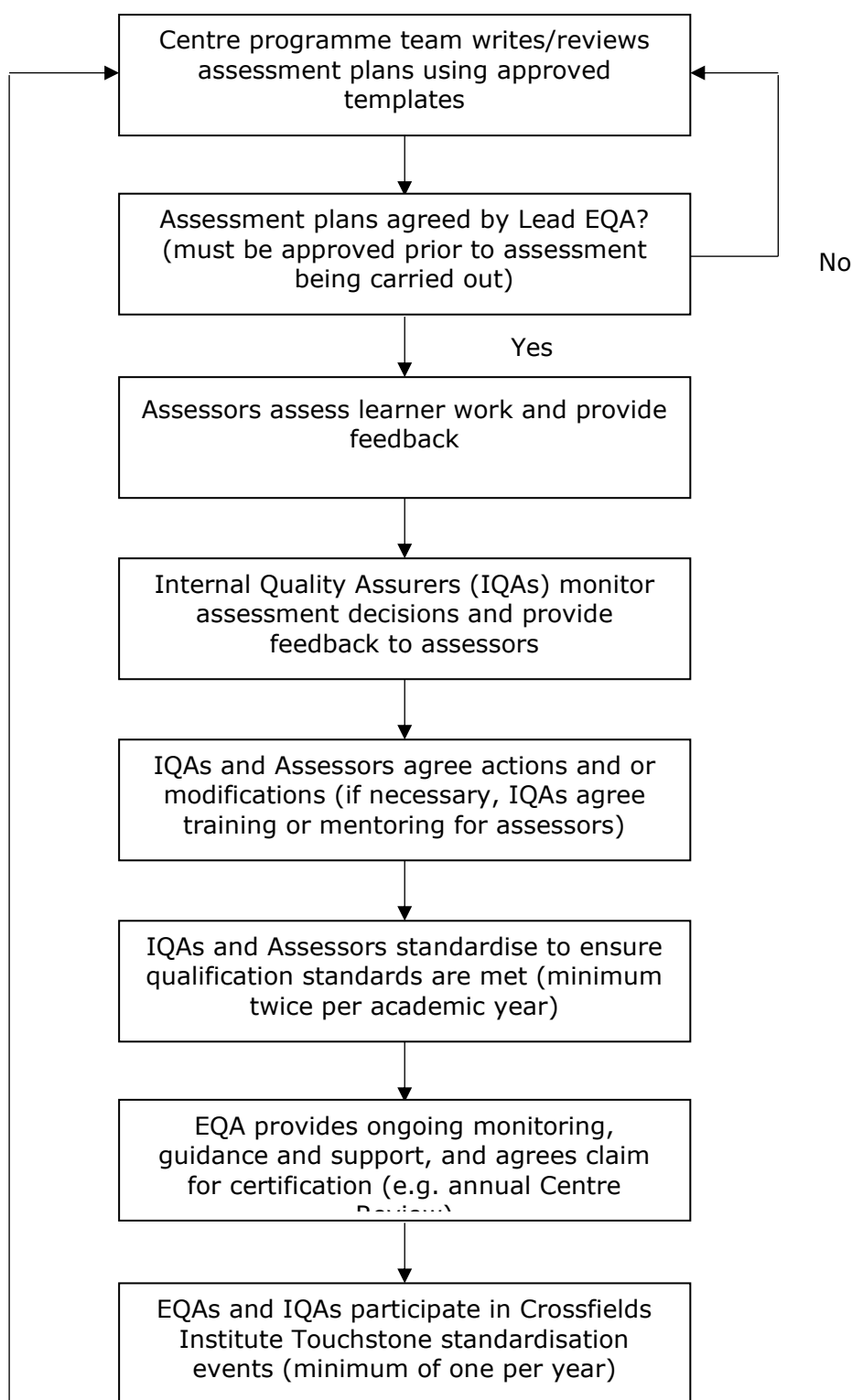
- Written Work Products
 - Written assignments
 - Reports
 - Reflective journal
 - Research
- Tutor Observation
 - Practical demonstrations
 - Presentations – individual and group
 - Group discussions and activities
- Professional discussion
- Witness testimony

An exemplar assessment plan is included in Appendix 3.

4.3 Quality Assurance Process

The primary aim of the Crossfields Institute Quality Team is to support centres in delivering the best possible learning experience and high levels of achievement for learners. Centres will be allocated an External Quality Assurer (EQA) by the Crossfields Institute Quality Team. The Lead EQA for this curriculum area will also be involved in reviewing assessment plans.

Centres delivering this qualification are required to follow this Crossfields Institute Quality Assurance process:



4.4 Assessment Planning Guidance

These qualifications use a centre devised approach to assessment. To support centres in their assessment planning, an exemplar assessment plan has been provided in Appendix 3 which centres are recommended to use as the basis for their assessment planning. In their planning, centres should ensure that assessments:

- are fit for purpose
- can be delivered efficiently
- meet the assessment criteria
- permit Reasonable Adjustments to be made, while minimising the need for them
- allow each learner to generate evidence which can be authenticated
- allow the specified level of attainment detailed in this specification to be reached by a learner who has attained the required level of knowledge, skills and understanding
- allow assessors to be able to differentiate accurately and consistently between a range of attainments by learners

They should also ensure that:

- sufficient time is allowed for assessment planning
- assessment tasks do not produce unreasonably adverse outcomes for learners who share a common attribute
- methods of assessment are in line with the assessment requirements in this specification
- reasonable timescales for assessment and feedback are given to learners
- a timely quality assurance process is conducted

4.5 Training and Support

To support centres in carrying out high quality assessment and quality assurance practice, the following training and support measures have been put in place for this qualification:

- All centre assessors and quality assurance staff for this qualification are required to meet National Occupational Standards for assessors and IQAs. National qualifications (NVQs) are available for these roles. Crossfields Institute can also provide customised assessor and IQA education as well as review of assessor and IQA practice.
- Assessors and IQAs must keep an up to date CPD log and be able to demonstrate the relevance of their CPD to this qualification and their role.
- Handbooks, exemplars and templates are available from the Crossfields Institute Quality Team.
- Where required, a customised Quality Assurance Action and Development Plan will be provided by Crossfields Institute for centres.

Please note: there may be a charge for education and resources provided by Crossfields Institute.

Section 5

Policies and Procedures

Crossfields Institute has policies and procedures in place to support centres and learners. All centres must also implement their own policies, which comply with Crossfields Institute's requirements – these will be checked during centre approval and in subsequent centre monitoring activities. It is the centre's responsibility to make relevant policies available to learners.

Relevant policies include:

- Learner Complaints and Appeals Policy: which allows learners to take action if they feel they have been treated unfairly.
- Reasonable Adjustments and Special Considerations Policy: which allows centres to make any necessary adjustments to assessments in the light of learners' individual circumstances.
- Malpractice and Maladministration Policy: which gives a framework through which concerns about the delivery and assessment of the qualifications can be addressed.
- Equality and Diversity Policies: which ensures centres treat learners fairly and without any bias.

Crossfields Institute Policies, and other key documents, are available on our website at www.crossfieldsinstitute.com/resources Learners should ensure they also refer to the policies and procedures of the centre with which they are registered.

Appendix 1: Glossary of Specialist Terms

For the purposes of these qualifications, the following definitions will apply:

Trauma

Trauma or Psychological Trauma is a situation that overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel overwhelmed on many levels. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. The trauma is not the event itself, but rather the impact on the individual, this means that a situation that one person perceives as traumatic, another may not.

PTSD

Post-Traumatic Stress Disorder (PTSD) is a trauma and stress related disorder that may develop after exposure to an event in which death, severe harm or violence has occurred or was threatened. Traumatic events that may trigger PTSD include violence, combat situations, accidents, natural disasters or a terrorist incident. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Complex Trauma

Complex Trauma (also known as complex trauma disorder) is a psychological disorder thought to occur as a result of repetitive, prolonged trauma involving harm or abandonment by a caregiver or other key relationships with an uneven power dynamic.

Complex Trauma is associated with sexual, emotional or physical abuse or neglect in childhood, intimate partner violence, victims of kidnapping and hostage situations, slavery, sweatshop workers, prisoners of war, bullying, concentration camp survivors, and defectors of cults or cult-like organisations.

Developmental Trauma Disorder

Developmental Trauma Disorder is a condition that affects individuals that have experienced complex trauma. It establishes that the trauma suffered by the individual has in some way affected their development and functioning.

A diagnosis requires that the child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year. The child exhibits impaired developmental competencies related to arousal regulation, attention, personal identity and involvement in relationships, and has done for a period of over 6 months.

Toxic stress and adversity

Toxic stress response can occur when an individual experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate support. This kind of prolonged activation of the stress response systems can disrupt the

development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment.

Trauma Informed

Trauma Informed refers to an approach based on knowledge of the impact of trauma. It is a broad term which indicates that trauma theory and the impact of trauma on individuals has been taken into account.

Trauma Responsive

Trauma responsive refers to care or interventions that are designed specifically to meet the needs of people who have experienced trauma.

Trauma Specific

Trauma Specific refers to programs, interventions, and therapeutic services aimed at treating one individual's symptoms or conditions resulting from a traumatising event(s).

Sanctuary Model®

The Sanctuary Model® represents a theory-based, trauma-informed, trauma-responsive, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organisational culture.

Seclusion and Restraint

Seclusion is the involuntary confinement of an individual alone in an area from which they are physically prevented from leaving.

Restraint means to be physically held, including physical restraint (a personal restriction that immobilises or reduces the ability of a student to move his or her torso, arms, legs, or head freely), a mechanical restraint (the use of a device to restrict an individual's freedom of movement), or chemical restraint (the use of medication to restrict movement or enforce compliance).

Appendix 2: Resource and book list

Recommended Reading

Name	Title	ISBN
Alsop	Continuing Professional Development in Health and Social Care	9781444337907
Biel, Peske	Raising a Sensory Smart Child	9780143115342
Bisson Andrew	Psychological Treatment of Post-Traumatic Stress Disorder	
Bloom Farragher	Restoring Sanctuary: A new operating system for trauma-informed systems of care	9780199796366
Bloom Farragher	Destroying Sanctuary: The crisis in human service delivery systems	9780199977918
Bloom	Creating Sanctuary: towards the evolution of sane societies	9780415821094
Boon Steele	Coping with Trauma-Related Dissociation: Skills training for patients and therapists	9780393706468
Cairns,	Attachment, Trauma and Resilience.	9781910039359
Christmas	Hands on Dyspraxia	9780863886539
Courtois, Ford	The Treatment of Complex Trauma: A Sequenced, relationship-based approach	9781462524600
Doidge	The Brains Way of Healing	9780143128373
Finlay	Reflecting on 'Reflective Practice'	
Foderaro, Ryan	S.E.L.F. Mapping the Course of Recovery	

Ford Courtois	Treating Complex Traumatic Stress Disorders in Children and Adolescents: An Evidence-Based Guide	9781606230398
Golding	Nurturing Attachments	9781843106142
Heller	Too Loud, Too Bright, Too Fast, Too Tight	9780060932923
Herman	Trauma and Recovery	9780465061716
Horwood Caldwell	Using Intensive Interaction and Sensory Integration	9781843106265
Johnson, Lubin	Principles and Techniques of Trauma-Centred Psychotherapy	
Kranowitz,	A Teacher Guide to Sensory Processing Disorder	9781935567004
Mauro	The Everything's Parent's Guide to Sensory Processing	9781440574566
Perry	The Boy Who was Raised as a Dog and Other Stories	9780465094455
Szalavitz, Perry	Born for Love	9780061656798
Steele Boon Van der hart	Treating Trauma-Related Dissociation: A Practical, Integrative Approach	9780393707595
Stock Krokowitz	The Out of Sync Child	9780399531651
Van der Kolk,	Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society	9781572304574
Van der Kolk	The Body Keeps the Score; Mind brain and body in the transformation of trauma.	9780143127741

Recommended Websites

Stanford prison experiment
https://www.youtube.com/watch?v=L_LKzEqIPto&t=21s

Milgram obedience remake

<https://www.youtube.com/watch?v=GD0PVFrNYH4>

The Lucifer effect: Understanding how good people turn evil.

<https://www.youtube.com/watch?v=-IVHoeUGiVg>

The Nature of Evil and the Making of Heroes

<https://www.youtube.com/watch?v=AEotwCGwI2E>

Groupthink <https://www.youtube.com/watch?v=CWEvJciU0Zc>

The Bystander Effect

<https://www.youtube.com/watch?v=z4S1LLrSzVE>

Safety: <https://vimeo.com/18059045>

Emotions: <https://vimeo.com/18052142>

Loss: <https://vimeo.com/18052887>

Future: <https://vimeo.com/18052887>

<http://childmind.org/article/how-sensory-processing-issues-affect-kids-in-school/>

<http://childmind.org/article/sensory-processing-issues-explained/>

Six Core Strategies.

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

www.sensoryintegration.org.uk

www.ot-innovations.com

www.sensoryattachmentintervention.com

Burke, N. How childhood Trauma affects health over a lifetime. TED Talk

Perry, B Seven Slide Series YouTube

Appendix 3: Exemplar Assessment Plan

Unit	Assessment task	Learning outcomes covered	Date due for Completion
Unit 1 The Context of Trauma Informed Care	Respond to the question Why is there a need for Trauma Informed care? This could be a written response of up to 500 words or a short presentation (maximum 10 minutes)	1.1	
	Prepare for and participate in a discussion regarding human strengths and vulnerabilities to stress and adversity. Learners should contribute to a visual representation of the discussion, and reflect on learning from the discussion in their learning journal	1.2 1.3	
	Give a presentation (verbal 10-15min, power point, written account) on the history of Trauma Theory. This should include an analysis of at least three individuals that have made a significant contribution to the field	1.4	
Unit 2 The Impact of Toxic stress and Adversity on Individuals	Respond to the question; What are the biological and neurological impacts of chronic exposure to stress and adversity? Word count of 500- 750 words, or presentation of 15-20 minutes. A mixed media response can be used (e.g. slides, notes and commentary)	2.1	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	<p>Begin to write a case study of a service user who has been affected by trauma.</p> <p>Describe their social and relational functioning/presentation and identify potential reasons for these difficulties</p> <p>Complete an ACES questionnaire for the service user and describe their potential long term outcomes, without intervention</p>	<p>2.2</p> <p>2.3</p> <p>2.4</p>	
Unit 3 The role of Attachment and Relational Health in Trauma Informed Care	<p>Respond to the questions:</p> <p>What are the key principles of attachment?</p> <p>How do neglect and abuse contribute to different attachment styles?</p> <p>Word count of 500- 750 words, or presentation of 10-15 mins minutes. A mixed media response can be used (e.g. slides, notes and commentary)</p>	<p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p>	
	<p>Complete an Adult Attachment Interview</p> <p>Using own learning journal reflect on how own and others attachment experiences impact the care they offer.</p>	<p>3.5</p>	
Unit 4	<p>Respond to the questions;</p> <p>How can people recover from complex trauma?</p> <p>Describe models of recovery</p>	<p>4.1</p>	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	<p>Continue with case study of a service user;</p> <p>Describe their attachment style and how they form and maintain relationships.</p> <p>Identify examples of how your relationship with them has supported their wellbeing, development and their ability to manage their own safety</p> <p>Identify how they are supported to keep themselves safe at different levels (physically, emotionally, socially and psychologically)</p> <p>Describe the losses that the service user has experienced as a result of their trauma.</p> <p>Describe how you support them to consider these losses and focus on a positive future, including the use of the SELF framework (Sandra Bloom)</p> <p>1500 words approx</p>	<p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p>	
Unit 5 Sensory Integration and Trauma Responsive Care	<p>Respond to the questions;</p> <p>How are sensory processing skills typically developed and how does sensory processing occur?</p> <p>What sort of sensory processing difficulties might someone who has experienced trauma have?</p> <p>700-1000 words</p>	<p>5.1</p> <p>5.2</p>	
	<p>Continue with case study</p> <p>Identify sensory needs of service user and describe how their</p>	<p>5.2</p> <p>5.3</p> <p>5.4</p>	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	<p>behaviours reflect these sensory needs</p> <p>Design and implement an appropriate sensory diet to support their needs. Describe activities that support arousal levels.</p>	5.5	
Unit 6 Trauma Specific Therapeutic Interventions	<p>Compare and contrast two assessment tools for those affected by adverse experiences.</p> <p>Explain a range of therapeutic interventions that are known to support recovery in people affected by trauma.</p> <p>700-1000 words</p>	6.1 6.4	
	<p>Respond to the question;</p> <p>What are the basic principles of therapeutic intervention for people affected by trauma?</p>	6.2	
	<p>In your reflective journal give examples of own work practice that reflects basic principles of therapeutic intervention</p>	6.3	
Unit 7 Trauma Organised Organisations	<p>Respond to the question What features of an organisation are common to those organised by trauma? Describe group dynamic processes that can reduce an organisation's ability to deal with the complexity of trauma-related problems</p> <p>Word count of 500- 750 words, or presentation of 10-15 minutes. A mixed media</p>	7.2 7.5	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	response can be used (e.g. slides, notes and commentary)		
	Complete a SWOT analysis for own organisation identifying potential organisational threats and weaknesses, and explaining the organisation's strengths in mitigating these along with possible opportunities for development	7.1	
	Conduct an interview with a service user and a colleague to investigate their experiences of how they have been impacted and supported by an organisation Reflect on the interviews, and identify strengths and opportunities for the organisation	7.3 7.4	
Unit 8 Trauma Responsive Organisations	Respond to the questions; How do the shared values of trauma informed care contribute to effective care? Please give examples from your own work environment and practice 500-700 words	8.1	
	Compile an annotated photo journal/board of positive trauma informed environments, describing both positive and negative aspects of the environment and the impact on service users	8.2	
	Prepare a presentation on the Sanctuary Model © that discusses how commitments and tool kit contribute to	8.3	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	<p>organisations being resilient to Trauma.</p> <p>5-10 mins</p>		
	<p>Prepare for and record a group discussion (with fellow course participants or colleagues) on own experiences of services users living in groups. Identify both the positive and negative aspects of group living, and the strategies used, or that could be used, to promote a positive group living environment (20-40 mins)</p> <p>Reflect on learning from the group discussion</p>	8.4	
	<p>Prepare an analysis of restraint and seclusion in own work place</p> <p>Provide practical examples of how it is possible to reduce the prevalence or seclusion and restraint using principles from Kevin Huckshorn's six Core Strategies</p> <p>500-700 words</p>	8.5	
Unit 9 Trauma Responsive Systems	Analyse one piece of legislation, and one organisational policy, relevant to the work place identifying how they support principles of trauma informed care	9.1	
	Continue with a case study describing the loss of power that a service user has had as a result of their experiences. Describe how anti discriminatory and person centred practice support	9.2 9.3	

Unit	Assessment task	Learning outcomes covered	Date due for Completion
	<p>the re-establishment of autonomy and control.</p> <p>In particular describe how the individual who has experienced trauma should be central in designing their assessment and planning processes</p>		
	<p>Give a brief presentation (10 minutes) to peers on the support structures provided to staff in own organisation. Include an assessment of the value and effectiveness of those structures</p> <p>Reflect on how you are personally supported by these systems in your reflective journal. You should consider the role of supervision in relation to this.</p>	<p>9.4</p> <p>9.5</p>	
Unit 10 Personal Growth Development and Change in Trauma Responsive Care	<p>Prepare and deliver a psychoeducation key working session with a service user focusing on developing their understanding of their experiences</p> <p>Explain how psychoeducation can support individuals to recover from trauma</p>	10.1	
	<p>Give a presentation on own professional development journey, including how it has contributed to own learning and hopes for own future learning and development</p>	10.2	
	<p>Use own learning journal to explore how reflective practice promotes effective care and</p>	10.3	

Unit	<i>Assessment task</i>	<i>Learning outcomes covered</i>	Date due for Completion
	identify how it has contributed to own practice		