**Appendix A: Survey & Interview Schedule**

***PWP’s Experiences of Assessment of Traumatic Events***

***Survey***

Participant Code:

Age:

Ethnicity:

Trainee or qualified?

Time working as a PWP (months)

How often have patients reported having experienced traumatic events to you at assessment, during your time in this role? (to the nearest 5)

***Interview Schedule***

|  |  |
| --- | --- |
| 1. Understand the experience of PWPs (Psychological Wellbeing Practitioners) conducting assessment sessions that feature discussion of traumatic events.
 | Can you tell me about what it’s like for you, to conduct assessment calls, when service users report having experienced traumatic events? * What goes through your mind when traumatic events are reported by service users?

  |
| 1. Develop insight into the emotional difficulties PWPs encounter in assessing traumatic events.

(Do we also know what helps them assess trauma? Or only the difficulties?) | Does discussing such traumatic events as part of assessment calls impact you emotionally? (If yes, how?)  * How do you manage these feelings / this impact?

 * Do you feel/think/believe… there are any short or longer-term effects of assessing traumatic events for you/in general?

 Are there aspects of working as a PWP that make this easier or more difficult? * Are their elements of working in your service/team/role that impact this?

   |
| 1. Develop insight into the practical difficulties PWPs encounter in assessing traumatic events
 | What’s your experience of implementing trauma-related theory into practice during assessment calls?  What is your experience of assigning problem descriptors during assessment calls when traumatic events are reported? * Do you ever find it challenging to decide the problem descriptor in these situations? What do you consider to make this decision?
* Are there service factors in your decision-making process?

 Are there other difficulties that you have experienced when assessing traumatic events as a PWP?   What skills do you find necessary to implement in assessing traumatic events? Is there anything you find helpful or challenging about this? |
| 1. Inform the design/redesign of trauma-related training within [the service] accordingly.
 | How helpful was your training in in assessing traumatic events? * Is there anything you would change about this training?

 What are your thoughts on how [the service] support the emotional impacts of assessing traumatic events? * What, if anything, do you think could [the service] do to support you more emotionally during this process?

 What are your thoughts on how [the service] support the practical difficulties of assessing traumatic events? * What, if anything, do you think could [the service] do to support you more practically during this process?

  |

**Appendix B: Recommendations to Service**

**Recommendations**

1. Staff training to support PWPs with:
	1. Trauma, PTSD and distinguishing these phenomena clinically.
	2. How trauma problems, particularly PTSD, are treated.
	3. Decision-making in emotionally intense situations
	4. Grounding patients following discussion of traumatic events.
	5. Eliciting diagnostically relevant information sensitively
2. Service policy guidance regarding:
	1. A clear & uniform process about how trauma-related problem descriptors are decided.
3. Supplement assessment of traumatic events by:
	1. Screening referrals for experience of traumatic events prior to assessment calls.
	2. Providing PWPs with a pro forma document outlining necessary questions and considerations (e.g. risk, signposting)
4. Support PWP’s emotional processes through:
	1. Stipulating that line managers should consistently encourage PWPs to use available in-service reflective practice spaces.
	2. Visually advertising in-service reflective practice spaces on-site
	3. Highlighting PWPs’ appropriate processes of escalation following unsatisfactory interactions with management figures
	4. Formally providing debriefs for PWPs following assessments featuring discussion of traumatic events.

**Navigating Ambiguity Makes Assessments More Difficult**

*Difficulties Defining Trauma Problems*

*“People say ohh, that was really traumatic, and they don't mean that they're experiencing trauma. They just mean that was a really difficult thing for me and and this is the language that is now accepted and used for that… so I think even if that was what we learnt like about when, how to distinguish between someone saying this was traumatic and meaning this was big and eventful and actually what trauma itself is, I think that would be helpful as a like starting point I guess”.* [P2]

*Not Treating PTSD Makes Assessing For It Harder*

*“When I think of complexity, it normally tends to sit out for the things that I feel we've not had sufficient training for. Things like personality disorders… that's not something we've had specific training on in terms of knowing what to look for or how to assess or how that can come into play… Greater understanding and like assessing PTSD or trauma when there isn't PTSD, or the difference between complex PTSD versus I guess regular PTSD…. I guess it's all the things that are outside the remit of what we're expected to as a PWP, but we're still expected to assess and are exposed to frequently is what I feel like I would define as complexity. “[*P1]

**A Perceived Lack Of Training Leaves PWPs Feeling Underprepared To Assess Trauma**

“[What I would change about training is] *… guidance on how much we need to know. Yeah, how much should we be asking about? What should we stay away from?”* [P7]

*“I think it would be really helpful to have, and it might sound silly, but to have training on the decision-making within that call, because you are trying to make a lot of decisions whilst you're trying to think of these questions”.* [P8]

*“What can we do to help kind of package it back up? Because even if you're only touching the surface, it's still going to bring things to the surface within that person.”* [P8]

*“How much do I explore that area? That trauma for that patient when they're saying it's not, it's not relevant… I guess we haven't had specific training in that.”* [P2]

*“I think it would be nice to just have maybe just half a day discussing, OK well what to do during a traumatic event if someone discloses to you what they've gone through, what to do maybe during that moment of time, you know, possible scenarios, but also what to do for a PWP afterwards. What tips and tricks would you suggest, you know, take a walk, speak to someone, and do some self-care, etc.”* [P10]

*“I can't even remember the training. I don't remember when I had it. I don’t remember who did it. I don't remember what it was like, and I know it was quite recent in like the last few months. So that's probably not very good. But yeah, normally I remember things quite well, but I feel like I if I don't remember it’s probably, I didn't get anything from it.”* [P4]

“*In terms of training there’s only been just that one instance that I can remember. I do remember finding it helpful at the time, but I’m not sure how much of that has stayed in* [their head]” [P6].

*I’m just not sure if I’m qualified enough to assess these people… I suppose that is why we can always step them up and they can have their own assessment at Step 3 if they feel there is a need for that.”* [P6]

**Assessing Traumatic Events Is Emotionally Overwhelming**

*Assessment Calls Involving Trauma Invoke Intense Emotions*

*“I'm aware of the limitations of low intensity CBT, so I think it it's almost a bit disheartening in a way because I know that myself as an individual, I can't make a difference to that person in terms of treatment.”* [P2]

*“Sometimes there’s people you are assessing who have maybe gone round a few different services and are still coming back for similar difficulties, similar issues, similar experience. It's quite disheartening to an extent because it, you know, it's saddening to hear their experience… that’s a really difficult cycle for them to be going through.”* [P11]

*“I feel that we're not gonna make a difference. And that's what I'm here for. I'm here to make a difference to people and that's what I want for them and for myself. So, when we have difficult conversations and I know it's not going to be low intensity, it feels a bit like I'm redundant in this process or the low intensity side of it is redundant in the assessment of trauma.”* [P2]

*“I think I try and put myself in their shoes… think, well, that's what it would be like. Makes you feel quite… sad, I think.”* [P3]

“*Yes. And there are definitely calls where you will feel low and deflated after hearing about what someone has been through and or even upset or angry at the world.”* [P1]

*“Feeling pretty sort of… how on earth this person has got to this point”* [P8]

*“That's terrifying to me to hear that. So emotionally I get quite stressed during it and after it as well.”* [P4]

*“It's just horrible to hear what people have been through or what people have done to other people, and that never gets easier”* [P1]

*“I think that was a hard reality to grasp that every kind of person can experience it and does experience it”* [P4]

*“Try to be very sensitive, your tone of voice immediately changes, you try and be a bit softer spoken. There are no other things that are going through my mind, it’s just how do I make this as comfortable as possible for them”* [P6]

*“I think the patients that I find more difficult are the patients that are finding it difficult to go back. to speak about”* [P3]

*Lingering Emotional Impacts*

*“Whether it's for safeguarding or risk was part of the trauma presentation… the high-volume work is challenging because it's hard to find that capacity and which ultimately normally means that you have to work longer hours and overwork in order to get everything sorted.”* [P1]

*“You maybe don't have as much time as you would like… you might go on to that assessment with the next patient still thinking about the one you just spoke to*.” [P3]

*Desensitisation*

*“It is really exhausting when you have almost the same conversation with different people every week about very similar topics, and you sort of think to yourself, wow, well, this happens way too often.”* [P4]

*“Sometimes, you would go through those weeks where a lot of people report trauma all at once… it just makes you feel a bit burnt out, when you are hearing it from different people.”* [P9]

*“Obviously, a lot of these traumatic events are horrible things that you wouldn't normally discuss with anyone. It sounds bad, but you become a bit desensitized to it”* [P5]

*“I’ve become more resilient, and I can take on board what patients are explaining to me, but also be able to separate you know, this is work, try not to let it impact my personal life, and how I’m personally feeling”* [P10]

*“I guess it comes back to the desensitisation thing… when I'm like watching a film or something or hear on a telly program that people have been through these traumatic events, I almost feel like I'm not as shocked by it… So, like for other people, they might cry when they're watching that. But I always just think people are going through this all the time.”* [P5]

*Confluence of Personal and Professional Distress*

*“I've done a few assessments where people had literally gone through the fires in Greece and they like described it like grabbing their children and getting in a car, having like flames around them, feeling the heat like you could almost live it with them because it's so recent and it's so publicized that you almost can imagine it… this was an assessment I did months ago and I still remember it very clearly -or speaking to people who have gone through the war and like left their family behind. Like you kind of imagine. If I had to leave my family behind and stuff like that… if it comes up on the news, I might think about that person I spoke with and how they're doing. So, they don't leave me if that makes sense.”* [P10]

*“It probably makes me more aware of these traumatic things that might have happened to people… you kind of have that more skewed perception of what people then go through.”* [P11]

*“I barely read the news because I always say that I hear enough depressing stuff during my workday I feel sad or upset or annoyed at what this person is has had to go through and how much it's impacting them and kind of taking on some of that.”* [P1]

**Assessing Traumatic Events is Pressurising**

*“I think you’re aware of these pressures in the service. And these targets and pressures that are on everybody else”* [P3]

*“I want to get it right. So, there’s no delays in getting them the right support. I guess you are conscious as well about the waiting times at different levels.”* [P8]

*“I think everything that I've said like you know, not having enough time between appointments, having a caseload of very different things and that obviously to come up. I personally don't think that's a service issue. I think it's more of like uh, across service issue… I think it’s just the PWP role”* [P5]

“*A slight reduction in caseload* [would make the role easier] … *but that sort of goes, not goes against, but it defeats the purpose of IAPT which is high volume caseload.”* [P10]

*“We only have 40 minutes for an assessment… sometimes it is enough time, sometimes it's not. Because you do have to do a lot more kind of building the rapport with the patient for them to feel kind of comfortable enough for you to have that conversation… sometimes when you're going through an initial assessment, it's like ‘bam, bam, bam, bam’. I'm trying to get through all of that kind of tick, boxy information. And then you're like, OK, so tell me about this horrible thing that's happened then. And it feels not genuine”* [P5]

*“There's more time that you need to spend on things when you’re already in a busy role.”* [P3]

*“I think the main one, quite a lot of it, is time. Especially with an assessment where you are going through lots of information that might not necessarily be relevant to the traumatic event itself. Whether it’s the questionnaires, whether it’s risk, talking about the past itself, and just all the other things that you fill in to an assessment that’s supposed to be 40 minutes.”* [P11]

*“I would say in terms of the time management in your assessment… that can be really difficult to manage”* [P8]

*“Definitely the timing is tough because you know, let's say you're in an assessment, this individual’s talking about trauma. They are quite distressed, you are trying to be empathetic, but at the same time, you've got so much of your template that you need to gather from that patient.”* [P9]

*“I’ve got so much going on through the day, it’s hard to think about other things that could be put in place to make this all better.”* [P6]

*“You don't have a lot of time. Especially if you're back-to-back, you don't have that much time if you have a case, you'll probably have about 5-10 minutes before you have to write up the notes, and you've got your next patient. You don't get a lot of time, so in some cases I just have to just stop what I'm doing, quickly type up my notes and start my next case because yeah, you just don't get that much time.”* [P10]

*“In a trauma assessment, I feel like there's so much more in there to explore, but we don't have time to do that.”* [P4]

*“Pragmatic things that would get in the way… it takes time to call people back”* [P2]

*“There are two types of impact. The one that’s just about you hearing that an individual who’s unfortunately had to go through really unpleasant events. But I think the second thing is the time of you trying to gather all the necessary information and safeguarding comes into that. Because you then have to say, ok, is that perpetrator still a risk to others? And then if they are, what are they currently doing to others? and then you have to follow up with speaking to safeguarding. And so, I think all of that, that burns you out.”* [P9]

*“I take a step away, get a cup of tea or give myself a breather before having to jump on the next call. But you know, it's trauma that sometimes can be coupled with complexity or risk. Sometimes that wasn't an option and you had to immediately be responding to it”* [P1]

**In-Service Support Is Invaluable**

*Peer Support Is Close To Hand*

*“In the moment, if I'm in the office I'll turn around and talk to someone and express how I'm feeling or how that made me feel.”* [P1]

*“Because I'm very lucky with the people that I work with, they'll turn around and be like ‘that sounds really tricky. Are you OK? Like do you need to take a moment to decompress or like do you wanna talk about it?’. So, it's really nice sort of having that support around me. To be able to talk about those types of things, because I know it would probably feel a lot different, say for example, if I was just working from home on my own and not being able to talk about it.”* [P5]

*“I think the advantages of the role is that everyone in the office in the same position as you, everyone is going through the same difficulties as you or etc, so they are able to empathize, they are able to share their own techniques.”* [P10]

*“I think just the natural fact that you train in cohorts, … you've got people you can turn to, other people are going through the same experience of “I don't know what I'm doing” at the same time. But also, actually pretty much everyone on the team has gone through that same thing… they all know exactly how you're feeling and have been through that themselves and I think that really helps in terms of being able to offer support and empathise with each other. Knowing the ups and downs that comes with being a PWP”* [P1]

*“My training year was fully remote because of COVID and so that was more difficult for sure… it is definitely much easier when you're in the office to just turn around and talk to someone.”* [P1].

*Supervisors Shape The PWP Experience*

*“I have a good relationship with my supervisor. So, I feel able to say to her this is what happened, and this is what came up and with that particular instance… I was able to talk her through the like the whole journey for me… I feel supported in that.”* [P2]

*“On the whole, the team are pretty good. if a case has been difficult, if you wanted to talk through with someone from DS or Duty, there is that option… because they're often able to recognize that this was not an easy call for you to go through”* [P1]

*“I feel like you can speak to anyone you know however senior they are.”* [P8]

*“I sent it through to Duty to get advice on next steps, and I think something that was really nice was when they replied back, they did ask if I wanted like a little chat. Which I thought was just, I don't know…I've not had that… I never had that in my last service”* [P9]