

Consequences

- Increased Homelessness
- Incarceration of the mentally ill
- Overflow of emergency rooms
- Increase of violent behavior
- Increased homicides/suicides
- Financial overburden/taxation

Economic Impact

- 24.4 BILLION \$\$\$\$ of direct cost (hospitalization, MH treatment, child welfare, law enforcement, judicial system expenses)
- 69.7 BILLION \$\$\$\$ indirect cost (Special Ed., juvenile delinquency, adult MH, lost productivity, adult criminality)
- 80 BILLION in drug rehab
Van der Kolk 2005
- Van der Kolk- 2010: 250 Billion

ARC

Attachment

- Attachment

1. **Care-giver Affect Management** (how a care-giver manages their own affect will effect the outcome of a situation)
2. **Attunement** (the capacity of a care-giver to accurately read the persons cues and respond appropriately: Ugandan mothers)
3. **Consistent Response** (this is the one that gives us problems. What do we mean by consistency here???? Inter vs. intra individual)
4. **Routines and Rituals** ("these are the invisible bookends that bracket our day: Blaustein & Kinniburgh, 2010). These are the things that we look forward to and guide us through the week. People become oriented based on the day they have therapy.

Self Regulation

- Self Regulation:

- The awareness and understanding of internal experiences, ability to modify that experience and the ability to safely share that experience with others.
1. **Affect Identification** (disconnect of affect in individuals who have been traumatized: "its ok," I AM NOT ANGRY")
 2. **Modulation** (affect regulation; 0-100 in no time)
 3. **Affect Expression** (due to their past experiences with sharing affective material, individuals may hide, or over exaggerate feelings)
(which bottle are you?)

ARC

Competency

- Competency:

- "The ability to achieve mastery and success. Developing and consolidating positive and coherent sense of self."

1. **Executive Functions** (cognitive skills residing in the pre-frontal cortex)

2. **Self Development and Identity** (infancy, latency age, adolescence) Unique self, Positive self, Coherent self, Future self

ARC Integration

- Integration
- Trauma Experience Integration with in the treatment/caregiving system: (final step in the ARC model. Here the goal is to draw upon the previous nine blocks, and guide/support the individual to a coherent/integrated sense of self. Assist in the consolidation the fragmented self parts within the therapeutic system)

ARC

- Attachment: How do you assist with Attachment?
- Self Regulation: How do you assist with self Regulation?
- Competency: How do you assist with Competencies?

Kristine M. Kinniburgh, LICSW & Margaret E. Blaustein, Ph.D (2005)

Understanding the Trauma Cycle

	Youth	Care-giver
Cognitions	I'm bad, unlovable, damaged; I can't trust anyone	I'm ineffective, my client is rejecting me, do I belong here
Emotions	Shame, anger, fear, hopelessness	Frustration, shame, anger, fear, worry, sadness, hopelessness-helplessness
Behavior/Coping Strategies	Avoidance, aggression, preemptive rejection	Overreacting, controlling, shutting down, overly permissive
The Cycle	I'm being controlled, I have to fight harder	S/he keeps fighting with me, I need to dig in my heels Blaustein & Kinniburgh, 2010

What is this?



Normative Abuse

- A type of maltreatment that is endorsed by the society in which the individual lives.
- Is transferred from generation to generation
- Examples:
 - Failure to touch the infant
 - Co-sleep
 - Breast feed

Walant, 1995

Barriers to change

- All novel situations and new information are judged to be threatening until proven otherwise
- Fear inhibits exploration, learning, and opportunities
- Gabby Grant, 2012/ Perry, The Amazing Brain
- Organizational & Individual
 - Fear of the unknown
 - Fear of making a mistake
 - Change is uncomfortable
 - Influence of others
 - Multiple priorities

Reasons we do what we do

- We are here for the \$
- We are here for the fame
- We are here for the plush office space

A little bit goes a long way!

- Characteristics of a care giver:
 - Compulsive care giving
 - Need to be liked
 - Need to control

Trauma-Informed Care

What is that?

- Consensus-Based Definition

“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of responsiveness to the impacts of trauma, that emphasizes physical, psychological, and emotional safety for both the providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”

Trauma-Informed Care (TIC)

- Definition: “a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”
- Shifts healthcare approach from “What's wrong with you?” to “What's happened to you?” (SAMHSA)

Hopper, E.K., Bassuk, E.L., Olivet, J. (2010). Shelter from the Storm: Trauma-care in homelessness service settings. *Open Health Services and Policy Journal*, 3, 80-100

informed

Trauma Informed Care

Trauma Informed System of Care

- A system in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including **youth, caregivers, service providers, etc.**
- Programs and agencies infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies.
- It becomes a culture, a new understanding of the client, with its own language, practices, expectations, thinking, etc.....

What TIC Looks Like

- Do no harm
- Do not expect instant trust, but do everything in your power to be trustworthy. Be honest and compassionate.
- Help youth prioritize needs and immediately address most pressing concerns.
- Give youth control/ to take lead
 - They are they're own experts
- Body Language
 - Open and relaxed; warm, friendly and patient
- Transparency
 - Explain all procedures and reasons for these
 - Be forthcoming with your observations and. concerns.
- Check-in
 - Is this okay? How are you doing? What do you need today?
- Make sure youth know how to get in touch with you and be available



Establishing Safety

Physical/ Environmental

- Well-lit and calming
- Culturally familiar decorations
- Post youth's rights

Rules

- Clear reasons for rules
- Transparent requirements
- Ask for agreement
- Frame rules/consequences in positive language and in terms of safety

Emotional

- Be predictable and consistent & address any changes
- Give choices/ options
- Validate feelings
- Collaborate
- Empathy
- Address unsafe behaviors by focusing on safety
- Respect youth's decisions
- Inform youth about all aspects of care

Trauma-Informed Consequences

Punishment

- Punishment is used to enforce obedience to a specific authority and it uses words that escalate conflict.
- Punishment is usually used to assert power and control and often leaves a young person feeling helpless, powerless, and ashamed.
- Punishment is for the benefit of the punisher and not for the individual whose behavior needs to be corrected.

Trauma-Informed Consequences (TICs)

- TICs are intentionally designed to teach, change or shape behavior and offer options within firm limits.
- TICs are logical consequences that are clearly connected to the behavior, given with empathy and in a respectful tone.
- TICs are reasonable, and use words that encourage thinking, and preserve connections between people.

Case Example (other incidences in TICs)

Punishment

- *Staff Interpretation:* This youth is being so rude right now. What, does she/he have no manners? S/he clearly doesn't appreciate what I'm trying to do...clearly doesn't want my help.
- *Reaction:* Youth receives a verbal warning and you express your power and authority by telling the youth to calm down, sit down, and "chill."

Consequences (TICs)

- *Staff Reflection and Interpretation:* Did something trigger this youth or bring up uncomfortable feelings or memories? What else I could do to help her feel safe?
- *Response:* Staff can address youth outside of waiting room to find out what happened. Let the youth know that safety (hers, yours, baby's, others in the waiting room) is most important. Validate that youth seems to feel upset. Ask youth if she would like a minute to herself. Can ask the youth if she wants to talk to someone about any feelings she might be experiencing.

Trauma-Informed Care

• Basic Principles

- 1. Trauma Awareness:** service providers incorporate trauma understanding into their work, via staff training, consultation and supervision. Dealing with vicarious trauma and self-care are also essential elements of this principle.
- 2. Emphasis on Safety:** TIC works on building physical and emotional safety for consumers and providers, as well as other residents. The agency should take care of potential triggers for consumers and avoid re-traumatization. Establish clear roles and boundaries that result from collaborative decision-making.
- 3. Opportunities to rebuild control:** Because control has been taken away from people who have been traumatized, it is imperative to emphasize the importance of choice for consumers. This allows for rebuilding of self efficacy and personal control over their lives. This supposes the involvement of consumers in decision making.
- 4. Strengths-Based Approach:** Emphasis is placed on strengths rather than deficits. Provide the opportunity for individuals to identify their own strengths and develop their own skills. This in turn fosters resiliency

Stages of Trauma Recovery

1. Establish Safety: secure safety, stabilize symptoms, self care
2. Remembrance and Mourning: reconstruct trauma, transform the traumatic memory (emotional left-overs)
3. Reconnection: reconciliation with the self, reconnection with others, resolving the trauma

Gabriella Grant, 2012

Trauma-Informed Shifts

1. One problem, one solution
2. One time to disclose
3. Compliance/obedience
4. Prescriptive
5. People need fixing first

1. Interconnected problems and solutions
2. Multiple opportunities to disclose/discuss/change
3. Empowerment, collaboration, trust
4. Choice
5. People need safety first

Tool kit

- Old

- Punishment
- Manipulation
- Shame
- Threats

- New

- Become curious about what is the person's history; what has happened to them
- Developmental issues and concerns
- What is their ability to regulate emotions
- Prescribe in the basic belief that they are doing the best they can given their situation, best survival strategy to navigate their challenges

Limbic System

