

Twelve Tenets of Complex Trauma-Informed Residential Services

Connecticut Restraint & Seclusion Prevention Initiative Partnership

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The Most Vulnerable of All?

- Every year Over 3 million substantiated cases of child maltreatment/neglect exposure. (**< 1/25**)
- Over 130,000 maltreated children placed in substitute care in 2010 (Children's Bureau, 2011) (**< 1/500**)
- Residential treatment as “end of the road” for youth “failed out” of less restrictive settings (Rivard, McCorkle, Duncan, Pasquale, Bloom, & Abramovitz, 2004) (**< 1/2,000**)
- Most severe/pervasive symptoms and difficulties required for residential placement.

And Yet...

- Trauma-exposed Youth in Residential Treatment in the NCTSN CDS (n = 525 of total N = 9,942)
 - Greater prevalence of multiple/chronic trauma
 - Greater number of types of trauma exposures (M=5.8 exposures vs. M=3.6)
 - Greater psychological distress across a range of domains including attachment and learning disorders, substance abuse, self-injury and suicidality
 - Greater functional impairment including academic and behavior problems, runaway & criminal behavior
 - Require more intensive and longer-term intervention - demonstrate similar pattern of response to txt as youth in other placements, but gains not sufficient by end of typical residential treatment.
 - Over 30% of youth in residential continue to display clinically significant functional impairment after discharge.

(Briggs, Greeson, Layne, Fairbank, Knoverek, & Pynoos, 2012)

Complex Trauma

“The term complex trauma describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child’s development and the very formation of a self. Since they often occur in the context of the child’s relationship with a caregiver, they interfere with the child’s ability to form a secure attachment bond. Many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.”

Complex Trauma Workgroup, 2013
National Child Traumatic Stress Network

Central Tenets

- Van Der Kolk Center Approach
 - Comprehensive, Trauma-Focused Residential Services



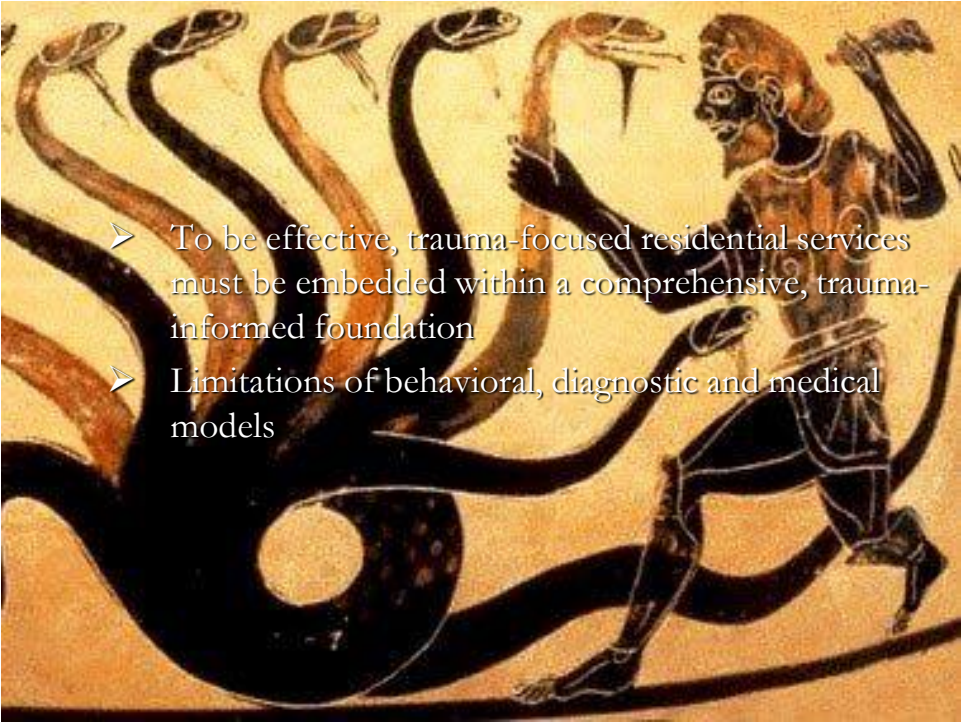
I. Into the Abyss

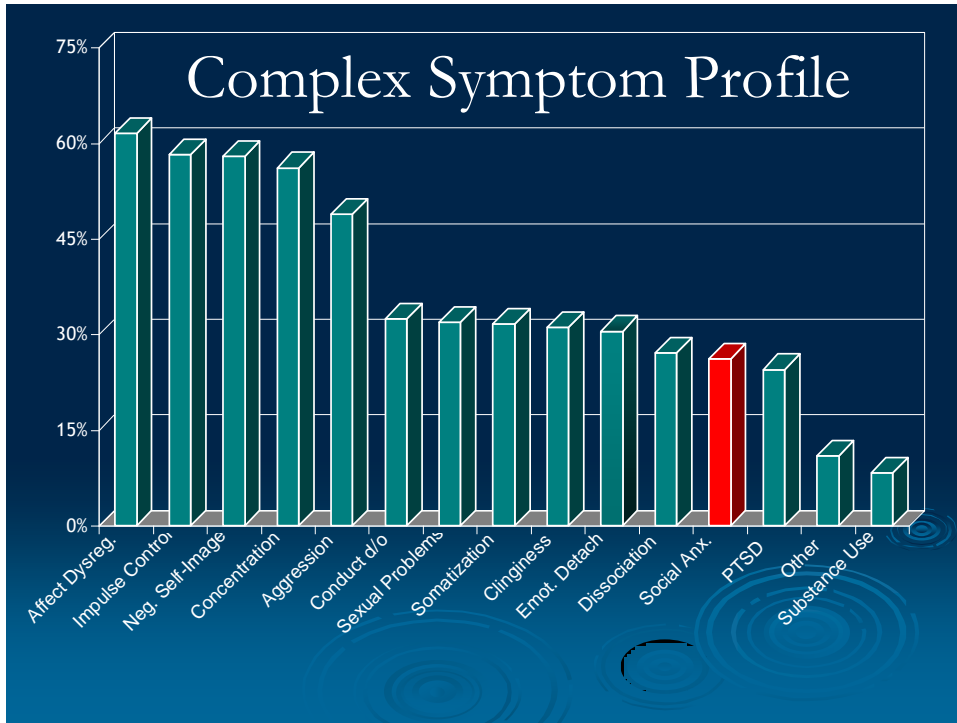
- The context IS the cause IS the cure IS the curse
- “Home,” and “Family” as “toxic” constructs for many complexly traumatized youth who have become “allergic” to relationships
- Residential settings and staff are a more tolerable alternative for some youth to develop new patterns of attachment (more structure, less intimacy)
- And yet, both remain fraught with peril for most...

An image of an iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, submerged part is hidden below. The sky is blue with some clouds.

II. Curiosity

- The behaviors that we see are just the tip of the iceberg.
- Looking below the surface – understanding how kids histories, self-image, relational frame and worldview – impact them on a daily basis.
 - “Get curious not furious!”

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- A painting of a man in traditional Indian attire, possibly a deity or a sage, holding a large snake. The snake is coiled around him, and its head is raised. The background is a textured, golden-brown color.
- To be effective, trauma-focused residential services must be embedded within a comprehensive, trauma-informed foundation
 - Limitations of behavioral, diagnostic and medical models



III. Interventionists

- Singular team
- Everyone member of the program staff, from Director to janitor, is part of the intervention team
- Work to minimize role distinctions and divides between milieu and clinical staff
- Recognize critical role of milieu staff in youth recovery, growth or perpetuation of difficulties
- Expand the scope: therapeutic mentors, community based services, state agency reps, etc.

The Ex-Con

IV. Intentionality

- Proactive, planned, collaborative approach
- Clinical objectives driven
- Not “what” but “why,” “when,” for “who”?
- Responsive not reactive

The Amateur Water Preservationist

V. Opportunity

- Every interaction is a potential therapeutic intervention or mishap
- Attunement to spontaneous, teachable moments (whether directly or implicitly through modeling) as #1 bullet in every staff member's job description
- Mis-attunements will happen – it's what you do about them that matters.
- Seek opportunities for therapeutic repair – this is beneficial to the child, but also to our own learning process.

Code Pink & Dark Attunement

ARC Supervision Form

Employee Name: _____

Date: _____

i. Attachment

1. *Caregiver Affect Management*- doing self checks and self care
2. *Attunement*-understanding what is underneath the behavior ("why, not what")
3. *Consistent Response*-predictability increases feelings of safety
4. *Routines and Rituals*-build safe environment and sense of community

ii. Self-Regulation

1. *Affect Identification*-work with students to identify and name feelings in themselves and others
2. *Affect Modulation*-work with student to develop coping skills to manage varying degrees of feelings
3. *Affect Expression*-work with student to develop tolerance and skills for expressing feelings

iii. Competency

1. *Executive Functions*- increase organization, focus, and problem solving- "thinking ahead"
2. *Self-Development & Identity*-work with students to identify strengths to build sense of self

iv. Trauma Experience Integration

When is the last time you used a self check to improve your ability to work with a student?

R-Reflect E-Empathize A-Admit D-Distract

Describe a time in the past week where you R.E.A.D a student well? Discuss each step specifically.

Describe a time in the past week where you misR.E.A.D a student? Discuss each step specifically.

Pick one building block and describe using ARC language a situation where you applied that concept on shift:

Choose a situation from the past 2 weeks where you used the 7 Modulation Steps with a student. Describe using ARC language:

Goal from supervision on _____ (date):

What progress has supervisee made since last supervision?

Where has supervisee struggled to meet this goal?

Is there a need for a new goal? YES or NO
If yes, what will be the new goal for supervision? How does this relate to career development plan?

What steps will the supervisee and the supervisory team take to ensure this goal is being met?

1.

2.

3. Supervisee's Agenda:

Supervisor's Signature _____ Date: _____


Supervisee Signature _____ Date: _____

Administrator's Signature _____ Date: _____

Please remember to e-mail out a summary of your supervisions to the supervisory team!

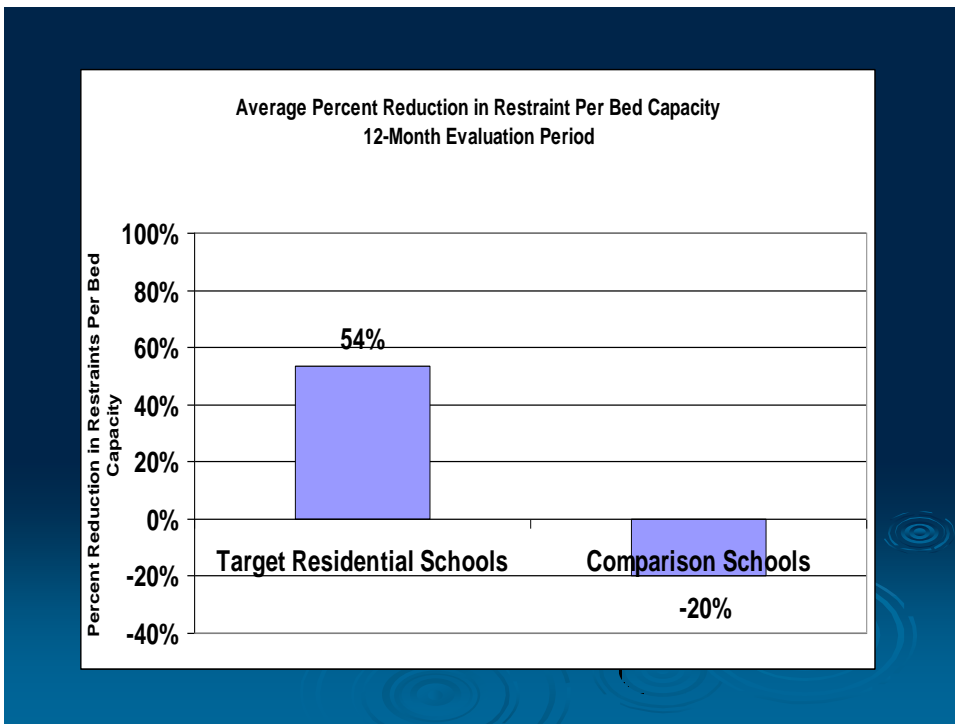
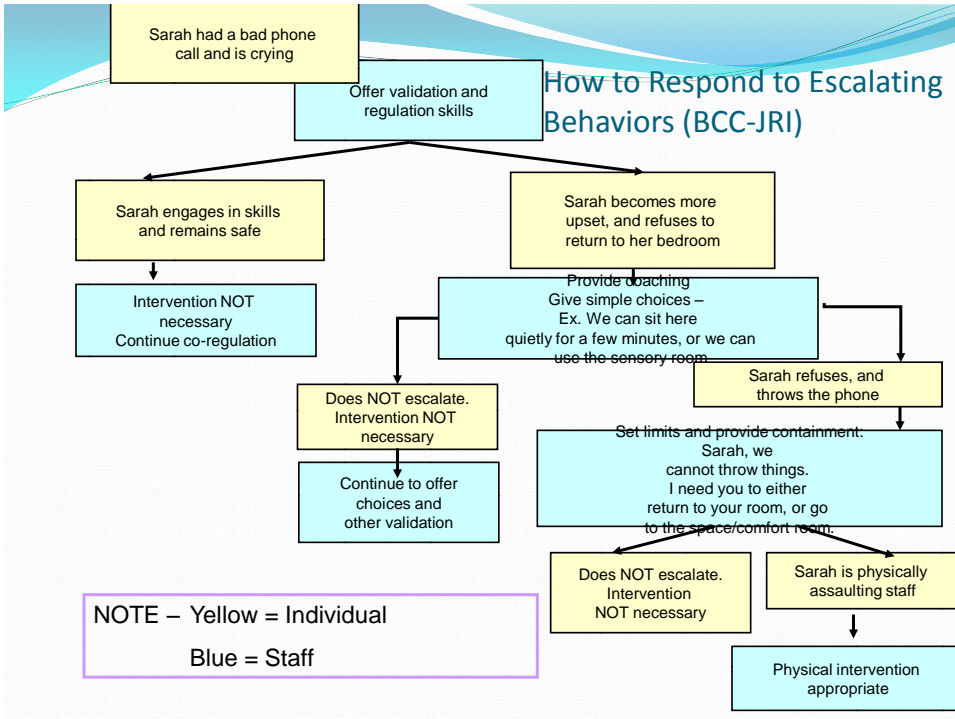
Spinazzola, Forrest, Sagor & Vaughn, 2016 . R.E.A.D. Supervision Worksheet.

VI. Control

- 
- Paradigm shift from emphasis on maintenance of external controls to building capacity for youth internalization of capacity for self-control
 - Mentor not monitor
 - PRN = Practice Regulation Now!



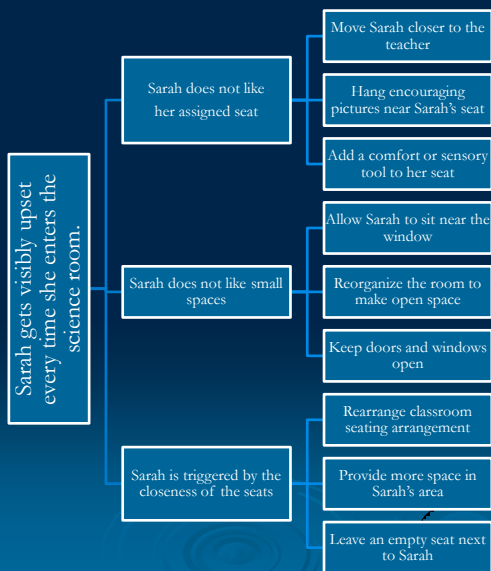
Yoga Tacos, Bat Caves, Cowgirls,
The Elephant Man & The Flashback-
Prone, Supine Restrainee



VII. Balance

- Balance consistency with flexibility
- Adopt shared clinical objectives for youth
- Adapt the form and implementation of these to meet the individualized needs of each youth
- One size cannot fit all in this work
- Rigid adherence to trauma-focused, behavioral or other protocols or paradigms irrespective of contextual, developmental and trauma-specific factors is neither trauma-informed nor safe

The Rule of 3's



VIII. Resiliency

- Strength-based programming
- Foster youth empowerment, voice and choice
- Enhancement of existing competencies and gradual acquisition of vital capacities and skills that did not develop as result of impaired caregiving
- Resilience is often tenuous and fragile and should be safeguarded and nurtured.
- Cultivation of playfulness and exploration is key

That Bad-Mouth, Back-Talkin' B.
(or S.O.B.)



IX. Embodied Experience

- Power of transformative action
- Integration of mind-body interventions
- Retooling relationship between “top-down” and “bottom-up” approaches
- Recognizing the limits of cognitive/frontal approaches to resolution of arousal/limbic based dysregulation



X. Community

Fostering the social and emotional development of youth must occur within a broader cultural / community context

Sense of belonging to something larger than oneself

Developing “attachment” that goes beyond individual relationships.



The Competency Queen & The Accidental Florist



XI. Transformation

- Children exposed to trauma have learned to wear many masks to survive their experiences, navigate dangerous, exploitative or unpredictable relationships and circumstances
- When we get caught up in these presentations, we lose sight of the vulnerable person behind these masks who desperately needs our patience, our understanding, our help to more adaptive ways to safely express themselves and get their needs met
- Just as youth have come to develop and internalize these survival-based guises and disguises, we can foster their cultivation and integration of healthier and more adaptive youth and adult roles and identities

Every Day is Halloween

- The Monster
- The Time Bomb
- The Walking Dead
- The Manipulator
- The Invisible
- The Piece of Trash
- The Lost Cause
- The Cesspool

Super Power	Symptom/ Problem	Adaptive Reframe
Super-human senses	Hypervigilance/hyper-sensitivity	Threat danger detection and avoidance
Super Strength	Deadly Rage/ Destructive Force	Agency; power;
Toxic Blast	Poor ADL's	Keeps people away
Invisibility	Unnoticed, ignored, overlooked	Maintains safety in midst of danger
Clairvoyance	Always Fails	Predictability, mitigates hurt instilled by dashed hopes, reinforces lack of effort/risk taking
Telepathy/Mind Control	Always sabotages/undermines relationships; turns others against oneself	Agency; Power to control relationships; prevent others from hurting, rejecting, betraying you
Astral Projection	Out of body experiences	Escape pain/ victimization; transcend physical limitations
Multiplication of self; expert compartmentalization; arsenal of resources	Dissociative Identity Disorder	Generate and dispatch "field agents" to do the unthinkable; tolerate the unbearable; remember the unknowable; stand guard; sound the alarm
Time Manipulation (freezes time)	Intractable resistance to all change/growth	Predictability, familiarity, control/safety
Master of Disguise	Manipulation, deception, exploitation	Make people like you; get needs met; prevent people from truly knowing you
Protective Force Field	Impenetrable Emotional Defenses	Keeps people from getting to close
Invulnerability	Alexythymia; analgesia; inability to experience certain emotions	Self-protection against emotional pain



Super Hero Reframe

- Origin Story, including path(s) taken/chosen
- Powers: evolution, current use, potential refinement / transformation
- Path to Redemption
- Enemies & Allies
- Costume
- Theme Song or Motto
- Guiding Belief / Principle



XII. Possibility

- Residential as a “last chance” for many youth
- To succumb to their hopelessness and despair, to wash our hands of them, is to hand many of them a disability sentence, others a prison sentence, and some a death sentence
- If we help each other to see them in a different light, so that we can come to believe in them despite their adversities, and then to help them see and experience them as we do, we then have an inlet retrain the brain, restore the body and begin to reroute their life trajectories

Out of the Abyss

- **AWARENESS:** Whenever we are not attuned to where the work needs to go, right now, for this client, and how to help this client get there, in this moment, we wander blindly with them through the abyss. Danger awaits for them and us. And when we stumble into them in the darkness, we cause them further pain.
- **READINESS:** Whenever we are not able, willing or ready to accompany our clients on essential journeys through dark, forsaken places, or to follow after them to shine a light and attempt to draw them out of it where they are caught, we abandon them to the abyss.
- **PRESENCE:** Whenever we can be fully present and able to clearly discern and attend to the multifaceted needs of youth impacted by complex developmental trauma, we open ourselves to promoting their healing and growth, casting a light amidst their darkness and holding the potential to guide them through and out of the abyss.