

TRAUMA-INFORMED PRINCIPLES FOR CREATING SAFE & POSITIVE ENVIRONMENTS TO SERVE CHILDREN AND FAMILIES

Julian D. Ford, PhD, ABPP

Professor of Psychiatry

University of Connecticut

jford@uchc.edu



Disclosure

I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc., Sole Licensee of the University of Connecticut for the TARGET© Model

What is Psychological Trauma?

1. Survival Threat + Lack of Protection or Support
2. Exceeds the Person's Adaptive Capacities/Resources

Types of Traumatic Stressors

I. Accident/Disaster/"Act of God"/Loss

Sudden, unexpected, one-time or time-limited

Death, chronic illness, injury, disability, treatment/rehab

II. Interpersonal

Sudden, unexpected, one-time/time-limited (violence/neglect)

Anticipated, repeated, chronic (betrayal/violation/exploitation)

III. Identity/ethnicity/gender/community

Lifelong or episodic destruction/torture/dehumanization

IV. Complex

Toxic cumulative exposure to some or all of the above

Complex Trauma: Core Issues

- ❑ Relatedness based on enmeshment & detachment (“disorganized attachment”)
- ❑ Alternating help-seeking/-rejecting due to institutional/intimate betrayal (view of self as damaged, future as hopeless – “dependency/oppositionality”)
- ❑ Self-regulation based on dissociation & hypervigilance (“survival mode”)

Early
Death

Disease, Disability,
and Social Problems

Adoption of
Health-risk Behaviors

Social, Emotional, and
Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Affect Health and Well-being Through

Adolescent/Adult as well as Child-Onset Complex Trauma

- Entrapment in Abusive Relationships(DV/IPV)
- Prolonged Captivity with Isolation or Torture
- Ethnic Cleansing/Annihilation/Degradation
- Prolonged War Violence/Destruction
- Human Trafficking/Slavery/Prostitution

Early Life Stress, Maltreatment, PTSD, and the Brain (Teicher & Samson, 2013, p. 1127)

“Briefly, the thalamus and sensory cortex process threat[s] ... and convey this information to the amygdala. Prefrontal regions ... modulate amygdala response, turning it down with the realization that something is not actually a threat or ... irrationally amplifying it. The hippocampus also processes this information and plays a key role in retrieving relevant explicit memories ... [and] modulates ... response to psychological stressors. ... The amygdala integrates this information and signals [lower brain areas, e.g., locus ceruleus], which regulates autonomic, [HPA], and noradrenergic response.”

FIGHT-FLIGHT-IMMOBILIZATION SURVIVAL MODE

- **Hypervigilance**
 - **Impulsivity**
 - **Aggression**
 - **Dissociation**

First Principle

**“First, do no *more*
harm”**

**Services, support, and environments can
help or hurt – both helper and recipient**

Core Principles of Trauma-Informed Services/Settings

- Meet ethical and clinical standards of care
- Client-centered, collaborative
- Strengths-based, resilience-enhancing
- Recovery-oriented, sensitive to culture/stigma
- Evidence-based² – Science x Engagement
- Individualized² – Assessment x Outcomes
- Trauma-Informed – Enhances safety/control
- Relational – Models Boundaries + Pos Regard
- Empowering – Foster Autonomy, Prevent Relapse

Helper Self-Care

- ✓ Emotion regulation – first put on our own “oxygen mask”
- ✓ Spirituality/mindfulness
- ✓ Awareness/commitment to core values
- ✓ Skills for self-regulation under stress
- ✓ Maturity and judgment
- ✓ Connection to healthy support systems

In everyday life, not just when
in the professional role

3 Core Goals of Human Services

1. Increase/support capacity to recognize and recover from extreme emotional/bodily states
2. Understand symptoms as stress reactions that are adaptive in intent but reactive in practice
3. Reestablish adaptive coping with stress
 - a) Recognize signals from the body
 - b) Name rather than avoid distressing emotions, thoughts, motives, impulses (mentalizing)
 - c) Recognize and draw upon personal strengths (including healthy goals, abilities, and relationships)

Creating Positive Helping Environments

Begin with a safe welcoming place

www.motivationalpostersonline.blogspot.com

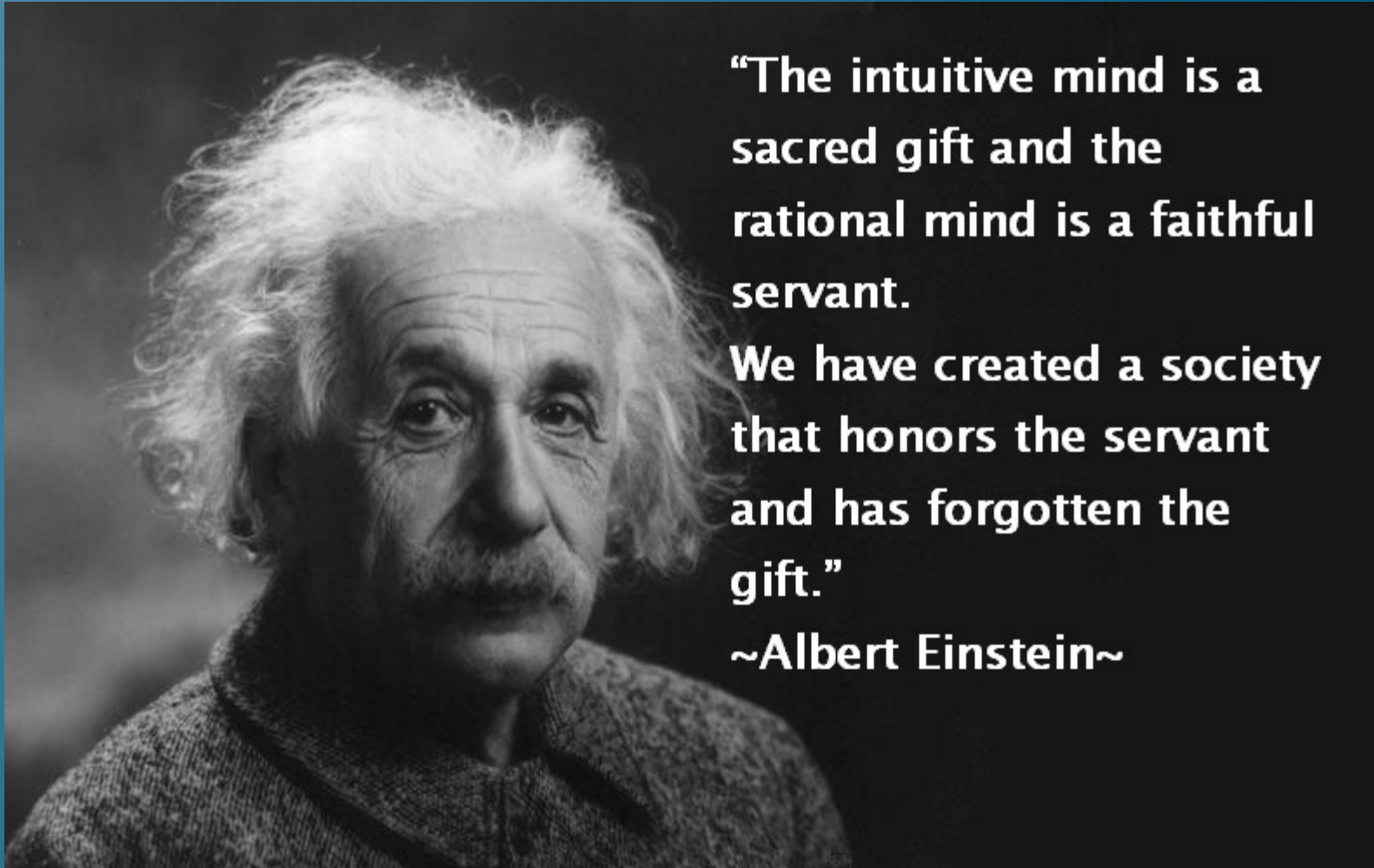


WON'T YOU BE MY NEIGHBOR ?

Please won't you be my neighbor ?

Creating Positive Helping Environments

Everyone is an expert



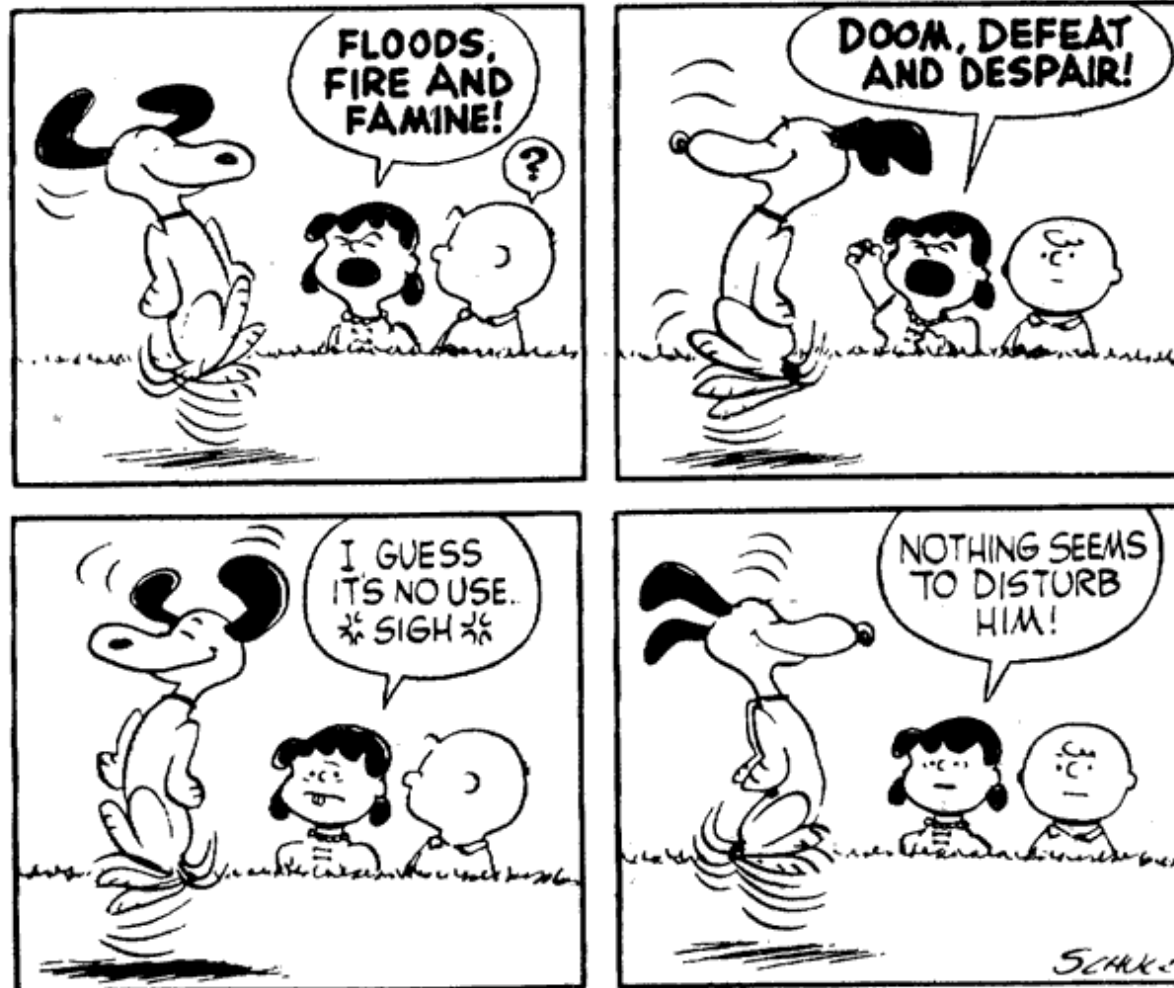
“The intuitive mind is a sacred gift and the rational mind is a faithful servant.

We have created a society that honors the servant and has forgotten the gift.”

~Albert Einstein~

Creating Positive Helping Environments

Everyone is a role model



**In Trauma-Informed Systems
EVERYONE Takes Responsibility
for Their Own Stress Reactions**

We're ALL In This Together!

**We ALL need knowledge and skills
to handle *stress* effectively.**

Copyright University of Connecticut All Rights Reserved

The Brain Under Normal Stress



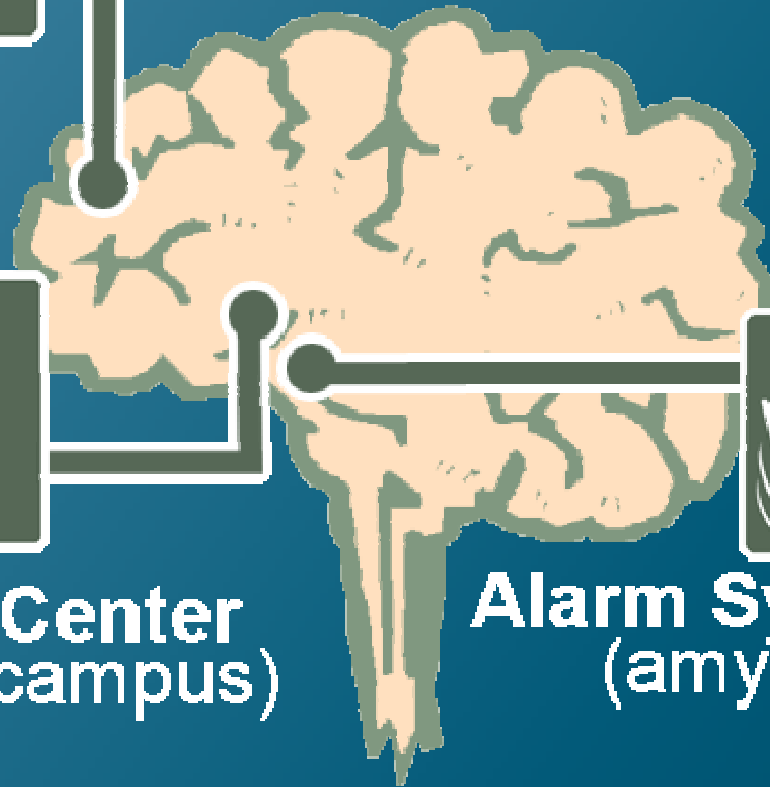
The Thinking Center
(prefrontal cortex)



Filing Center
(hippocampus)

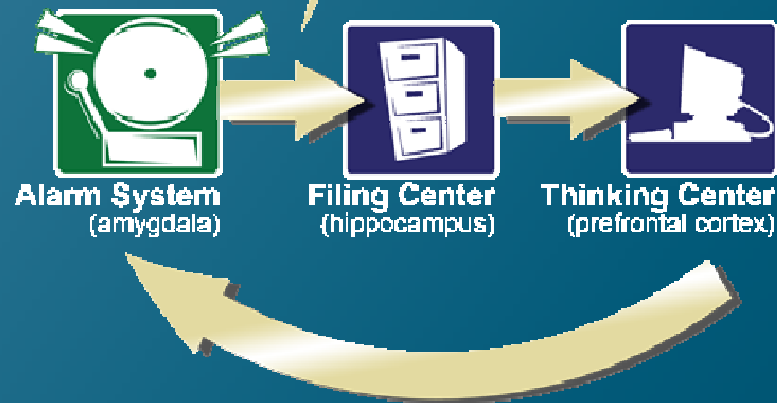
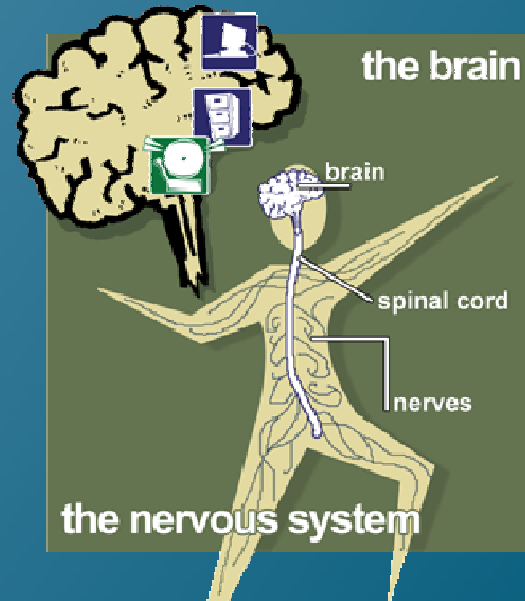


Alarm System
(amygdala)



normal stress

The Brain & Body Working Together



Anyone Can Become Too Stressed to Remember to Stop and Think

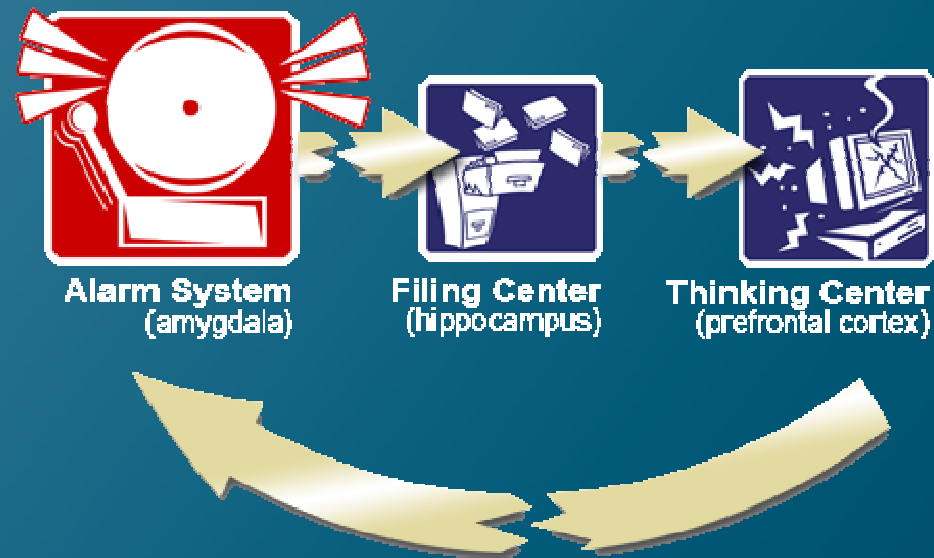
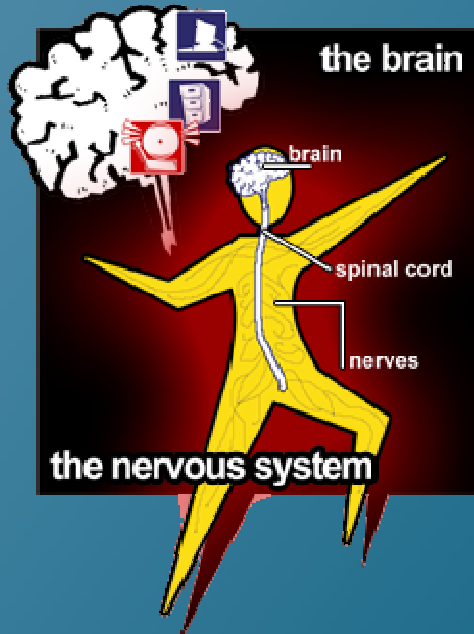
When the workplace, or life, gets stressful, our brain's alarm can get stuck on high alert

That's when we can find ourselves "over" reacting or acting without stopping to think

When stress is chronic, the brain's alarm system can "hijack" our body

extreme stress / trauma

The Alarm Takes Control



Copyright University of Connecticut All Rights Reserved

Using Our Brains to Handle Stress

The Good News: the brain can re-set and turn down a stuck alarm!

First, the brain's memory filing center must shift out of survival mode by retrieving memories that reflect my core values, who I am as a person, and who/what gives my life joy and purpose.

3 Steps to Reactivate the Thinking and Memory Centers:

SOS

STOP

Get ORIENTED

SELF-CHECK

SOS: 3 Steps to FOCUSING



Step I: Stop

Slow down, Step Back, Sweep your Mind clear

Step II: Get Oriented

Focus your mind on ONE THOUGHT that YOU CHOOSE based on what YOU VALUE and WHO YOU ARE AS A PERSON

Step III: Self Check

1. What's Your **Stress** Level?
2. What's Your **Personal Control** Level (your ability to think clearly right at this moment)?

Beginning of Session

Stress Level 1 2 3 4 5 6 7 8 9 10
low stress ← → high stress

Personal Control 1 2 3 4 5 6 7 8 9 10
no control ← → complete control



SOS

Slow down - Orient - Self-Check



End of Session

Stress Level 1 2 3 4 5 6 7 8 9 10
low stress ← → high stress

Personal Control 1 2 3 4 5 6 7 8 9 10
no control ← → complete control

Building Brain Power: The FREEDOM “Work Out”

Focus with the SOS

Recognize Stress Triggers

Emotions & Evaluations

Decisions & Options

Making a Contribution

Copyright University of Connecticut All Rights Reserved

FREEDOM steps

FOCUS

Slow down, Orient, Self-Check

RECOGNIZE

Stress Triggers

EMOTION

One MAIN Emotion

EVALUATE

One MAIN Thought

DEFINE

One MAIN Personal Goal

OPTIONS

Build On Your Positive Choices

MAKE a contribution

Make the World a Better Place



Copyright University of Connecticut All Rights Reserved

Awareness is the key to FREEDOM
from problematic stress reactions

Alarm reactions can be helpful
reminders to be safe and to not miss
life's positive opportunities ...

Or lead to shock, confusion, & burn
out, if we don't pay attention.

Peanuts Classics ®



FREEDOM also means paying attention to the “MAIN” side of our work and lives:

- ☐ My core values, beliefs, loyalties, and ...
- ☐ Attachments that give security, love, and ...
- ☐ Innner peace, and calm confidence.
- ☐ Nothing is more important to me than this.

The Final Step in FREEDOM

-

Making a Contribution

by being a role model for
responsibly managing the
alarm in your own brain

Copyright University of Connecticut All Rights Reserved

Connecticut Court Support Services Division Juvenile Detention TARGET Initiative

394 admissions (75% minorities; 91% male; 75+%
Trauma Histories; 21% full/partial PTSD)

50% receive TARGET 50% receive Usual Services

For each group TARGET session received in first week:

54% fewer dangerous incidents in 2-week stay

72 minutes less seclusion in 2-week stay

Recidivism decreased in TARGET (vs. Usual Services)

Ohio Department of Juvenile Justice and Youth Services TARGET Initiative

Juvenile Justice inpatient mental health secure facilities
74 consecutive admissions (25% minority; 89% male)

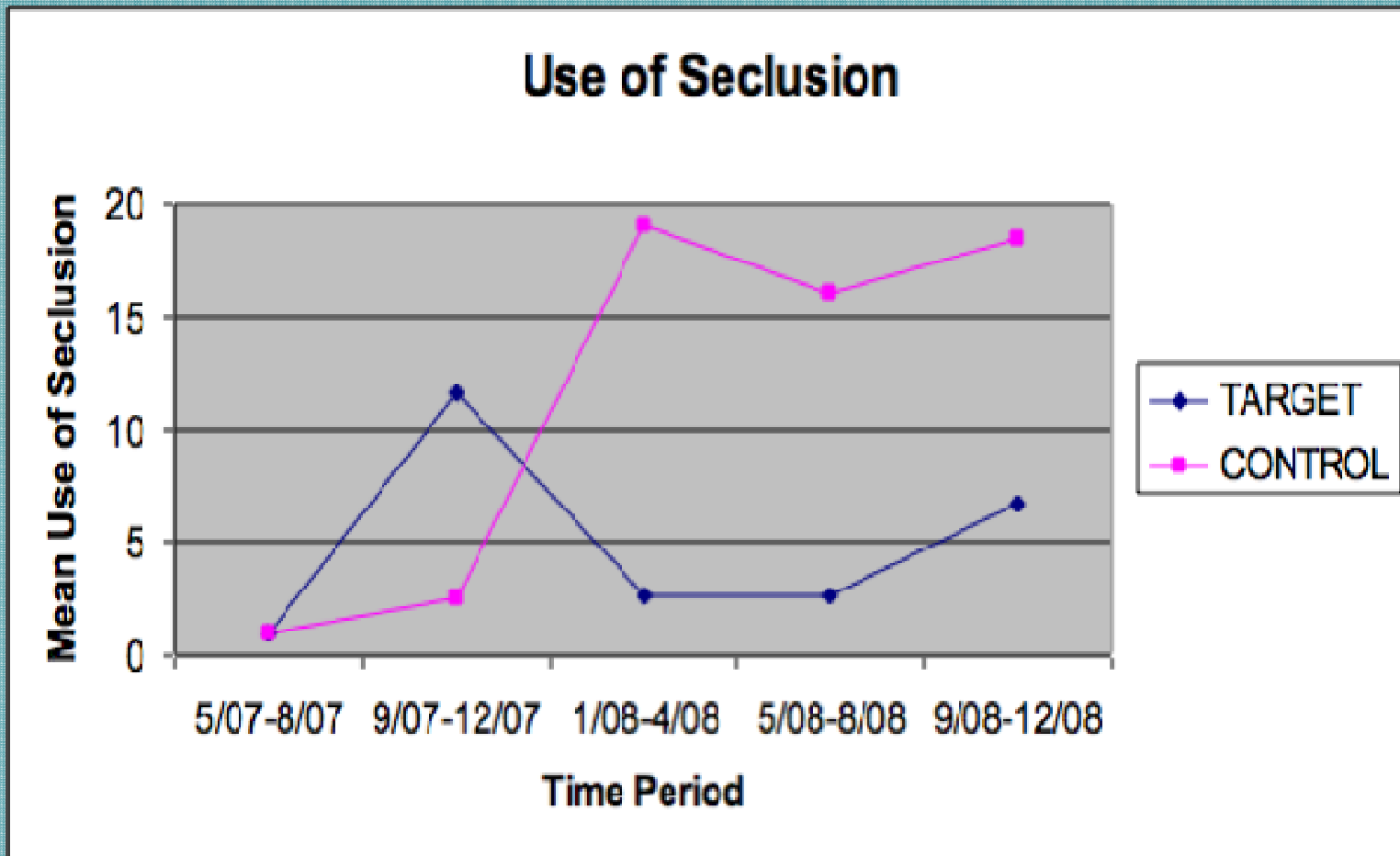
6 months before (2007) & 12 months after (2008)
TARGET implemented on 3 randomly selected Units

Usual Care Units: 300-400% increased dangerous incidents, seclusion, physical restraints

TARGET Units: 50-75% decreased dangerous incidents, seclusion, physical restraints + reduced depression, increased hope/engagement

Ohio JJ TARGET Initiative 2008

Reduced Seclusion in Inpatient MH



FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“1. Leadership toward Organizational Change” requires *focused* awareness of *triggers* in our organizations, *the alarm reactions* that can reduce organizational safety and effectiveness, and the **MAIN values and goals** that are the foundation for our organization and our services

FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“2. Use of Data To Inform Practice”
involves identifying and changing
individual and organizational practices
that create triggers or alarm reactions –
and identifying and honoring individual
and organizational practices that reflect
and strengthen our MAIN values

FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“3. Workforce development” involves providing all staff with **training, a work environment, supervision, mentoring, acknowledgement and compensation** that **reduce triggers and exposure to toxic stress reactions**, and **promote personal control and MAIN values**

FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“4. Use of Seclusion/Restraint Prevention Tools” involves anticipating the **triggers and alarm reactions** of the individuals to whom we provide services or supervision – and our own **triggers and alarm reactions** – and using the **SOS to help everyone regain focus on the MAIN** in (or before) a crisis.

FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“5. Inclusion of consumers, children families, and external advocates ... and peer support services” involves making a place at the table for everyone’s input

AND making handling stress effectively a shared goal that we all strive to achieve.

FREEDOM is a Link Between Trauma-Informed Care and the Six Core Strategies

“6. Debriefing [using] root cause analysis” requires a commitment at every level by all participants to **take responsibility for one’s own alarm reactions** and making changes that **minimize triggers** and **support a focus on MAIN values** (including **restoring good relationships and effective practices** that have become eroded by **alarm reactions**).

Published 2013, co-authored

HIJACKED *by Your BRAIN*

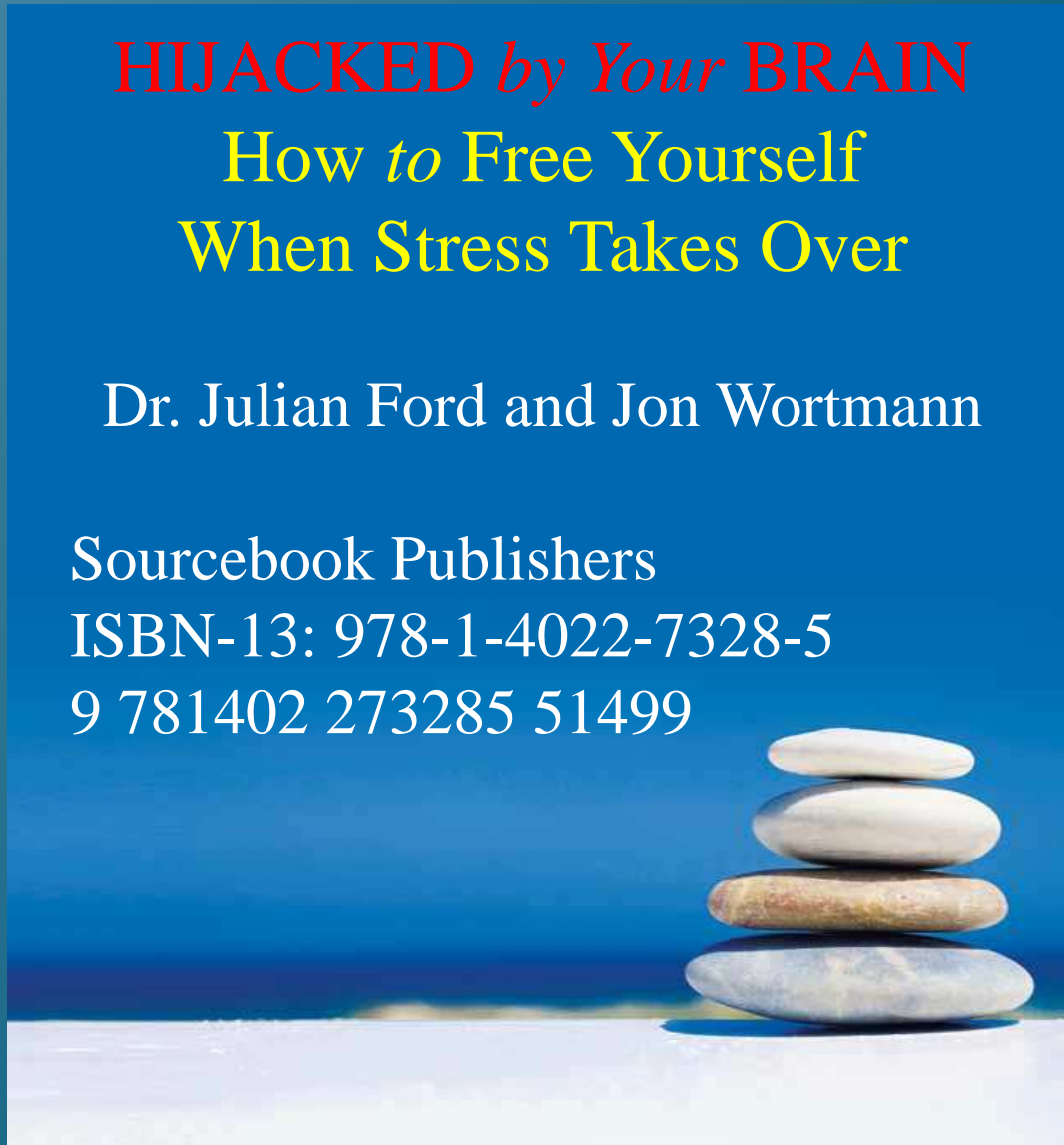
*How to Free Yourself
When Stress Takes Over*

Dr. Julian Ford and Jon Wortmann

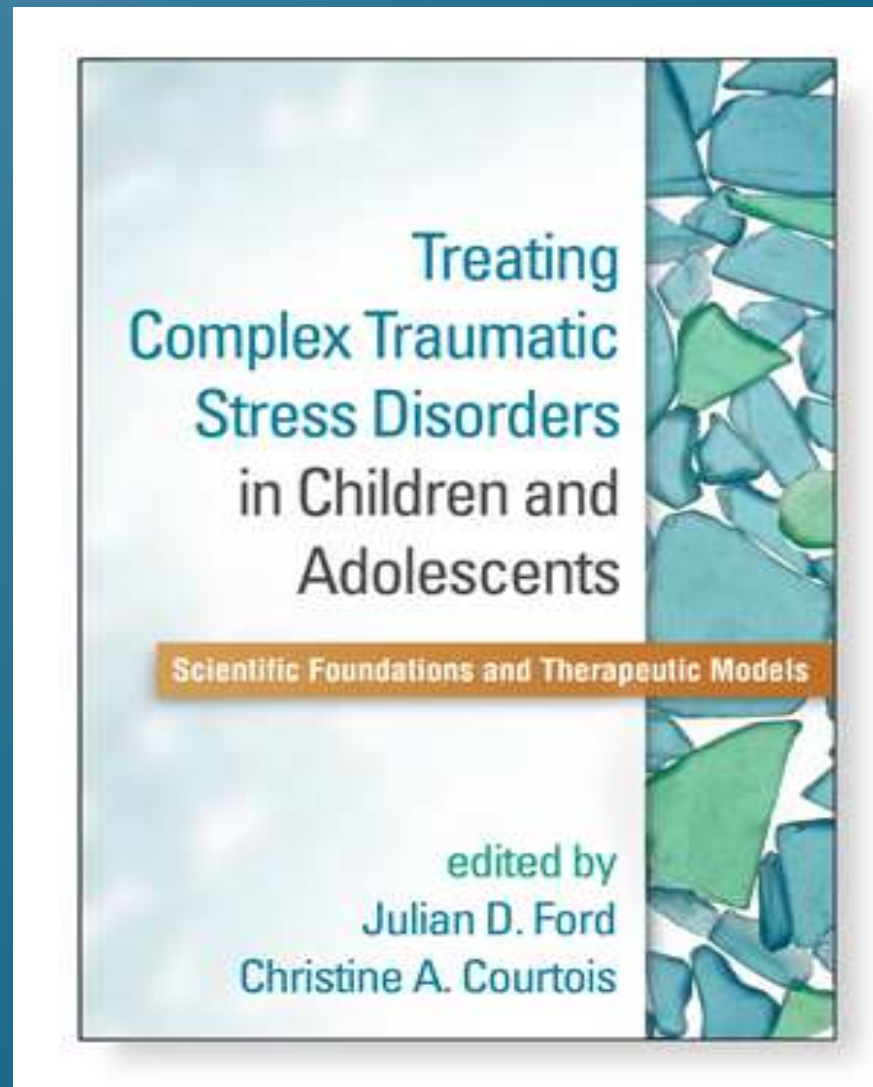
Sourcebook Publishers

ISBN-13: 978-1-4022-7328-5

9 781402 273285 51499



Published 2013, co-edited



RESOURCES

www.istss.org

www.isst-d.org

www.nctsn.org

www.apatraumadivision.org

www.acesconnection.com

www.advancedtrauma.com

PTSD: Becoming More Complex!

- ICD-11 Complex PTSD
- DSM-5 Revised PTSD
Criteria (including
Dissociative sub-type)

Complex PTSD in the ICD-11 (Draft Beta Version)

“... PTSD core elements accompanied by the following persistent and pervasive features:

- difficulties in emotion regulation
- beliefs about oneself as diminished defeated or worthless
- difficulties in sustaining relationships ...”

DSM-5 PTSD Criteria (New in Green Font)

B. Intrusive Re-experiencing (1+)

1. Spontaneous Involuntary Distressing Memories
2. Nightmares (content **OR affect** related to trauma(s))
3. Flashbacks (may be partial orientation x3)
4. Intense or prolonged distress 2^0 cues (**inc. symbolic**)
5. Marked physiological reactions to reminders

DSM-5 PTSD Criteria *(New in Green Font)*

D. Negative Alterations in Cognitions

/Mood Beginning In/After Trauma (2+)

1. Psychogenic amnesia (typically dissociative)
2. *Persistent exaggerated negative expectations about world/other (distrust), future (despair), self (damaged)*
3. *Persistent distorted blame of self or others re trauma*
4. *Pervasive negative emotional states*
5. Anhedonia
6. Detachment/estrangement from others
7. Persistent inability to experience positive emotions

DSM-5 PTSD Criteria (New in Green Font)

E. Altered Arousal or Reactivity

Beginning In/After Trauma (2+)

1. Irritable or aggressive behavior
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Concentration problems
6. Sleep disturbance (restlessness or insomnia)

DSM-5 PTSD Criteria (New in Green Font)

Dissociative Sub-Type of PTSD

Meets all PTSD criteria plus either:

1. Depersonalization
2. De-realization

Dissociation, Self-Harm, and Suicidality

“Escape where there
is no escape”

Putnam, 1985

Understanding Dissociation

- ❑ A state of **fragmented consciousness/self**
- ❑ May involve derealization, depersonalization, amnesia, somatoform/conversion, part selves
- ❑ Feel disconnected from oneself (identity/body = “not-me”) or outer world (“not real – no where”)
- ❑ Adaptive when information processing demands exceed one’s capacity – acute survival mode
- ❑ Problematic when infused w/chronic hypervigilance
- ❑ Linked between early life abuse w/NSSI, SI/SA via affect dysregulation (Ford & Gomez, 2015)

PTSD Comorbidities or Separate Disorders in DSM-5 Associated w/Childhood Maltreatment: Babel, Net Widening, or cPTSD?

Dissociative Disorders
Anxiety Disorders
Depressive Disorders
Somatoform Disorders
Sexual Dysfunctions
ADHD/ODD/CD/IED
Psychotic Disorders
NSSI

Personality Disorders
Addictive Disorders
Bipolar Disorders
OCD
Sleep Disorders
RAD/DSED
Eating Disorders
DMDD

What is Complex Trauma?

1. Survival Threat

2. Exceeds the Individual's
Adaptive Capacities/Resources

**3. Alters the Individual's
Development of Self-Regulation**

Developmental Trauma Disorder Self and Relational Dysregulation

DESPAIR

***Self as permanently damaged, relationships
as betrayals and exploitation***

- Withdrawal
- Self-medication
- Promiscuous/Dependent Attachment
 - Self-Harm
 - Suicidality

Developmental Trauma Disorder (Proposed but Not Included in DSM-5)

(van der Kolk, 2005; D'Andrea, Ford, et al., 2012; Ford et al., 2013)

Children exposed to complex trauma often meet some but not all PTSD criteria AND are given multiple co-occurring diagnoses due to:

- ✓ Emotion/Somatic Dysregulation
- ✓ Cognitive/Behavioral Dysregulation
- ✓ Relational/Self Dysregulation

Developmental Trauma Disorder

Affective/Physiological Dysregulation

REACTIVITY

Severe difficulty recovering from extreme states of emotion or physiological arousal

- Escalation
- Shut-down
- Mood cycling
- Dissociation

Evidence-informed PTSD Psychotherapies

Traumatized Pre-Schoolers

Lieberman's *Child-Parent Psychotherapy*

Eyeberg and Urquiza's *Parent-Child Interaction Therapy* (PCIT)

Traumatized Children and Adolescents

Cohen, Deblinger & Mannarino's *Trauma-Focused Cognitive Behavior Therapy* for sexual abuse-, traumatic loss-, and violence-related PTSD (TF-CBT)

Stein & Jaycox's *Cognitive Behavioral Intervention for Trauma in the Schools* (CBITS)

Layne, Olafson, Saltzman, and Kaplow's *Trauma and Grief Components Therapy for Adolescents* (TGCT-A)

Ford's *Trauma Affect Regulation: Guide for Education and Therapy* (TARGET)