Creating a Culture of Hope and Healing

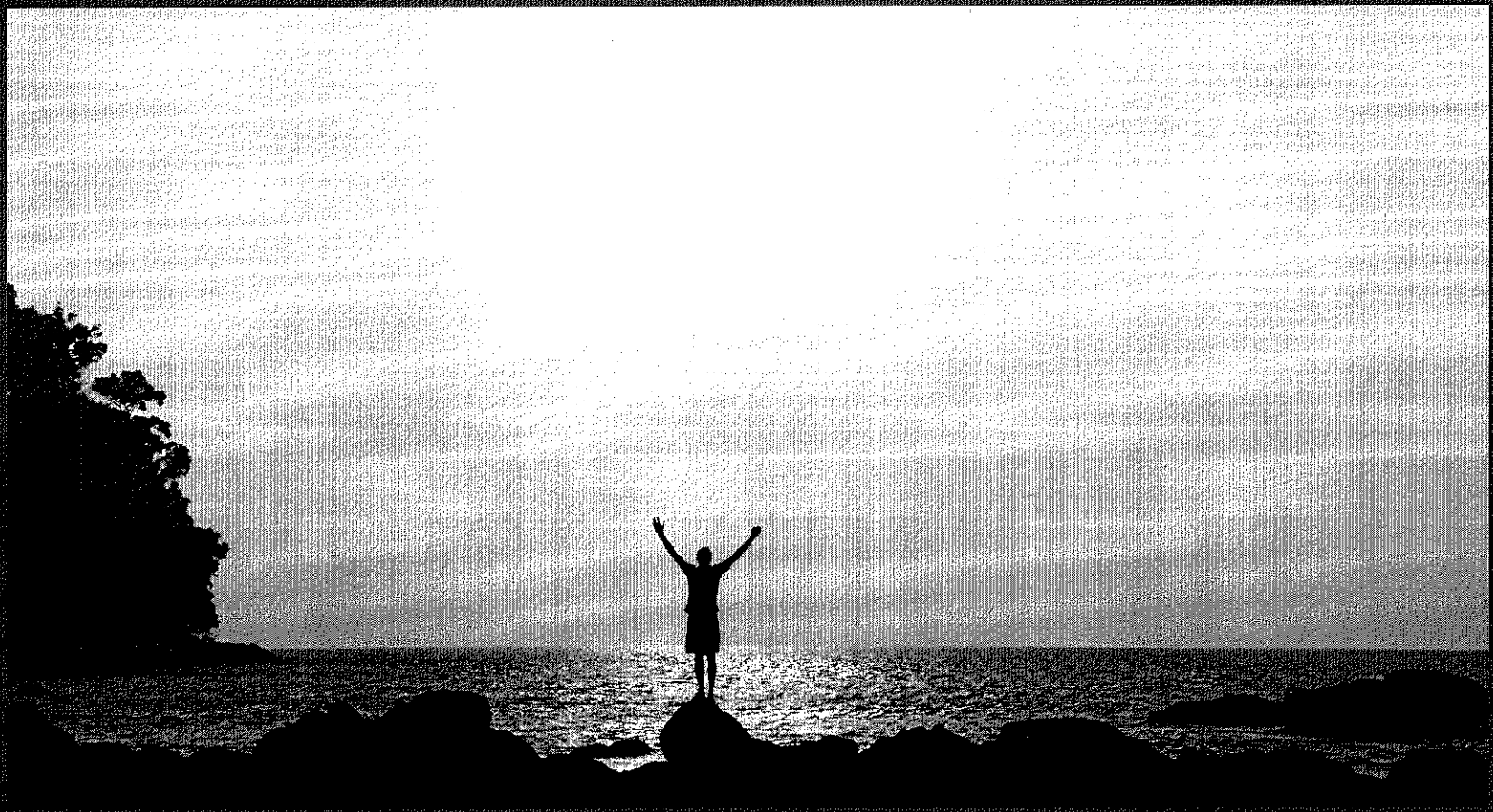
"Our capacity to destroy one another is matched by our capacity to heal one another. Restoring relationships and community is central to restoring well-being"

-Bessel van der Kolk

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma

"Hope is the lifeblood of resilience."

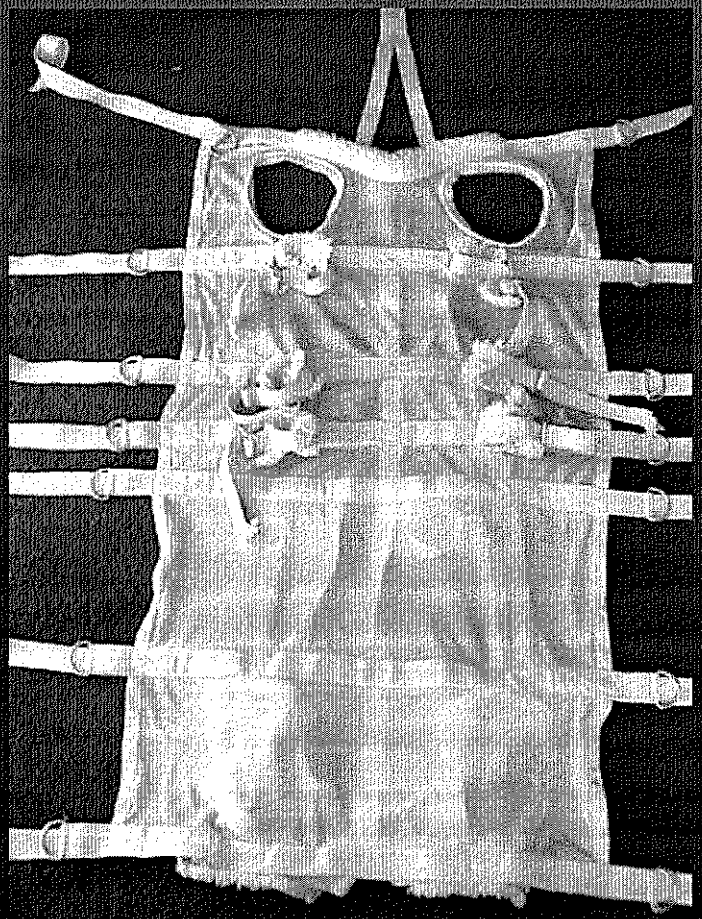
– WILLIAM C. BELL



What is "Re-traumatization"?

- A situation, attitude, interaction, or environment that **replicates the events or dynamics of the original trauma** and triggers the overwhelming feelings and reactions associated with them
- Can be **obvious** - or **not so obvious**
- Is **usually unintentional**
- Is **always hurtful** - exacerbating the very symptoms that brought the person into services

"I was tied up and tied down. It was terrifying, dehumanizing, degrading, and painful. Along with the restraint was a forcible injection of Haldol. Not only was the leather biting into my wrists, my body had been invaded by a substance that caused a feeling of intense internal violation."



Childhood Experiences Replicated in Services

- Unseen & Unheard
- Trapped
- Sexually Violated
- Isolated
- Blamed & Shamed
- Controlled, Powerless
- Unprotected & Vulnerable
- Threatened
- No Privacy or Boundaries
- Objectified
- Crazy-making
- Betrayed

UN Special Rapporteur on Torture

- In 2008 the UN Special Rapporteur on Torture, adopting a concept pioneered by the World Network of Users and Survivors of Psychiatry, articulated a standard for distinguishing between legitimate medical treatments that cause pain and suffering, and those that may constitute torture or ill-treatment:

- "Whereas a fully justified medical treatment may cause severe pain and suffering, intrusive and irreversible medical treatments lacking a therapeutic purpose, or aimed at correcting or alleviating a disability, may constitute torture or ill-treatment when enforced or administered without the free and informed consent of the person concerned."

Assumptions

Restraint/Seclusion are therapeutic

Restraint/Seclusion are needed to ensure safety

Reality

- Seclusion and restraint re- traumatizes service users and promotes feelings of isolation, helplessness, punishment, anger, confusion, and frustration (Champagne & Stromberg 2004).
- Seclusion and restraint practices promote challenging behavior, causes conflict between clinical staff and service users, and violates recovery potential (Hamner et al., 2011).
- "Seclusion is not a treatment ... (but) ... an inappropriate intervention of last resort" (Mental Health Commission, 2004, p.1).

NYS Justice Center 2017 Reports

11,940 Distinct reports received of alleged Abuse or Neglect

NYS Justice Center
2017 Reports - Death Involved

113 Abuse and Neglect investigation cases in which a Death involved

66 Had at least one substantiated allegation of abuse or neglect

NYS Justice Center
Staff Exclusion List

- Since June 30, 2013,
- 398 individuals
- Placed on the Staff Exclusion List,
- Prevents them from securing any position serving vulnerable populations.

Culture Change

A philosophical foundation that includes "the interpersonal, and organizational environmental elements that contribute to building a culture of safety" is imperative

(Goetz & Taylor-Trujillo, 2012, p. 97).

Trauma-Informed Practices

From "What's wrong with you?" To "What happened to you?"

- Reconnects people to their life experience
- Changes the conversation – event, impact and meaning
- Sees coping strategies and adaptations rather than symptoms
- Uses the language of experience rather than the language of diagnosis.
- Navigates relationships with a focus on what the relationship needs not just what one of us needs.
- Allows for stories to be shared and explore worldview

Trauma-Informed Practices

- Based on the universal expectation that trauma has occurred

- Focused on understanding "What happened to you?" not "What's wrong with you?"

- Seek to understand the meaning people make of their experiences.

SAMHSA's Key Principles of Trauma-Informed Approaches

Safety
Trustworthiness and transparency
Peer support
Collaboration and mutuality
Empowerment, voice and choice
Cultural, Historical, and Gender Issues

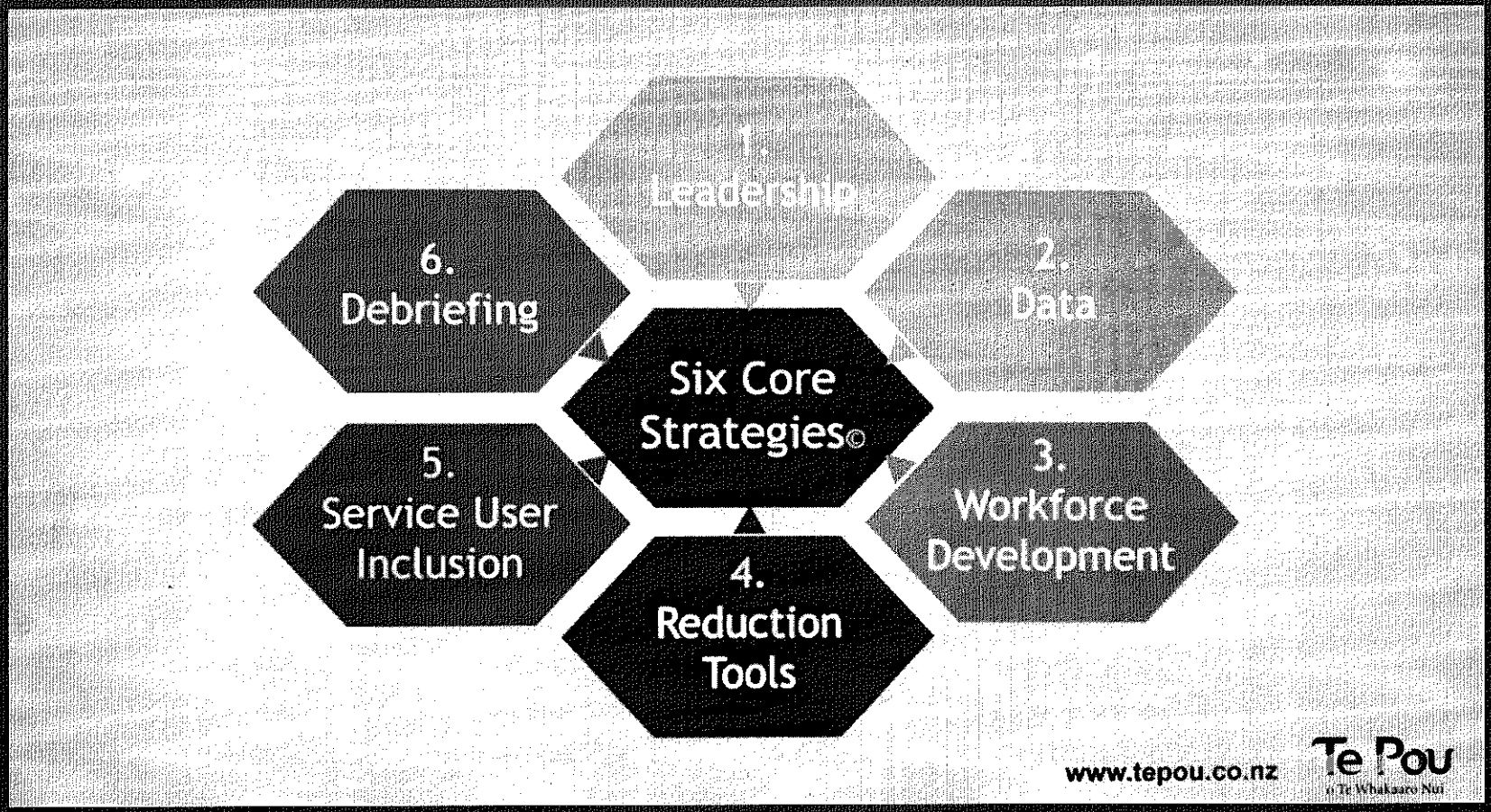
Non Trauma-informed Practices

- Recreate the fear and helplessness of the original trauma
- Cause distrust, sadness, anger, frustration and confusion
- Survivor reactions are seen as "symptoms" which increases the rationale for "management" and potential for coercion

What Does Help Look Like?

Not Trauma-Informed	Trauma-Informed
Needs are defined by staff	Needs are identified by survivor
Safety is defined as risk management	Safety defined by each survivor
The helper decides what help looks like	Survivors choose the help they want
Relationships based on problem-solving and accessing resources	Relationships are based on autonomy and connection
Help is top-down and authoritarian	Help is collaborative and responsive

National Association of State Mental Health Program Directors (NASMHPD)



PARS NYSOMH

- The Positive Alternatives to Restraint and Seclusion (PARS) project of the New York State Office of Mental Health (OMH)
- January 2007 through December 2011
- 3 participating mental health treatment facilities
- **demonstrated significant decreases in restraint and seclusion episodes per 1,000 client-days.**

What contributed to success?

- Respectful two-way communication between management and staff
- Between staff and youths, and
- Greater involvement of youths in program decision making

The Six Core Strategies Pilot Project

- Restraint /Seclusion Data from eight (8) project states in America
- Used NAMHSPD Six Core Strategies and Sensory Modulation Intervention Program
- 79% reduction in seclusion and restraint hours,
- 62% reduction in the number of service users requiring seclusion and restraint

(Conley, 2004, cited in Huckshorn, 2004).

New Zealand Study

- Evaluated the impact of a pilot sensory modulation intervention
- Four (4) mental health inpatient units (three adult and one youth)

Service users reported that sensory intervention

- promoted a calm inner state and
- gave them a sense of control
- enhanced interpersonal relationships between the clinical staff and inpatients
- taught self-management and regulation tools that could be transferred to other settings.

Concluded that sensory modulation is an effective tool to reduce aroused states and manage challenging behavior

New Zealand study conducted by Sutton, Wilson, Van Kessel, and Vanderpyl (2013)

Sensory Modulation

- Sensory-based intervention that helps de-escalate aroused states and reduces clinical staff's need for restrictive practices (Sutton,Wilson,VanKessel,&Vanderpyl,2013)

- Reduce levels of agitation and aggression

(Champagne, 2008, Champagne & Stromberg, 2004)

Sensorimotor Activities:

- Yoga/exercise groups
- Hot shower/bath
- Isometric exercises
- Art therapy/Crafts
- Mindfulness activities with sensory cues
- Glide rocking chair

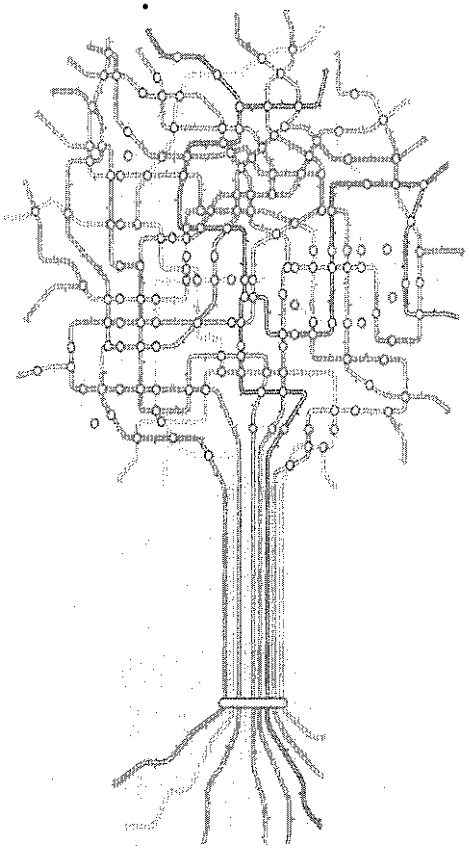
Sensory Modalities:

- Music Therapy
- Sound therapy
- Beanbag tapping
- Aromatherapy
- Light therapy
- Pet therapy

Reclaiming our Power

"We have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving, and touching..."

-- Bessel van der Kolk, the Body Keeps the Score



Emotional Regulation Techniques

A - Action B - Breath C - Centering **(Niroga Institute)**

Movement

Sound - singing, chanting, singing bowls, gong therapy

Rhythm, eg drumming, clapping, stomping the feet

Meditation

Mindfulness practice

Connection

"Connection is the energy that exist between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship. "

~Brene Brown

"We can change social conditions to create environments in which children and adults can feel safe and where they can survive."

-Bessel van der Kolk

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