Twelve Tenets of Complex Trauma-Informed Residential Services

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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…
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!”

- 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. Affect Recognition - identifying what is underneath the behavior (“why, not what”)
3. Consistent Response - predictability increases feelings of safety
4. Routines and Rhythms - 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 5 Modulation Steps with a student. Describe using ARC language:

Goal from supervision on __________________________ (date):
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 Restraine
How to Respond to Escalating Behaviors (BCC-JRI)

Sarah had a bad phone call and is crying
Offer validation and regulation skills

Sarah engages in skills and remains safe

Intervention NOT necessary
Continue co-regulation

Sarah becomes more upset, and refuses to return to her bedroom
Provide coaching
Give simple choices – Ex. We can sit here quietly for a few minutes, or we can use the sensory room.

Does NOT escalate. Intervention NOT necessary

Continue to offer choices and other validation

Sarah refuses, and throws the phone
Set limits and provide containment:
Sarah, we cannot throw things. I need you to either return to your room, or go to the space/comfort room.

Does NOT escalate. Intervention NOT necessary

Sarah is physically assaulting staff
Physical intervention appropriate

NOTE – Yellow = Individual
Blue = Staff

Average Percent Reduction in Restraint Per Bed Capacity
12-Month Evaluation Period

Target Residential Schools
Comparison Schools

-40% -20% 0% 20% 40% 60% 80% 100%

-40% -20%
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

- Sarah gets visibly upset every time she enters the science room.
  - Move Sarah closer to the teacher
  - Hang encouraging pictures near Sarah’s seat
  - Add a comfort or sensory tool to her seat

- Sarah does not like her assigned seat
  - Allow Sarah to sit near the window
  - Rearrange the room to make open space
  - Keep doors and windows open

- Sarah does not like small spaces
  - Reorganize the room to make open space
  - Provide more space in Sarah’s area

- Sarah is triggered by the closeness of the seats
  - Rearrange classroom seating arrangement
  - Leave an empty seat next to Sarah
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
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.
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

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