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

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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
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-based$^2$ – Science x Engagement
- Individualized$^2$ – 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

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.
The Brain Under Normal Stress

- The Thinking Center (prefrontal cortex)
- Filing Center (hippocampus)
- Alarm System (amygdala)
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

Alarm System (amygdala) → Filling Center (hippocampus) → Thinking Center (prefrontal cortex)
Using Our Brains to Handle Stress

The Good News: the brain can reset 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 YOUR 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)?
Building Brain Power: The FREEDOM “Work Out”

Focus with the SOS

Recognize Stress Triggers

Emotions & Evaluations

Decisions & Options

Making a Contribution
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

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

- **M**y core values, beliefs, loyalties, and ...
- **A**tchments that give security, love, and ...
- **I**nner peace, and calm confidence.
- **N**othing 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

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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

Use of Seclusion

Mean Use of Seclusion

<table>
<thead>
<tr>
<th>Time Period</th>
<th>TARGET</th>
<th>CONTROL</th>
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<tbody>
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<td>5/07-8/07</td>
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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.
“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.
“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).
HIJACKED by Your BRAIN
How to Free Yourself When Stress Takes Over

Dr. Julian Ford and Jon Wortmann

Sourcebook Publishers
9 781402 273285 51499
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?

<table>
<thead>
<tr>
<th>Dissociative Disorders</th>
<th>Personality Disorders</th>
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<tbody>
<tr>
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<td>Depressive Disorders</td>
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<td>Sexual Dysfunctions</td>
<td>Sleep Disorders</td>
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<tr>
<td>ADHD/ODD/CD/IED</td>
<td>RAD/DSED</td>
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<tr>
<td>Psychotic Disorders</td>
<td>Eating Disorders</td>
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<tr>
<td>NSSI</td>
<td>DMDD</td>
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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)