Rebranding...Transforming

Creating a Trauma-Sensitive Environment that *Instills Hope and Builds Futures*
Identify unique trauma-related characteristics of those we serve

Deepen understanding of trauma-responses that challenge traditional treatment interventions and programming

Describe various factors that contribute to an effective trauma-sensitive environment
Press release:
“The company completes the acquisition of NorthStar Behavioral Health System and Good Samaritan Counseling Center in Anchorage, Alaska as UHS' first behavioral health facilities outside of the lower 48 states”
Two key factors triggering BIG change

Continued high amount of abuse, neglect, suicide, sexual assault, and other trauma exposure

Advancement in trauma-related research
"Research has made significant gains in helping us to understand trauma. Now, we have to figure out what we are going to do with the information"
Take what is known about the unique characteristics of the population we serve and what is known about the roadblocks and challenges with traditional treatment and interventions.

The creation and implementation of an effective trauma-sensitive environment that instills hope and builds futures.
Childhood Complex Trauma

Unique Characteristics

(A brief summary of Risk Factors and Protective Factors)
“Why are we transforming?”
Because the people of Alaska need us to change.
Nearly 50,000 youth in Residential treatment each year (U.S.)

- **62%** Traumatic loss, separation, bereavement
- **69%** Neglect
- **58%** Domestic Violence
- **68%** Emotional abuse
- **63%** Physical abuse
- **47%** Sexual abuse

**Trauma-specific**
- **66% Female**

**Physical abuse**
- 60% females 43% males

**Sexual abuse**
- 64% females 27% males

**Abused by parent**
- 59% females 43% males

Nearly 50,000 youth in Residential treatment each year (U.S.)

- 62% Traumatic loss, separation, bereavement
- 69% Neglect
- 58% Domestic Violence
- 68% Emotional abuse
- 63% Physical abuse
- 47% Sexual abuse

- 94% experience multiple traumatic events
- 46% have PTSD as a primary diagnosis

72% of youth in residential placement had family problems

Guardians

- 60% substance abuse problems
- 47% inadequate disciplinary approach
- 30% incarcerated
- 69% parent neglect
- 38% marital/relationship problems
- 23% domestic violence
- 42% abandonment
- 17% parental unemployment
- 24% history of psychiatric problems

60% impaired caregiver
Trauma Responses

Emotional Dysregulation
- Fears
- worry
- anxious
- nervous
- Sadness
- Depression
- Numbness
- Crying
- Tearfulness
- Emptiness
- Withdrawn

Behavioral Dysregulation
- Agitated
- Irritated
- Annoyed
- Angry

Suicidal Ideation

Defiance
- Oppositional
- Disrespectful
- Elopement

Loss of interest
High risk & reckless behaviors
Self harm
Substance Abuse

Lies
Stealing
Poor Focus

Posturing
Aggression
Verbal Threats

Suicide
Criminal Bx
Teen Pregnancy
School dropout etc.
Protective Factors

Moderate the long-term psychosocial outcomes of various high-risk populations

- Positive aspects of early family history (parental closeness and support)
- Inherent personality characteristics (easy temperament)
- Social support relationships
- School-related factors (school connectedness)
- Involvement in structured activities
- Particular perceptions and outlooks

Risk Factors

Influence transitions through life


1. **Involvement**
   
a. I work out, play **sports**, or exercise a few times each week
b. I belong to an **organized activity** (club, team, group) that I go to at least once a week
c. I have a regular part-time or full-time job
d. I’ve had jobs in the past
e. I have done **volunteer work** in the past (*Volunteer work had the highest loading weight*)
f. I go to **church** or **youth group** regularly

2. **Social skills**
   
   Get along well with peers

3. **Family Strengths**
   
   Growing up I’ve had a mostly warm positive relationship with my mom

4. **School Strengths**
   
   I’m a good student in doing school work and home work

5. **Social supports**
   
   I have some close friends that support me and I like to spend time with

6. **Positive outlooks**
   
   I’m usually able to put hard times behind me and move on with life
Identify unique trauma-related characteristics of those we serve

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Childhood Complex Trauma

The impact of exposure to trauma

(A brief summary of roadblocks and challenges to traditional treatment and interventions)
Depression
- Sadness
- Irritability
- Sleeping
- Concentration & focus
- Memory
- Withdrawn
- Isolation
- Trouble making decisions
- Unable to complete tasks
- Problems with planning & organizing

Self Destructive
- Self harm
- Suicidal ideation
- High risk behaviors
- Substance use
- Risky activities
- Eating disorders
- Impulsive

Self Perception
- Worthless
- No value
- Shame
- Self hate
- Disgusting
- Unlovable
- Poor sense of separateness
- Body image disturbances

Dissociative States
- Outside of self
- Take on other characteristics and personalities
- Forgetfulness
- In a fog

Anxiety
- Panic
- Worries
- Fears
- Nightmares
- Intrusive thoughts
- Hyper-vigilance
- Easily startled
- Obsessiveness
- Emotions feel out of control

Somatic Complaints
- Headaches
- Stomachaches
- Chronic pain
- Sensitive to stimulus
- Hypersensitivity to physical touch
- Increased medical concerns

Co-dependency/Attachment
- Make others responsible for my happiness
- Emotions easily influenced by other people and their emotional state
- Poor boundaries (setting and maintaining)
- Overwhelming fear of not being liked and accepted
- Compelled to be in control
- Lack of trust

Oppositional and Defiant
- Anger
- Aggression
- Trouble with the law
- Breaking rules
- Problems with authority figures
- Hate
- Critical
- Bitterness
- Resentful

Trauma Response System

“T”
“t”
Roadblocks and Challenges

1. Staff lack adequate and appropriate knowledge and understanding about trauma, the effects of trauma exposure, the process of healing, and building blocks of HOPE and resilience

2. Due to limited trauma-based knowledge and understanding, various policies and procedures, treatment strategies, interventions, programming, and interactions are built upon principles counterproductive to trauma healing and restoration

3. Staff lose hope and compassion wanes when interventions appear ineffective and clients do not improve and/or they regress after making some initial progress

4. Root of behaviors are misunderstood and misinterpreted as willful disobedience, oppositional, manipulative, and bratty

5. Staff unaware of own counter-transference and parallel processing
Some type of event (touch, smell, hear, taste, see) occurs and stimulus-related information transfers to and from the brain through various neuropathways.

The brain receives the information and through various processes assesses the situation and determines whether it is a threat or not.

If the brain perceives a threat, then it triggers the activation of the sympathetic arousal system and the body automatically prepares to fight, flight, or freeze.

If the brain does not perceive a threat, then various cognitive processes either continue to explore for deeper understanding (begins to make sense out of the situation) or further ignores the event.

Pertinent information is stored in various places within the brain for later retrieval and use.
Information Processing
(in more detail before we look at how trauma exposure can compromise processing)

Mary has a stuffed bear
Mary sleeps with her bear each night because it is soft
I like to cuddle soft things
Stuffed bear is soft; People sleep good; Bedroom is safe place; Parents give gifts
Parents give safe gifts to their children to celebrate special events and it makes them feel good and sleep well at night
Good people give gifts to good people to celebrate good times

I like to cuddle soft things
Mary sleeps with her bear each night because it is soft
Mary has a stuffed bear
Exposure to childhood complex trauma
(A complex process in a nutshell)...

...transforms the make-up of the brain and self-protective internal processes become involuntary whereby the parasympathetic arousal system becomes hijacked by the sympathetic arousal system – overwhelming cognitive processing and triggering survival-driven emotional and behavioral responses and reactions – survival becomes paramount
Information Processing (Revisited)

Is this a threat?

YES!

Stuffed bears are dangerous because bad things happen when you get stuffed animals. Uncle Joe told me I was special and gave me a Teddy bear the night he touched my privates. I hate that bear but I can’t get rid of it because my mom and dad said I had to take care of it because Uncle Joe gave it to me. Something must be wrong with me because I don’t think he is special at all but everyone else thinks he is. I ran away when mom tried to give me a bear for my birthday. I had to because stuffed bears are bad and scary.
Information Processing
(Revisited: Trauma-colored Lenses)

Belief  Loneliness  Family Secrets
Information Processing & Trauma Responses (Underlying Function)

**CAGE**

1. **Control** (regulate situations and social interactions)
2. **Avoid** (something that triggers trauma-related information)
3. **Gain** (something to meet a perceived immediate need)
4. **Escape** (from some perceived threat)

What may have been the underlying function of running away (the behavior) when given a birthday bear by her mom?

(Prizant et al., 2005)
Exposure to complex trauma effects the whole self – mind, body, and spirit

- Boundary problems
- Social isolation
- Difficulty trusting
- Interpersonal difficulty

- Sensorimotor developmental problems
- Hypersensitivity to physical contact
- Somatization
- Increased medical problems

- Difficulty paying attention
- Lack of sustained curiosity
- Problems processing information
- Problems focusing/completing task
- Difficulty planning, anticipating, & prioritizing
- Learning difficulties
- Problems with language development

- Impulse control
- Self-destructive behavior
- Aggressive Behavior
- Oppositional Behavior
- Excessive Compliance
- Sleep Disturbance
- Eating Disorder
- Substance Abuse
- Re-enactment of trauma past
- Problematic self-soothing practices

- Lack of continuous and predictable sense of self
- Poor sense of separateness
- Disturbance of body image
- Low self-esteem
- Toxic shame and guilt
- Compromised sense of value, worth, and morality

- Problems with emotional regulation
- Difficulty describing emotions, internal experiences, and internal states
- Problems communicating needs

Complex Trauma-Related Challenges
### Body
- Trauma-colored cognitive processing manifests outwardly (behaviorally) in high emotionally charged trauma-based (safety/protection) responses and reactions (self-harm, high risk behaviors, uses body to gain gratification)
- **Poor boundaries** (Abuse = repeated emotional, physical, intellectual, spiritual boundary violations)
- Lack of respect, love, and value for one’s own body manifests in reckless disregard for self and others (pleasure, immediate gratification, and impulsivity paramount; uses body for risky short-term gain)
- Eating, sleeping (causing fatigue), and hygiene challenges

### Mind
(Cognitive Processes & emotions)
- Logical part of the brain gets hijacked by safety- and protective-driven system (fight, flight, freeze – extreme emotional responses)
- Information gets stuck in loop (information processing)
- Experiences are filtered through a trauma-colored lens creating trauma-based belief, thoughts, and perceptions (stupid, incompetent, failure, hopelessness, shame, worthlessness, no value, not smart so drop out of school or do not try, etc.)
- **Altered social paradigm** – social code differs from established rules of the majority of society (trauma violates social contract of fairness and justice – *good is rewarded and causing harm is punished*) Thus, survival (my needs met immediately) trumps morality (this behavior is not ok)
- **Reward/motivation system compromised** (impaired ability to delay gratification; lack of or delay in motivation; compromised sense of rewards)
- **Compromised distress tolerance system** (impaired ability to tolerate distress)
- **Rigid** (inflexible) and **concrete** thinking patterns

### Spirit
- Trauma-colored understanding, perceptions, and beliefs about self, others, the world, and God
- Spiritual beliefs and faith may change following traumatic exposure (some research suggests changes are based on degree of spirituality/faith prior to trauma exposure)
Roadblocks and Challenges to Treatment and Interventions

Environment

Behavior modification programming

Toxic shame (failure, worthless, not good enough) if points/levels are not given (and/or achieved) and rewards/privileges not earned

Lower order learning (and functioning):
Compliant behavior based on external reward system (not internally motivated by higher order learning/functioning)

Limited Choices

Triggers powerlessness and does not encourage higher order learning and functioning (critical thinking skills)

Limited Contact

Triggers attachment-related responses

Roadblocks and Challenges to Treatment and Interventions

**Environment**

- **Re-exposure**: Traumatized clients may experience further trauma exposure when other clients display unsafe behaviors (suicide attempts, aggression, threats, etc.).

- **Misdiagnosis**: Ineffective interventions based on misdiagnosis; medication ineffective based on misdiagnosis.

- **Systems & Procedures**: Restraints, Seclusions, & Injections could trigger trauma-related memories and responses/reactions.

References:
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<td>Lack Knowledge and Understanding</td>
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<td>Parallel Processing</td>
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<th>Staff do not fully understand trauma, effects of trauma exposure, triggers, trauma responses/reactions, and client re-enactment behaviors</th>
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<td>Staff unaware of their own triggers</td>
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<td>Safety responses by staff, for example, may be perceived by traumatized clients as control (“Traumatized children struggle with issues of control to compensate for feeling a lack of power”)</td>
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Roadblocks and Challenges to Treatment and Interventions
Parallel Processing

“The parallel impact of trauma on the organization can have many negative consequences that affect the quality of care...if not driven by trauma-informed system of care, trauma can cause agencies to become crisis-driven, fragmented, and ineffective...staff can resort to autocratic, punitive means of control, and become more resistant to change. Similar to symptoms of the children served, adults in the care-giving role can engage in constant re-enactment and exhibit loss of hope and meaning”

Identify **unique** trauma-related characteristics of those we serve

Deepen understanding of trauma-responses that challenge traditional treatment interventions and programming

Describe various factors that contribute to an **effective trauma-sensitive environment**

---

1. **The Need**
   - Unique Trauma-Related Characteristics
     - Abuse and Neglect Statistics
     - Placement Statistics
     - Trauma Responses
     - Risk and Protective factors

2. **The Challenge**
   - Effects of trauma exposure (The whole self and the environment)
     - Information Processing
     - Trauma Exposure: A Transforming Process
     - Roadblocks and Challenges
     - Parallel Processing

3. **The Solution**
   - Trauma-sensitive Environment
     - Vision and Mission
     - External changes and Internal transformations
     - Phases of Healing – A Process
     - Resiliency – An Internal Process
     - Programming that Instills Hope and Builds Futures
Childhood Complex Trauma

Developing and implementing a trauma-sensitive program (an environment) that instills hope and builds futures.
Building a trauma-sensitive environment

1. **Knowledge and understanding** about trauma, the effects of trauma exposure, the process of healing, and building blocks of HOPE and resilience MUST become second nature for every person and deeply engrained within every aspect of the program.

2. Everything (P&Ps, treatment, intervention, programming, interactions, etc.) MUST be built upon trauma-based **foundational principles**.

3. **Compassion** for those exposed to trauma MUST be the **heartbeat** of the staff, agency, and all interactions.

4. **Determination** to go to great heights of monumental proportions to seek and find the underlying **FUNCTION** of (trauma) responses and **reactions** (and adjust interactions to help client walk through healing journey and toward psychosocial maturity).

5. **Steadfastness** to walk with the wounded, the hurting, through the peaks and valleys of their healing journeys.
Rebranding... Transforming
A strength-based perspective

VISION
To provide an opportunity for all at-risk youth and adults of Alaska to experience holistic healing, optimize educational experiences, grow physically and spiritually, and share their unique qualities in ways that make a difference in the lives of everyone they come in contact.

MISSION
To provide evidence-based therapeutic, educational, nursing, psychiatric, and spiritual services and programming that instill abundant hope and build promising futures.

Sowing excellence
Reaping excellence
Yes, we have made some external changes
Glacier
Washington State (acute)

Blue
Unit

Redwood
California (RTC – community-based program)

Red Unit

Jade
Taiwan (acute)

Pink Unit

Sunbeam
Wyoming (RTC – community-based program)

Yellow Unit

Sandia
New Mexico (RTC – Secure program)

Green Unit

Copper
Colorado (acute)

Orange Unit

North Star
Debarr

Blue Unit

The Cascade Trail

Yellow Unit

Pink Unit

Green Unit

Red Unit

The Cascade Trail

Orange Unit
The biggest transformation

Trauma-sensitive foundation

Facility-specific trauma-sensitive interventions and programming

1. Focus on phases of development
2. Healing is a process
3. Building blocks of resilience

1. Performing Arts
2. Creative Arts
3. Organized Sports
4. Spirituality
5. Volunteering
6. Family programming
7. Outdoor wilderness
8. Self-Discovery
9. Educational
Mastering skills of the mind, body, spirit

Developing the mind, body, and spirit

Strengthening the mind, body, and spirit
Healing is a process

Developmental phases – no levels to earn or lose; no points to gain or lose

Recovery Capital
Stabilization Stage
Trauma Processing Stage
Reintegration Stage

The Preparation Trek
The Expedition Trek
The Summit Trek
Resilient/Resilience

... an internal state of being

... delicately linked with one's innate drive to survive

... of establishing holistic Balance

Mind, body, and spirit
Resilience & Healing... a SARE continuum
(process of establishing holistic balance... innate drive to survive)

Level of Functioning
Thinking, Responding, Learning

- Survive a distress
  - Fight
  - Flight
  - Freeze

- Adjust/Adapt to a distress

- Restore from a distress and
  - Establish holistic balance

- Internal resource building
- Trauma reprocessing
- Internalize new narrative
Resilience & Healing Process

Resilience is relative to cognitive developmental level and psychosocial maturation.

- Preparation Trek
- Expedition Trek
- Summit Trek

- Resilience
- Recovery Capital
- Spirituality

Building blocks of Resilience

1 = Preparation Trek
2 = Expedition Trek
3 = Summit Trek

- I live life on my own terms; let me see how I can get away with it
- That may not be okay with others; maybe I should not do that
- Rules/boundaries are necessary; that is not an option if it compromises my values and value system

- You are the problem
- I am part of the problem
- Challenges help me grow

- I can see only my way
- Maybe there is more than one way to see it
- Seek out and assimilate other perspectives and opportunities

- Creativity
- I do not know
- I think I know
- I knew how to solve it so I did

- Morality
- 1. If it feels good do it
- 2. It might not be ok
- 3. This is wrong
- 1. I know
- 2. I understand
- 3. I internalize

- Insightfulness
- 1. Help me
- 2. I think I can
- 3. I am doing

- Independence
- 1. Tell me how
- 2. How about?
- 3. I know how
- 1. Me
- 2. You
- 3. Us

- Initiative
- 1. Need to meet my needs
- 2. I need to meet your needs
- 3. We have mutual needs that we can meet together

- Interrelations
63% Spirituality is very important
7% Unsure
30% Not important

Of those who believe spirituality is important:
88% Christian
12% Other

Of those who believe spirituality is not important:
12% “I’m Atheist”
8% No affiliation with any type of religion or spirituality
Putting it all together

Summit Trek
Restore & Establish Holistic Balance

Expedition Trek
Adaptive Strategies

Preparation Trek
Survival Strategies

Spirituality

Resilience
Develop “Fields of Competence”

Performing Arts (Dance, drama, choir, band, sing) = Choices, Empowerment, Strength-based, sensorimotor expression, emotional regulation, skill building and development

Creative Arts = enhance flexibility of the mind, self-expression, skill building

Sports Program = increase skills, build teamwork, emotional regulation (principles of trauma-sensitive coaching – trauma-sensitive yoga)

Spirituality and Resilience = develop value, worth, and morals, instill HOPE, build futures

Volunteering = empathy, compassion

Education = working on legislation so educational options based on trauma-sensitive principles are more readily available

Family involvement in all activities (family choir)

*Intensive Trauma-Sensitive Training
Identify unique trauma-related characteristics of those we serve

Deepen understanding of trauma-responses that challenge traditional treatment interventions and programming

Describe various factors that contribute to an effective trauma-sensitive environment
Disclosure to Audience

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

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Date: 04/22/2015  
Starting Time: 8:00 am  
Ending Time: 9:00 am  

Topic: Rebranding: Building a trauma-informed care environment that instills hope & builds futures  
Presenter(s): Rebecca Shaw, Ph.D., LPC

At the conclusion of this activity, participants should be able to:

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<th>Not at All</th>
<th>Slightly</th>
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Was the presentation commercially biased in any manner?  
Yes [ ]  No [ ]

Based on this activity, what will you do differently in your practice?  
Topics of Interest for future Seminars:

Printed Name of CME participant: ___________________________  
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