Moving Towards a Trauma-Responsive Practice in Treatment Court Teams

December 20, 2017

Beyond the Bench Conference

San Diego, CA

Honorable Katherine Lucero, Santa Clara Superior Court

Kathleen West, DrPH, USC Dept of Preventive Medicine

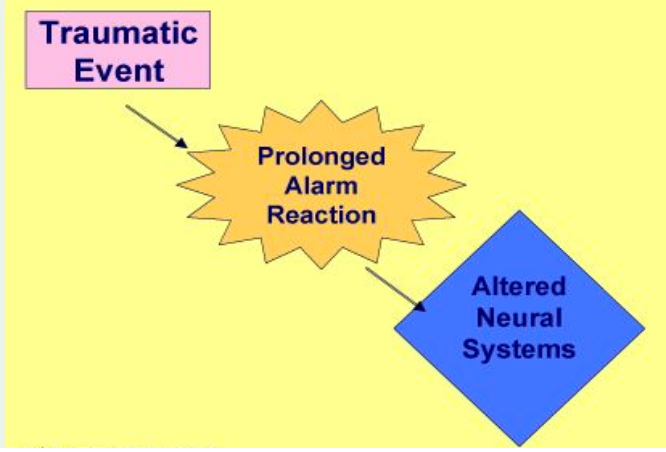
SESSION LEARNING OBJECTIVES

1) Identify what "counts" as traumatic exposures for children and youth and how it might explain some of their behaviors.

2) Explain why intergenerational trauma cycles are difficult to break and steps court teams can take to effectively intervene.

3) Identify at least three self-care strategies you can employ to improve your professional quality of life and model healthy trauma-informed practices for court users.

Trauma can be induced by experiences that lead to abnormally intense, prolonged stress responses



Trauma can be experienced directly (primary) or secondarily – by hearing about it or bearing witness to its effects

Any examples of traumatic experiences in your Courts lately?

Increased understanding of the role of traumatic exposures in ***many*** diseases,
And the need to address trauma to achieve health and wellness is motivating systems change

"It is difficult to get a man to understand something, when his salary depends on his not understanding it." Upton Sinclair

Are we experiencing more trauma?

24-hour "News" Cycle,

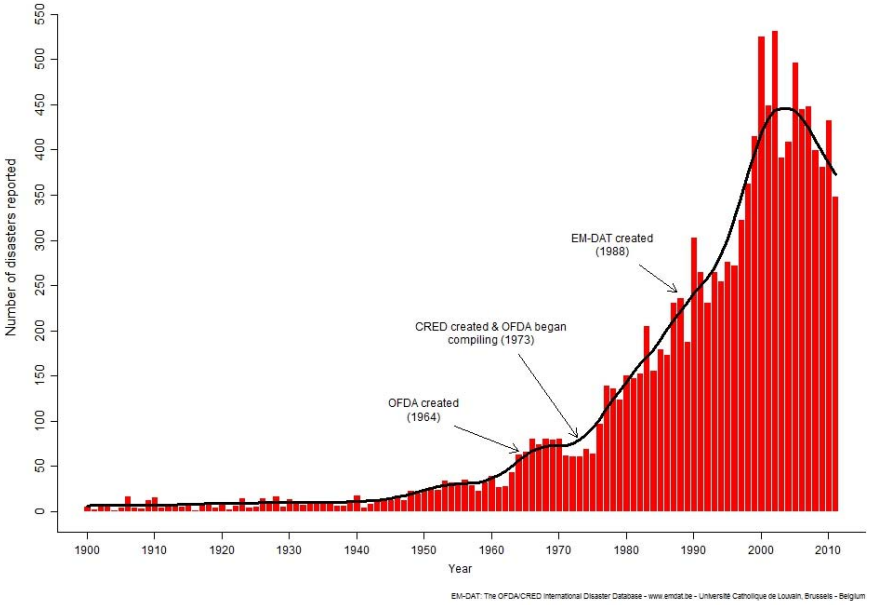
+ constant social media, = overload, "burnout", fear, anxiety, increased stress, vicarious trauma

Heroin suspected in 20 Milwaukee deaths in 2 weeks

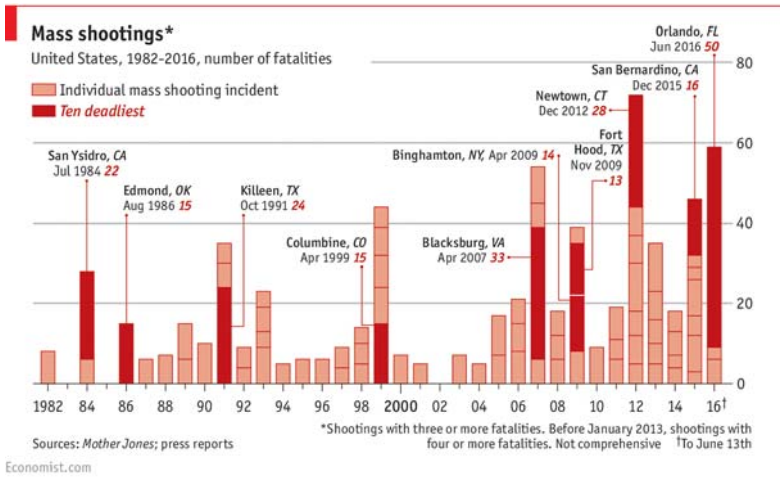
Heroin Kills 23 Year-Old Man in Yates County - Second Overdose in Four Days

Downtown St. Louis being hit by a wave of drug overdoses
POSTED 12:06 AM, NOVEMBER 10, 2016, BY KATHERINE HESSEL

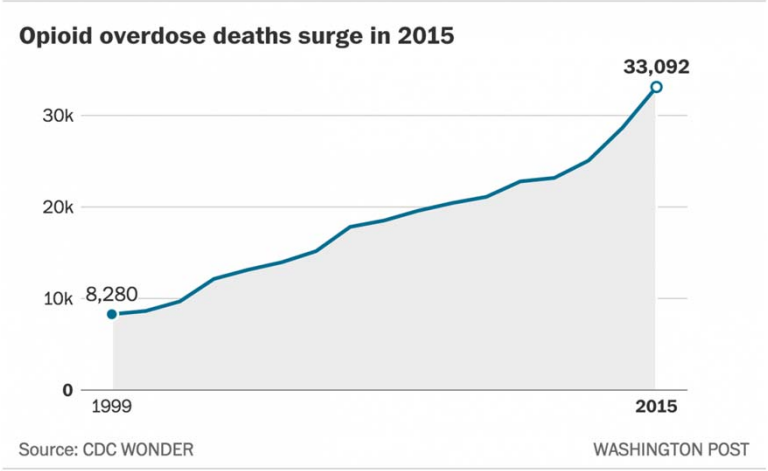
Heroin overdoses are becoming all too common.
USA TODAY NETWORK, **USA TODAY**



US Mass Shootings & Fatalities Rising



Opioid Fatal Overdoses Increasing



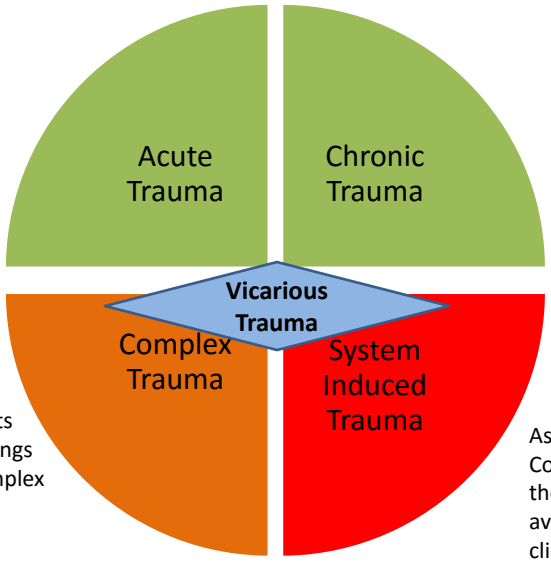
Heroin deaths exceeded gun homicides in 2015 for first time.

In 2016, 52,404 died from opioid overdoses

Trauma increasingly viewed as a "Hidden Epidemic" – may be "endemic"

- Unseen, but likely at the root of
  - Anxiety Disorders
  - Depression
  - PTSD
  - Addictions
  - OCD, other compulsions, & impulse control disorders
  - Risk-taking
  - Suicidality & non-suicidal self-injury
  - Re-victimization
  - Attachment and relationship difficulties

Types of Trauma



Many adult clients In our Court settings present with complex trauma

As managers of our Court systems, we have the responsibility to avoid revictimizing clients

Trauma-Related Definitions

- ***Acute Trauma:*** Single, time-limited traumatic event exposure (rape, car accident, etc.)
- ***Chronic Trauma:*** Multiple, possibly varied traumatic event exposure (war exposure, ongoing physical abuse, etc.)
- ***Complex Trauma:*** Term is used to discuss both exposure to chronic trauma & impact of trauma
- ***System-Induced Trauma:*** Situations in which organized systems create trauma, including those designed to mitigate trauma (foster care, rape victim interviews, law enforcement and court actions, juvenile detention facilities, etc.)
- ***Resiliency:*** A pattern of positive adaptation in the context of past or present adversity

CWC/NCTSN, 2008

Complex PTSD

- *PTS occurs on a spectrum*
  - Partial experiences may occur in certain domains

  Eg: only nightmares, but no awake re-experiencing (no flashbacks, etc.)
- *Traumatic experiences over time affect individuals differently*
  - One aspect of trauma currently being addressed can activate *another* area of traumatic experience

  Eg: processing adult traumatic events can be complicated by *triggering* unmanaged childhood traumatic exposures

PTSD Prevalence Estimates in populations we work with

- Rates of PTSD in juvenile justice-involved youth: 3-50% (2004) (est 60% have dx MH disorders)
- Rates of PTSD in women's substance abuse programs: 20-50% (2007)
- Rates of PTSD in returning service members from OIF and OEF: 22 – 30% (2009)
- Trauma Exposure is NOT randomly distributed in the general population (2002)
- "Stress Injury" prevalence is likely to be much higher than PTSD (in general & specific pops)

Trauma Examples SAMHSA – TIP 57, p. 35

Caused Naturally	Caused by People	
	Accidents, Technological Catastrophes	Intentional Acts
Tornado	Train derailment	Arson
Lightning strike	Roofing fall	Terrorism
Wildfire	Structural collapse	Sexual assault and abuse
Avalanche	Mountaineering accident	Homicides or suicides
Physical ailment or disease	Aircraft crash	Mob violence or rioting
Fallen tree	Car accident due to malfunction	Physical abuse and neglect
Earthquake	Mine collapse or fire	Stabbing or shooting
Dust storm	Radiation leak	Warfare
Volcanic eruption	Crane collapse	Domestic violence
Blizzard	Gas explosion	Poisoned water supply
Hurricane	Electrocution	Human trafficking
Cyclone	Machinery-related accident	School violence
Typhoon	Oil spill	Torture
Meteorite	Maritime accident	Home invasion
Flood	Accidental gun shooting	Bank robbery
Tsunami	Sports-related death	Genocide
Epidemic		Medical or food tampering
Famine		
Landslide or fallen boulder		

Other Types of Trauma

- *Group Trauma*
  - Military, first-responders (police, firefighters, emergency personnel, etc.), gang members
- *Historical Trauma*
  - Japanese internment camps, First People's genocide, African American slavery
- *Mass Trauma*
  - Hurricane Katrina, Flint water supply, Porter Ranch Aliso Canyon, Refugees, War survivors
- *Interpersonal Trauma*
  - Intimate partner violence, child molest and abuse
- *Systems Induced Trauma*
  - Usually involves re-victimization

Trauma, Violence, & Substance Abuse

- Children & youth are at highest risk for being victims of violence (3x adult rate)
- Substance abuse, aggression, & trauma exposure are highly correlated
- Trauma exposure also correlates with:
  - substance use with high risk behaviors
  - substance use associated with both perpetration of violence – and victimization
  - substance use related to severe accidental injury, personal loss, and ensuing trauma

Courts with High Risk
High Need Population,
Have Clients with Trauma

Adverse Childhood Experiences (ACE) Study Findings & SUDs

Each ACE increased the likelihood for early initiation of drug use 2 to 4-fold

Individuals with 5 or more ACEs were 7 to 10-fold more likely to be have Substance Use Disorders (SUDs)

Effects of ACEs *outweigh* increased drug access, attitudes towards drugs, and public education campaigns to prevent drug abuse for *4 successive cohorts back to 1900*

ACE: a retrospective study of 8,613 adults interviewed re: original ACE 8 categories:

Childhood Abuse (3 items: emotional, physical, sexual),

Household Dysfunction (5 items: substance abuse, mental illness/depression/suicidal, battered mother, incarcerated family member, at least 1 biologic parent died before subject 18 yrs)

10 ACES Survey Questions

While you were growing up, during your first 18 years of life:

1.Did a parent or other adult in the household often or very often… ***Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?*** Yes /No If yes enter 1

2. Did a parent or other adult in the household often or very often… ***Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?*** Yes/ No If yes enter 1

3.Did an adult or person at least 5 years older than you ever… ***Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?*** Yes/ No If yes enter 1

4. Did you often or very often feel that ***… No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?***

Yes/ No If yes enter 1

5. Did you often or very often feel that … ***You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?*** Yes /No If yes enter 1

6. **Were your parents ever separated or divorced?** Yes/ No If yes enter 1

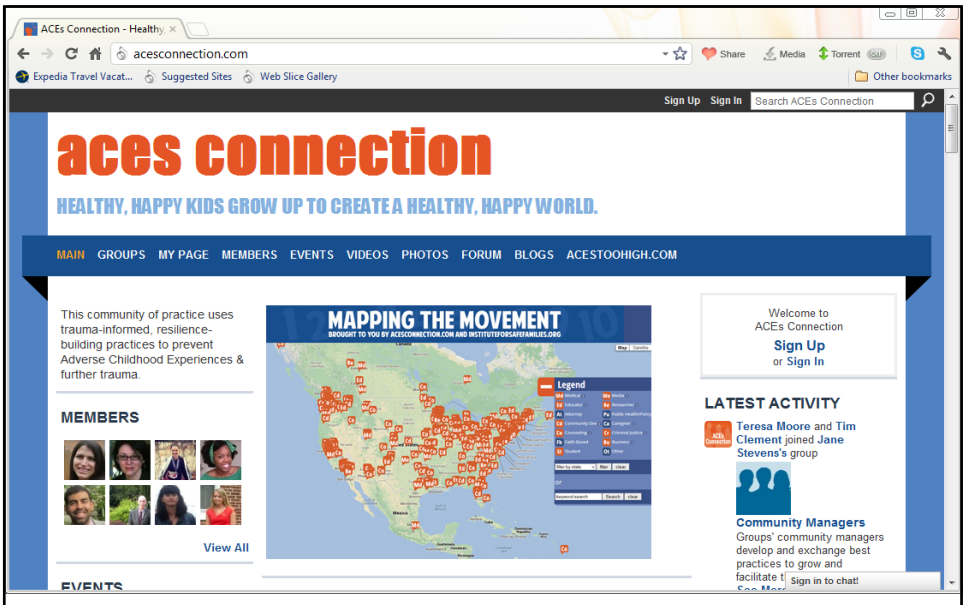
7. **Was your mother or stepmother*: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?*** Yes/ No If yes enter 1

8. ***Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?*** Yes/ No If yes enter 1

9. ***Was a household member depressed or mentally ill, or did a household member attempt suicide?*** Yes /No If yes enter 1

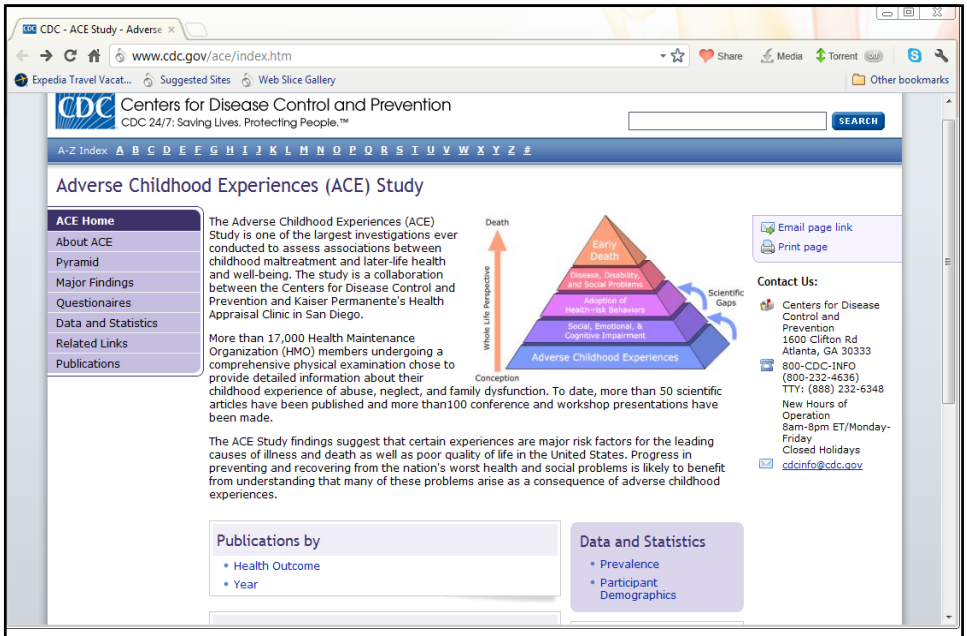
10. ***Did a household member go to prison?*** Yes No If yes enter 1

Now add up your "Yes" answers: _____ This is your ACE Score



Vincent Felitti, MD, Director, study, Kaiser Permanente CA

www.acesconnection.com



http://www.cdc.gov/ace/index.htm

Traumatic Brain Injury (TBI)

- A blow or jolt to the head that disrupts the function of the brain
- Not all blows or jolts result in TBI
- Severity is determined at the time of injury
  - Mild
  - Moderate
  - Severe

24

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MTBI = Increased Risk for Addiction-Related Disorders

- Within first 30 days, the hazard ratio for drug dependence is 7.7; for Opioid dependence is 6.1; for amphetamine is 4.8; for alcohol is 3.5
- All hazard ratios EXCEPT for ALCOHOL & Opioid Dependence/Abuse decrease over time
- ETOH, drug, nicotine, caffeine, and nondependent abuse of drugs/ETOH were all elevated in 1-30 days; ALCOHOL persisted
- SUDs Screening may be warranted at both short- and long-term milestones following MTBI
- TBI survivors are known to have blunted dopamine systems

"Risk for Addiction-Related Disorders Following Mild Traumatic Brain Injury in a Large Cohort of Active-Duty U.S. Airmen ". Miller, S. et al. ,Am J Psych. April 2013

Three components (circuitry) of the CNS Involved in Extreme Stress & Trauma

1 Autonomic Nervous System (in the medulla oblongata - brainstem) coordinates functioning of organs of the body

- **Sympathetic** side: "fight or flight"
- **Parasympathetic** side: "feed or breed"

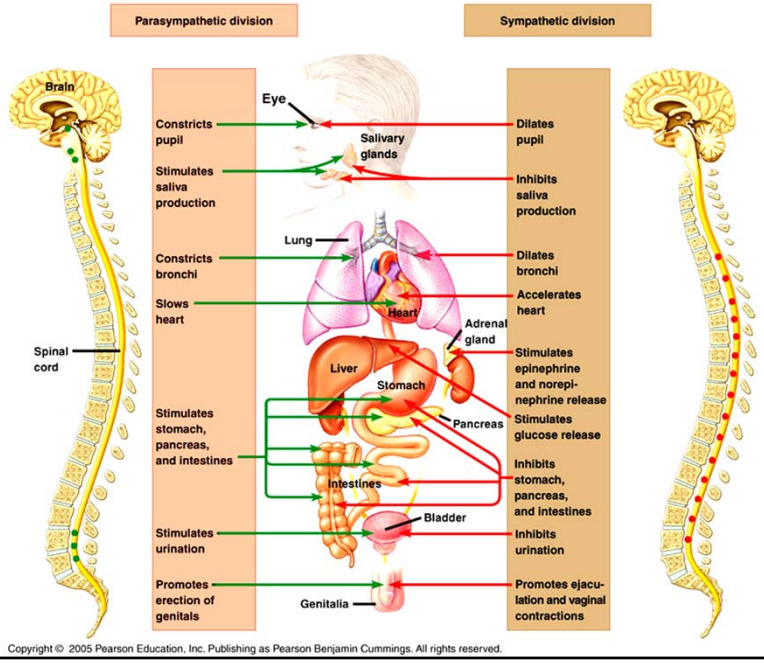
2 Amygdala

- Threat memory system
- Threat alarm system

3 Hippocampus and **prefrontal cortex (PFC)**

- Self-control system
- Declarative memory storage and recall
- HC is very stress-vulnerable part of brain

Autonomic Nervous System



Feelings/Physical Reactions in body originate in brain (ANS)

- **Parasympathetic:**
  - -saliva production
  - -constricts bronchi
  - -slowed heart
  - -stimulates stomach, pancreas, intestines
  - - stimulates urination

Sympathetic:

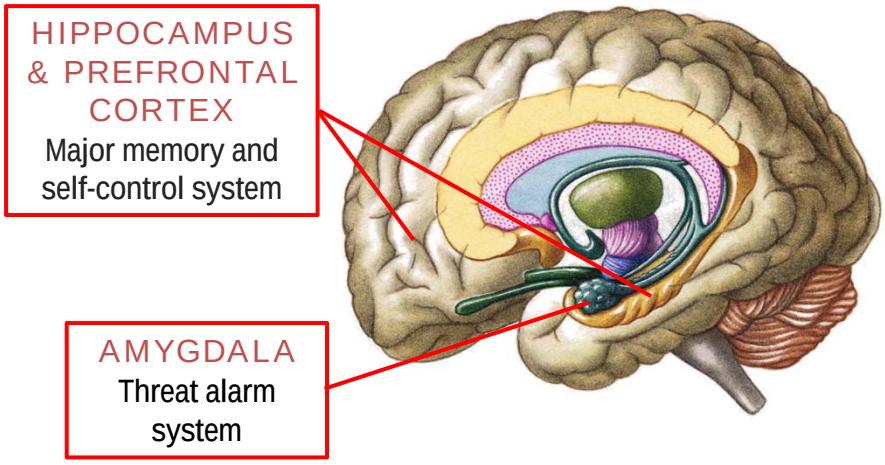
- -inhibits saliva
- -dilates bronchi
- - accelerates heart
- -stimulates stomach, pancreas, intestines

Heart racing, sweaty palms, dry mouth, heart stopping, faint or dizzy, shortness of breath, knot in stomach, acrid taste in mouth, eyes tearing, ears burning, throat choking, body trembling, face flushing

Sympathetic nervous system

- Noradrenaline
- Adrenaline involved in fight and flight within the adrenal medulla
- Noradrenergic system becomes hyperactive in PTSD: breaks down in blood, urine, & cerebral spinal fluid so total body is , as well as specific chemical target sites in the brain

Brain Centers Affected by Traumatic Stress



Our Court Populations Court as the New Social Safety Net

- Foster care, Incarcerated Youth
- Families with highest Trauma Histories, including generational pertaining to status and race
- Generations of incarceration and housing instability
- Substance Abuse
- Mental Health
- Physical Health
- Family Violence and Intimate Partner Violence
- Most under sourced families in the county
- Most vulnerable children in the county: unsafe neighborhoods, lack of quality education, no one present cultivating a child's dream for the future.

Some Common Short & Long Term Reactions to Traumatic Experiences

- Helpless, hopeless, uncreative
- Angry and cynical
- Inability to empathize or sympathize
- Sense of threat, fear, persecution; can develop into belief that world is unsafe
- Dissociation
- Hyper-vigilance
- Inability to deal with complexity, & minimizing
- Chronic fatigue, pain, ill-health

Common Behaviors of Traumatized Youth

- "I don't care" attitude
- Refusal to look at the judge
- Profanity
- Refusal to participate in proceedings
- Inability to sleep
- Inability to focus at school
- Fear of others in the community, at school and in Detention
- Self-medication with pot, alcohol, cigarettes and other drugs
- High Risk Behavior

Common Behaviors of Traumatized Adults

- Lack Follow Through
- Self medication
- Easily Overwhelmed
- Depressed
- Memory Issues
- Sleep Disorders
- Anxious
- Angry
- Feeling Hopeless

Factors in Recovery & Resiliency or Symptom Development

- Ability to Bounce Back
- **Pre-quel** – Pre-existing Life Experiences
- **Cumulative issues**: intensity, frequency, duration (chronicity/acuity, respite, etc)
- **Coping skills:** acquired, learned, modeled, internalized
- Ability, access, and willingness to seek mental/behavioral health help (ignorance, stigma, fear, shame)

Now that you Understand the Role of Traumatic Exposures

- In individuals *(primary, secondary & tertiary effects)*
- In families (inter-generationally)
- In groups
- In our workplaces
- In societies *(tertiary)*

- Implications for how we interact with cases clients, patients, and how we manage program settings to maximize the sense of safety and minimize trauma reminders
- Our clients are directly affected by their trauma, influencing their ability to cope
- Drug Court staff are also affected…

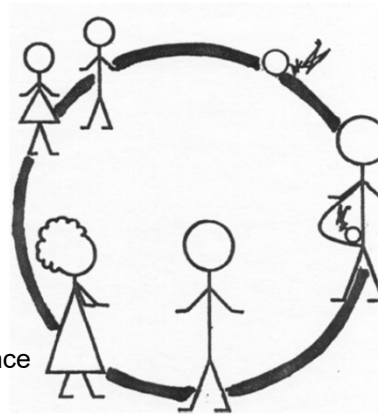
Getting to Learning Objective 2:

Explain why intergenerational trauma cycles are difficult to break and steps court teams can take to *effectively* intervene.

The Family Disease of Drug and Alcohol Dependence - & Intergenerational Trauma

Children
COA Roles
Neglect and abuse
Biologic vulnerability

Grandma/Extended Family
Drug/alcohol dependence and codependence



Fetus/Infant
Intrauterine toxicity
Neonatal toxicity / withdrawal
Increased muscle tone
Neglect/abuse

Mother
Drug/alcohol dependence and codependence
COA issues
Pregnancy complications

Father
Drug/alcohol dependence

Good News:

- Our brains can heal and grow throughout our lives; neuroplasticity is the capacity of the brain to change by learning
- Changes associated with learning occur mostly at the level of neuronal connections
- **New connections can form and the internal structure of existing synapses can change**
- **Social systems can change via the learning of their individual members**
- **At a systems level, Courts can develop trauma-informed practices and a TIC culture to become Trauma-Responsive**

Compassion as Innovation

Manifesting Healing as a Judge in Traumatized Communities

Juvenile Court Judge aka Resource Developer

- Standards of Judicial Administration Rule (Add Rule)

- Provide active leadership within the community in determining the needs of and obtaining and developing resources and services for at-risk children and families. At-risk youth include delinquents, dependents and status offenders.

W&I Code Section 202 incorporates Standard 5.40(e) of the Standards of Judicial Administration requiring Juvenile Judges to provide leadership in the community to obtain and develop resources; advocate for prevention, intervention and treatment; promote interagency coordination between the court and public agencies and school authorities.

***Provide Active Leadership**

The Judicial Response

- **Understanding the History of Child Welfare**
- **Understanding the History of the intersection of Race and Social and Economic Policies in the United States & Institutional Barriers**
- **Create a Just System for families in our Courts which provides access to positive case resolution or diversion**
- **Commitment to Therapeutic Justice**
- **Training and Education on Trauma and Healing, Restorative Justice and Cultural Respect**
- **Active working groups to eliminate racial injustices**

To Create Trauma Informed Care in Drug Courts, Consider Two Levels:

- Organizational Response
  - Responsibility to clients
  - Responsibility to co-workers
- Personal /Professional Response
  - Responsibility for self
  - Responsibility for relationships with intimate connections, family, friends, and community

Court as One Part of a System
Judge as Director

- Superior Court as the Umbrella
- Department of Family and Children Services
- Department of Probation
- Drug and Alcohol Services Department
- Mental Health Department
- Department of Corrections
- Families involved in more than one court at a time:

  Child Welfare, Criminal , Probate, Family
- FIRST 5 of Santa Clara County
- Medical Care, Immigration, Housing Department

A New Lens

"Here is what we seek: a compassion that can stand in awe at what the poor have to carry rather than stand in judgment at how they carry it."

— Gregory J. Boyle, Tattoos on the Heart: The Power of Boundless Compassion

Healing Centered Lens for a Traumatized Community

Trauma-informed approach to practice in Drug Courts
(and team organizations)

Involves 3 elements:

1) ***Realize*** the prevalence of trauma

2) ***Recognize*** how trauma affects all individuals involved with the Drug Court - including each member of the Team

3) ***Respond*** by putting knowledge into practice to create a culture of safety and minimize re-traumatization and trauma triggers

Picture the Journey Into your Courtroom

- Parking
- Lobby
- Reception
- Signage
- Safety at the courthouse
- Food
- Water
- Time to hearing/comfort
- Is childcare available at the courthouse? Change Tables?

The Courtroom

- 1. Noise
- 2. Configuration of the Courtroom
- 3. Focus of Judge
- 4. Time taken with each case
- 5. Side conversations in the courtroom
- 6. People coming in and out/doors slamming
- 7. Perpetrators and Victims in the same space
- 8. Advocates present
- 9. The petition language and the court reports
- Toys and Books for kids

After the Hearing

- 1. What did they hear?
- 2. Do they have your order in writing/ language before they leave?
- 3. Are they debriefed after the hearing?
- 4. Can they make it to their car safely?
- 5. Do they have the next court date in writing
- 6. Can they access resources in your building?
- 4. Do they have everything they need to succeed?
  - Bus passes Uniforms (kids schools)
  - Place to sleep Food
  - DVRO Cell phone
  - Restraining Orders

Court Transformations that support Healing

- **Signage in multiple languages**
- **Multi-lingual court staff**
- **Interpreters**
- **Documents and web sites in other languages**
- **Stakeholder staff diversity/Front end MDT with healing practices**
- **Promotion of Cultural Respect for all staff**
- **Problem Solving Courts as the Standard- All parties traumatized**
- **Family focused Models for MDT**
- **One stop shopping**

To Create Trauma Informed Care in Drug Courts, Consider Two Levels:

- **Organizational Response**
  - Responsibility to clients
  - Responsibility to co-workers
- **Personal /Professional Response**
  - Responsibility for self
  - Responsibility for relationships with intimate connections, family, friends, and community

People Feel Supported/Workers have Meaningful Jobs

Trauma-Informed Care (TIC) is recognized as a Best Practice

- Trauma Informed Care is an approach to Court conduct and treatment "that involves understanding, recognizing, and responding to the effects of all types of trauma.
- TIC emphasizes physical, psychological and emotional safety for *both* consumers and providers, and helps survivors rebuild a sense of control and empowerment."
- TIC asks not "what's wrong with you?" but "what happened to you?"

TIC

- Trauma Informed Care also aims to reestablish a sense of empowerment that the client –and provider- has lost through trauma - and institutional, collective trauma
- This approach and manner of treatment recognizes "the survivor's need to be respected, informed, connected, and hopeful (regarding their own recovery)."
  – (SAMHSA, 2015)

Some TIC Initial Drug Court Questions for your Cases

- ***EXAMPLES OF SAFETY, CHOICE, TRUST-INDUCING, EMPOWERING & COLLABORATIVE QUESTIONS***
  - What information would be helpful for us to know about what happened to you? your child? your family?
  - Where/when would you like us to call you? (& THEN act on this throughout your Team)
  - How would you like to be addressed?
  - Of the services I've described, which seem to match your present concerns and needs? Prioritize these along with Drug Court services.
  - From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?

NO WRONG DOOR Policies

- ***If we insist that the client change and adapt to our outdated bureaucratic and convoluted systems- we are telling the client that we value our outdated bureaucratic and convoluted systems.***
- ***If we insist that our outdated bureaucratic and convoluted systems adapt to our clients- we are telling our clients that we value them.***
- ***Hard on Systems, Gentle on People***: How can we change so that each client has one case manager, one MH Counselor, one Drug Testing requirement that is shared, one stop shopping, one place to be, one judge?

Access to Justice means access to Healing

- **Access to Health Care**
- **Access to Drug Treatment**
- **Access to Education and Literacy**
- **Access to Housing**
- **Access to transportation**
- **Access to be Mental Health Treatment**
- **Access to Dental Services**
- **Access to jobs**

Compassion Creates

*

Hope Changes Everything……..

Getting to Learning Objective #3:

Identify at least three self-care strategies you can employ to improve your professional quality of life and model healthy trauma-informed practices for court users.

Secondary Trauma Related Terms:

These terms relate to traumatic stress reactions that have biological, psychological, and sometimes physical illness components that are ***caused by exposure to other people's traumatic experiences; generally that exposure is through hearing about or seeing evidence of the primary trauma***

- **Compassion fatigue** - depletion & deterioration of ability to empathically respond
- **Secondary traumatic stress -** parallel symptoms to PTSD
- **Vicarious trauma –** can have PTSD symptoms, and/or changes in one's worldview, cognitive scheme, and view of oneself
- **Burnout –** sense of being overburdened, powerless, unable to feel happy, and ultimately unable to continue one's work

Ten Principles of Trauma Informed Services

1. *Recognize impact* of violence and victimization on coping skills
2. Establish recovery from trauma and management of trauma as an *element in case plans*
3. Employ *empowerment model* -
4. *Maximize choice and support decision-making skills*
5. Base programming and interactions on *relational collaboration*

Ten Principles of Trauma Informed Services continued…

6. *Structure environment designed to ensure safety, respect and acceptance*
7. *Highlight strengths and resiliency*
8. *Minimize possibility of re-traumatization*
9. Become culturally competent and *understand the client from the context of their life experience*
10. Solicit *consumers' input and feedback in design and evaluating services* – Listen!

Creating Cultures of TIC

- Creating Cultures of Trauma-Informed Care: An Agency Self-Assessment and Planning Protocol
- For Both Consumers and Staff
- **5 guiding Principles of Trauma-informed practice:**
  - **Safety**
  - **Trustworthiness**
  - **Choice**
  - **Collaboration**
  - **Empowerment**

Being in Healing Communities

Consider establishing explicit guidance to limit traumatogenic communication

- What is traumatogenic communication?

  - Verbal Sharing that provides images, details, descriptions of traumatic event coupled with one's response

  - Communication that creates an unnecessary trauma exposure to another person

- Appropriate setting for this is in professional therapeutic relationship
- Communication without gorey details of trauma can be equally effective
- What kind of guidelines do you already have in place for this?
- How do you manage this now?

Cosic, K., et al.,

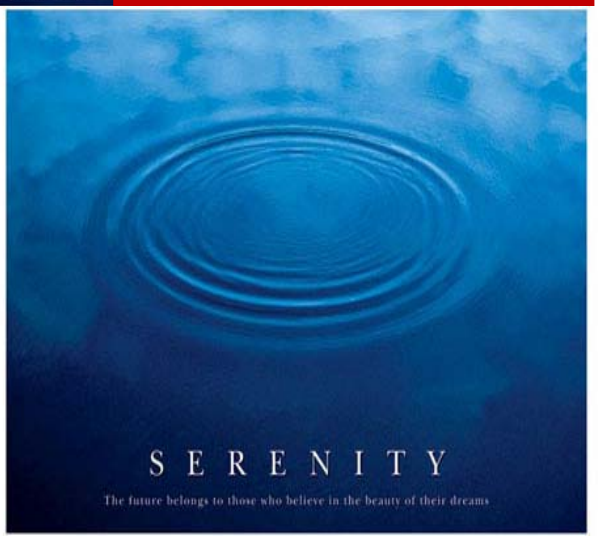
Self Care/Not a Choice
It is Now vs. Later

IN THE MAORI CULTURE THERE IS NO WORD FOR DEPRESSION-INSTEAD THE SHAMAN ASKS-

WHEN DID YOU STOP SINGING???

(DR. HARISE STEIN)

Five Tips for Vitality



"I arise in the morning torn between a desire to improve (or save) the world and a desire to enjoy (or savor) the world. This makes it hard to plan the day."

— E.B. White

Court Team
Self-Care Rationale

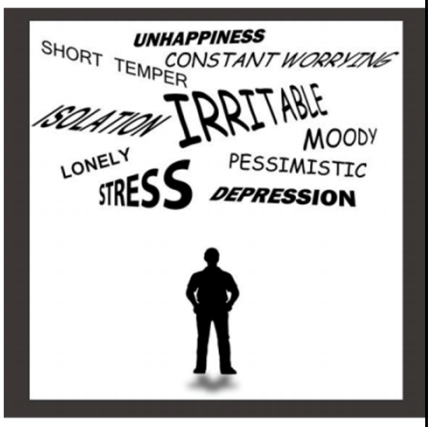
We sometimes carry the expectation that we will give to others before attending to our own needs

This is ultimately self-defeating

Court Teams will function optimally overall by being ***intentional and proactive about finding time to create a culture of caring for each other in the workplace and promoting individual self-care***

Prepare to Take Care

Self Assess for Stress. Periodically (at least annually) assess and realign goals, skills, work, and play passions. Notice disparities and take steps to correct your course!



Evaluate: check a typical week's schedule, prioritize tasks & reduce/eliminate non-essential tasks!
Do **quarterly "Check ins"** to increase likelihood of early recognition of being out of balance, so support & remedies can be mobilized!

Pay attention to Health

10 things to do each day to develop resilience and ability to work with care, energy, and compassion

1. Get enough sleep (7-8 hours for REM)
2. Get enough good food to eat
3. Do some light exercise
4. Vary the work that you do
5. Do something pleasurable
6. Focus on what you did well
7. Learn from a mistake
8. Share a joke
9. Relax, pray, or meditate
10. Support a colleague

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Characteristics of Resilient People

- View change or stress as a challenge/opportunity
- Commitment
- Recognition of limits to control
- Engaging the support of others
- Personal or collective goals
- Self-efficacy
- Past successes in coping well with stress
- Faith
- Realistic sense of control/having choices
- Sense of humor
- Action oriented approach
- Patience
- Tolerance of negative affect
- Adaptability to change
- Optimism

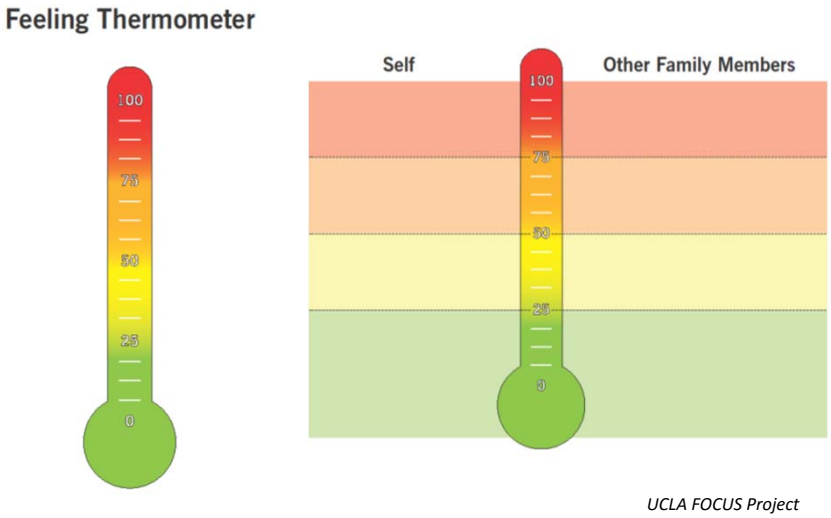
Connor & Davidson, 2003 – table 7

EVIDENCE-BASED
Cognitive-Behavioral INTERVENTIONS to reduce anxiety, increase coping, & build resilience

- **Psychoeducation**: for individuals & family/ support system
- **Cognitive processing** skills; eg: problem solving
- **Personal empowerment** training (eg: goal setting)
- **Emotional Regulation** Skills (eg: use of "feeling thermometer")
- **Communication** (assertive "I" based)
- Trauma **narrative** and/or Family Timeline (meaning development)
- **Trauma and Loss Reminder** Management

Examples: FOCUS Project at UCLA

Emotional Regulation Skills



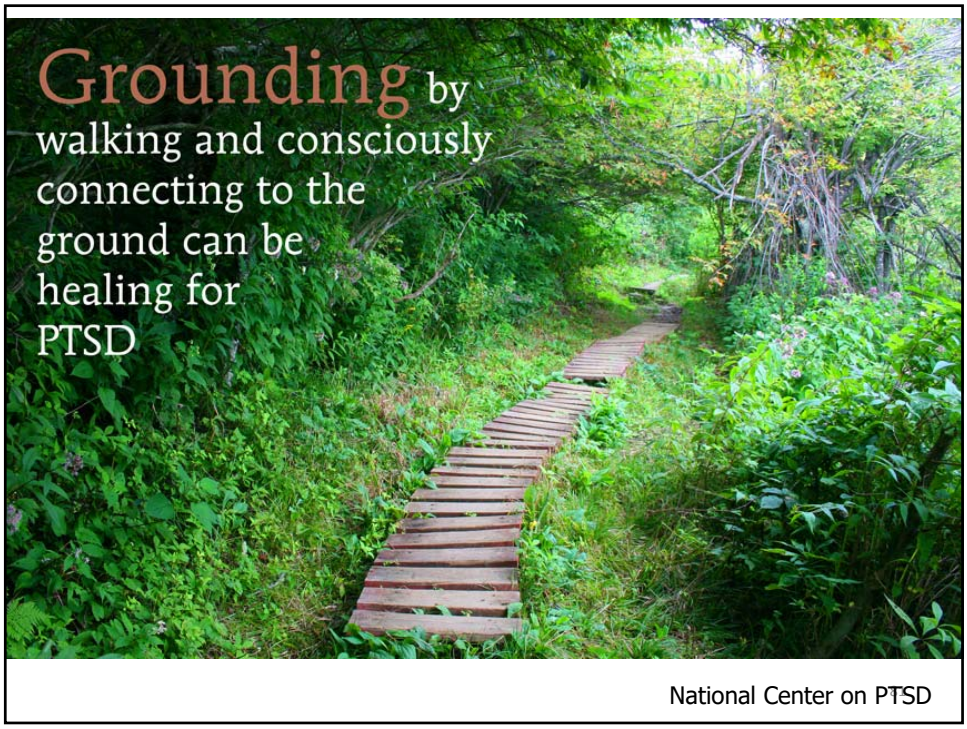
UCLA FOCUS Project

Stress Continuum: Four Stress Zones

READY	REACTING	INJURED	ILL
• Adaptive coping • Effective functioning • Health and well being • The goal of resilience efforts	• Mild and transient distress or loss of function • Very common • Self correcting • Persistence may lead to stress injury	• More severe and persistent distress or loss of function • Less common • Heals with attention or care • Persistence may lead to illness	• Diagnosable mental disorders • DSM-V criteria • May follow unhealed stress injury • More Rare • Needs treatment

Care Continuum: Self care , "Buddy Care", Professional Intervention

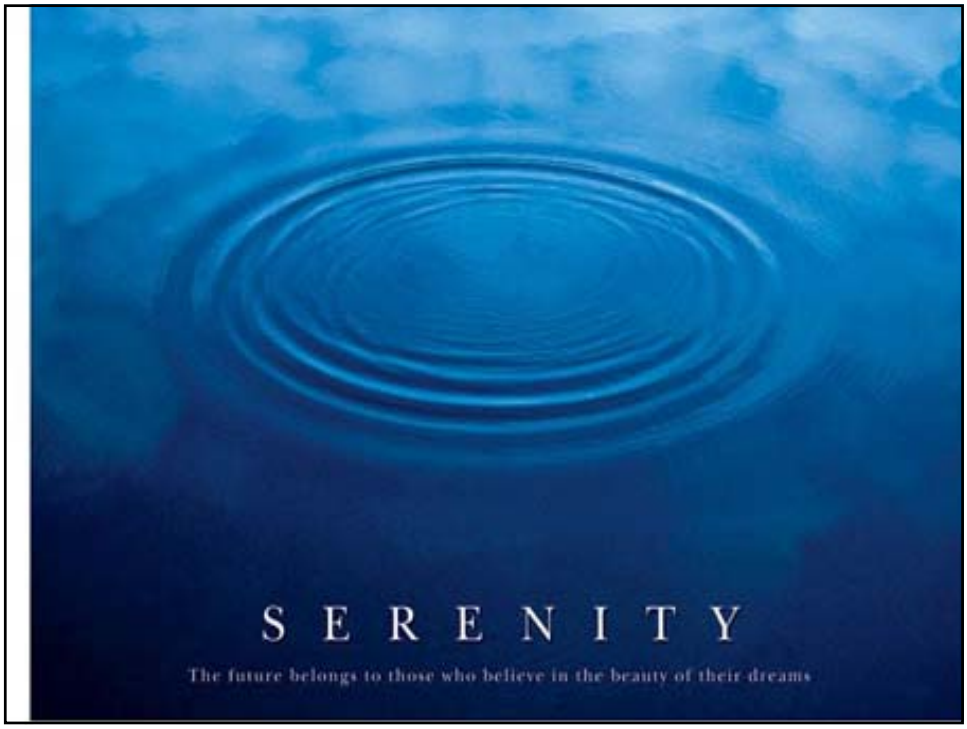
Going Within



National Center on PTSD

EG: Grounding: mind-body connection work

- **Grounding** is the act of connecting more deeply and completely to the body, strengthening the feeling of being inside the body and connected to the ground or earth.
  - Many grounding exercises help deepen connection to anything that is supporting the weight of the body.
  - Other grounding exercises help deepen connection to our 5 senses, using them to connect us with our body in general.
- When grounding by connecting to the ground or objects that support our body, we may tune into the following kinds of feelings in the body:
  1. What it feels like to be physically supported
  2. The feeling of having a definite physical location
  3. The feeling of the solidity and stability of the physical objects that are supporting our body



SWITCHING ON & OFF

Empathy helps you do this work. It is essential to take good care of your feelings and thoughts by monitoring how you use them.

Turning off feelings when you go on duty, and on again when you go off duty can be an effective coping strategy. Protection is offered by switching off and support can be received when resting and switched on.

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SWITCHING ON & OFF

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) amd connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a difficult, tough job.

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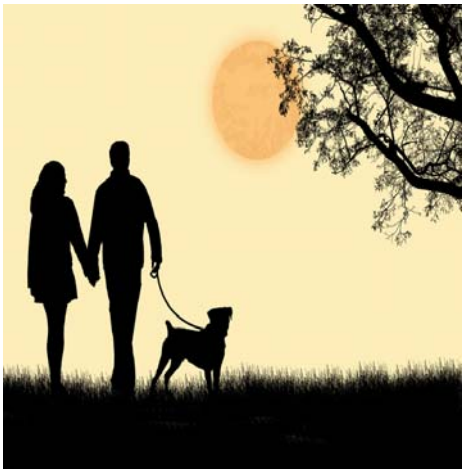
SWITCHING ON & OFF

-- After you switch back “on”,

- breathe deeply and attend to yourself,
- focus on what you did well,
- support a colleague,
- relax, meditate, pray
- do something pleasurable
- notice any upsetting thoughts and stay current by processing them with a supervisor

Go Home…….
Work Towards Balance



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Resources

- http://www.joyfulheartfoundation.org/about-us/welcome
- www.proqol.org
- *Resilience after 9/11: Multimodal neuroimaging evidence for stress-related change in the healthy adult brain.* NeuroImage. Vol 40, Issue 2, April 2008, pp 788-795.
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Questions?

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