



SUPERVISOR & SENIOR LEADER TRAINING TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPIES

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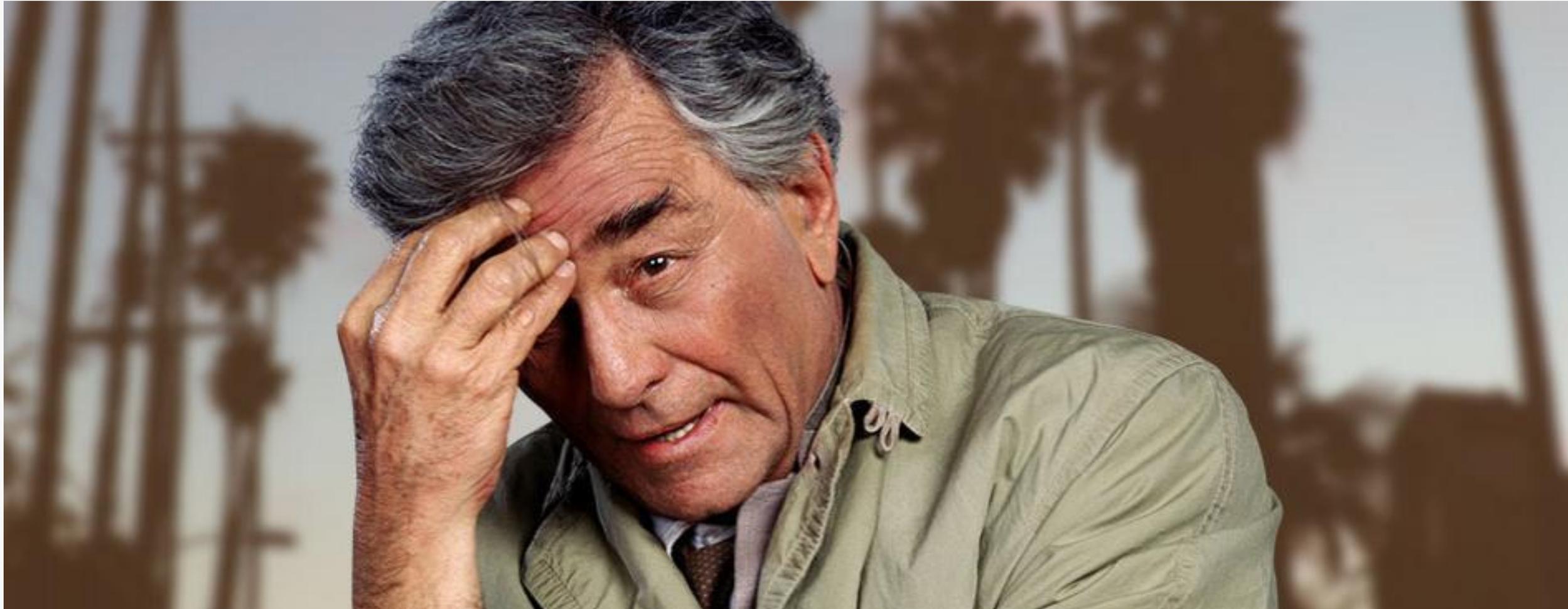
TRAUMA INFORMED CARE PRACTICES

- ❖ Routine Screening & Assessment
- ❖ Consumer Driven Care & Services
- ❖ Trauma-Informed, Educated & Responsive Workforce
- ❖ Trauma-Informed, Evidence Based Practices
- ❖ Safe & Secure Environment
- ❖ Community Outreach & Partnership Building
- ❖ Ongoing Performance Improvement & Evaluation



ROUTINE SCREENING & ASSESSMENT

HEALTHY SUSPICION THAT ACES MAY BE A CAUSE





OPEN-ENDED QUESTIONS

“Has your home life changed in any significant way (eg, moving, new people in the home, people leaving the home)?”

“Are there any behavior problems with the child at home, at child care or school, or in the neighborhood?”

“How do you deal with stress?”

“Has anything bad, sad or scary happened to your child recently (or “to you” if it is an older child)?”

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

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

1. Did a parent or other adult in the household **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** ...

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

Try to or actually have oral, anal, or vaginal sex with you?

Yes No

If yes enter 1

4. Did you **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?

CONSUMER DRIVEN CARE & SERVICES







Self-Defense Right

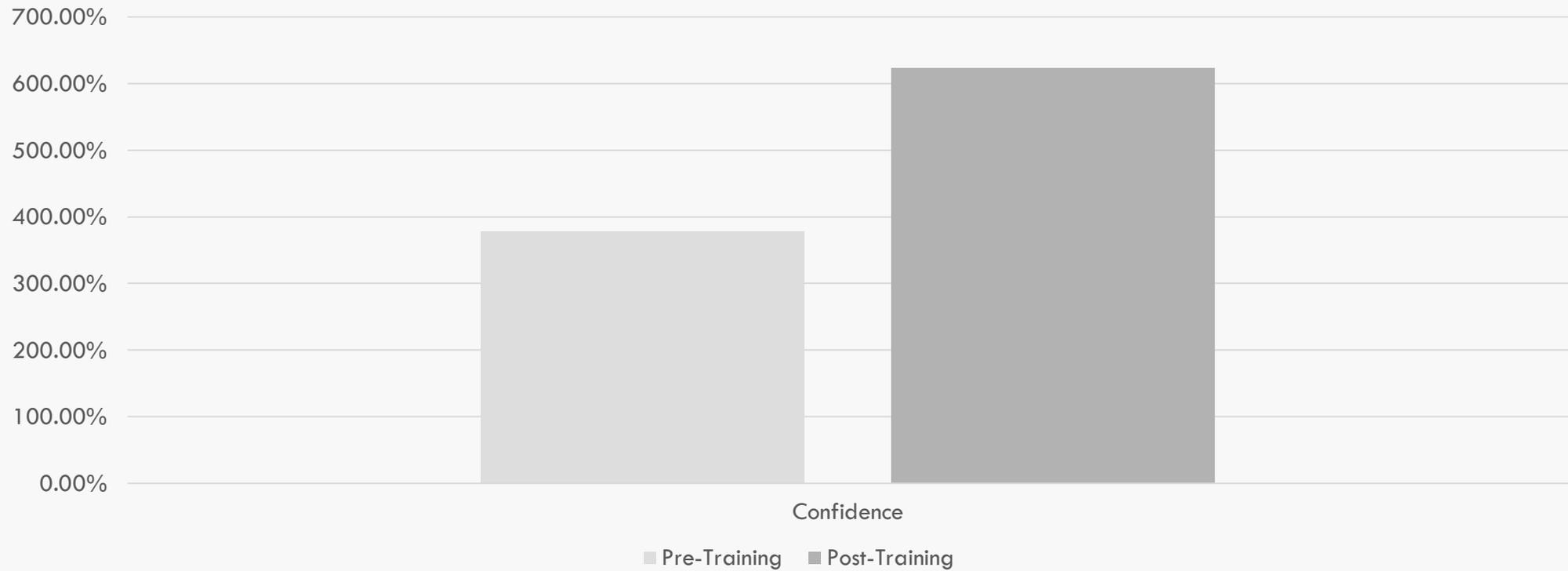
Kerry Conroy, Director
New Center of Innovation



TRAUMA-INFORMED, EDUCATED & RESPONSIVE WORKFORCE

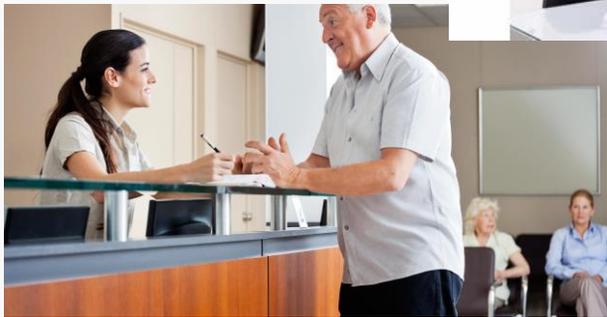


CLINICIAN PRE- AND POST- CONFIDENCE



**CLINICIAN REPORTED PERCENTAGE OF READINESS
TO IMPLEMENT**

71.21%



TRAINING CORE CONCEPTS

Traumatic experiences are inherently complex – Subjective and Objective

Trauma occurs within a broad context – personal traits, past, & culture

Events often generate secondary adversities, life changes, and affects family

Protective and promotive factors can reduce the adverse impact of trauma.

Trauma and posttrauma adversities can strongly influence development.

Developmental neurobiology underlies reactions to traumatic experiences.

Working with trauma-exposed consumers can evoke distress in providers that makes it more difficult for them to provide good care.

WHAT IS TRAUMATIC STRESS



Overwhelm a person's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control body response.

- May affect:
 - Ability to trust others
 - Sense of personal safety
 - View of the world and self
 - Ability to navigate stressful events and changes in life

RESPONSES TO TRAUMATIC EVENTS ARE UNIQUE

Something that is perceived as traumatic for one person may not be perceived as traumatic for another person.

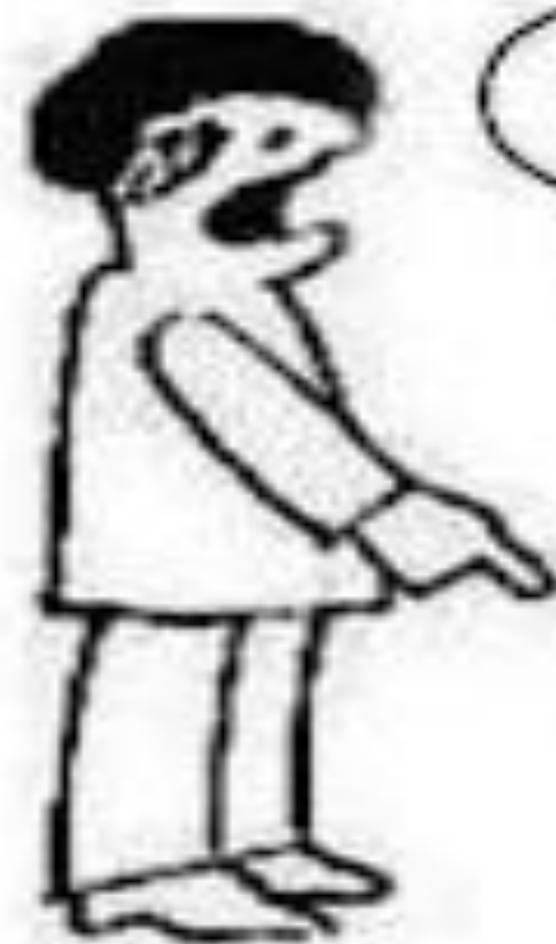
Risk & protective factors



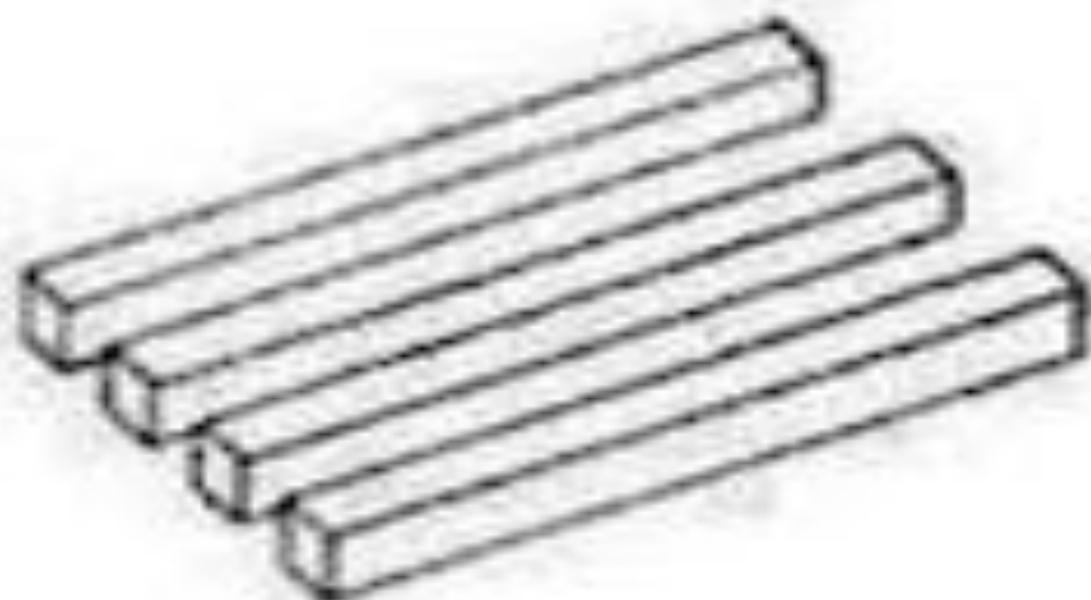




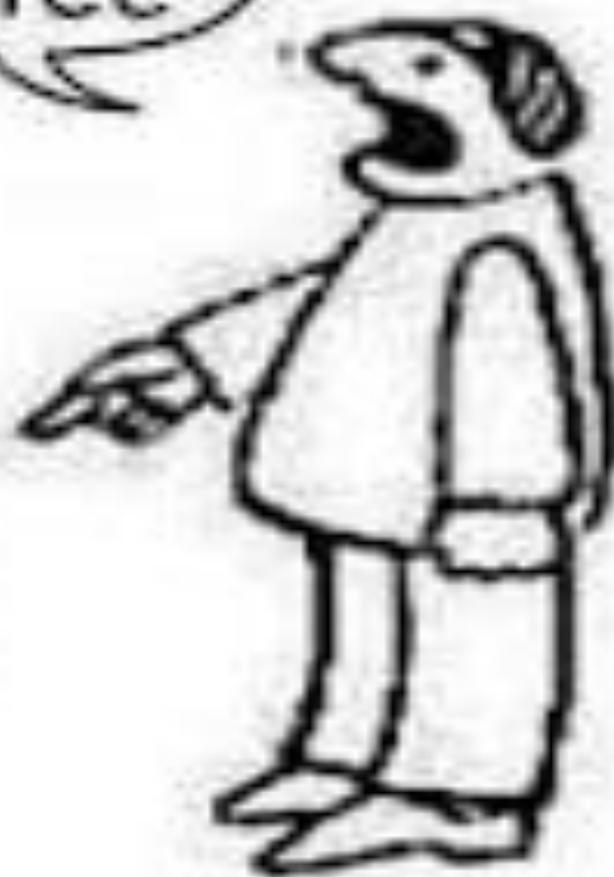
It is really confusing!!!



Four



No
Three



Defining **Adversity** or **Stress**



- How do you define/**measure** adversity?
- Huge **individual variability**
 - **Perception** of adversity or stress (subjective)
 - **Reaction** to adversity or stress (objective)
- National Scientific Council on the Developing Child (Dr. Jack Shonkoff and colleagues)
 - **Positive Stress**
 - **Tolerable Stress**
 - **Toxic Stress**

Based on the **REACTION**
(objective physiologic responses)

WHAT IS TOXIC STRESS

“The excessive or prolonged activation of the physiological system in the absence of the buffering protection afforded by stable, responsive relationships.”



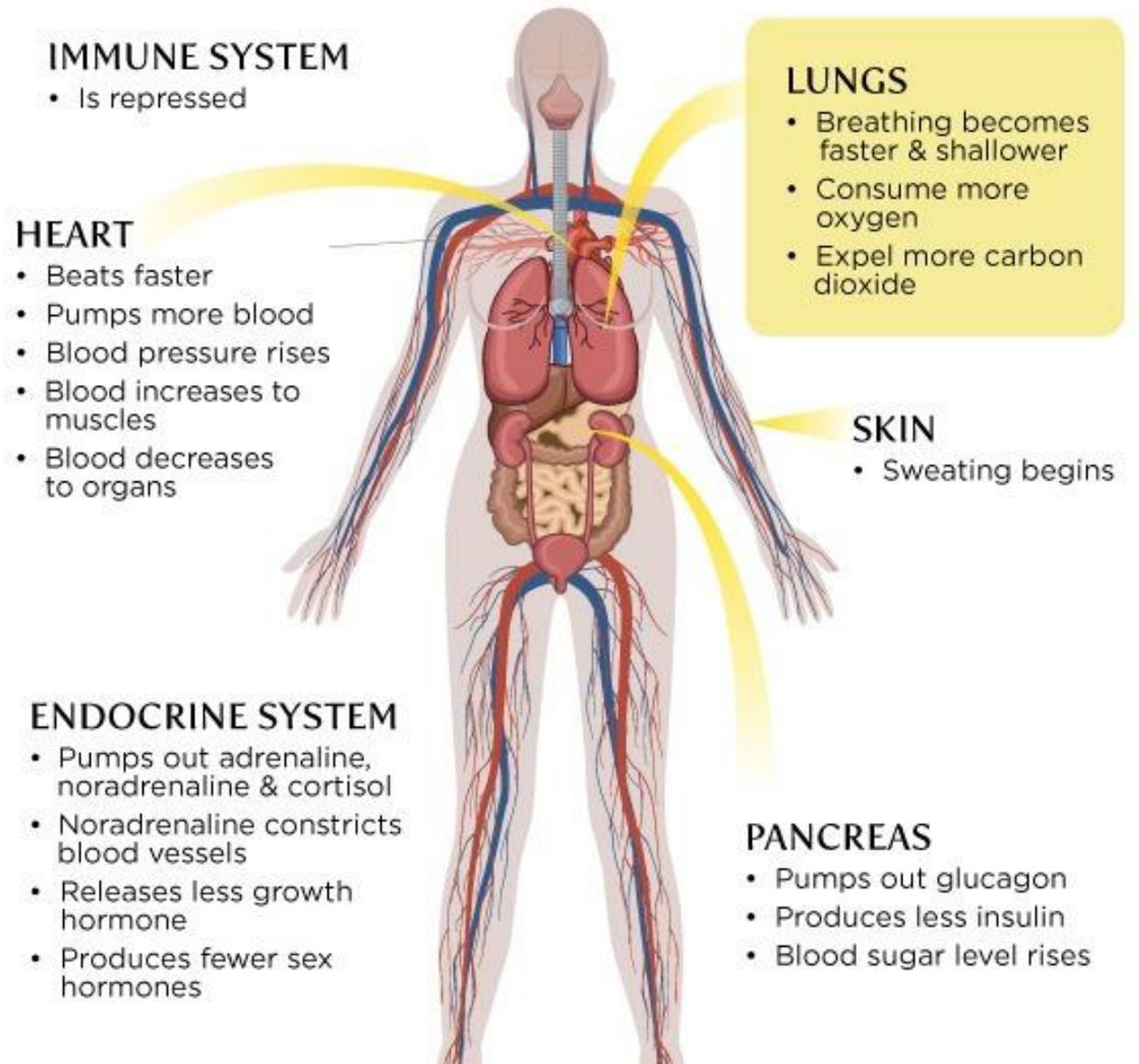
OVERACTIVE FEAR RESPONSE SYSTEM

Resulting from:

“Turned on Too Much”

“Turned on Too Long”

Fight-or-Flight Response



Stress & Trauma
Treatment Center

stressandtrauma.org

ACUTE TRAUMA

- ❖ Acute trauma is a single traumatic event that is limited in time.
- ❖ During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening.
- ❖ Universal distress



COMPLEX TRAUMA

- ❖ Multiple interpersonal traumatic events from a very young age.
- ❖ Complex trauma has profound effects on nearly every aspect of a child's development and functioning.



NEGLECT

- ❖ Failure to provide for a dependent person's basic needs



WHAT CAN IT LOOK LIKE?

Impulsive and reactive

High frustration, anxiety, and anger

Poor control of emotions

Physical symptoms (e.g. headaches)

Poor problem solving and choices

Overreacting when told what to do

Misperceived situations or triggers

Impaired attention, memory, and cognition

WHAT ARE ACES

First 18 years of life

Abuse

- **Emotional abuse**
- **Physical abuse**
- **Sexual abuse**

Household Challenges

- **Mother treated violently**
- **Household substance abuse**
- **Mental illness in household**
- **Parental separation or divorce**
- **Criminal household member**

Neglect

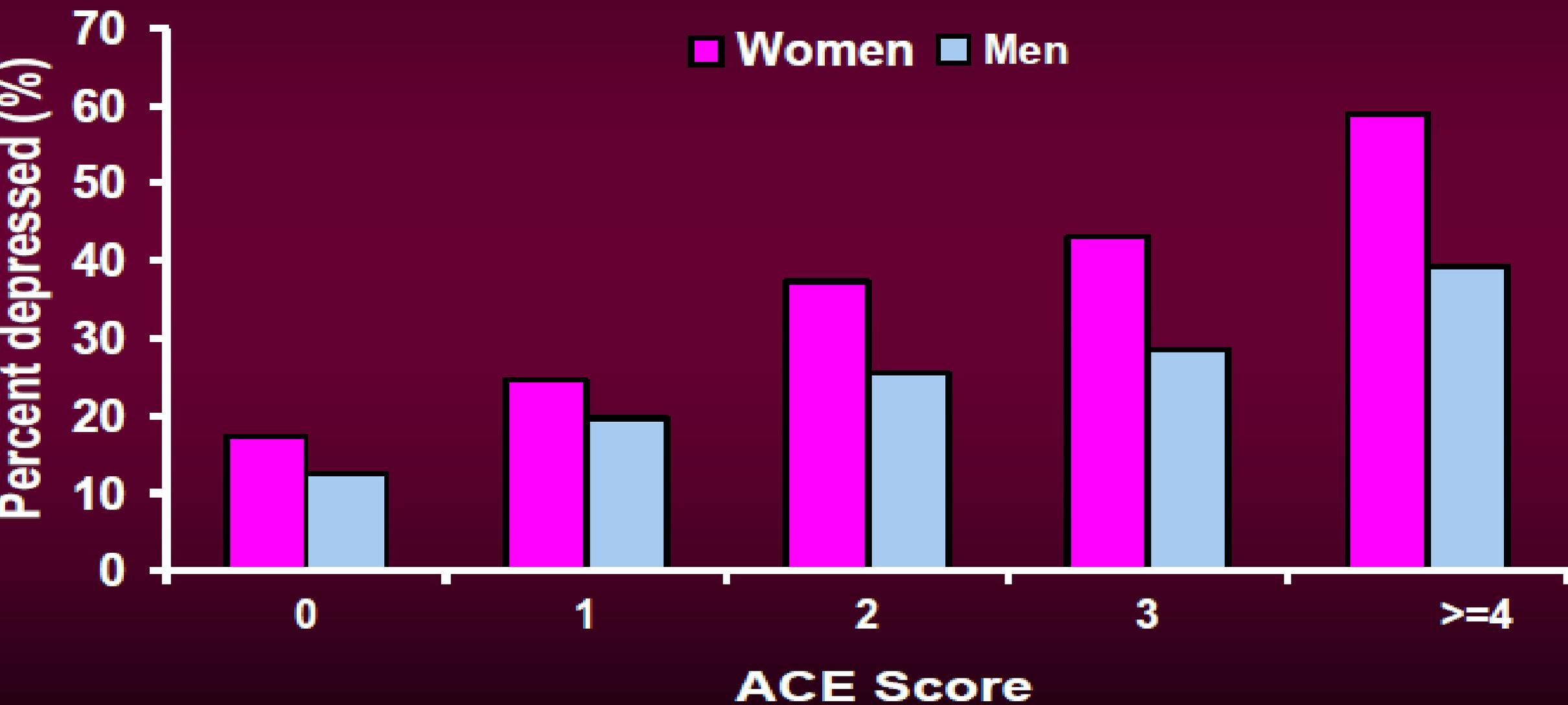
- **Emotional neglect**
- **Physical neglect**



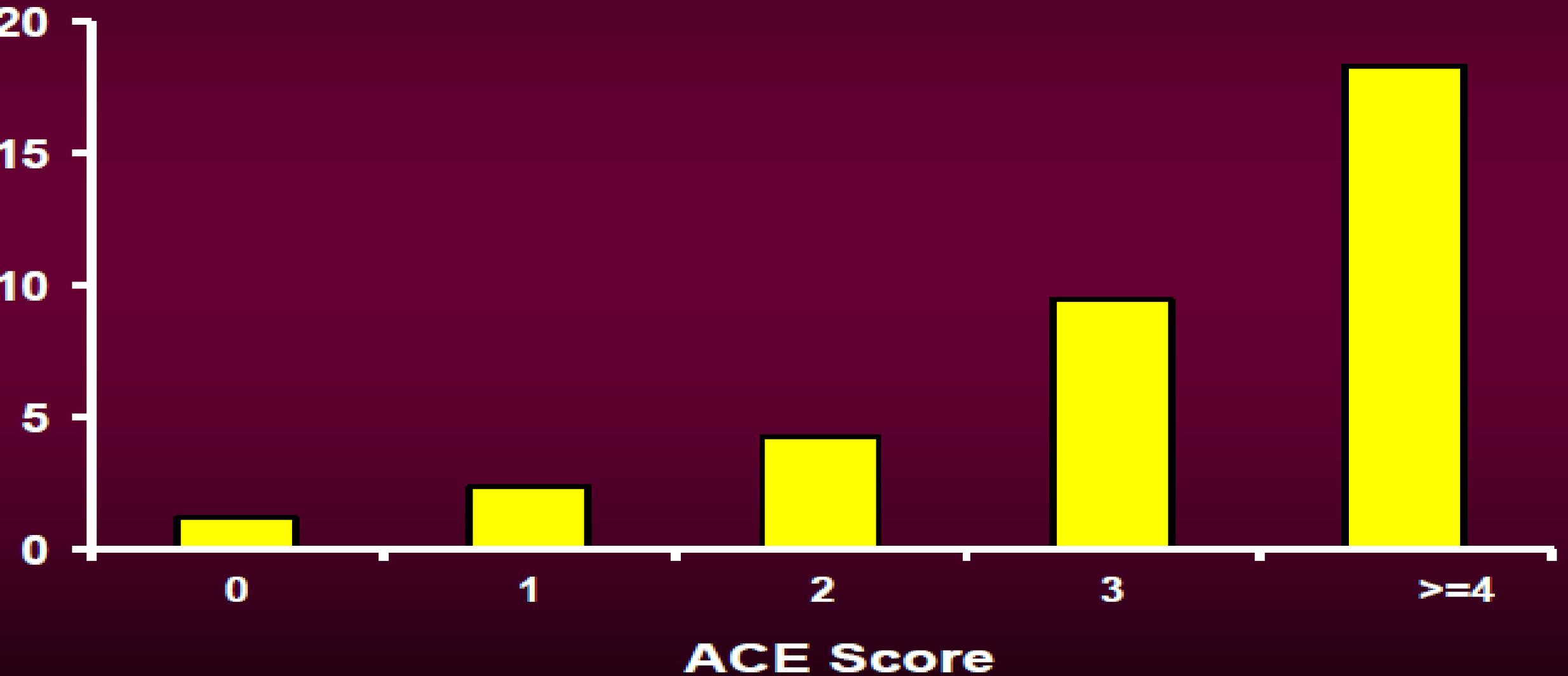
PREVALENCE OF ACE SCORE

ACE Score	Women	Men	Total
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

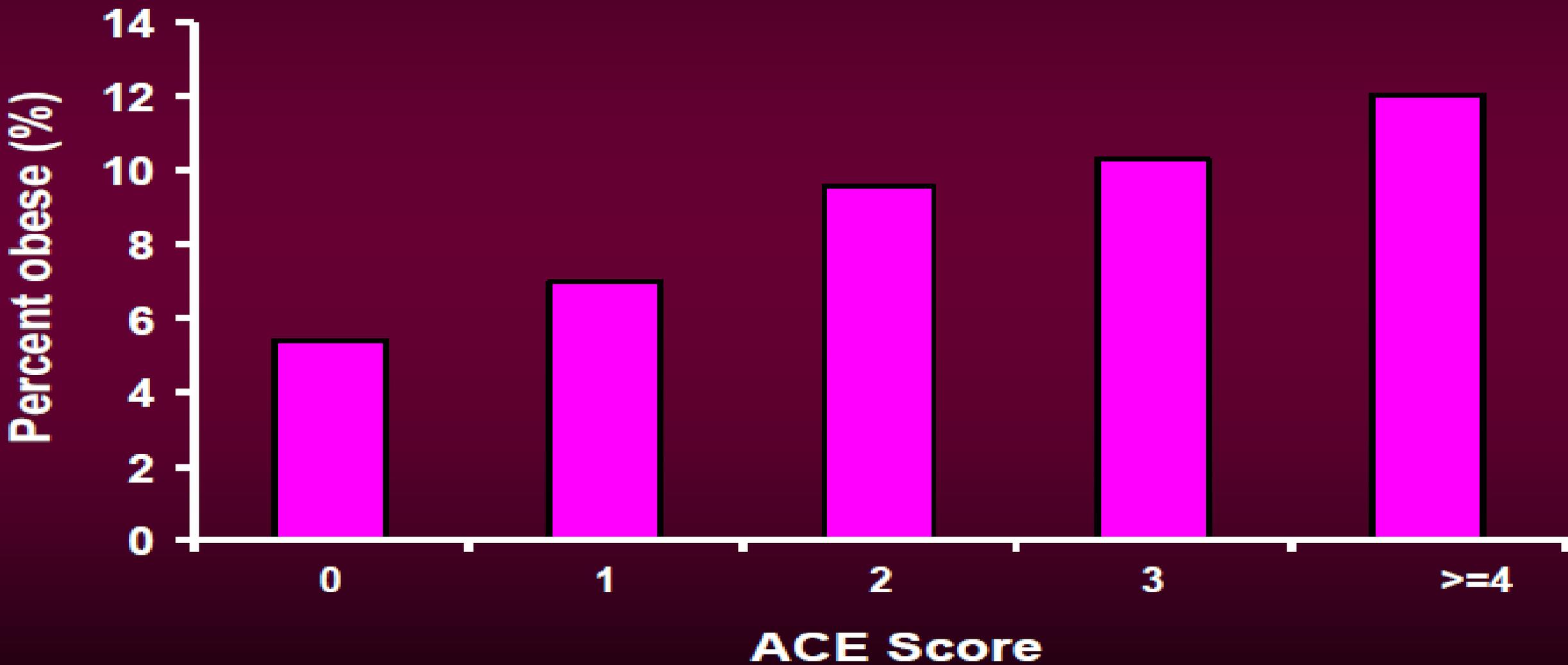
The ACE Score and a Lifetime History of Depression



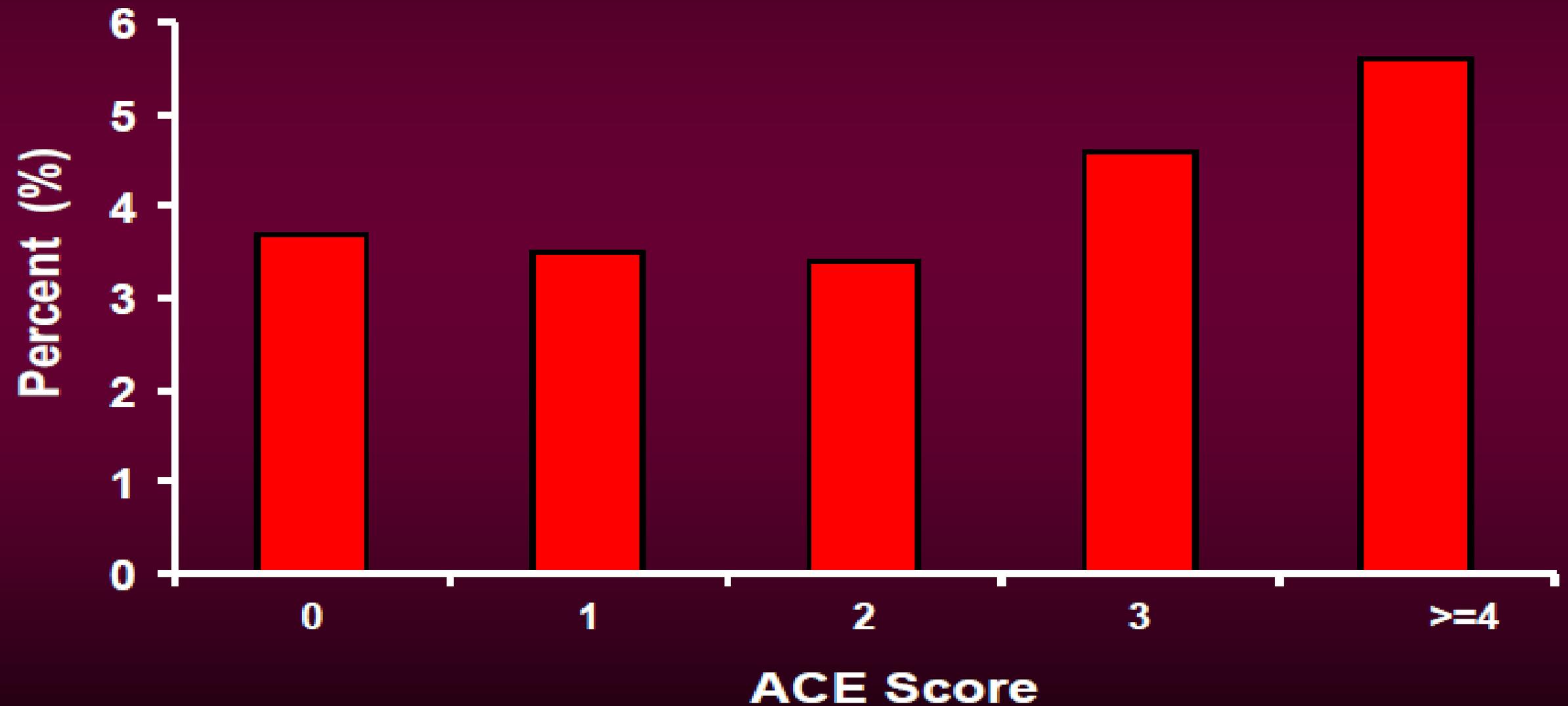
The ACE Score and the Prevalence of Attempted Suicide



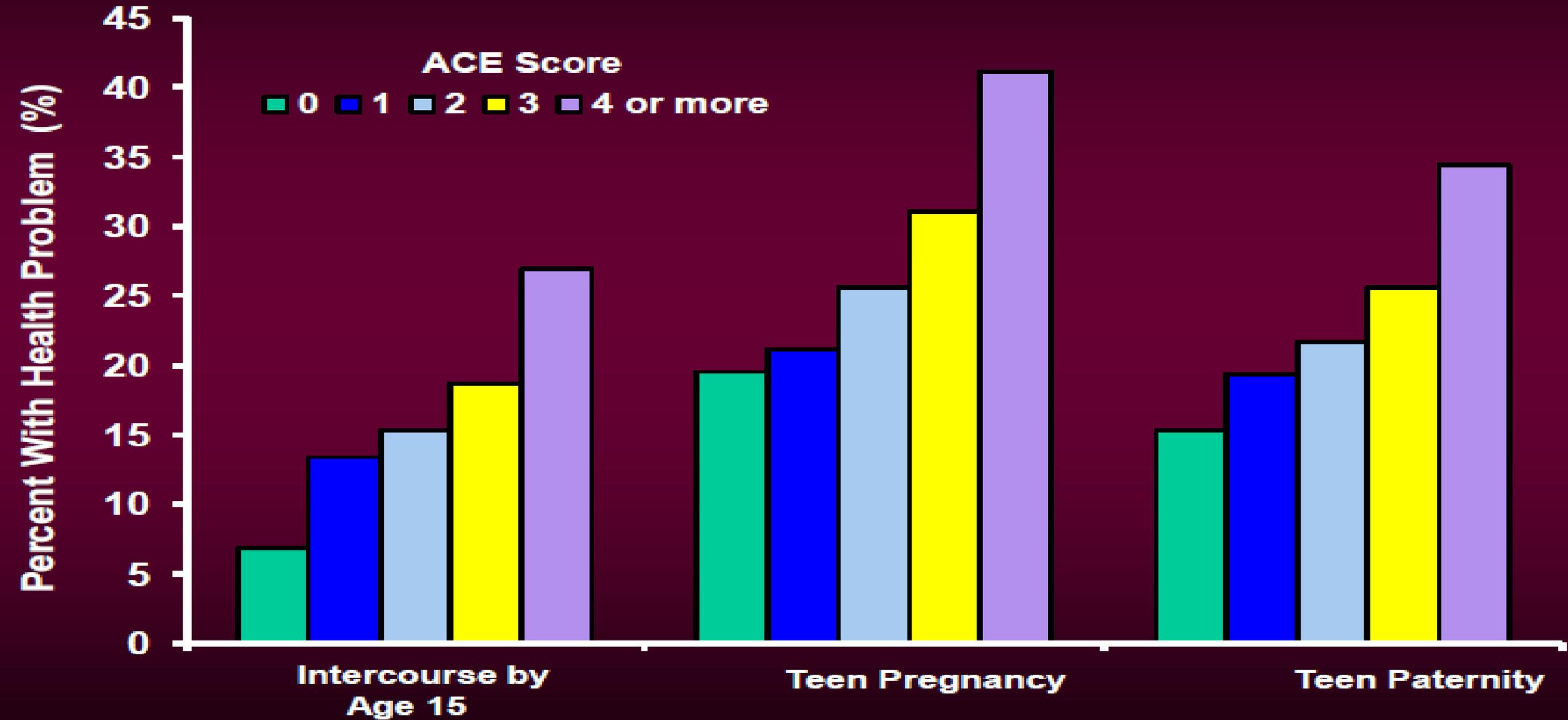
The ACE Score and the Prevalence of Severe Obesity (BMI ≥ 35)



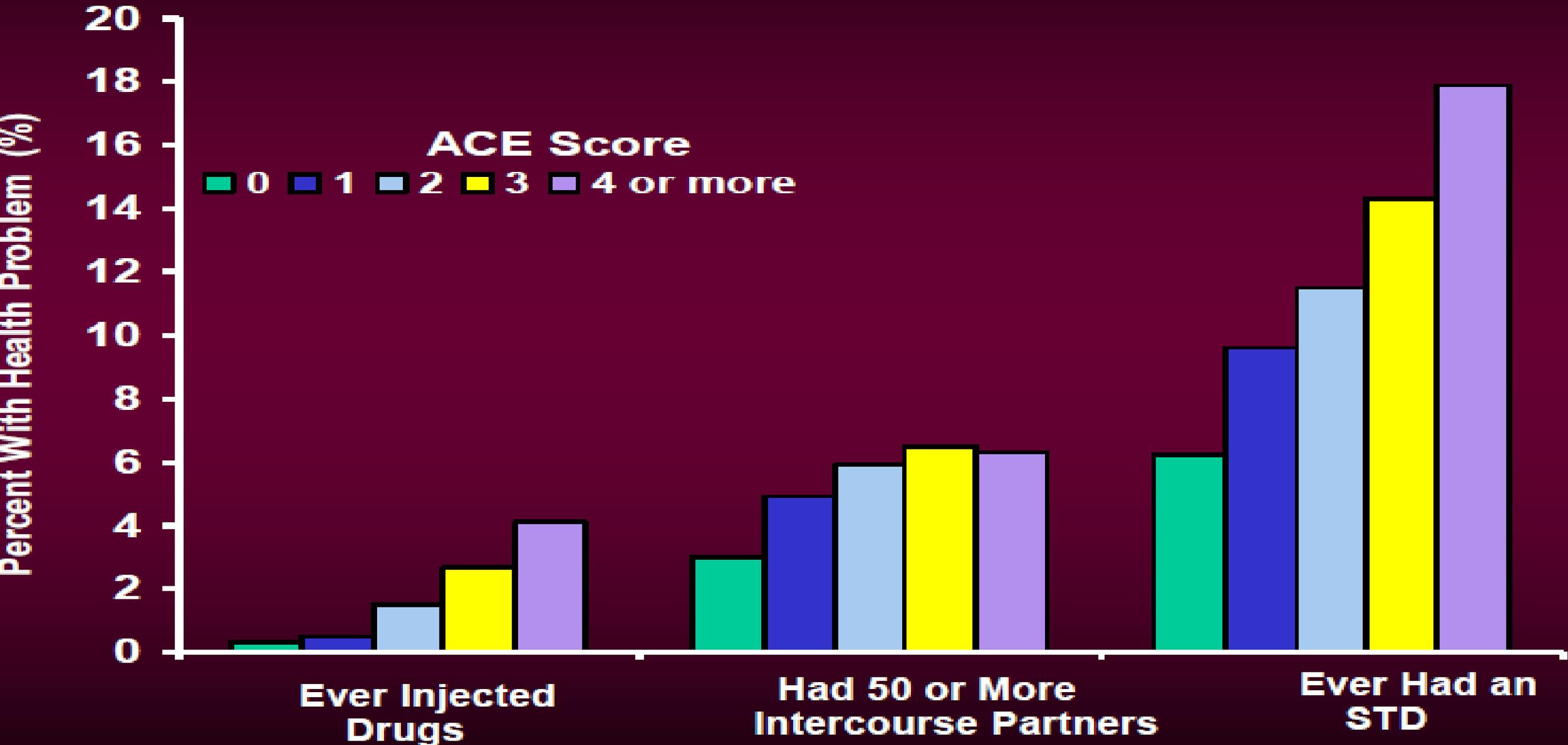
The ACE Score and the Prevalence Ischemic Heart Disease



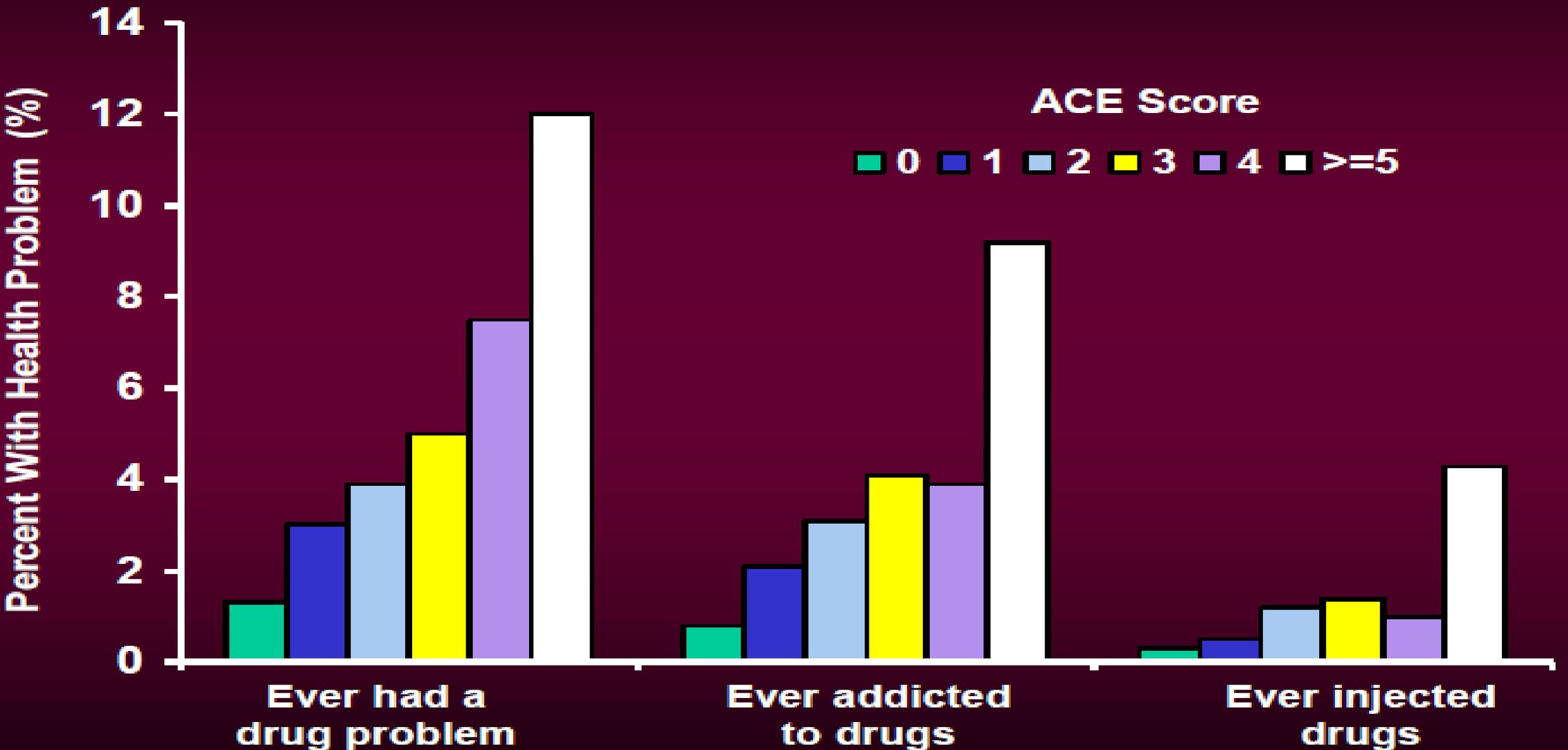
ACE Score and Teen Sexual Behaviors



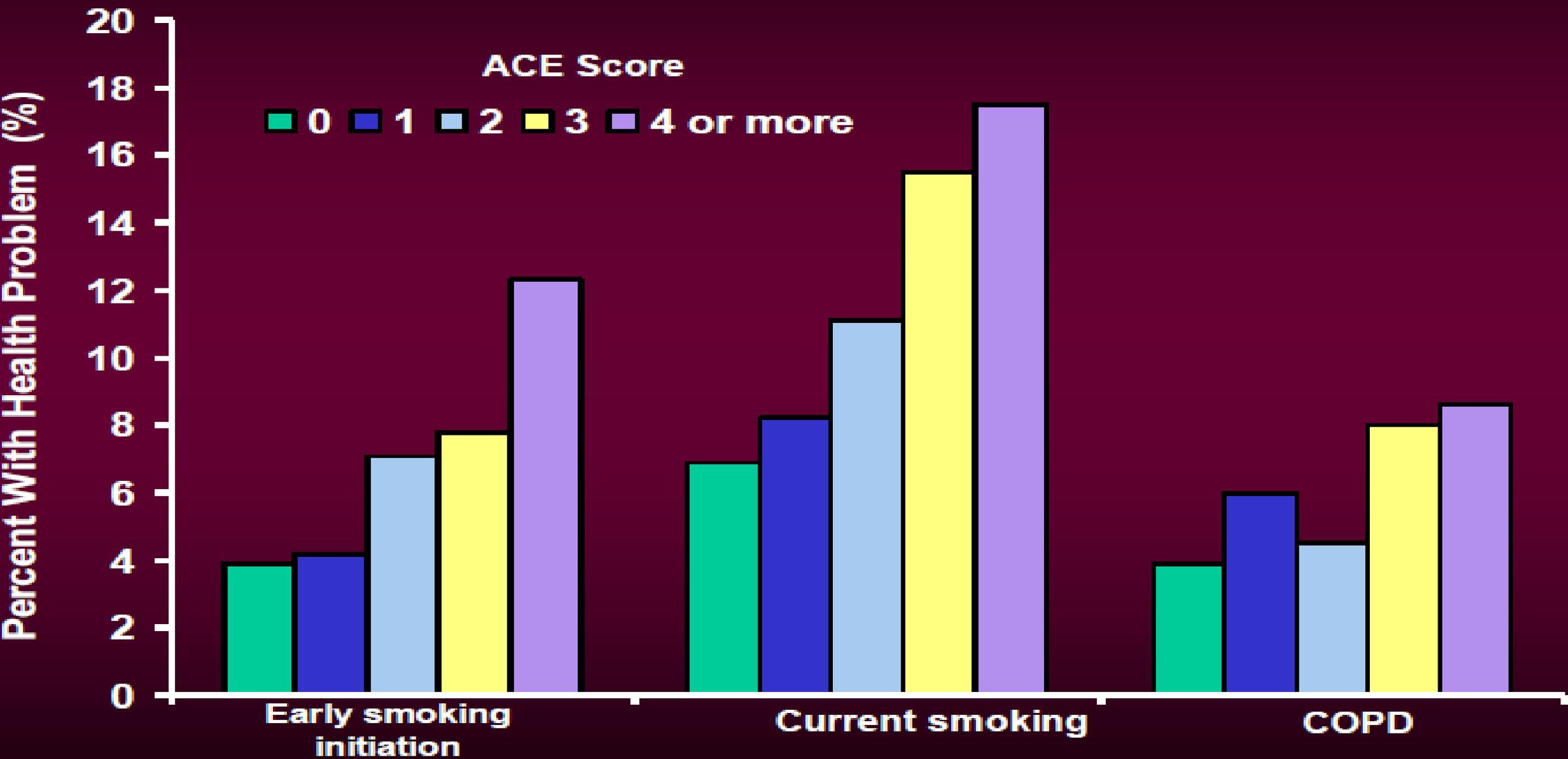
ACE Score and HIV Risks



ACE Score and Drug Abuse



ACEs, Smoking, and Lung Disease



INCREASED LIFETIME RISK

Alcoholism and alcohol abuse

Chronic obstructive pulmonary disease

Depression

Fetal death

Health-related quality of life

Illicit drug use

Ischemic heart disease

Liver disease

Poor work performance

Financial stress

Risk for intimate partner violence

Multiple sexual partners

Sexually transmitted diseases

Smoking

Suicide attempts

Unintended pregnancies

Early initiation of smoking

Early initiation of sexual activity

Adolescent pregnancy

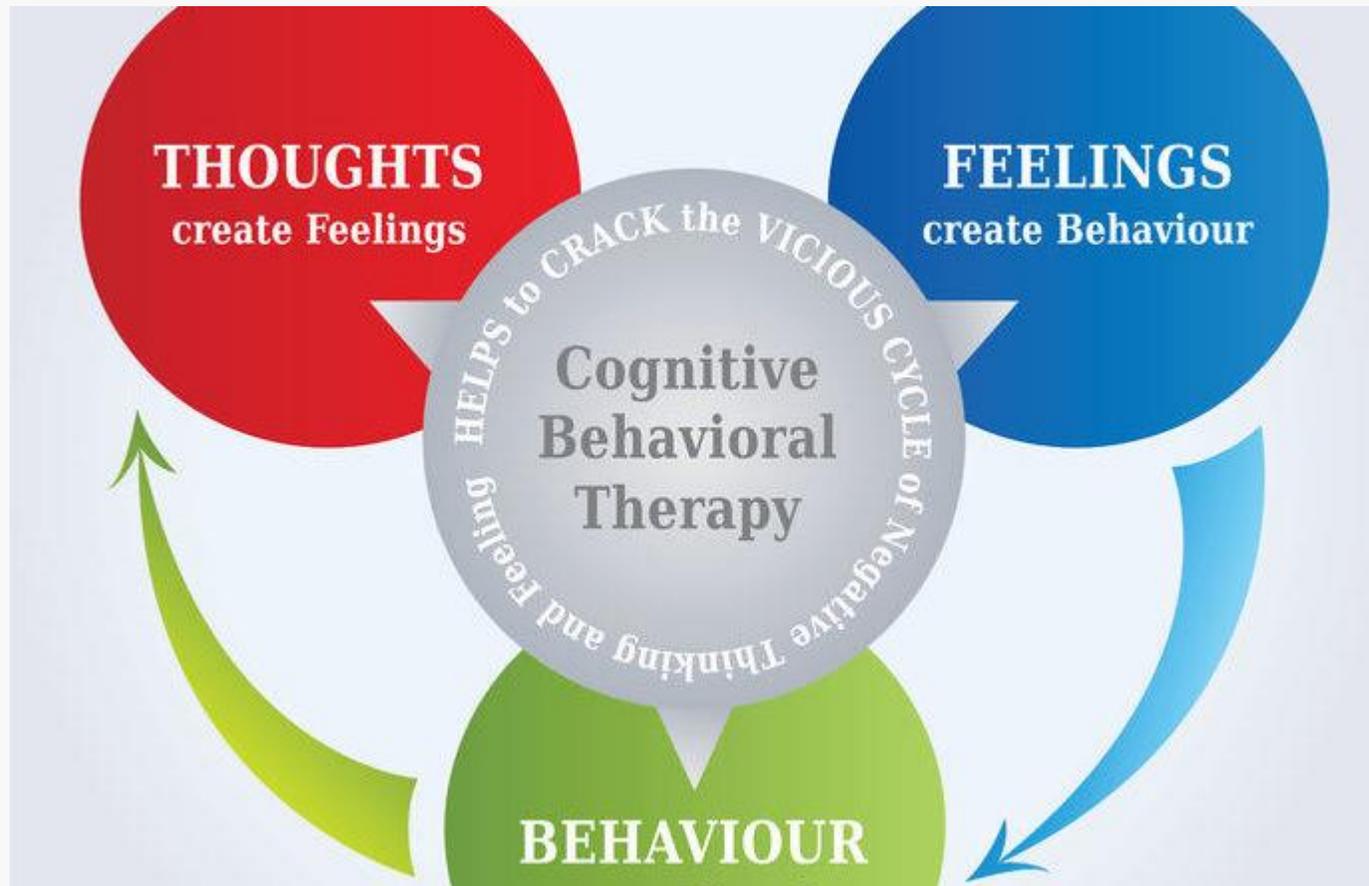
Risk for sexual violence

Poor academic achievement

POST-TRAUMATIC STRESS DISORDER

- A: Exposure to actual or threatened death, injury, sexual violation
Direct, witness, learning about, exposure to details
- B: Intrusion symptoms beginning after event
Memories, dreams, dissociation, physiological reactions
- C: Avoidance beginning after the event
Avoidance or efforts to avoid memories, thoughts, feelings, reminders
- D: Negative alterations in cognition or mood beginning or worsening after the event
Persistent negative emotional state; negative beliefs or expectations of self, others, the world; lack of memory; distorted cognitions; diminished interest/participation; detachment

TRAUMA-INFORMED, EVIDENCE BASED PRACTICES



A MODEL OF TREATMENT: THREE PHASES

Safety and Stabilization

Processing of Traumatic Material

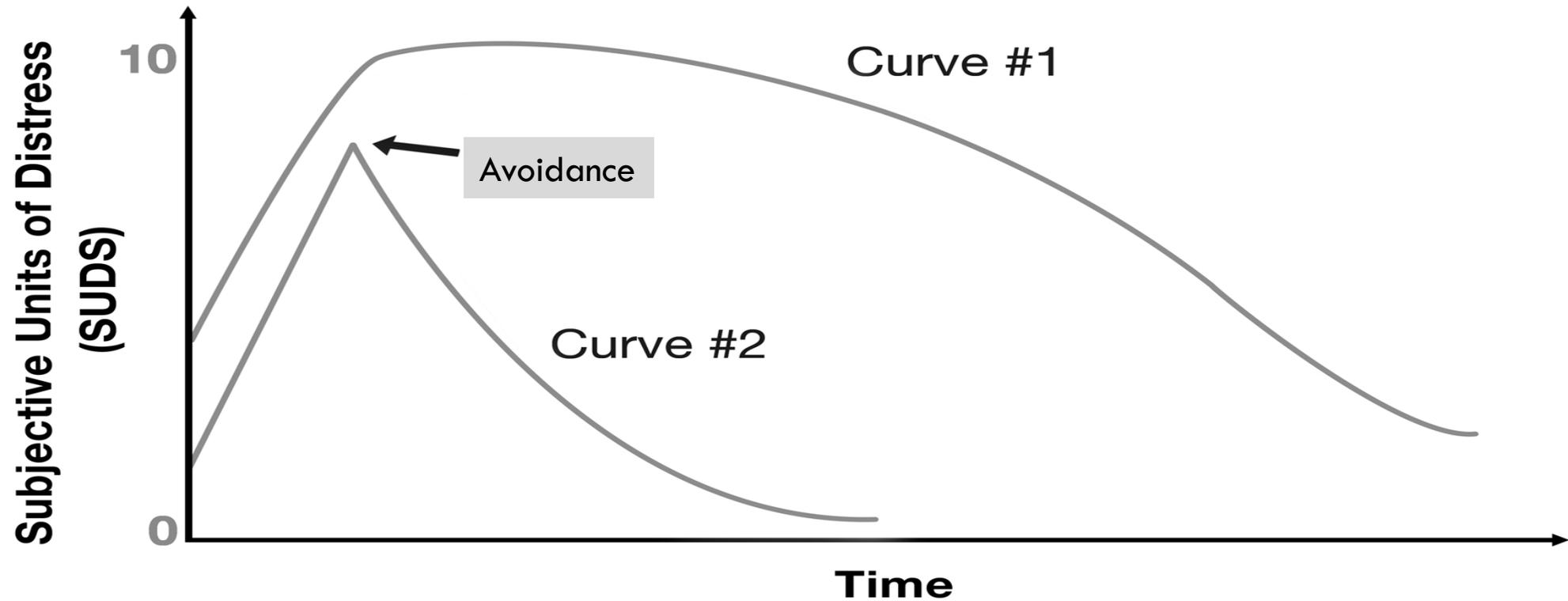
Reconnection and Reintegration

PHASE ONE: SAFETY AND STABILIZATION

- ❖ Attention to basic needs including: connection to resources, self-care, identification of support system
- ❖ Focus on the regulation of emotion and develop capacity to self-soothe.
- ❖ Education on trauma and treatment process.

PHASE TWO: PROCESSING AND GRIEVING OF TRAUMATIC MEMORIES

Subjective Units of Distress (SUDS) Scale



PHASE THREE: RECONNECTION & REINTEGRATION

- ❖ Development of a firm or new sense of self
- ❖ Healing or development of healthy and supportive:
 - Friendships
 - Intimacy
- ❖ Generalization and Maintenance

COGNITIVE BEHAVIORAL THERAPY FOR ADULTS

Therapy	# of Level A (Randomized)	# of Level B (Non-Randomized)
Exposure Therapy-with trauma populations	22	8
Exposure-combination of imaginal and in vivo	11	4
Imaginal Exposure	9	2
In vivo Exposure	2	1
Cognitive Processing Therapy	3	1
Stress Inoculation Training	2	2
Cognitive Therapy	2	-
Systematic Desensitization	2	3
Relaxation and Biofeedback	3	-
Dialectical Behavior Therapy and Acceptance and Commitment Therapy	2	1
Medication and CBT	1	-

COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN AND ADOLESCENTS

Therapy	# of Level A (Randomized Study)	# of Level B (non-Randomized Study)
Trauma-Focused Cognitive Behavioral Therapy	6	3
Cognitive –based CBT	1	-
Seeking Safety	1	-
KIDNET	1	-
Trauma Systems Therapy	-	1

COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN AND ADOLESCENTS

Therapy	# of Level A (Randomized Study)	# of Level B (non-Randomized Study)
Trauma-Focused Cognitive Behavioral Therapy	6	3
Cognitive –based CBT	1	-
Seeking Safety	1	-
KIDNET	1	-
Trauma Systems Therapy	-	1

OTHER EFFECTIVE TREATMENTS

Eye Movement Desensitization & Reprocessing (Level A)

Psychosocial Rehabilitation (Level A)

Psychodynamic Therapy for Young Children (Level A)

Psychodynamic Therapy for Adults (Level D)

Group Therapy (Level A & B)

Hypnosis (Level C & D)

Couple & family Therapy for Adults

- Behavioral Family Therapy, Behavioral Marital Therapy (Level A)
- CBT Couple Treatment, Lifestyle Management (Level B)
- Emotionally focused couple therapy, Spousal education and support, family systems-based therapy (Level D)
- Critical interaction therapy (Level F)

Creative Arts Therapies for Children (Level A & D)

Creative Therapies for Adults (Level D)

OUTCOMES

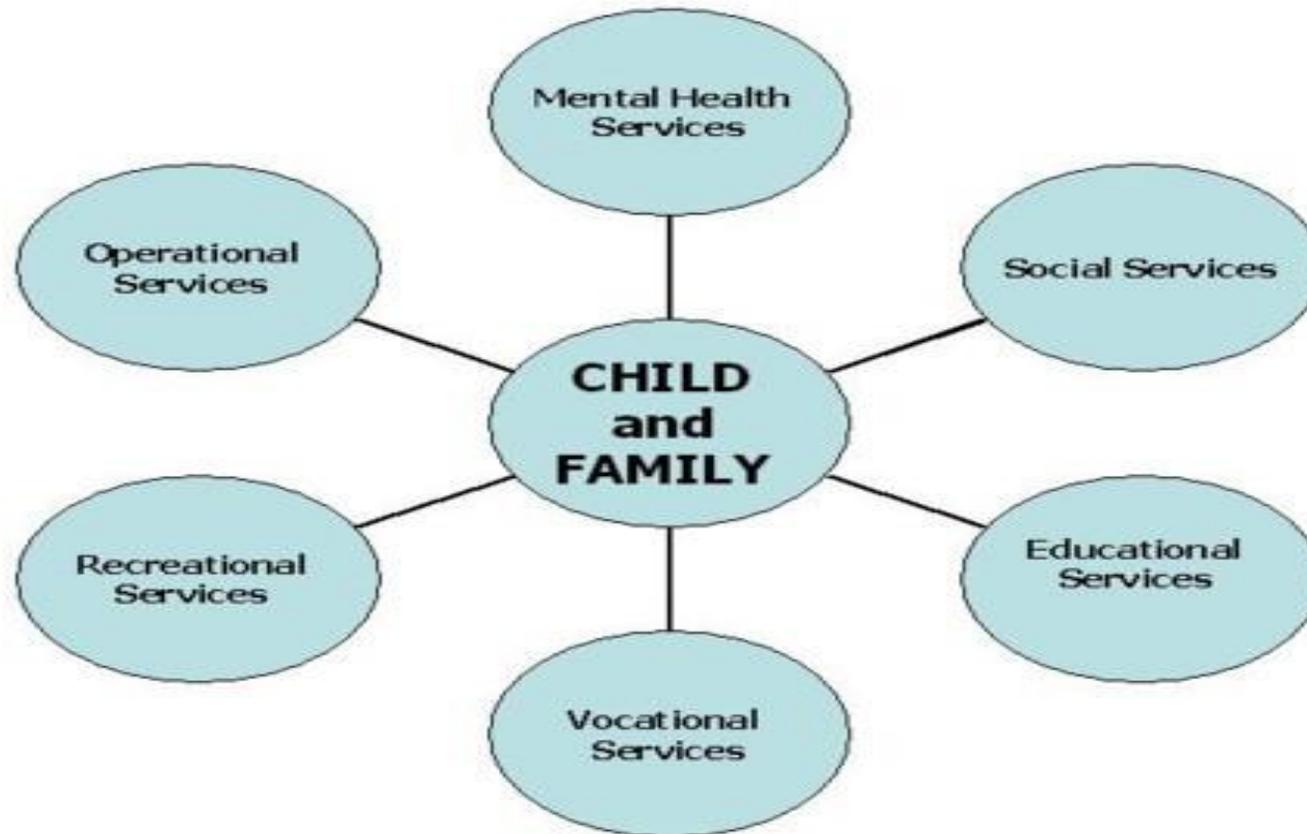
New learning affects the entire fear structure

Weakened connection between memory or trigger and fear structure

- Cognitions change
- Emotions change
- Physiological responses change

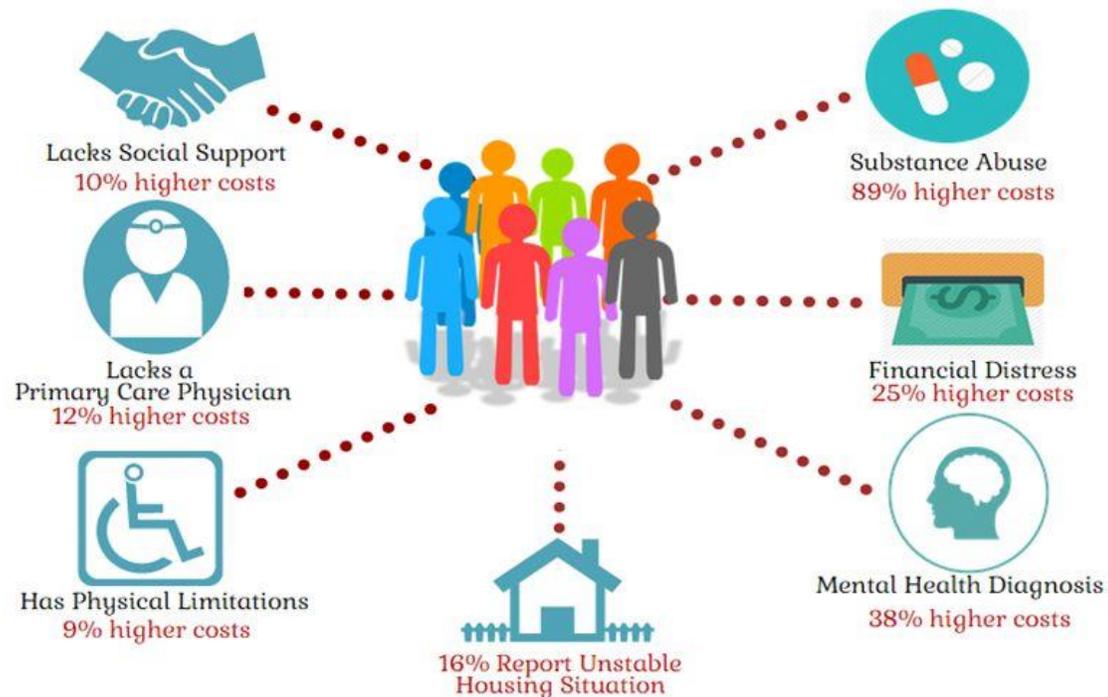
Reprocessing, organization, and integration of new info into memory

COMMUNITY OUTREACH & PARTNERSHIP BUILDING



PIONEERING ACCOUNTABLE CARE ORGANIZATIONS

Drivers of Healthcare Costs



Based on results of over 4,000 assessments of high-risk patients conducted at Montefiore CMO



LAN Technical Assistance & Training Center

Serving Professionals, Families, and Youth in Saline, Gallatin, White, & Hamilton Counties

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- LAN Email Announcements
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Professional Resources

Family Resources

Youth Resources

2013 Conference Resources

Lending Library

Professional Resources

- Outreach Materials
- Psychiatry
- Parenting
- Teachers
- Evidenced-Based Webinars
- Behavioral Issues
- Internalizing Issues

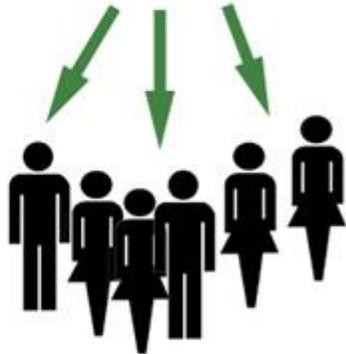
Welcome to the LAN Technical Assistance & Training Center

Our mission is to facilitate and support technical assistance and training to organizational partners, families, and youth in the Local Area Network system of care. The center emphasizes the dissemination of evidenced-informed and promising practices within a system of care philosophy.

We invite you to browse through the services and library of resources we offer to our system partners. You may create an account with us if you like, or shop as a guest. All products and services are free to system partners of LAN #2 serving Saline, Gallatin, White, & Hamilton Counties within southern Illinois.

PARTNERSHIP BUILDING

You



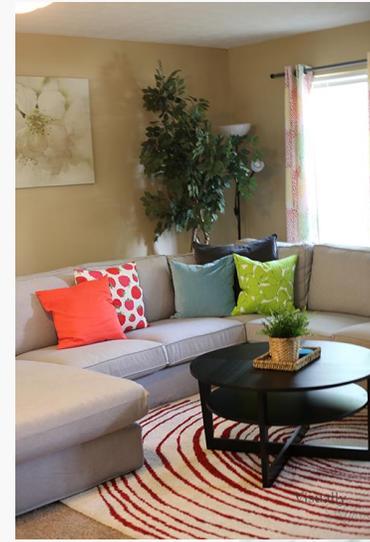
List Members

How it works:

You send an email to the list email address, just as you would to anyone. This email goes to the ListServ. The ListServ forwards a copy to each and every list member. Even back to you, as you're a member too. The ListServ also keeps a copy in its archives.



SAFE & SECURE ENVIRONMENT



CONFIDENTIAL



What and How Questions Are Asked

Options Available & Prepared Staff

Lobby – Images, Layout, Magazines/Materials, Window Height, Calming Music/Sounds

Actively ADA compliant

Bathrooms

Private Rooms

Give Options

Flexible/Open to Needs



CLINICAL SUPERVISION



WARNING SIGNS OF COMPASSION FATIGUE

- ❖ Increased irritability or impatience
- ❖ Difficulty concentrating
- ❖ Dreams about consumer concerns
- ❖ Denying trauma can impact others/numb
- ❖ Intrusive thoughts about consumers
- ❖ Difficulty planning
- ❖ Dreading having to work with a consumer

WHAT CAN IT LOOK LIKE? (SAME AS TRAUMA VICTIMS)

Impulsive and reactive

High frustration, anxiety, and anger

Poor control of emotions

Physical symptoms (e.g. headaches)

Poor problem solving and choices

Overreacting when told what to do

Misperceived situations or triggers

Impaired attention, memory, and cognition

SPONSORED EMPLOYEE ASSISTANCE PROGRAM



SELF CARE: “COST OF CARING”

❖ Emotional Needs

- ❖ Trusting relationships
- ❖ Laughter and joy
- ❖ Personal Counseling

❖ Physical Needs

- ❖ Healthy diet
- ❖ Ample sleep
- ❖ Regular exercise

❖ Mental Needs

- ❖ Training/Consultation
- ❖ Relaxation Techniques
- ❖ Boundaries

❖ Spiritual Needs

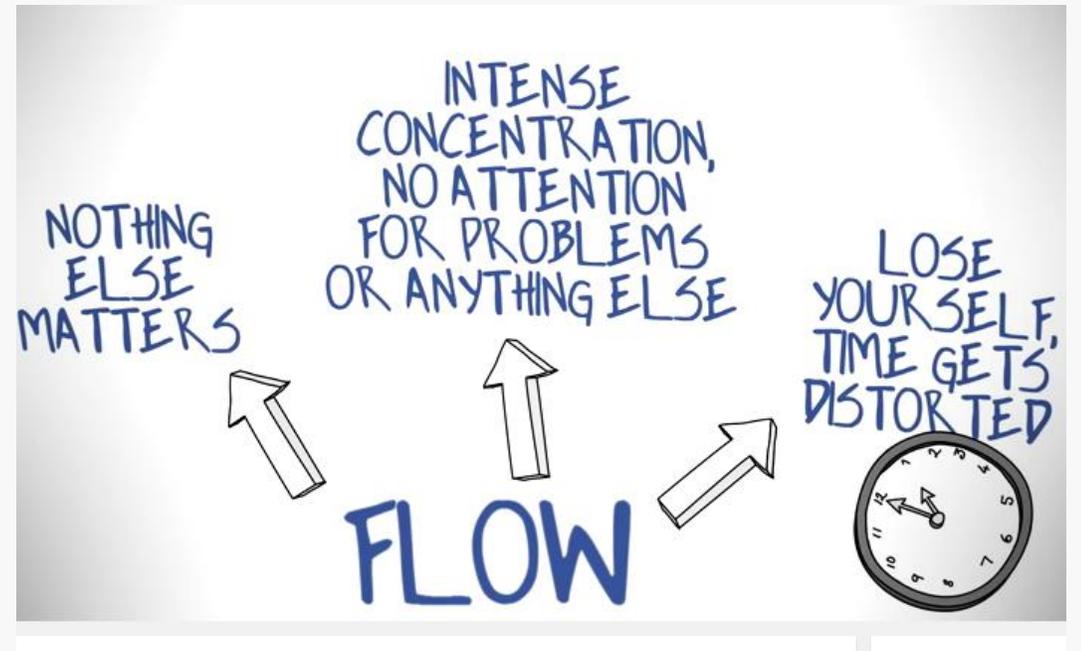
- ❖ Meditation
- ❖ Creating meaning and purpose
- ❖ Time in nature

ENCOURAGE BREAKS & BOUNDARIES

- ❖ Increases productivity
- ❖ Increases prefrontal cortex functioning
- ❖ Break from stress
- ❖ Preferred activity – can still be work

Only time not recommended:

- In “Flow”



GOOD BREAK ACTIVITIES

1. **Walk or exercise.**
2. **Connect with nature...or a streetscape.**
3. **Change your environment.**
4. **Have lunch or a healthy snack.**
5. **Take a “power nap”—if it won’t get you fired.**
6. **Take a few deep breaths.**
7. **Meditate.**
8. **Daydream.**
9. **Get creative!**
10. **Drink coffee (or tea)**

Take a break.

You deserve it!



ONGOING PERFORMANCE IMPROVEMENT & EVALUATION

