

***Creating
Trauma-Informed
Systems:***

***Helping Children to Heal
From Trauma***

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***What Do We Know About Young
People In The System?***

From Previous Sanctuary Research:

- Over two-thirds had a known history of maltreatment
- 84% witnessing someone being hit, slapped, punched, or beaten up
- 73% directly experiencing being hit, slapped, punched, or beaten up
- 42% seen someone attacked with a weapon
- 23% have been attacked with a weapon
- 20% reported witnessing domestic violence
- 11% shot at
- 69% hearing gunfire close by
- 10% rape, molestation, sexual assault

(Guterman & Cameron, 1999; Guterman, Cameron, & Hahn, 2000; Rivard et al, 2004, 2005)

There is compelling evidence to indicate that the vast majority of youth involved with the juvenile justice system have significant mental health needs. National prevalence data suggest that between 50 percent and 75 percent of youth in public and private juvenile justice facilities have at least one diagnosable mental health disorder.

National Association of State Mental Health Program
Directors,
*Position Statement On
Mental Health Services In A Juvenile Justice Population,
2001*

***Brain Development
Why Violence Begets Violence***

- Brain works by forming networks of communication – neural networks
- Complex & delicate electrical and chemical mechanisms
- The way these networks communicate with each other is what creates intelligence and creativity
- We are not born with neural networks – we create them in interaction with the environment
- Neurons are overproduced – a “biological insurance policy” and when we are still very young, half of the neurons we have at birth are “pruned”

***Brain Development
Why Violence Begets Violence***

- Neural connections are the basis of brain activity and these are molded by the outside world.
- *“The environment physically changes our brain”*
- The brain is extremely adaptable when we are young and young brains are more resilient, learn more quickly and can change more rapidly.
- By age 10 the brain has selected a “value system” based on what is good and useful – for survival – in the outside world.
- The neurons that are not reinforced are pruned – use it or lose it.
- Life tragedies physically change the brain

***The Relationship of Adverse
Childhood Experiences to Adult
Health Status***

A collaborative effort of Kaiser Permanente
and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.

What society does to its children,
its children will do to society.

Cicero, 106-43 B.C.E.

*Ancient Headline for the ACE
Study*

**CHILDHOOD ADVERSITY BY CATEGORIES
(18 years or younger)**

Abuse	Household
Psychological (by parents)	Substance Abuse
Physical (by parents)	Mental Illness
Sexual (anyone)	Parental separation/divorce
Emotional neglect	Mother Treated Violently
Physical neglect	Imprisoned Household Member

ACEs Score = Trauma Dose

ACE Score	Prevalence
0	33%
1	26%
2	16%
3	10%
4 or more	16%

Two-thirds had at least one ACE
More than one-third had 2 or more ACEs
One in 16 to four categories.

Adverse Childhood Experiences Rarely
Occur in Isolation...

They come in groups.

Given an exposure to one category, there is 80%
likelihood of exposure to another.



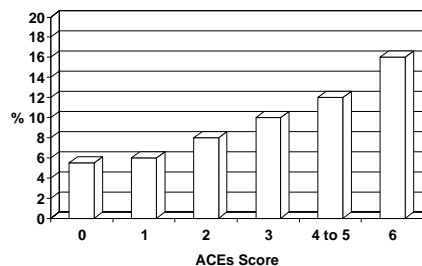
ACEs Study

Strong, graded relationship between ACEs Score and....

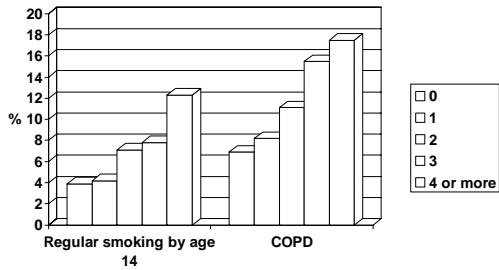
- smoking
- COPD
- hepatitis
- heart disease
- fractures
- diabetes
- obesity
- teen pregnancy (including paternity)
- sexually transmitted diseases
- alcoholism
- other substance abuse
- depression and attempted suicide
- occupational health
- job performance
- revictimization



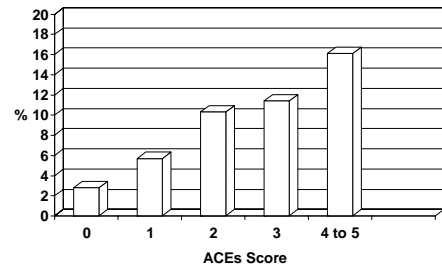
ACEs and Current Smoking



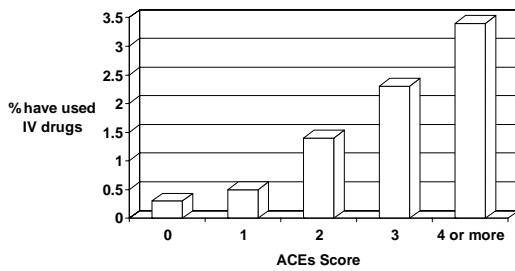
ACEs and COPD



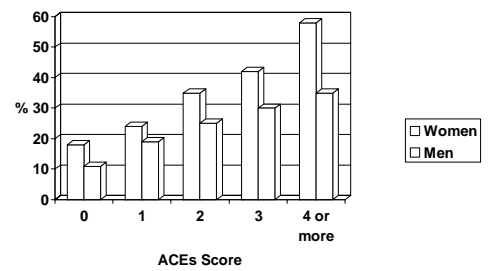
ACEs and Adult Alcoholism



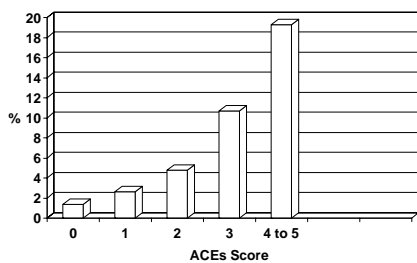
ACEs and IV Drugs



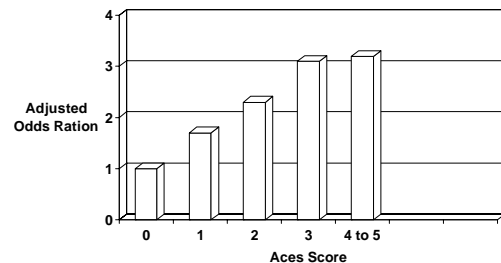
ACEs and Chronic Depression



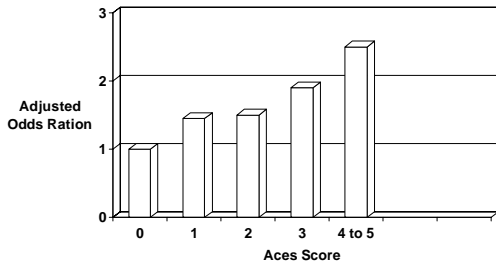
ACEs and Attempted Suicide



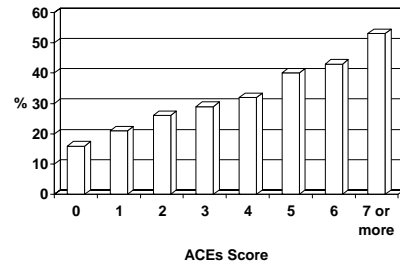
ACEs and >50 Sexual Partners



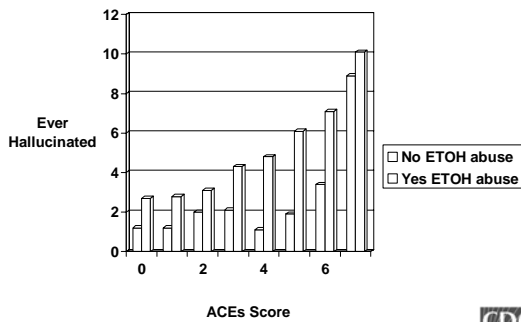
ACEs and STD's



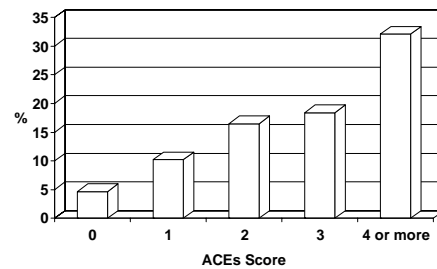
ACEs and Teen Pregnancy



ACEs and Hallucinations



ACEs and Rape



ACEs and Risk of Exposure to Violence

ACE Score	Intimate Partner Violence	Being Raped
0	1.0	1.0
1	1.9	2.0
2	2.1	2.8
3	2.7	4.2
4	4.5	5.3
5 or more	5.1	8.9

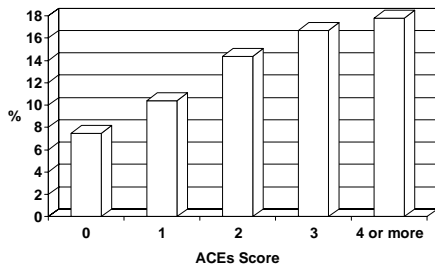


ACEs & Interpersonal Violence

These results suggest that as the number of violent experiences increases, the risks of victimization among women and perpetration by men also increase by about 60% to 70%.



ACEs and Serious Job Problems



ACEs and Ischemic Heart Disease *It Breaks Your Heart*

We found a dose-response relation of ACEs to IHD and a relation between almost all individual ACEs and IHD. Psychological factors appear to be more important than traditional risk factors in mediating the relation of ACEs to the risk of IHD.

Dong M, Giles WH, Felitti VJ, Dube, S. R, Williams, Chapman DP, Anda, R.

Insights into causal pathways for ischemic heart disease: adverse childhood experiences study. *Circulation*. 2004 Sep 28;110(13):1761-6.



ACEs and Health Care

- The higher the ACEs score the higher the number of:
 - Doctor office visits in the past year
 - Number of unexplained symptoms
- Because so many chronic diseases in adults are determined decades earlier, in childhood, the higher the ACEs score the earlier a person's death



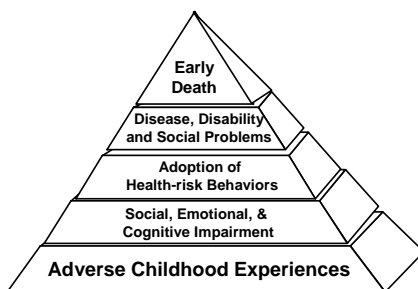
The Adverse Childhood Experiences (ACE) Study

Summary of Findings:

- Adverse Childhood Experiences (ACEs) are very common
- ACEs are strong predictors of later health risks and disease
- Adverse Childhood Experiences play a major role in determining the likelihood of the ten most common causes of death in the United States.
- With an ACE Score of 0, the majority of adults have few, if any, risk factors for these diseases.
- However, with an ACE Score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.



The ACEs Pyramid



What do we know about traumatized children?

- **Chronic Stress**
 - Exposure to disrupted attachment
 - Exposure to maltreatment, neglect, other trauma
 - Other individual /family stressors
- **Lack of Safety**
 - History of betrayed trust – don't trust you
 - Dangerous to self/others
 - Acting-out, antisocial behavior
 - Acculturated to violence – no meaningful sense of a loving community
 - Violent role models

What do we know about traumatized children?

- ***Poor emotional management***
 - Chronic hyperarousal
 - Emotionally numb and want to stay that way
 - Symptoms represent their only coping skills to manage distress
- ***Miscommunication & Alexithymia***
 - Indirect and confusing
 - Behavioral, not verbal
 - Alexithymia – no words for feelings – cannot express needs

What do we know about traumatized children?

- ***Dissociation, fragmentation***
 - Dissociative symptoms including Amnesia
 - Do not learn from mistakes – do not see patterns from the past
 - Poor judgment, problem-solving especially under stress
- ***Systematic Error and Reenactment***
 - Poor error correcting mechanisms – loss of feedback
 - Repetition, repetition, repetition – don't learn from mistakes

What do we know about traumatized children?

- ***Impaired executive function***
 - Bullying, authoritarian behavior
 - Unquestioning following behavior
 - Lack of self-control, self-discipline, self-direction
 - Poorly adapted internal authority

What do we know about traumatized children?

- ***Impaired cognition***
 - Poor judgment, extremist thinking
 - Unable to tolerate ambiguity or uncertainty
 - Inadequate listening skills
 - Poor problem-solving skills
 - Internal fragmentation prevents integration of input from different levels
 - No internal democracy

What do we know about traumatized children?

- ***Inadequate relationship skills***
 - Cannot manage conflicts well
 - Inadequate recognition of danger
 - Revictimized/victimizes others
- ***Learned helplessness***
 - Disempowered about breaking repetitious behavior
 - Fears taking risks that involve healthy change more than taking risks with their lives

What do we know about traumatized children?

- ***Aggression***
 - React to distress with aggression toward self/or others
 - Use aggression to keep people, memories, thoughts, feelings at a distance
- ***Unresolved grief***
 - Multiple losses remain unresolved, unexpressed
 - Grief surfaces through symptoms

What do we know about traumatized children?

- **Demoralization and Failure of Imagination**
 - Twisted, confused sense of right-and-wrong, fair play, empathy
 - Unable to use imagination to envision a different future
 - Hopeless
 - Purposeless, meaningless
 - Preoccupied with death

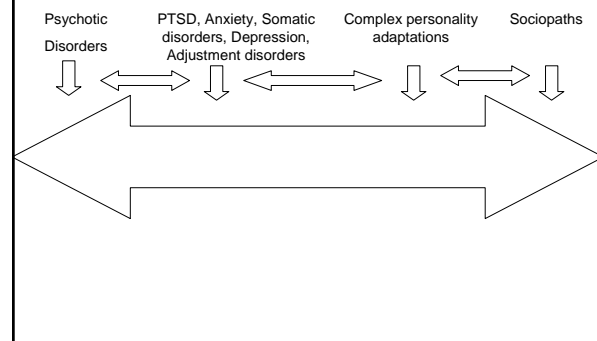
What do we know about what needs to heal?

- **Chronic Stress:** Biological stabilization
- **Basic Safety and trust:** Safety skills with supportive people
- **Loss of emotional management:** Emotional management skills
- **Miscommunication and Alexithymia:** Communication skills
- **Dissociation, fragmentation:** Grounding, integration, and trauma-specific approaches
- **Systematic error and Reenactment:** Pattern recognition and change
- **Impaired Executive Function:** Healthier use of power and executive functions - self-control, self-discipline

What do we know about what needs to heal?

- **Impaired Cognition:** Better judgment, decision-making
- **Inadequate relationship skills:** Social skills, relationships
- **Learned Helplessness:** Mastery Experiences
- **Aggression:** Ability to manage aggressive impulses
- **Unresolved Grief:** Mourning for what is lost
- **Demoralization and Failure of Imagination:** Belonging to a meaningful, worthwhile, nonviolent and caring culture & Imagining a different and better future

Complex Presenting Problems



Barriers to Recovery

- They are not safe with themselves and frequently, other people are not safe with them
- They are unlikely to make the connection between any of these symptoms and previous experiences
- They are unlikely to want to talk about their previous bad experiences
- They cannot manage distressing feelings without doing things that are destructive to themselves or others
- Their inability to manage distress interferes with their ability to think clearly
- They are likely not to remember the worst parts of the experiences

Barriers to Recovery

- They will want to stay emotionally numb rather than feel the pain of the previous experiences
- They have a hard time learning from their mistakes
- They are likely to feel protective toward violence that occurred in the family
- They have learned not to trust people and believe that betrayal of trust is inevitable
- They keep people from getting close by becoming aggressive
- They are unable to grieve for their losses
- They do not believe they have a future

Fundamental Issue for Juvenile Justice System that Significantly Magnifies Complexity of Intervention:

When the Juvenile Offender is ALSO a Victim

Complex Problems Require Complex Solutions.....

Can our present service delivery system deliver complex responses to these young people?

Why not?

- Organizational stress creates “parallel processes”
- When *two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes* (K.K.Smith, V.M. Simmons, and T.D. Thames, *The Journal of Applied Behavioral Science*, 1989, 28(1), p. 11-29)
- As a result, our systems can retraumatize children and adults instead of helping them to heal

Impact of Organizational Stress

- Chronic stress
- Lack of basic safety and trust
- Crisis response becomes chronic
- Broken communication network - undiscussables
- Organizational amnesia, failure of organizational learning
- Broken, depressing environment
- Repeating strategies that do not work

Impact of Organizational Stress

- Impaired executive function
- Non-participatory decision making
- Interpersonal conflicts increase
- Learned helplessness
- Violence increases
- Loss of mission, purpose
- Multiple losses
- Failure of imagination

Parallel Processes

Clients	Staff	Organization
Feel unsafe	Feel unsafe	Is unsafe
Angry/aggressive	Angry/aggressive	Punitive
Helpless	Helpless	Stuck
Hopeless	Hopeless	Missionless
Hyperaroused	Hyperaroused	Crisis Driven
Fragmented	Fragmented	Fragmented
Overwhelmed	Overwhelmed	Overwhelmed
Confused	Confused	Valueless
Depressed	Demoralized	Directionless

What do we know about organizational healing?

- ***Chronic Stress:*** Will only happen when fear is not running the show – group containment and plans for the next stressor
- ***Lack of Safety:*** Has to be systemic - must include all levels of safety: physical, psychological, social and moral
- ***Poor Emotional Management:*** Must involve the people who comprise the system – all of them
- ***Miscommunication & Alexithymia:*** More transparency, honesty, openness – cognitive and affective.
- ***Dissociation, Fragmentation, Amnesia:*** Unearth the skeletons and give them proper burial, retrieve organizational memory

What do we know about organizational healing?

- ***Systematic Error & Reenactment:*** Pattern recognition and creative, group problem-solving
- ***Impaired Executive Function:*** Must deal with power- who has it, who abuses it, who wants it – who/what has the power to heal?
- ***Impaired Cognition:*** Increase participation and teach skills, esp. listening to dissenting voice – promote democratic processes
- ***Inadequate Relationship Skills:*** Conflict management resources in social learning environment
- ***Learned Helplessness:*** Empowerment, participation

What do we know about organizational healing?

- ***Aggression:*** Commitment to nonviolence, management of distress, confrontation with counteraggressive behavior
- ***Unresolved Grief:*** Must honor the past and allow grieving for what is lost, and know that all change involves loss.
- ***Demoralization, Loss of Meaning and Failure of Imagination:*** Whole system recommitment, awaken hope, get people moving, remobilize imagination – HAVE FUN

Sanctuary Model

A Systemic Response To
Trauma
A Parallel Process of
Recovery.

Organizational culture matters because cultural elements determine strategy, goals, and modes of operating.

Edgar Schein,
The Corporate Culture Survival Guide

“Creating Sanctuary” refers to the shared experience of creating and maintaining physical, psychological, social and moral safety within a social environment - any social environment - and thus reducing systemic violence.

Parallel Process of Recovery

Developing a Positive Normative Culture

- Organization identifies norms to be established
 - Sanctuary commitments
- Create mechanism to regularly familiarize all members with the norms
 - S.E.L.F.
- Manipulate member pressures to insure that high status in the organization is closely associated with conformity to positive pro-social norms.
- The community as a therapeutic agent

Creating Sanctuary = Resolving Trauma An Alternative Reality to a Warzone

- Commitment to nonviolence
 - GOAL: Development of safety skills
- Commitment to emotional intelligence
 - GOAL: Development of affect management skills
- Commitment to social learning
 - GOAL: Development of cognitive skills
- Commitment to open communication
 - GOAL: Development of trust, of flexible but firm boundaries

Creating Sanctuary = Resolving Trauma An Alternative Reality to a Warzone

- Commitment to social responsibility
 - GOAL: Development of relationship skills
- Commitment to shared governance
 - GOAL: Development of social/political skills
- Commitment to growth and change
 - GOAL: Ability to cope positively with change

Sanctuary Model for Organizational Change

- Whole-systems approach – the house, not the rooms / furniture
- Focus on organizational culture
- Focuses on creating reasonably healthy, total relational environment – parallel process of recovery.
- Active process of breaking down institutional, social, professional, and communication barriers that isolate administrators, staff, family members and clients from each other
- Learning new ways to relate as interdependent community members, creating and modeling healthy and supportive relationships between individuals and developing an atmosphere of hope and nonviolence.
- Leadership development approach
- Five-day intensive team training
- Development of Sanctuary Core Team
- Technical assistance
- Sanctuary Network

S.E.L.F. A Nonlinear Organizing Framework

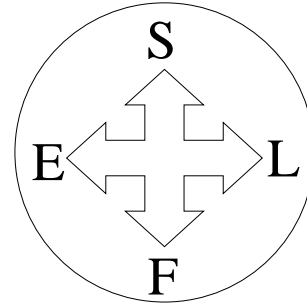
S.E.L.F.

- A way of organizing complexity
- Gets everyone on the same page
- Dynamic and nonlinear
- Conceptually applicable to children, families, staff and organization

S.E.L.F

A Map for the Journey.

- **Safety:**
 - Physical, Psychological, Social, Moral
- **Emotions:**
 - Handling feelings without becoming self/other destructive
- **Loss:**
 - Getting over loss, preparing for change
- **Future:**
 - Re-establishing the capacity for choice



Assess Impact of Chronic Stress

- Clients:
 - GET THE STORY LINE – what is the nature and extent of this youth's injuries?
 - Change emphasis from "behavioral management" and "consequences" (which too often means punishment) to SAFETY and RECOVERY
- Staff:
 - Assess trauma in clients – and then DON'T FORGET IT
 - Review trauma history at treatment conferences
 - Conduct trauma training and skill building in staff
 - Assess impact of organizational stress/trauma

Restore Basic Safety & Trust

- Clients:
 - Safety plans
 - Emphasize and teach physical, psychological, social and moral dimensions of safety
- Staff:
 - Safety plans
 - Focus on trust-building while expecting mistrust
 - Modeling safe and trustworthy interactions
 - Debrief all safety breaches – develop systemic knowledge about how to protect social immunity
 - Monitor and respond to trends, i.e. bullying, counteraggression

Promote Emotional Management

- Clients:
 - Self-soothing
 - Community meetings
 - Medication
 - Psychoeducation – emotional intelligence
 - Honor existing coping strategies - redirect
- Staff:
 - Community meetings
 - Team meetings and retreats
 - Staff manage affect rather than stoke it
 - Emphasis on emotional management in all interactions
 - Expand emotional intelligence

Repair Communication and Reduce Alexithymia

- Clients:
 - Environments of social learning encourage communication skill-building – community meetings
 - Psychoeducation improves ability to discuss feelings
- Staff:
 - Role model emotional intelligence skills
 - Communication is open, direct, clear
 - Feelings can be discussed individually and in community without shame or retribution
 - Increase organizational transparency
 - Discuss the "undiscussables"

Restoration of Memory and Integration

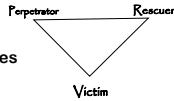
- Clients:
 - Universal identification of dissociative strategies and skill in responding
 - Expressive therapies – art, drama, movement, writing, etc.
 - Promote narrative forms
 - Trauma-specific techniques
- Staff:
 - Unearth skeletons in organizational closet
 - Retrieve organizational memory
 - Assess the ways in which vital organizational information is transmitted across, up and down, and forward in time.
 - Prepare strategy to deal with next traumatic event

Restore Physical Integrity

- Clients:
 - Teach body awareness and physical methods for self-soothing
 - Encourage exercise, physical activity, yoga, etc.
 - Body and movement therapies
- Staff:
 - Evaluate nonverbal messages in environment
 - Clean up, redecorate, restore
 - Posters, painting, creative expression

Reduce Systematic Error Change Reenactment Patterns

- Clients:
 - Teach pattern recognition – reenactment triangle
 - Redirect traumatic scenario
 - Life space interview
 - Trauma specific treatment techniques
- Staff:
 - Training and supervision emphasizing reenactment and change
 - Tag outs
 - Debriefing
 - Focus on self-awareness
 - Change the script



Revise Leadership Patterns

- Clients:
 - Provide opportunity to demonstrate healthy authority
 - Promote development of leadership skills
 - Redirect bullying/victim behavior
- Staff:
 - Model use of healthy authority
 - Demonstrate leadership skills
 - As leader, promote "group genius"

Promote Democratic Processes

- Clients:
 - Encourage participation
 - Teach democratic skills – listening, compromise, negotiation, tolerating ambiguity, consensus-building
- Staff:
 - Participate and solicit participation from others
 - Speak up and listen to all the voices
 - Voice dissent constructively, but voice it
 - Learn to tolerate, even enjoy, complexity
 - Encourage group decision-making, problem solving.

Restore Relationships

- Clients:
 - Teach relationships skills – social intelligence
 - Teach conflict resolution
- Staff:
 - Confront victimization at every level
 - Model conflict resolution skills with clients and staff
 - Apologize
 - Focus on values
 - Learn new and more complex social skills – expand social intelligence

Mastery and Reasoned Risk

- Clients:
 - Create mastery experiences at every opportunity
 - Avoid further promotion of helplessness
 - Encourage new behavior
- Staff:
 - Promote mastery of new skills, abilities
 - Empower others to make decisions and create systems to learn from failures and successes
 - Use group intelligence to create opportunities for reasoned risk

Nonviolence

- Clients:
 - Broadly define violence and aggression
 - Learn triggers for aggression
 - Teach skills for managing negative emotions without violence
- Staff:
 - Reinterpret meaning of aggression and violence within total social context
 - Confront aggressive behavior, including social forms of aggression, that comes from anyone
 - Develop wider knowledge of social immunity

Recommit to Social Justice

- Clients:
 - Inspire social justice focus – place individual experience within larger group context
 - The personal is political
- Staff:
 - Recommit to original mission
 - Learn about social and political context of individual trauma
 - Actively teach AND model social justice

Mourn For What is Lost

- Clients:
 - Grief work
 - Bereavement groups
 - Reenactment as “never having to say goodbye”
- Staff:
 - All change means loss
 - Stop being so predictable – may simply be reenacting
 - Recognize unresolved grief in the workplace and address it
 - Become more comfortable with grief, loss and mourning and helping others with the process of change

Redefine Mission and Recommit

- Clients:
 - Recognize even small success
 - Encourage even small changes
 - Establish and revise continuity between past-present-future
- Staff:
 - Recognize even small success
 - Keep your “eye on the ball”
 - Focus on higher purpose and meaning

Envision Creative Alternatives

- Clients:
 - Constantly envision different future
 - Encourage unique and individual creative expression
- Staff:
 - Imagine what you want to be different
 - Commit to the future
 - Creatively express your individuality in service to self and the community

*Be the change you
want to see.*

Mahatma Gandhi

Sanctuary Institute

- Andrus Children's Center, Yonkers, NY
- Five-day intensive training of leadership team
- Core team development
- Technical assistance & consultation
- Peer-review Sanctuary certification process
- Participation in Sanctuary Network

Sanctuary Network, 2005-2007

- Andrus Children's Center, Yonkers, NY
- Annsville Residential Center, Taberg, NY
- Astor Children's Home, Rhinebeck, NY
- Baker Victory Services, Lackawanna, NY
- Brentwood Residential Center, Dix Hills, NY
- Carevisions, Lochabie, Scotland
- Children's Crisis Treatment Center, Philadelphia, PA
- Eagle Ridge, Guthrie, OK
- Family & Children's Aid, CT
- Genesis, JBFCs, NY, NY
- Glove House, Elmira, NY
- Goldsmith Center, JBFCs, NY
- Good Shepherd, New York, NY
- Hawthorne - Cedar Knolls Treatment Program for Children, JBFCs, NY
- Hawthorn Children's Psychiatric Hospital, St. Louis, MO
- Lancaster General Hospital, Behavioral Health Program
- Linden Hill School, JBFCs, NY
- Jewish Child Care Association, Pleasantville, NY
- Jordan's Crossing, Oklahoma City, OK
- MercyFirst, Syosset, NY
- Monarch, Muskogee, OK
- Norman Adolescent Center, Norman, OK
- Northridge Hospital, Northridge, CA
- Oklahoma Youth Center, Norman, OK
- Pace School, Pittsburgh, PA
- Pathways, Philadelphia, PA
- Juconi Foundation, Puebla, Mexico
- Juconi Foundation, Guayaquil, Ecuador
- Sarah Reed Children's Center, Erie, PA
- St. Catherine's Center for Children, Albany, NY
- Uta Halee Girls Village/Cooper Village, Omaha, NB
- Vinita Alcohol and Drug Treatment Center, Vinita, OK
- White Fields, Oklahoma City, OK

Sanctuary Institute

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