The Trauma-informed, Neuro-sequential model (Ti/NS)
Maternal Child Adolescent Health

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Agenda: May 21, 2015

8:00-8:15 - Welcome and intros
8:15-9:30 - Safety is the key
• 9:30-9:45 - break
9:45-11:45 - The Ti/Ns model
• 11:45-1pm - lunch
1:00-2:30 - Bringing it home
• 2:30- break
2:45-3:30 - Local presentations
Who am I?

- Master in policy studies, specifically criminal justice policy and the female offender, from the Johns Hopkins University.
- Worked for MD parole and probation and ran the first victim services program in community corrections as well as for the Administrative Office of the Courts, Judicial Council of California.
- Contracted with the CA Dept of Public Health working with the 94 DV shelter agencies to manage a 3-year training and technical assistance program on substance abuse and mental health issues.
- Facilitate *Seeking Safety* group for women with PTSD + substance abuse and domestic violence (5+ years currently).
- Train on EBPs *Seeking Safety* under supervision of Dr. Lisa Najavits and the *Danger Assessment* by Dr. Jacquelyn Campbell.

State MCAH funded project

- Domestic violence, mental health/substance abuse training and technical assistance project (DV MH/SA TAT)
  - 2006-2009 (July 1, 2009, department eliminated)
  - One of 3 TAT project (LGBTQ and Survivors with disabilities)
  - 100% participation of all 94 DV agencies average 5 TAT sessions each.
Use of Evidence-Based Trauma-Informed Curricula!!

- At baseline, **65%** of agency executive directors had *no knowledge* of any trauma-informed curriculum.
- Now:
  - **63%** are actually using at least one trauma-informed curriculum in their shelter
  - **18%** of agencies plan to increase gender-specific or trauma-informed substance abuse programs
Overall finding – MH/SA

- Service delivery improvements have occurred without a corresponding increase in MH/SA-specific funding, leading to the conclusion that technical assistance and training alone, even without additional funding, can result in transformational changes to an agency’s approach and philosophy.

Trauma is a loss of safety

SAFETY IS THE KEY
With a neighbor...

1. What are the common struggles you see in your staff when working with clients

2. Please write down a few of these struggles.

3. Discuss these struggles with a neighbor
   – What’s similar? What’s different?

The trauma-informed, neuro-sequential model

- Helps adults build the skills needed to improve child outcomes.
- Works on multiple levels
  - Self
  - Interventions and interactions
  - Program design, policies and procedures
  - Governance, funding and regulatory structures
- Uses the 3 phases of trauma recovery to focus on safety in the present as the most pressing need of trauma-exposed people.
- Uses the neurosequential model to develop or select programming, policies, curricula and interventions – focusing on self-regulation first and foremost.
- Unites all disciplines by providing a consistent, science-based theoretical framework.
- Is humane, universal and useful for all fields, skill sets, job functions and educational levels
MCAH programs

- The Ti/Ns model allows for a coherent and meaningful framework for MCAH programming.
- **Maternal**: Fundamental, neurobiological need for parental bonding and connection with a focus on parental skills building to create a physically and emotional safe environmental for
- **Child**: Reducing the toxic effects of complex trauma and increasing the ability of the child to self-regulate, connect to safe adults and peers allows for
- **Adolescent**: Ability of teen and young adult to as safely as possible navigate a challenging period of time by orienting toward a self-directed goal through
- **Programs**: Effectively focused on safety, self-regulation, safe connection to build skills in the workforce designed to empower and support safe transformation in our communities, especially ones vulnerable to trauma, mental health, substance abuse and criminal justice involvement.

TiNs MCAH

1. **Administrative commitment** to awareness and information related to the neurobiological implication of trauma
2. **Workforce recognition** that trauma symptoms manifest in a variety of systems: medical, school, child welfare, parenting, work, treatment, benefits, military, adult protection, etc.
3. Programs designed to support of the bottom-up nervous system requirement for **safety and self-regulation** (focus on this first and foremost)
4. Unsafe behaviors – writ large – are both a symptom and temporary solution to the trauma problem: use decreases in unsafe behaviors a **measure of success** for client and program.
5. **Train workforce** and develop internal guidelines related to TiNs.
Trauma is neurobiological

OUR NEUROBIOLOGY SPEAKS
TRAUMA AND RECOVERY

Trauma...

“Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress. Unless caregivers understand the nature of such re-enactments they are liable to label the child as “oppositional”, ‘rebellious”, “unmotivated”, and “antisocial”. “

Bessel van der Kolk

*Developmental trauma disorder*
...and the brain

“Without understanding the basic principles of how the brain develops and changes, we cannot expect to design and implement effective interventions.”

Bruce Perry, M.D.

Trauma is neurobiological!

- Extreme threat
- Overwhelming event
- Inadequate caregiving response
- Inability to modulate
- Inability to cope
- Loss of safety
- Reduce exposure to overwhelming events
- Increase capacity to cope
- Increase safety physical and emotional

Reduce exposure to overwhelming events = Increase capacity to cope

Inability to modulate = Loss of safety
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

- [www.samhsa.gov/traumajustice/traumadefinition/definition.aspx](http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx)
Identifying Trauma

Events
- Post Traumatic Stress Disorder Checklist
- Stressful life experiences checklist
- ACE questionnaire

Symptoms
- Trauma Symptom Checklist – 40 (Briere)

Unsafe behaviors
- Unsafe thoughts
- Unsafe actions
- Unsafe relationships

**Pilot study on UBI**
Self-harm

- Self-harm can be understood to include a range of behaviors
  - Self-annihilation (suicide, unsafe sex, terminating essential treatment),
  - Self-injury (cutting, burning, unhygienic tattooing or piercing),
  - Self-defeating (isolating, anger, rejection of help).

Unsafe behaviors

- The neurobiological and psychological effects of a hyper-activated autonomic nervous system and disorganized attachment patterns will become well-entrenched, familiar, habitual responses:
  - Intrusive fear ➔ violence
  - Hyper-vigilance ➔ substance abuse
  - Chronic self-hatred ➔ suicide, self harm
  - Alienation from self and from one’s own body ➔ self-neglect
  - Disorganized attachment behavior in relationships ➔ unsafe sex, dating violence, isolation, defiance, compliance

(Fischer, 2003)
Self-injury

• “Exposure to child maltreatment, including sexual and physical abuse and neglect, is the most salient environmental risk factor for self-injury identified to date.”

• Lang, et al, 2011

What is conventionally viewed as a problem is actually a solution to an unrecognized prior adversity.

- Dr. Vincent Felitti, MD
Complex, Multilayered Issues

- **Personal trauma**: early, relational, self-inflicted
- **Intergenerational**: Parents, grandparents, in-laws abusive (if loving), humiliating, hurting to teach survival, show children how to survive.
- **Historical**: Unacknowledged impact of past devastation, abuse of power based on status, minimization of impact today
- Focus on increasing safe coping, safe self-care, safe self-regulation to empower and reduce re-enactments.

Complex Trauma

Unsafe home develops patterns of unsafe love, relationships, home

Unsafe homebase

Unsafe out-of-home dynamics feel safe and acceptance and reliance on strategies developed early in life

Love hurts

It’s my fault: Belief that the abuse is victim’s fault reinforces earlier messages about the child’s responsibility for abuse

I’m bad

Unsafe interventions: punitive and shaming interventions that make unproductive behaviors even more unsafe & alienate victims from helpers & help

Help sux
With a neighbor...

- Look at the struggles you wrote down at the beginning of the morning.

- How does trauma interconnect with these struggles.

- With a neighbor, discuss how these struggles look different than they did just a while ago.

Safety is the key to treatment, transformation and triumph

THE TRAUMA-INFORMED, NEURO-SEQUENTIAL (TI/NS) MODEL
Trauma-informed ➔ Safety

**Trauma-informed**: a culture that acknowledges the impact of trauma and strives to increase physical and emotional safety

**Trauma-specific**: services whose primary task is to address the impact of trauma and to facilitate trauma recovery

All publicly funded programs benefit from becoming trauma informed and can also choose to also become trauma-specific.

### Trauma-informed: Core values

**Harris and Fallot (2001)**
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

**SAMHSA (2014)**
- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues
TIP 57

A TREATMENT IMPROVEMENT PROTOCOL

Trauma-Informed Care in Behavioral Health Services

✓ Realizes the widespread impact of trauma and understands potential paths for recovery
✓ Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
✓ Responds by fully integrating knowledge about trauma into policies, procedures, and practices
✓ Seeks to actively resist re-traumatization

Neurosequential Model:
Functions, Challenges, Feelings, Strategies

Symbolic abstraction and cognition: Pre-frontal cortex/prime
• Decision-making, planning, insight, future orientation challenges
• Indecisiveness, fear of the future, poor self-awareness, resignation, meaningless or purposelessness
• Group goals, abstract thinking, design with purpose, context

Empathy: Limbic structures/mammalian
• Attachment issues and interpersonal conflict
• Trust, shame, loyalty, jealousy, betrayal, flirtation, loss, hatred
• Pair work, scripts, play, art projects, theatre, games

Self-preservation: Brainstem/reptilian
• Self-regulation, attention, arousal, and impulsivity problems
• Anger, aggression, fear, disgust, hunger, fatigue
• Any patterned, repetitive somatosensory activity to reorganize
Neurobiology of the brain

• MacLean's Triune Brain Model

Once traumatized people learn to reorient themselves to the present they can experiment with reactivating their lost capacities to physically defend and protect themselves.

Van der Kolk, 2006
Present focus and safety oriented

- Now – present focus
- Safety, security, stability
- Basic needs (water, restroom, food)
- Choices – simple and clear
- Coping vs. feeling
- Grounding, anchoring, self-regulation
- Repeat, give multiple formats
- Ask for agreement (not understanding)
- Invitational approach
- Empathy and accountability

Safety is the key to treatment, transformation and triumph

TI/NS MCAH PROGRAMS:
BRINGING IT HOME
Trauma-informed Intervention

- Safe homebase
- Safe self-talk
- Safe interventions – empathy and accountability
- Safe social activities
The Limits of Talk

- Van der Kolk - The Body Keeps Score

- “The imprint of trauma doesn’t ‘sit’ in the verbal, understanding part of the brain, but in much deeper regions - amygdala, hippocampus, hypothalamus, brain stem - which are only marginally affected by thinking and cognition… then to do effective therapy, we need to do things that change the way people regulate these core functions, which probably can’t be done by words and language alone.” - Van der Kolk

“The therapist must first adopt the attitude that nothing, not even the patient's feelings, is more important than safety and stability…. What we want to model is our constant concern and interest in safety and self-care.”

- Janina Fisher

The Work Of Stabilization In Trauma Treatment, 1999
The Key is Safety

- Parenting is a safety issue.
- Learning is a safety issue.
- Mental and behavioral health are safety issues.
- Substance abuse is a safety issue.
- Relationship violence is a safety issue.
- Gang involvement is a safety issue.
- High school graduation is a safety issue.

2 Safeties

Physical safety
- Expectation of physical integrity; absence of threat of physical harm.
- Objective – general agreement
- The risk is immediate or imminent. Right now!
- Rules (laws), procedures, practice, system response

Emotional safety
- Expectation of respect and autonomy; absence of humiliation.
- Subjective – often debated
- The risk is not immediate, there is some time.
- Choices, agreements, support, progress, review
Physical & Emotional Safety

- Physical safety
  - Urgency, emergency
  - Action, direct, clear
  - Assertive, decisive
  - Authority decides priorities
  - Now, immediate need
- Rules to avert disaster
- Procedure to recognize and respond to disaster

- Emotional safety
  - Choices, options
  - Calm, reflective
  - Validation, collaboration
  - Agreement, encouragement
  - Empowerment
  - Over time, no immediate risk
- Agreements to create safe collaboration
- Addressing unsafe behaviors by focusing on safety

1. Physical safety
2. Emotional safety
3. Connection (focus on nonviolent communication and conflict resolution)
4. Teamwork: goal or task focused (no processing)
5. Future lives and goals
Brief assessment

• Complete the assessment.

• What is an area you can focus on for 2015-2016?

• How will you bring this commitment back to your agency?
  – Who, where, what, measures?

All major research indicates that when people are given tools to cope with trauma and addiction, they improve, often in quite short timeframes.
- Dr. Lisa Najavits, Harvard Medical School
Trauma-informed services are ‘safety increase’ oriented.

An approach to services that looks at safety as the key to helping people who are struggling

Core Texts

- The Body Keeps the Score, B van der Kolk
- Trauma and Recovery, Judith Herman
- Using Trauma Theory to Design Service Systems, Harris and Fallot
- The Promise and Practice of Trauma Informed Services, Gordon Hodas, MD
- The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare, Vincent Felitti, MD and Robert Anda, MD
- Beyond Trauma, Stephanie Covington (tx manual)
- Seeking Safety, Lisa Najavits (tx manual)
Thank you!

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Local presentations

- Please come up!
- Short break to get ready.