Trauma Systems Therapy with Children and Adolescents

Presented by:

Nicole Miller, LPCC-S

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Overview of TST

TST is two things

1. A <u>clinical model</u> that specifies how to help a child and family

2. An <u>organizational model</u> that specifies how agencies should organize, integrate, and manage their services to support the TST clinical model

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# Supporting Children program at FrontLine Service

- Children ages 5-18 who have lost a caregiver due to opioid overdose

- Funded through SAMHSA and part of the National Child Traumatic Stress Network, 1st in Ohio to be implementing Trauma Systems Therapy

- Partnering with The Center of Child Welfare Practice Innovation and the Trauma System Therapy Training Center of the New York University Grossman School of Medicine to be trained and receive consultation for providing Trauma Systems Therapy

- Developed and implemented a process to identify and refer children to the program from our community partners
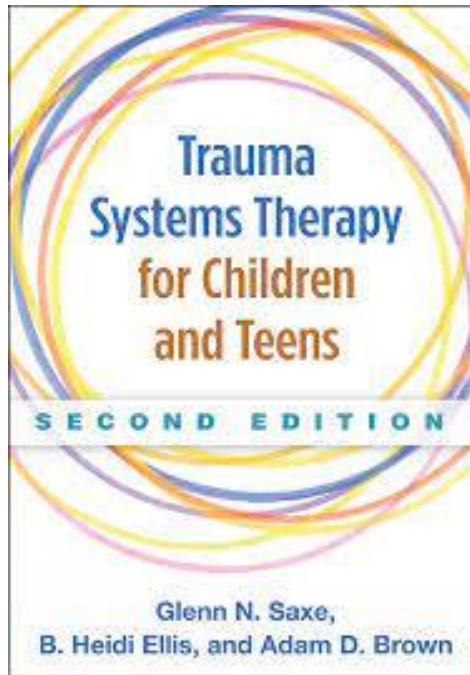
What is traumatic stress?
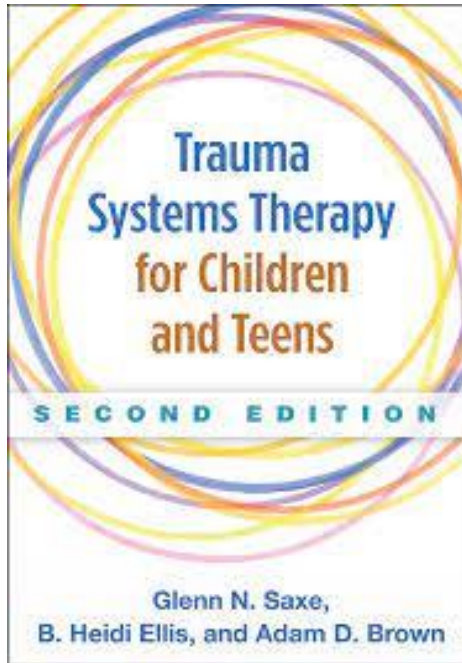
"Traumatic stress occurs when a child is unable to regulate emotional states and in certain moments experiences his or her current environment as extremely threatening even when it is relatively safe"

Saxe, Ellis, Brown, 2016

Within TST this becomes defined as a Survival State (or a Survival-in-the-Moment State)

"an individual's subjective experience of the present environment as threatening to his or her survival with corresponding thoughts, emotions, behaviors, and neurochemical and neurophysiological responses"
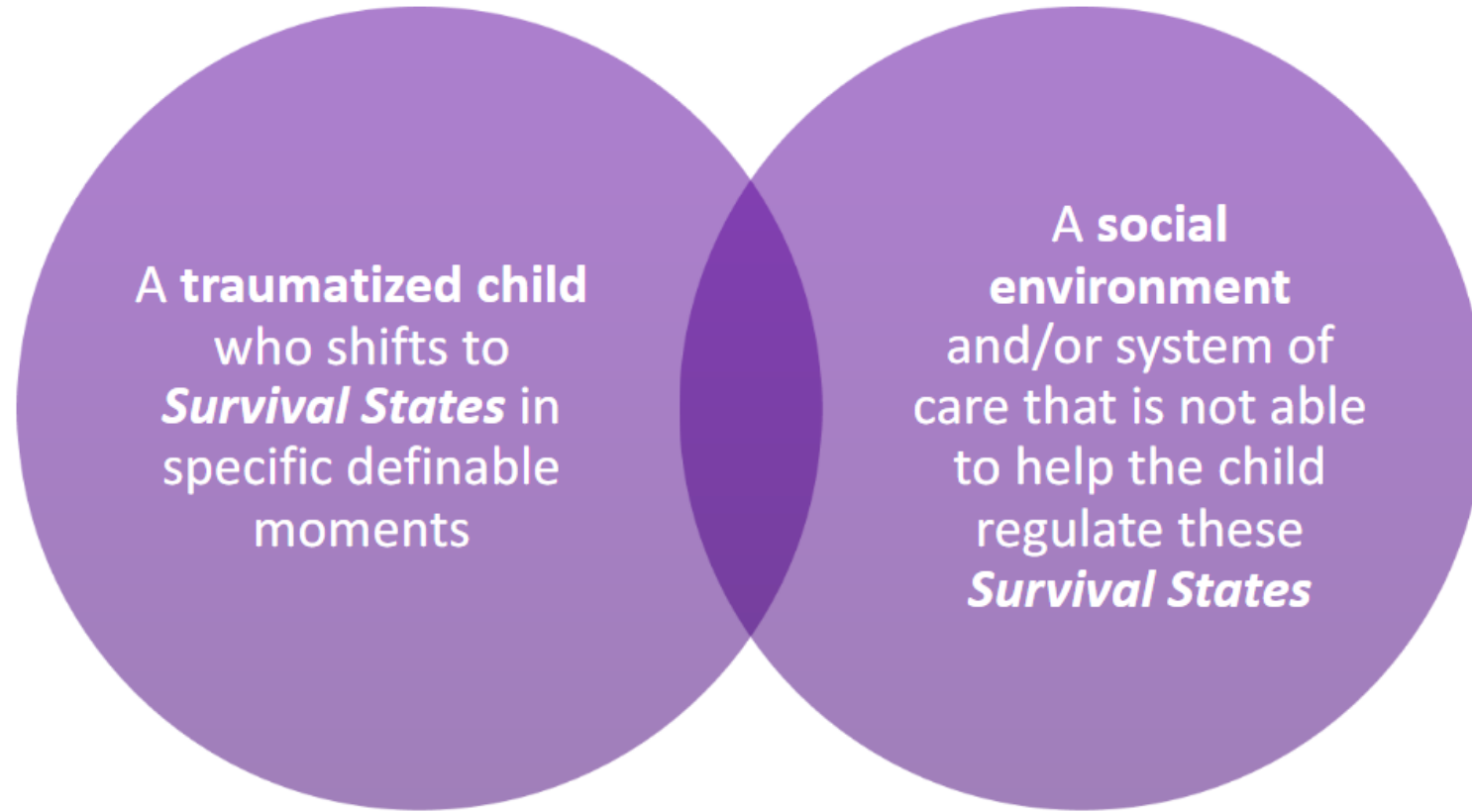
Saxe, Ellis, Brown 2015

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Who can benefit from TST?

A child or adolescent with a *plausible* trauma history

A child or adolescent with difficulty regulating emotional states
(that are plausibly related to this trauma history)

The Trauma System

A **traumatized child** who shifts to *Survival States* in specific definable moments

A **social environment** and/or system of care that is not able to help the child regulate these *Survival States*

Why was TST developed?

To address the traumatized child's tendency to have dramatic shifts to survival states when confronted by a stressor or traumatic reminder... by intervening on both sides of the trauma system.

- **Social interventions** enhance the capacity of members of the child's social environment to protect child from reminders and support child's regulation

- **Psychotherapy** enhance a child's capacity to stay regulated when confronted by a stressor/reminder

- **Psychopharmacology** supports this capacity

TST Treatment Principles

- Principle 1: Fix a Broken System
- Principle 2: Put Safety First
- Principle 3: Create Clear, Focused Plans That Are Based On Facts
- Principle 4: Don't "Go" Before You are "Ready"
- Principle 5: Put Scarce Resources Where They'll Work
- Principle 6: Insist on Accountability, Particularly Your Own
- Principle 7: Align with Reality
- Principle 8: Take Care of Yourself and Your Team
- Principle 9: Build from Strength
- Principle 10: Leave a Better System

TST Organizational Model

- Identifying problems that interfere with achieving what is most important to people at all levels of the organization

- How to implement key aspects of TST, including:
  - Team Structure
  - Treatment team meeting
  - Paperwork integration
  - Taking care of staff

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Assessment in Trauma Systems Therapy

- What problems will be the focus of the child's treatment?
    - Survival-in-the-moment states and completion of Moment by Moment Assessments
    - Exposure to traumatic events
    - Other problems which may need to be addressed in treatment:
- Why are these problems important and to whom are they important?
    - Functional impact of the identified problems
    - Level of concern about these problems
        - Perspectives from the child, family and others relevant parties
    - Identification of what is most important/concerning to the child, family and others
    - Sources of Pain

Assessment in Trauma Systems Therapy

- What interventions will be used to address the child's problems?
  - Information that is needed:
    - The child's vulnerability to shifting into survival-in-the moment states
      - No survival states
      - Survival states
      - Dangerous survival states
    - The ability of the social environment to help and protect the child
      - Helpful and Protective
      - Insufficiently Helpful and Protective
      - Harmful
  - TST Treatment Planning Grid
    - 3 phases of treatment

TST Treatment Planning Grid		The Environment's Help and Protection		
		Helpful and Protective	Insufficiently Helpful and Protective	Harmful
The Child's Survival States	No Survival States	Beyond trauma	Beyond trauma	Safety-focused
	Survival States	Regulation-focused	Regulation-focused	Safety-focused
	Dangerous Survival States	Regulation-focused	Safety-focused	Safety-focused

Assessment in Trauma Systems Therapy

- What strengths will be used to address the child's problems?
  - The child's strengths
  - The family's strengths
  - The strengths in the social environment
- What will interfere with addressing the child's problems?
  - Information that is needed:
    - The child and family's understanding of trauma, its impact and mental health intervention.
    - The practical barriers to treatment engagement

Moment by Moment assessments

TST Moment-by-Moment Assessment Sheet

Child's name:	Record number:	Date:

Step 1: Finding what flipped the switch

Instructions: What flipped the switch, such that the *episode of problematic emotion and/or behavior*, happened? <u>First</u>: Consider the period of time just before the *episode*. What was the child doing (**A**ction)? What was he or she feeling (**A**ffect)? Where/what was the child's focus of attention/thought (**A**wareness)? <u>Second</u>: Consider the period of time during the *episode*: What of the **3A**'s changed during the *episode*? <u>Third</u>: Consider the present environment throughout this process. Record any feature of the *present environment* that you think may have been related to the *episode* (whatever it is). Any of these features may turn out to be responsible for pulling the switch. If assessment revealed sufficient detail about the **4R's**, you may skip the 'During the Episode' box, and complete Step 2.

Before the Episode *(possible 'Usual State'/Regulating)*	**During the Episode** *(possible 'Survival-in-the-Moment')*
Action:	Action:
Affect:	Affect:
Awareness:	Awareness:
Features of the Present Environment *(possible 'switch'/'cat hair')*	

- Finding what flipped the switch:
  - Before the episode: Regulating
  - During Episode: Survival-in-the-moment state
  - Features of Present Environment: Possible 'switch'/'cat hair'

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Moment by Moment assessments

- Understanding what happened when the 'SWITCH' was flipped:
  - Revving
  - Reexperiencing
  - Reconstituting
  - Present Environment
- Identifying if episode is a Survival-in-the-moment state
- Confidence level
- Multiple moment by moments forms completed
  - At least 3 episodes of dysregulation examined

Step 2: Understanding what happened when the switch was flipped *

Instructions: Once you have understood what flipped the switch, you may be able to see important details about the *episode* in question. If the *episode* represents *Survival-in-the-Moment*, the child will have switched from a *Usual State* (**R**egulating) to the three *Survival-in-the-Moment* states of **R**evving, **R**eexperiencing, and **R**econstituting. Each of these states will be characterized by changes in the **3A's**. Consider the *episode* assessed in step 1: Record information you *present environment* during these respective states. Details about conducting this assessment is found in chapter 9, section 1, of the TST book.

Revving	Reexperiencing	Reconstituting
Action:	Action:	Action:
Affect:	Affect:	Affect:
Awareness:	Awareness:	Awareness:
Present Environment:	Present Environment:	Present Environment:

Was the Episode you have assessed an expression of Survival-in-the-Moment? ☐ Yes ☐ No	How confident are you, in your answer to this question? ☐ Very confident ☐ Confident-enough ☐ Not so confident ☐ Not at all confident

* In the first few Moment-by-Moment Assessments of a child's episodes, you may not be able to see these details. The more you get to know a child - through these Moment-by-Moment Assessments - the more you will be able to see how a child's **3A's** change across the **4R's**. Seeing these details is very important for planning an effective treatment.

Treatment Planning

- BEWARE: Do NOT jump to the explanation before knowing the FACTS!
- What problem(s) will be the focus of child's treatment?
  - Formulating TST Priority Problem
  - TST Priority Problem and relation to the child's trauma history
- Why are these problems important and to whom are they important?
  - Strategies to engage child and family to address identified problems
  - Strategy to engage others and address the identified problems
- What interventions will be used to address the child's problems?
  - Phase of treatment
  - How will treatment be directed towards addressing the problem

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Treatment Planning

- What strengths will be used to address the child's problems?
  - Child's strengths, family strengths, strengths of the social environment to be used in treatment
- What will interfere with addressing the child's problems?
  - The approach to address the psycho-educational needs of the child and family
  - The approach to address practical barriers to treatment
- Keep in mind:
  - Principle 3: Create clear, focused plans that are based on facts
  - Principle 7: Align with Reality

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Ready Set Go

- Provider, child and family *agreeing on the specific problem* that must be worked on and also *agreeing on a plan on how to solve* this problem= **treatment agreement**

- Treatment Agreement Letter (TAL) takes the content on the treatment plan and translates key components into language that the child and family understand

Treatment Agreement Letter

1. What is most important to the family
2. Noting the strengths
3. Noting the priority problems
4. Impact of the problems
5. Presenting the intervention
6. Expectations for the child and family's participation
7. Expected tangible treatment benefits
8. Impact of not participating in treatment
9. Documenting Accountability

PRINCIPLE 4- Don't Go before you are Ready

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3 Phases of Treatment in TST

Safety Focused

Regulation Focused

Beyond Trauma

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Safety Focused treatment

- Important to note: **NOT ALL CLIENTS** will need Safety Focused Treatment
- Safety focused treatment needs to be utilized in crisis situations
  - e.g. suicidal ideation, unsafe environments
- Objective: Stabilization
  - Short term intervention
  - Multiple appointments
    - 2x per week in home
- After stabilization move into Regulation Focused

Safety Focused treatment

- Children require safety focused treatment for **two** reasons:
  - The child lives in an unsafe/ harmful environment.
  - Caregivers are insufficiently helpful and protective when the child shifts into dangerous survival states

- Three components of safety focused treatment:
  - Establishing safety
    - Activities that will ensure the environment becomes safe enough in a time-frame that is appropriate for the level of risk
  - Maintaining safety
    - Activities that support the continuation of a safe enough environment
  - Care for caregivers
    - Activities that support caregivers for what they need to do to establish and maintain a safe enough environment

Regulation Focused Treatment

- Building Awareness
  - Goal: To help children to become aware of a particular signal that leads to a survival-in-the-state moment.

- Applying Awareness
  - Goal: To help children to use awareness of a particular signal to respond differently.

- Spreading Awareness
  - Goal: To help caregivers learn how to help the child when they enter a survival-in-the-moment state.

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Regulation Focused Treatment

- Building Awareness Activities:

  - Clarifying the problem

  - Exploring the problem in different situations

  - Understanding how the problem happens

  - Identifying the Earliest Detectable Warning Signal (EDWS)

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Regulation Focused Treatment

- Applying Awareness Activities
  - Identifying tools to use
    - Emotional identification tools
    - Emotion coping skills
  - Deciding when to apply each tool
    - Application in different phases:
      - Regulating
      - Revving
      - Re-experiencing
      - Reconstituting
  - Getting ready to regulate
  - Getting it better

RECONSTITUTING   REGULATING

RE-EXPERIENCING   REVVING
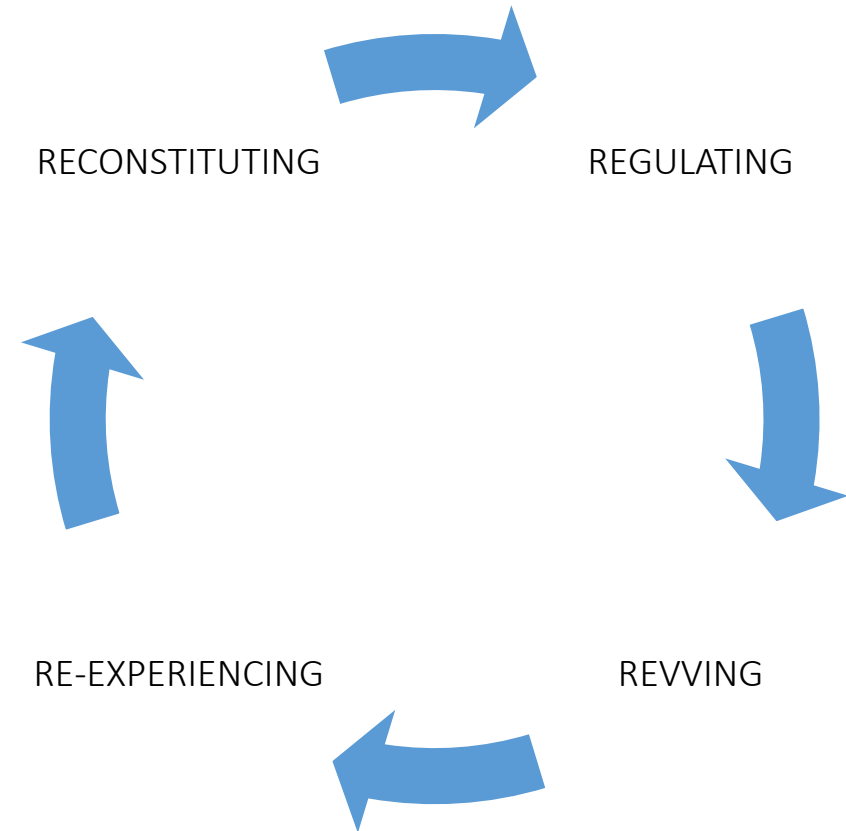
Beyond Trauma Treatment

- Objectives of Beyond Trauma: **STRONG**

  - **S**trengthening cognitive skills

  - **T**rauma Narrative

  - **R**eevaluating needs

  - **O**rienting to the future

  - **N**urturing parent-child relationships

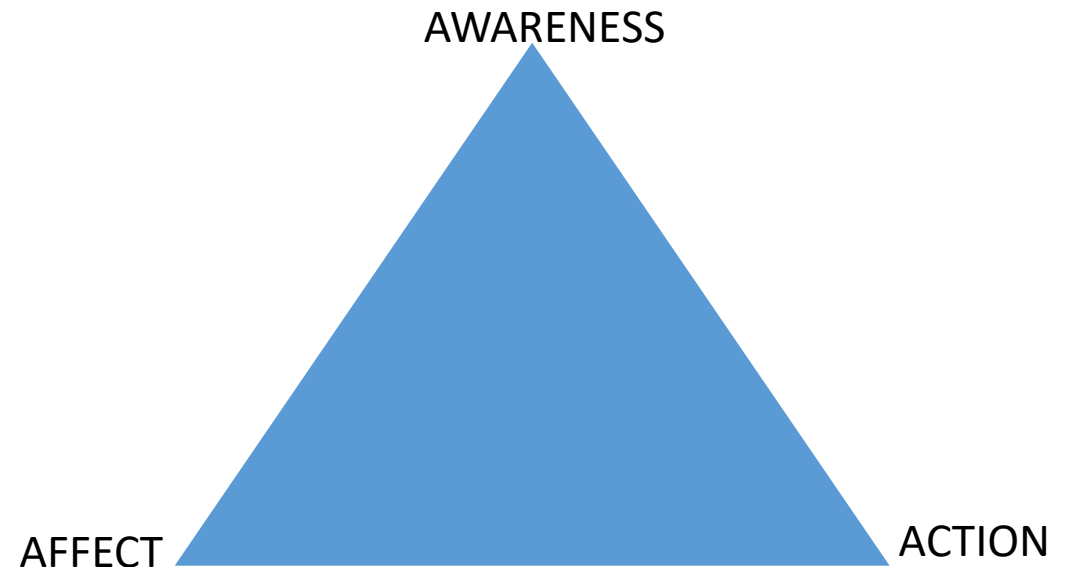 - **G**oing forward

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Beyond Trauma Treatment

- **Important to anchor Beyond Trauma Treatment**
  - The adaptation of treatment strategy
  - Accounting for treatment agreements
  - Identifying emotion regulation strategies

- **Strengthening Cognitive Skills**
  - Cognitive awareness
  - Thought stopping
  - Positive thinking
  - Identifying and changing unhelpful thoughts
  - Cognitive Awareness Log (CAL)

AWARENESS

AFFECT

ACTION

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Beyond Trauma Treatment

- **Trauma Narrative**
  - Deciding if focusing on singular event or series of events
  - Deciding on how the child will communicate story
    - e.g. Play, collages, drawings, poetry, story, song etc.

- **Reevaluating Needs**
  - Reevaluation of therapeutic needs
    - Are there additional problems which need to be addressed?
  - Continue providing intervention through the ongoing therapeutic relationship
  - Referring out for additional evaluation and or intervention

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Beyond Trauma Treatment

- **Orienting to the Future**
  - How does the child view themself?
  - Evaluation of self-worth
  - "Growth mindset" and self-image.

- **Nurturing the Parent-Child Relationship**
  - Encouraging child to share story with parent
  - Indicators parent is **NOT** ready to discuss trauma with child:
    - Parent blames child
    - Parent becomes overwhelmed when discussing trauma
    - Parent disbelieves child
    - Parent fails to see the value of discussing trauma
    - Parent demonstrates inaccurate or unhelpful thoughts about trauma

Beyond Trauma Treatment

- **Going Forward**
  - Bringing closure to therapeutic services and therapeutic relationship
  - Three Steps to Helping Child and Family to Go Forward:
    - 1. Anticipate the goodbye early
    - 2. Acknowledge the meaning of the work
    - 3. Acknowledge the meaning of the relationship
  - Creating substantial and meaningful memories
  - PRINCIPLE 10: LEAVING A BETTER SYSTEM

Contact Information

FrontLine Service, Cleveland OH

- Nicole Miller, LPCC-S, Program Manager Nicole.miller@frontlinservice.org
- Nicole Phelps, LPCC-S, TST therapist Nicole.phelps@frontlineservice.org
- Office: 216-361-8640

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References

Saxe, G. N., Ellis, B. H., & Brown, A. D. (2016). *Trauma systems therapy for children and teens* (2nd ed.). Guilford Publications.

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