DESERT SAGE YRTC
TRAUMA-INFORMED CARE

DAVID SPRENGER, M.D.
PSYCHIATRIC AND ADDICTION MEDICINE CONSULTANT
OUTLINE

- Prevalence in adolescent SUD population
- Negative effect of trauma exposure on social/emotional functioning and on treatment success
- General approaches
- Specific approaches
- Implications for continuing care
WHAT IS CONSIDERED CHILDHOOD TRAUMA?

- Abuse, including physical, sexual or severe emotional abuse
- Experiencing an event in which the child’s life, or someone close to the child is in grave danger (e.g. automobile accident, domestic violence against caregiver)
- Impaired attachment to caregiver sometimes due to loss of parent, multiple out of home placements
PREVALENCE

- In adult primary care clinics, history of trauma 50-90% depending on location
- Over 50% of AI/AN adolescents have been victims of abuse or have witnessed serious violence
- Of youth in residential treatment, 70-80% have had significant trauma exposure
EFFECTS OF TRAUMA ON SOCIAL AND EMOTIONAL FUNCTION

- Adolescent shifts into “survival mode” as they try to deal with the mental images and associated strong emotions associated with trauma
- This diverts mental and emotional energy away from learning, developing positive peer relationships, healthy habits
- As a result, adolescents become impulsive, start “living for the moment” and make bad decisions
- Finally, youth turn to substances in an attempt escape negative thoughts and emotions
Sometimes traumatic images and negative emotions are uncovered with cessation of alcohol and drug use.

Trauma exposed youth have trouble trusting others, which becomes transferred to the therapist.

Trauma exposed youth frequently have trouble in confined spaces crowded with others and a lot of activity.
INADVERTENT RE-TRAUMATIZATION

- If therapy is not conducted in a thoughtful manner, or makes the adolescent feel more vulnerable, acting out, or withdrawal becomes likely.

- Harsh punishment, lack of consistency and fairness, negative and demeaning language or tone can make the adolescent feel re-traumatized.

- Physical restraint can be traumatizing for the youth as well as traumatizing for adolescents witnessing the process.
Numerous studies have found that trauma-exposed youth in residential treatment have greater relapse rate.

Therefore, it is paramount to address and treat the trauma-based symptoms along with the substance abuse, in addition to avoiding making things worse.
Trauma-informed care (TIC) is care in which every patient is treated with understanding and respect, due to the possibility of trauma exposure.

“It’s just good medical care” (SAMHSA), or “It’s just the way you should interact with everyone” (Me).

Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-informed Care advocates six principles (applicable to all healthcare settings):

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues
SPECIFIC TRAUMA-INFORMED CARE ELEMENTS AT DESERT SAGE YRTC

- Respite - Providing the youth with time in beginning of residential treatment to acclimate to surroundings and staff before introducing to full therapeutic program
- All staff that have contact with students are taught trauma-informed approach
- There are several formal TIC curricula available from academic and non-profit organizations
- Main therapeutic modality (Dialectic Behavior Therapy) particularly effective with traumatized population
All clinical and resident staff trained in non-violent de-escalation techniques

No use of physical restraint, chemical restraint or isolation/seclusion room with lock

Manual restraint (time-limited staff therapeutic hold) and protective separation (unlocked quiet room) only used in extreme circumstances and when safety of youth and/or staff is in danger
OBJECTIONS TO APPROACH

Objection: “He/she was in jail…don’t they need discipline?”

Answer: While Desert Sage will have rules that need to be followed, the focus will be on developing the capacity for making healthy choices.

Objection: “Won’t focusing on their past stop them from taking responsibility for current actions?”

Answer: The focus will be on helping them to deal the emotional dysregulation caused by their trauma, which will strengthen them so that they can take responsibility.
IMPLICATIONS FOR CONTINUING CARE

- Trauma-informed care is becoming more widespread throughout the healthcare industry, and will likely be adopted at the health programs.

- Our aftercare coordinators will inform the substance use counselors at the health programs about the trauma work that has been done.
SUMMARY

- Trauma-informed care recognizes many individuals have been traumatized, and are therefore stress reactive.
- Trauma-informed care emphasizes a respectful and thoughtful approach to treatment.
- Trauma-informed care realizes that previous traumatic experiences must be accounted for, in order for treatment to be maximized and that failure to do so, increases the risk of a bad outcome.
- Trauma-informed care addresses the whole person and partners with the patient to truly achieve wellness, beyond abstinence.
RESOURCES

SAMSHA National Center for Trauma-informed Care:  
http://www.samhsa.gov/nctic

National Child Traumatic Stress Network:  
http://www.nctsn.org/