DESERT SAGE YRTC TRAUMA-INFORMED CARE

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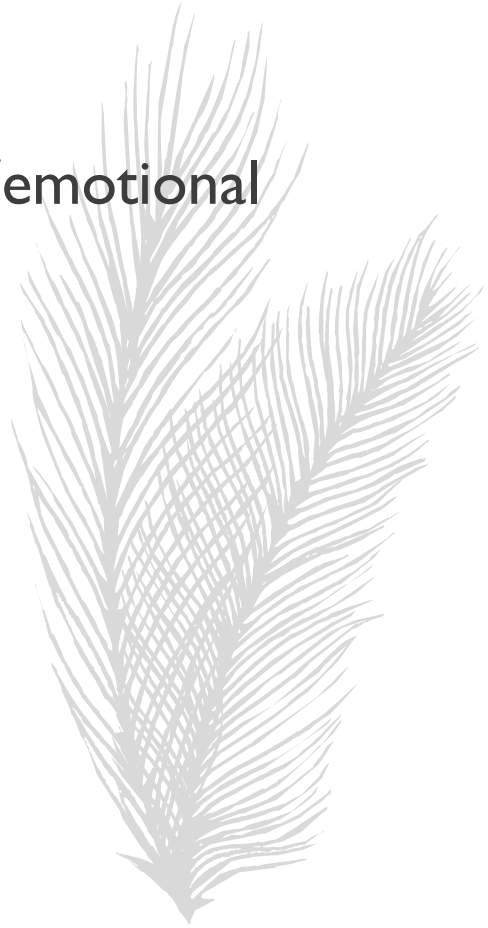
OUTLINE

- 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

IMPACT OF TRAUMA EXPOSURE ON SUBSTANCE ABUSE TREATMENT

- 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

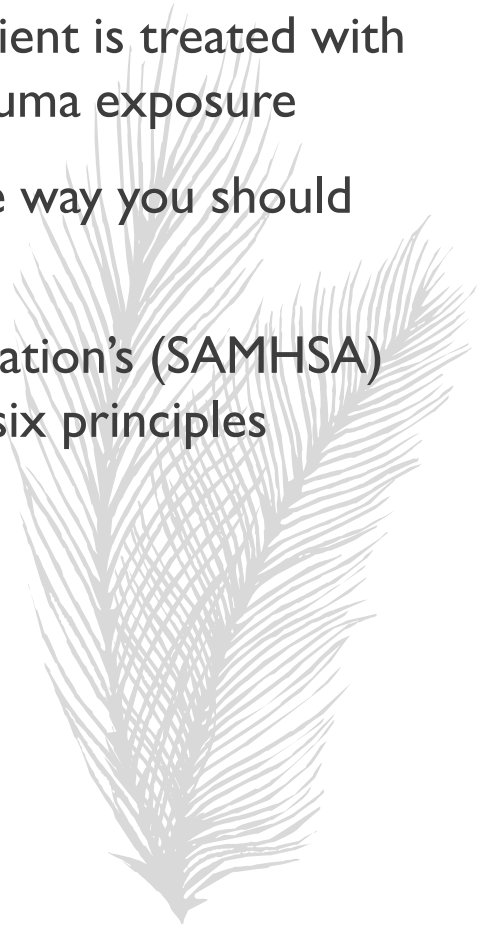
- If therapy is not conducted in a thoughtful manner, or makes the adolescent feel more vulnerable, acting out, or withdrawal becomes likely
- Harsh punishment, lack of consistency and fairness, negative and demeaning language or tone can make the adolescent feel re-traumatized
- Physical restraint can be traumatizing for the youth as well as traumatizing for adolescents witnessing the process

FAILURE TO RECOGNIZE AND TREAT TRAUMA IN RESIDENTIAL TREATMENT

- 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

GENERAL APPROACHES TO TRAUMA-INFORMED CARE

- 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

DESERT SAGE TRAUMA-INFORMED CARE (CONT'D)

- 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/