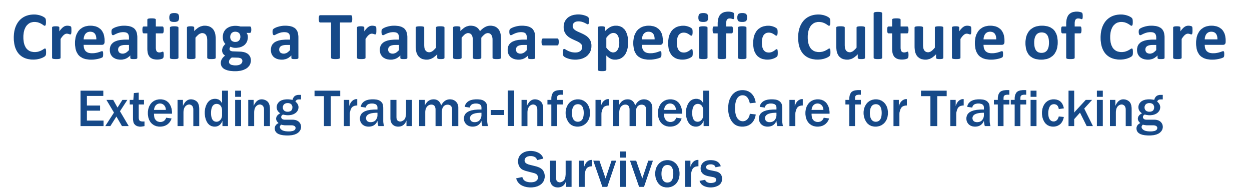

Creating a Trauma-Specific Culture of Care

Extending Trauma-Informed Care for Trafficking Survivors

Prepared for National Trafficking Sheltered Alliance

Sheltered Conference 2024

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Creating a Trauma-Specific Culture of Care:
Extending Beyond Trauma-Informed Standards of Care for Survivors

Survivors of human trafficking and commercial sexual exploitation repeatedly experience unimaginable interpersonal trauma, often resulting in complex post-traumatic stress. Effective survivor care requires awareness about the dynamics of complex trauma and implementation of trauma informed standards of care at every touchpoint in the healing journey. However, even in the best contexts of care, survivors often reexperience their post-traumatic stress as a regular part of their recovery, often referred to as "triggering." While trauma-informed care rightly seeks to limit such incidents, traumatic reexperiencing also represents an essential aspect of—and opportunity for—trauma-specific care. This workshop will provide participants with a review of complex trauma, a synopsis of the triphasic model of trauma-specific recovery, an overview of trauma-informed care, and an introduction to the role of traumatic reexperiencing as part of trauma-specific interventions of care.

Workshop Goal

Improve care for survivors of human trafficking by helping staff recognize and effectively engage the reenactment of interpersonal trauma.

Workshop Objectives

1. Introduce the concepts of trauma-informed and trauma-specific care.
2. Review the symptoms of post-traumatic stress and complex traumatic stress.
3. Survey the triphasic model of trauma-specific recovery.
4. Identify the principles of trauma-informed care with complex trauma survivors.
5. Recognize the role of reenactment of interpersonal trauma for healing as a trauma-specific intervention.

Trauma-Specific Care

Trauma-Informed Care Standards

- SAMHSA's (2014) *Concept of Trauma and Guidance for a Trauma-Informed Approach*
- Addresses Trauma More Broadly
- Principles & Guidelines for Care for organizations and providers
- Blue Knot Foundation (2020) *Organizational Guidelines for Trauma-Informed Service Delivery*
- Australian Organization
- Addresses Complex Trauma Specifically
- System & Service Level

Trauma-Informed Definition

- A program, organization, or system that is trauma-informed 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; and responds by fully

integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

- Has major implications for the way in which treatment is offered and service is provided

Trauma-Specific Definition

- Interventions or activities that are focused directly on reducing or alleviating the symptoms of posttraumatic stress
- Typically applied to treatment modalities or therapeutic interventions in counseling

Symptoms of Traumatic Stress and Complex Traumatic Stress

Blue Knot Practice Guidelines (Kezelman & Stavropoulos, 2019)

1. Facilitate client safety at all times
2. Understand how experience shapes the brain, the impacts of trauma on the brain (particularly the developing brain), and body
3. Acknowledge the extensive impacts of childhood trauma and their treatment implications

Interpersonal Neurobiology

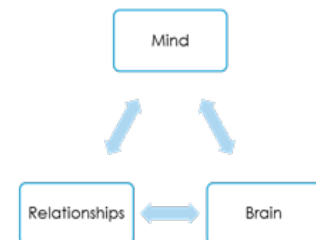
IPNB is an interdisciplinary scientific field pursuing a wholistic framework for understanding human functioning and flourishing. It emerged from a gathering of 40 scientists in the early 1990s, during the Decade of the Brain, grappling to elucidate the connection between the mind and the brain. Scholars from the fields of anthropology, molecular biology, cognitive science, education, genetics, linguistics, neuroscience, neurosurgery, physics, psychology, psychiatry, mathematics, computer science, and sociology contributed to the birth and evolution of this field, which has promulgated consilience as a core value, thereby maintaining an otherwise "discipline neutral" stance.

Attachment Theory

"The early experiences children have with their caregivers shape the long-term development of a number of mental processes. The ability to balance one's emotions, to reduce fear, to be attuned to others, to have insight and self-understanding, to have empathic understanding of others, and to have well-developed moral reasoning have all been found to be associated with what is called secure attachment." (Siegel, 2012, p. 143)

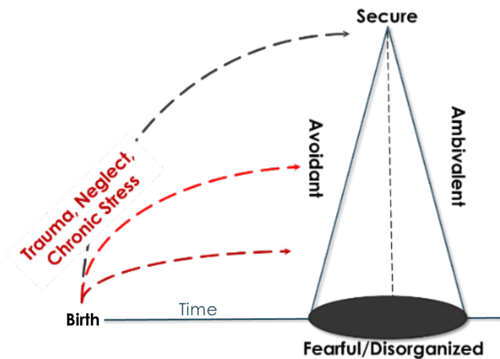
Interpersonal Neurobiology

- IPNB defines *health* as *integration* within and among
- Brain—Neural Circuits and Regions
- Mind—Self & Affective States
- Relationships—Mutual, Reciprocal
- IPNB is a Biopsychosocial Model



Interpersonal Neurobiology: Integration

- According to IPNB, healthy and naturally developing *integration* produces the characteristics of **FACES** in the brain, mind, and relationships:
- **F**lexible
- **A**daptive
- **C**oherent
- **E**nergized
- **S**table
- In a healthy, nonpathological, and nontraumatic environment, the brain and the mind develop naturally toward **secure attachment** and coherent identity
- FACES = Secure Attachment



Interpersonal Neurobiology: Disintegration

- Early trauma and neglect impair development of the brain and neural circuits: The trajectory of health is corrupted with compounding of disintegration over time.
- Later trauma hijacks and redirects previously established linking circuits
- Impact of Trauma/Neglect = Severity x Duration x Critical Period
- “Trauma can cause severe disturbances in the integration of cognitive and emotional processing” (Cozolino, 2017, p. 257).
- “The earlier, more severe, and more prolonged the trauma, the more negative and far reaching the effects” (p. 257).
- “Deficits in psychological and interpersonal functioning then create additional stress which further compromises neurobiological structures… [it] becomes a ‘state of mind, brain, and body’ around which all subsequent experience organizes.” (p. 259)
- Basis and reason for frequent dysregulation and recapitulation of interpersonal trauma
- Can we harness and leverage these episodes of dysregulation for healing and recovery rather than see them only as obstacles?

“The core problems of affect dysregulation, structural dissociation, somatic dysregulation, impaired self-development and disorganized attachment are likely to remain the foundation for clinicians working with survivors of complex trauma, regardless of the specific diagnosis or assessment and treatment methodologies in use.” (Courtois & Ford, 2009)

Profiles of Trauma Responses: PTSD

- Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
  - Directly experiencing the traumatic event(s).
  - Witnessing, in person, the event(s) as it occurred to others.
  - Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

    - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** This last criterion does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.
- Characteristic cluster of symptoms that develop after exposure to an extreme traumatic stressor (p. 271)
- Entails symptoms in the following four clusters:
    - Hyperarousal of the nervous system
    - Avoidance of internal and external reminders of the trauma
    - Negative cognitions and mood (includes numbing)
    - Disturbing memories and re-experiencing of the traumatic event(s)
- Symptoms must be present for a month or more

Profiles of Trauma Responses: Interpersonal Trauma

- Clinical presentation of post-traumatic stress differs between those whose trauma has been interpersonal compared to those whose trauma is pursuant to natural disaster, accident or severe illness (Luxenberg, Spinazzola, & van der Kolk, 2001)
- Introducing human agency in the traumatic process means "the elements of malevolence, betrayal, injustice, and immorality are more likely to be factors than in accidents, diseases, and natural disasters" (Finkelhor, 2008, p. 23)
- Cumbersome diagnostic picture with mood, anxiety, personality, substance, dissociative, etc., disorders

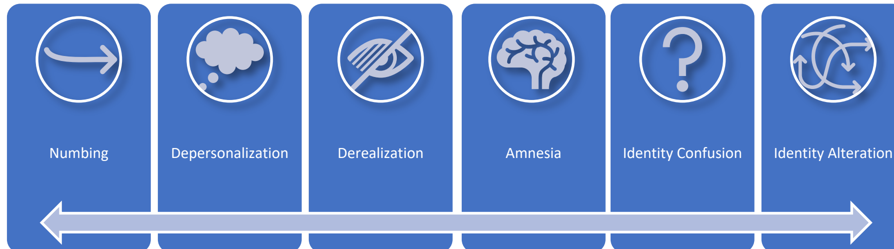
Profiles of Trauma Responses: Complex PTSD

- ICD-11 Beta Draft for Complex Post-Traumatic Stress Disorder
- Complex PTSD "is a disorder that may develop following exposure to an event or series of events of an extreme and prolonged or repetitive nature that is experienced as extremely threatening or horrific and from which escape is difficult or impossible (e.g., torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse)."
- Includes the core symptoms of PTSD
- Additionally characterized by
- Severe and pervasive problems in affect regulation
- Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the stressor
- Persistent difficulties in sustaining relationships and feeling close to others.

Profiles of Trauma Reaction: Complex PTSD: Six Areas of Disturbance

1. Behavioral and Affective Dysregulation (A +1 from B-F)
    a. Affect Regulation
    b. Modulation of Anger
    c. Self-Destructive
    d. Suicidal Preoccupation
    e. Difficulty Modulating Sexual Involvement
    f. Excessive Risk Taking

2. Attention and Consciousness Alterations
    a. Amnesia
    b. Transient Dissociative Episodes and Depersonalization



3. Alterations in Self-Perception (Two from a through f required)
    a. Ineffectiveness
    b. Permanent Damage
    c. Guilt and Responsibility
    d. Shame
    e. Nobody Can Understand
    f. Minimizing
4. Alterations in Relations with Others (One of a through c required)
    a. Inability to Trust
    b. Revictimization
    c. Victimizing Others
5. Somatization (Two of a through e required)
    a. Digestive system
    b. Chronic Pain
    c. Cardiopulmonary Symptoms
    d. Conversion Symptoms
    e. Sexual Symptoms
6. Alterations in Systems of Meaning (a or b required)
    a. Despair and Hopelessness
    b. Loss of Previously Sustaining Beliefs
        i. Spiritual Impact of Trauma (Walker, Courtois, & Aten, 2015)
            a) Spiritual distance with God
            b) Negative God image
            c) Decreasing religious involvement (loss of spiritual community)
            d) Blaming God (Herman, 1992)

Trauma and the Murder of God (Herman, 1992, p. 94)

There are people with strong and secure belief systems who can endure the ordeals of imprisonment and emerge with their faith intact or strengthened. But these are the extraordinary few. The majority of people experience the bitterness of being forsaken by God. The Holocaust survivor Wiesel gives voice to this bitterness: “Never shall I forget those flames which consumed my faith forever. Never shall I forget that nocturnal silence which deprived me, for all eternity, of the desire to live. Never shall I forget those moments which murdered my God and my soul and turned

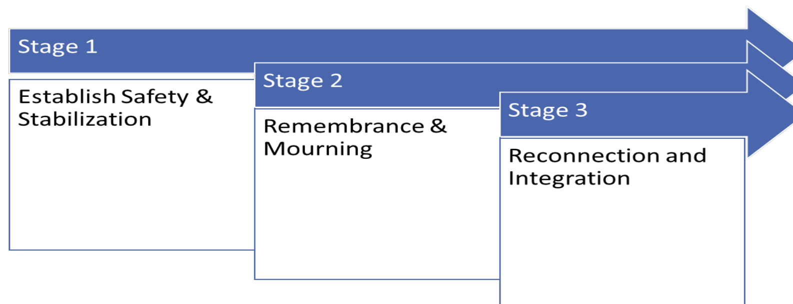
my dreams to dust. Never shall I forget those things, even if I am condemned to live as long as God Himself. Never."

"The core problems of affect dysregulation, structural dissociation, somatic dysregulation, impaired self-development and disorganized attachment are likely to remain the foundation for clinicians working with survivors of complex trauma, regardless of the specific diagnosis or assessment and treatment methodologies in use." (Courtois & Ford, 2009)

Questions or Comments

Triphasic Model of Trauma-Specific Recovery

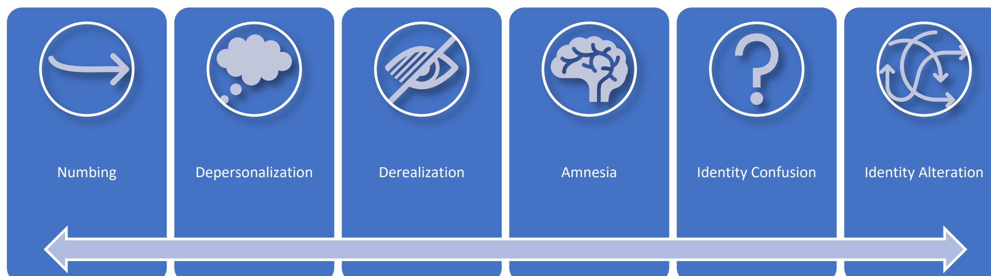
"Phased treatment remains the 'gold standard' for complex trauma therapy"



Phase 1: Safety and Stabilization

- Stabilize the symptoms (medical, psychiatric, legal, educational/vocational, social, psychological, spiritual, etc.)
- Provide personal experiences that establish or re-establish integration of Brain, Relationships, and Mind: FACES
- Requires mutuality and joint effort
- Coping strategies and life skills
- Conflict resolution and communication skills
- Grounding skills for dissociative symptoms
- Analogous to reparenting

Dissociation Continuum



Phase 2: Remembrance and Mourning

- Temptation to terminate with symptom stabilization
- Trauma Narrative with affective congruence
- Graduated exposure: pacing and symptom re-emergence. Patient empowerment is key!

Phase 3: Reconnection and Integration

- Creating a future: metaphor of immigration
- Actively face fear rather than avoidance of fear
- Renegotiating boundaries—individuation, assertiveness, and a solid sense of self
    - "I know I have myself" as the emblem of the third stage of recovery
    - Reprogramming of the self
- Survivor's mission

Questions or Comments

Principles of Trauma-Informed Care

Trauma Informed Care and Practice (Blue Knot, 2020)

- Recognizes that many problems, disorders, and conditions are trauma-related
- Understands the effects of stress on the brain and body
- Considers what *has happened to* a person rather than what is "wrong" with a person
- Regards "symptoms" as outgrowths of coping strategies
- A program, organization, or system that is trauma-informed realizes the widespread impact of trauma… and seeks to actively resist re-traumatization.

Key Principles of Trauma-Informed Care

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, & Gender Issues

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Diversity & Inclusion

Safety

- Physical, Emotional, Social, Spiritual
- What policies and procedures are in place that most promote client safety?
- Where is the principle of safety most evident in the program of daily activities and interactions?
- What is the most notable growing edge in the organization for ensuring physical, emotional, social, or spiritual safety for your clients

Trustworthiness

- With the agency, agency collaborators, and individual staff members
- What policies and procedures are in place that most promote clients' trust?
- How is the level of trust along the chain of command?
- Where is the principle of trustworthiness most evident in the program of daily activities and interactions?
- What change(s) could be made to increase levels of trust between clients and staff and/or the organization?

Choice

- Trauma strips a person of choice and self-agency
- What policies and procedures are in place that most promote clients' self-direction and choice?
- How is the level of choice along the chain of command?
- Where is the principle of choice most evident in the program of daily activities and interactions?
- What change(s) could be made to increase choice for clients with staff and/or the organization?

Collaboration

- Trauma strips a person of mutuality and treatment/care is often unidirectional
- What policies and procedures are in place that most promote clients' mutual collaboration?
- How is the level of collaboration along the chain of command?
- Where is the principle of collaboration most evident in the program of daily activities and interactions?
- What change(s) could be made to increase collaboration for clients with staff and/or the organization?

Empowerment

- Trauma strips a person of personal power and is disabling
- What policies and procedures are in place that most promote clients' empowerment?
- How is the level of empowerment along the chain of command?
- Where is the principle of empowerment most evident in the program of daily activities and interactions?
- What change(s) could be made to increase empowerment for clients?

Diversity and Inclusion

- Trauma preys on the weak and vulnerable
- Vulnerable populations must feel safe at all levels to heal and recover
- What policies and procedures are in place that most celebrate diversity and promote inclusion?
- How are the levels of diversity and inclusion along the chain of command?
- Where is the principle of inclusion most evident in the program of daily activities and interactions?
- What change(s) could be made to increase inclusion for clients?

Questions or Comments

Reenactment of Trauma in Recovery

Reenactment and Trauma-Informed Care

- A program, organization, or system that is trauma-informed realizes the widespread impact of trauma… and seeks to actively resist re-traumatization.
- Window of Tolerance
- Zone of Proximal Development

Reenactment

- Reenactment (noun)
- the acting out of a past event.
- the action of bringing a law into effect again.
- Therapeutically, reenactments occur when a client feels with a staff member the same or similar emotions as a past relationally traumatic event: Threatened, anger, disrespect, disregard, fear, abandoned, powerless, shame, manipulated, etc.

Emotional Dysregulation and Dissociation

- Episodes of emotional dysregulation and dissociation are key indicators of reenactment
- Conflicts with peers
- Conflicts with staff
- Resistance to program activities and curriculum
- Reenactments almost always entail relational rupture
- Ruptures are an essential part of recovery, provided that adequate repair is achieved
- Ruptures are not detours from complex trauma recovery!

Trauma-Specific Definition

- Interventions or activities that are focused directly on reducing or alleviating the symptoms of posttraumatic stress
- Typically applied to treatment modalities or therapeutic interventions in counseling

Strategies for Regulation and Repair

- What strategies do you employ?
- For Dissociation: Stabilization and Grounding
- Anger Management
- Mindfulness
- Communication Skills and Conflict Resolution
- Debriefing and Integrating Post Action Analysis

Anticipating and Expecting Reenactment

- Reframe from avoiding to anticipating and leveraging reenactments for recovery and healing
- Intentional training, supervision, and coaching for staff
- Integrating into treatment plans
- Trauma-Specific Lens for Reenactment

Questions or Comments

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