

Trauma-Specific De-escalation Skills with Survivors of Complex Trauma

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by

Alexis M. Byers

Referral Program Manager

National Trafficking Sheltered Alliance

abyers@shelteredalliance.org

www.shelteredalliance.org



Dan Sartor, Ph.D., M.B.A.

Consulting and Clinical Psychologist

www.RenewalLeadership.com

DSartor@RenewalLeadership.com



Renewal Leadership Solutions, LLC

Training, Consulting, Coaching

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Trauma-Specific De-escalation Skills with Survivors of Complex Trauma

Workshop Goal

Improve care for survivors of human trafficking by helping staff implement trauma-specific de-escalation skills, recognizing and effectively transforming trauma re-enactments into healing interactions.

Workshop Objectives

1. Describe post-traumatic context to identify trauma re-enactments for complex trauma survivors. (DS)
2. Recognize the role of re-enactments in trauma-specific care. (DS)
3. Identify and leverage the attachment factor in de-escalation of post-traumatic re-enactments. (DS)
4. Describe the de-escalation cycle. (AB)
5. Practice the five stages of the de-escalation intervention. (AB)

Post Traumatic Context for Effective De-escalation Skills

Dan Sartor

Profiles of Trauma Responses: PTSD

- Exposure to actual or threatened death, serious injury, or sexual violence
- 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)
- Contrast colloquial, nonclinical use of “trauma”

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!

Profiles of Trauma Responses: Complex PTSD

- ICD-11 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.

Setting the Stage: Background of Trafficking Victims

- What do we know about the background of most victims of human sex trafficking?
- How might these facts shape their default assumption and disposition (mind and body) toward the world?

Recognize the Role of Re-enactments in Trauma-Specific Care

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 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.

Trauma-Informed Care

- In what ways are your programs trauma-informed (i.e., designed to avoid “triggering” post-traumatic re-experiencing)?

Key Principles of Trauma-Informed Care



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

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

Trauma-Specific Care

- In what ways are your programs trauma-specific (i.e., designed to alleviate or mitigate the symptoms of posttraumatic stress)?

Trauma-Specific Care

- Typically, we believe our programs are most effective if clients accept our education and practice the skills we teach them—when they stay on track programmatically.
- Conversely, their resistance and noncompliance appears to be the greatest obstacle to their healing and the greatest drain on our resources and staff.
- However, what if resistance and noncompliance generally signaled a reenactment?
- Then, a survivor’s deviation from our programmatic protocol is not an obstacle or failure, but a golden opportunity!
- The most extreme re-enactments are those that require de-escalation.

Setting the Stage: Traffickers’ Methods

- What do we know about how traffickers select, groom, and retain their victims?
- What do our organizations and staff say and do that parallels what traffickers say, do, and provide?

Setting the Stage: Victims’ Mindsets

- Given these experiences, how are victims likely to see and experience us?
- How do we prove that we are different, that there is a true, albeit imperfect, love that is not reduced to power, transaction, and self-interest?

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

Leverage the Attachment Factor in Post-Traumatic Re-enactments

“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)

Attachment Theory

- Asserts our greatest need and drive is to be bonded, connected, and attached interpersonally.
- The need for interpersonal attachment is primary and not secondary to food, water, air, and shelter. We will die for an attachment relationship and we fail to thrive without it.
- We will acclimate to and normalize the kind of care-giving, including neglect and abuse, we experience during the early, formative years of our lives.
- Because interpersonal relationships are our greatest need, they also wield the greatest power. (Traffickers instinctively know this fact and exploit it.)
- Threats to our attachment stimulate a trauma response: fight, flight, freeze, fawn

Co-regulation and De-escalation

- Dan Siegel’s hand model of the brain

Setting the Stage: Organizational Resources

- Organizationally, what are the most draining and difficult parts of working with survivors for their healing and recovery?

Attachment Theory and Emotional Regulation

- Emotions are contagious.
- While the exact nature of activity of our mirror neurons and the neurological processes of empathy are still under investigation, empathy is our greatest tool for helping another move from dysregulation to regulation of emotion and, therefore, behavior.
- The two-hand model of co-regulation
 - Survivors triggering each other
 - Survivors triggering staff
 - Staff triggering survivors and/or other staff
 - How do we harness the power of attachment and relational behaviors to regulate rather than trigger another?

De-escalation Tips

- Stay Calm and Regulated
- Respect Personal Space
- Use Non-Threatening Body Language: SOLER
- Employ Active Listening: Attending Skills
- Find Common Ground
- Speak Calmly and Clearly
- Set Boundaries While Offering Choices and Solution

Deploying Attending Skills

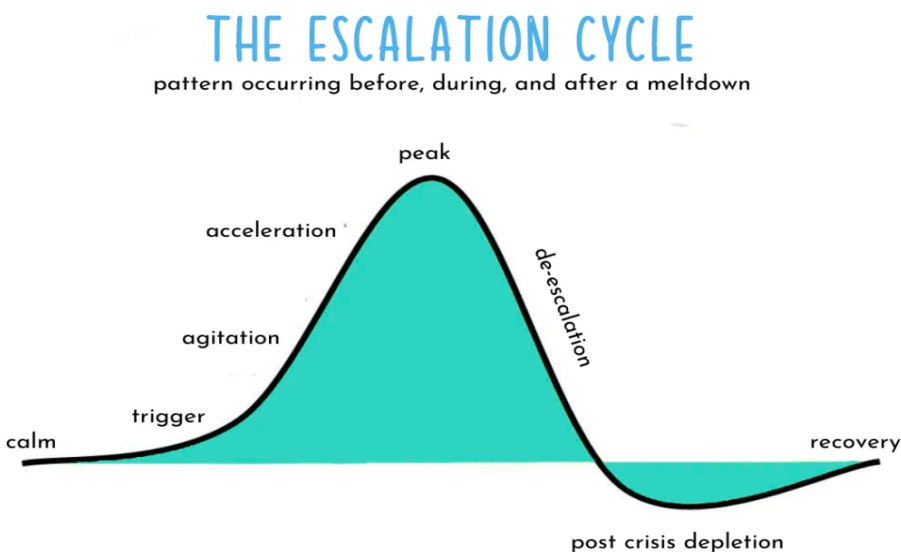
- Is not fixing someone's problems or teaching them propositional or theological truths
- Is how we are emotionally present to someone in their pain, loss, anger, or fear
- Is embodying the proximate safe haven and secure base for individuals, families, and communities when they are experiencing loss, disappointments, doubts, and disconnection
- Creates space for discovery, the process of growth, and grieving: Secure attachment is more caught than taught!
- Is hard work emotionally and involves restraining urges to teach and fix

Building Your De-escalation Tool Kit

Alexis Byers

What is De-escalation?

- "To (cause to) become less dangerous or difficult"



Mindset: Talking to People in Crisis

- Promote Autonomy
- Transparency and Trust

De-escalation Skills

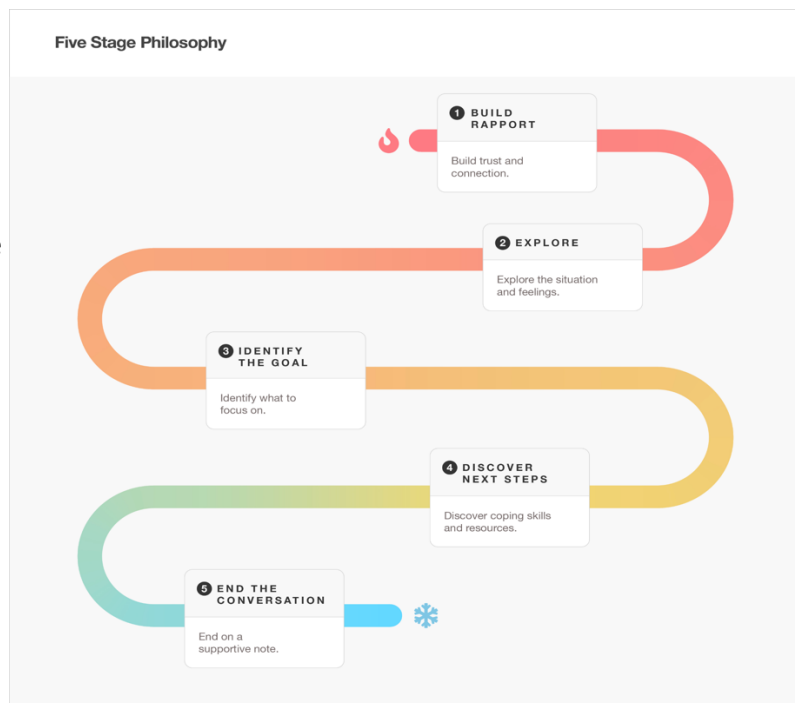
- Equality
- Be clear and concise

Tone and Wording

- Miller's Law- assume its true
- Choice
- Validation
- Strong feeling words
- Tone

Five Stages of Philosophy

1. Build Rapport
2. Explore
3. Identify the Goal
4. Discover Next Steps
5. End the Conversation



Case Study

Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don't feel as if they are a good fit, so you can't be convinced to change your mind.

Five Stages of Philosophy: Build Rapport

- "If you want to be trusted, you've got to give trust"- Stephen M.R. Covey
- Warm Greeting
 - Introduce yourself
- Set the **Tone**

Case Study

- Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don't feel as if they are a good fit, so you can't be convinced to change your mind.
- You can hardly understand Susan. You need her to match your tone so you could better understand the situation. **Remember:** The initial tone sets the tone for the whole conversation.

Five Stages of Philosophy: Explore

- "It's understandable you are feeling discouraged after that happened"
- Encourage sharing their current situation
- Why now?
- **Listen and validate**

Case Study

- Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don't feel as if they are a good fit, so you can't be convinced to change your mind.
- With your initial prompting, Susan begins to share her experiences from the last 3 years. Both everything that has happened to her AND everyone who disappointed her.

- **Remember:** Not only are you validating, but you are also searching for what you need to move forward

Five Stages of Philosophy: Identify the Goal

- “You have so much happening right now. What do you want us to focus on for this conversation?”
- What comes next?
- Needing manageable plans
- Many concerns- What takes priority

Case Study

- Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don’t feel as if they are a good fit, so you can’t be convinced to change your mind.
- Susan is beginning to relax in the pace and tone of her speaking. It is finally time to identify exactly what she wants. Sure, placement might be the big picture- but what is the smaller scale goal?

Five Stages of Philosophy: Discover Next Steps

- “So I have a clear picture (repeat situation).... I am going to give you a few different plan options and you tell me what you would prefer.”
- Good, clear picture is critical
- Offer information for potential options
- Recap plan if selected
- Make no promises!

Case Study

- Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don’t feel as if they are a good fit, so you can’t be convinced to change your mind.
- Susan shares that she just wants autonomy of where she goes, not advocates or programs deciding. She wants choices that will allow her to pick what happens to her future.
- **Remember:** you can’t simply make your program match, so that isn’t an option.

Five Stages of Philosophy: End the Conversation

- “I want to take a minute and acknowledge the strength it took to reach out.”
- Wrap up conversation!
- Reiterate Courage
- Warm close while reminding them you are there post conversation

Case Study

- Susan calls your intake line yelling and crying that she was denied from your program. Sadly, you don’t feel as if they are a good fit, so you can’t be convinced to change your mind.
- Susan is much quieter now. It is clear she is exhausted from the crisis she just experienced. Let’s not forget to reiterate next steps. The closing is just as important as the opening!

Questions or Comments

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