Creating Trauma Informed Systems of Care

Strategies for Self Regulation

Joan Gillece, PhD
90% of public mental health clients have been exposed to trauma.

In the general population, 61% of men and 51% of women reported exposure to at least one lifetime traumatic event, but majority reporting more than one traumatic event.

(Kessler, et al, 1995)
Stress/Trauma Lives in the Body

• A chronic overreaction to stress overloads the brain with powerful hormones that are intended only for short-term duty in emergency situations.
• Serum cortisol levels
• Chronic hyperarousal – nervous system does an amazing job of preparing the individual to deal with the stress but:
Growth, reproduction and immune system all go on hold
Leads to sexual dysfunction
Increases chances of getting sick
Often manifests as skin ailments

- Increases permeability of the blood brain barrier
- Dr. Robert Sapolsky: “Why Zebras Don’t Get Ulcers” – study on salmon
Self- Regulation

• The challenge is to not let the nervous system stay chronically aroused
• Have a plan to deal with triggers/arousal
• Practice, practice, practice
What is a Crisis Prevention Plan?

- An individualized plan developed proactively by consumer and staff before a crisis occurs
  - A therapeutic process
  - A task that is trauma sensitive
  - A partnership of safety planning
  - A consumer-owned plan written in easy to understand language
Why Are They Used?

- To help consumers during the earliest stages of escalation before a crisis erupts.
- To help consumers identify coping strategies before they are needed.
- To help staff plan ahead and know what to do with each person if a problem arises.
- To help staff use interventions that reduce risk and trauma to individuals.
Essential Components

- Triggers
- Early Warning Signs
- Strategies
First, Identify **Triggers**
These Triggers

• A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation)

• Also referred to as a “threat cue” such as:
  – bedtime
  – room checks
  – large men
  – yelling
  – people too close
No, not *that* Trigger ...
More Triggers: *What makes you feel scared or upset or angry and could cause you to go into crisis?*

- Not being listened to
- Lack of privacy
- Feeling lonely
- Darkness
- Being teased or picked on
- Feeling pressured
- People yelling
- Arguments
- Being isolated
- Being touched
- Loud noises
- Not having control
- Being stared at
- Room checks
- Contact w/family
More Triggers:

- Particular time of day/night
- Particular time of year
- Contact with family
- Other*

* Consumers have unique histories with uniquely specific triggers - essential to ask & incorporate
What are my triggers?

- Being touched
- Yelling
- Bedroom door open
- Being isolated
- A certain time of day
- Loud noise
- No input
- Uniforms

You may not know unless you ask me.
Second, Identify *Early Warning Signs*
Early Warning Signs

- A signal of distress that is a physical precursor and/or manifestation of upset. Some signals are not observable, but some are, such as:
  - restlessness
  - agitation
  - pacing
  - shortness of breath
  - sensation of a tightness in the chest
  - sweating
Early Warning Signs
What might you or others notice or what you might feel just before losing control?

- Clenching teeth
- Wringing hands
- Bouncing legs
- Shaking
- Crying
- Giggling
- Heart Pounding
- Singing inappropriately
- Pacing
- Eating more
- Breathing hard
- Shortness of breath
- Clenching fists
- Loud voice
- Rocking
- Can’t sit still
- Swearing
- Restlessness
- Other ___________
Third, Identify Strategies
Strategies

Strategies are individually-specific calming mechanisms to manage and minimize stress, such as:

- time away from a stressful situation
- going for a walk
- talking to someone who will listen
- working out
- lying down
- listening to peaceful music
Strategies:

What are some things that help you calm down when you start to get upset?

- Reading a book
- Pacing
- Coloring
- Hugging a stuffed animal
- Taking a hot shower
- Deep breathing
- Being left alone
- Talking to peers

- Therapeutic Touch, describe ______
- Exercising
- Eating
- Writing in a journal
- Taking a cold shower
- Listening to music
- Molding clay
- Calling friends or family (who?)
More Strategies

- Blanket wraps
- Using cold face cloth
- Deep breathing exercises
- Getting a hug
- Running cold water on hands
- Ripping paper
- Using ice
- Having your hand held
- Snapping bubble wrap
- Bouncing ball in quiet room
- Using the gym
Even More Strategies

- Male staff support
- Female staff support
- Jokes
- Screaming into a pillow
- Punching a pillow
- Crying
- *Spiritual Practices*: prayer, meditation, religious reflection

- Touching preferences
- Speaking with therapist
- Being read a story
- Using Sensory Room
- Using Comfort Room
- Other
If a person is getting agitated, don’t forget to use HALT.

ARE THEY...

Hungry?

Angry?

Lonely?

Tired?

If it prevents one person from getting hurt or one person from relapse, It is worth it!
What Does Not Help When you are Upset?

- Being alone
- Not being listened to
- Being told to stay in my room
- Loud tone of voice
- Peers teasing
- Humor
- Being ignored
- Having many people around me
- Having space invaded
- Staff not taking me seriously

“If I’m told in a mean way that I can’t do something ... I lose it.”

-- Natasha, 18 years old
What makes you feel upset?
(Circle all that make you feel sad, mad, scared or other feelings)

- Being touched
- Too many people
- Darkness
- Certain time of year
- Certain time of day/night
- Having my bedroom door open
- Loud noises
- Yelling
- Thunderstorms

MA DMH, Manual, Promoting Strength-Based Care, 2006
How do I know I am angry, scared or upset?
(Circle all that apply)

- Cry
- Clench teeth
- Loud voice
- Red/hot face
- Laughing/giggling
- Being mean or rude
- Swearing
- Racing heart
- Breathing hard
- Wringing hands
- Clenched fists
- Tantrums
- Rocking
- Hyper
- Pacing

MA DMH, Manual, Promoting Strength-Based Care, 2006
Making the Plans Client-Centered

- Post on doors, bedrooms or bulletin boards
- Review in groups
- Create a “pocket” version for consumers – laminated card
- Develop a computer version to email
Crisis Plan
Additional Guidelines for Use

- Revise and re-tool after escalation using all de-briefing information
- Help consumers “practice” strategies before they become upset
- Teach about the impact of external and internal triggers and stressors & learn new skills to manage reaction
- Support in “coping skills” group
What do consumers say they need in crisis planning?
What do Consumers Find Helpful?

MA DMH conducted a point in time survey: *(MA DMH, 2003)*
- 185 adolescents participated (average age = 16)
- 19 hospitals (acute & continuing care)

Response to the question: "What could staff do differently to avoid using restraint and seclusion?"
- Talk to me: 80
- Leave me alone: 75
- Distract me: 54
Joan Gillece, PhD
Director, SAMHSA’s National Center for Trauma Informed Care

Joan.gillece@nasmhpd.org