What Do You See?

- Tell us what you see.
Trauma Touches Everyone’s Life
(National Center for PTSD)

50% - 90% of all adults and children are exposed to a psychologically traumatic event at some point in their lives.

Interpersonal forms of trauma cause much higher rates of PTSD (i.e. rape, at least 49%)

Everyone needs to be able to respond to traumatized people without making the situation worse
Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans. (NASMHPD, 2004)
TRAUMA

Coping

Supports

Skills

Adversity

Low Resource

Stress

Exposure

Events
CHANGING MENTAL MODELS

SICK?

BAD?

SICK & BAD?
Changing the Fundamental Question

It’s not “What’s wrong with you?”

It’s “What happened to you?”
Universal precautions are techniques that assume everyone in an environment is at risk for spreading an infection and therefore risk should be minimized whenever possible.

WHAT EVERYONE NEEDS TO KNOW ABOUT TRAUMA
HUMAN STRESS RESPONSE: WE ARE EMBODIED CREATURES

State of high alert

Inability to think clearly

Extreme thoughts

Attention to threat

Intense and prolonged anxiety

Drive to take action
EFFECTS OF TOXIC STRESS ON BRAIN DEVELOPMENT IN EARLY CHILDHOOD

- Toxic effect of stress neurochemicals on developing brain
- May cause development of low threshold for stress, resulting in over-reactivity (chronic hyperarousal)
- Impairs connection of brain circuits and in extreme cases, results in smaller brain development
- High levels of stress hormones, including cortisol, can suppress body’s immune response
- Impact of cortisol on hippocampus particularly problematic for learning, memory, school performance
The Relationship of Adverse Childhood Experiences to Adult Health Status

"The ACEs Study"

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
The ACE Study: Childhood Trauma and Adult Health

Copyright 2004 Cavalcade Productions, Inc.
The Adverse Childhood Experiences (ACE Study)

Largest study of its kind ever (almost 18,000 participants)

Examined the health and social effects of adverse childhood experiences over the lifespan

Majority of participants were 50 or older (62%), were white (77%) and had attended college (72%).
<table>
<thead>
<tr>
<th>Abuse</th>
<th>Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological (by parents)</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Physical (by parents)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Sexual (anyone)</td>
<td>Parental separation/divorce</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>Mother Treated Violently</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>Imprisoned Household Member</td>
</tr>
</tbody>
</table>
Only one-third had a zero ACE score

One in four had an ACE score of 2 or more

One in 16 had an ACE score of four or more
# ACE Study

Strong, graded relation to childhood adversity

<table>
<thead>
<tr>
<th>SMOKING</th>
<th>ATTEMPTED SUICIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>REVICTIMIZATION</td>
</tr>
<tr>
<td>HEART DISEASE</td>
<td>TEEN PREGNANCY</td>
</tr>
<tr>
<td>DIABETES</td>
<td>FRACTURES</td>
</tr>
<tr>
<td>OBESITY</td>
<td>PROMISCUITY</td>
</tr>
<tr>
<td>HEPATITIS</td>
<td>SEXUALLY TRANSMITTED DISEASE</td>
</tr>
<tr>
<td>ALCOHOLISM</td>
<td>POOR JOB PERFORMANCE</td>
</tr>
<tr>
<td>OTHER SUBSTANCE ABUSE</td>
<td>POOR SELF-RATED HEALTH</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>VIOLENT RELATIONSHIPS</td>
</tr>
</tbody>
</table>
ACE Study

Adverse Childhood Experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States.

ACE Score of 0 - majority of adults have few, if any, risk factors for these diseases.

ACE Score of 4 or more - majority of adults have multiple risk factors for these
High Risk Behavior
Poor Adaptation
Healthcare
Mental health
Substance abuse
Social welfare
Criminal justice
Employability

ACES STUDY
TRAUMA, CHRONIC STRESS & ADVERSITY DISRUPTS ATTACHMENT

AND DISRUPTED ATTACHMENT WRECKS HAVOC WITH EVERYTHING ELSE
DISRUPTED ATTACHMENT

INTOLERABLE FEELINGS

MALADAPTIVE BEHAVIOR
RESCUER:
Martyr
Harried
Guilt-trips
Only I can help

PERSECUTOR:
Denies vulnerability, critical, blaming, rigid, bullying

VICTIM:
Helpless, overwhelmed, inadequate, entitled

RESCUER:
Martyr
Harried
Guilt-trips
Only I can help
Human Beings Are Creatures of Habit

If it Works, Do It Again, Again!

Help! Signaling distress

Change means loss
People who engage in reenactments are not consciously choosing to repeat painful or negative relationships.

The behavior patterns people exhibit during reenactments have become ingrained over time because they:

- Are familiar and helped the person survive in other relationships
- Reinforce the notion that the world is predictable which means safer even if it is negative
- Allows the person to vent frustration, anger, and anxiety
- Gives the person a sense of mastery over the old traumas “I am strong, I can handle anything”
Children and Adults

- Problems with cognition
- Communication problems
- Problems with authority
- Loss of emotional management
- Confused sense of justice
- Lack of basic safety/trust
- Inability to grieve and anticipate future

TRAUMA-ORGANIZED PERSON
So, if Traumatic Stress has Such an Adverse Impact on the People We Serve... What’s it Doing to Me and the Place I Work?
Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.
When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar:

PARALLEL PROCESS

THOUGHTS

FEELINGS

BEHAVIORS

K. K. Smith, V.M. Simmons, and T.B. Themee,
A growing proportion of the U.S. workforce will have been raised in disadvantaged environments that are associated with relatively high proportions of individuals with diminished cognitive and social skills.

Knudsen, Heckman et al. (2006)
Proceedings of the National Academy of Sciences

WORKFORCE CRISIS
WORKPLACE STRESS

- Paperwork
- Too Much to Do
- Demands
- Office Politics
- Funding
- Poor Communication
- Unclear Policies
- Organizational Change
Lack of basic safety/trust
Loss of emotional management
Problems with cognition
Communication problems
Problems with authority
Confused sense of justice
Inability to grieve and anticipate future

PROGRAM, SECTOR, COMMUNITY

TRAUMA-ORGANIZED SYSTEM
The cumulative transformative effect on the helper of working with survivors of traumatic life events, both positive and negative.

Saakvitne & Pearlman, 1996
ORGANIZATIONAL RISK FACTORS FOR PROMOTING VICARIOUS TRAUMA

- Provide no respite for staff
- Unrealistically high caseloads – role overload
- Denial of severity and pervasiveness of trauma
- Failure to identify and address secondary trauma
- No opportunities for continuing education
- Insufficient vacation time
- Do not support/encourage personal therapy
- Role ambiguity
- Failure to capture success
"When you've been here as long as I have, you'll start to burn out."
NEGATIVE EFFECTS OF BURNOUT
(GOLEMBIEWSKI ET AL, 1987)

- Absenteeism
- Job turnover
- Low productivity
- Overall ineffectiveness
- Decreased job satisfaction
- Reduced commitment to the job
- Negative impact on home life
Expecting a protective environment and finding only more trauma.

COMPLEX PROBLEMS REQUIRE COMPLEX SOLUTIONS

Diversity
Connection
Interdependence
Adaptation

Diversity
Connection
Interdependence
Adaptation
“Creating Sanctuary” refers to the shared experience of creating and maintaining safety within a social environment - any social environment.
Theory-based
Trauma-informed
Whole culture approach
Evidence-supported
Clear and structured methodology
THE FOUR PILLARS OF SANCTUARY

TRAUMA THEORY

SANCTUARY COMMITMENTS

S.E.L.F

SANCTUARY TOOLKIT
Sanctuary Beliefs

#1 Adversity is Universal
#2 What's Happened?
S.E.L.F.

- Safety
- Loss
- Emotions
- Future
S.E.L.F.

A way of organizing complexity
Dynamic and nonlinear
Phases you move in and out of, not stages you climb
An accessible language
Gets everyone on the same page
Applicable to children, adults, families, staff and organization
USES FOR S.E.L.F.

- Assessment
- Psychoeducation
- Planning
- Emergent situations
- Problem-solving
- Evaluating progress
- Managing change
Implementing Sanctuary Changes Thinking

Changing Thinking Changes Behavior

Changing Behavior: Changes Organization

Changing Organization Changes Patient Outcomes

Adopting a trauma-sensitive organizational paradigm changes the way we THINK

The SELF framework changes how we use LANGUAGE

The Seven Commitments delineate how we sustain RELATIONSHIPS

The Sanctuary Toolkit improves the way we PRACTICE

Reduced Turnover

Improved Morale

Improved Communication

Decreased Incidents of Violence

Fewer trauma symptoms

Better social skills

Improved relationships

Improved academics

Improved safety skills

Improved judgment
We Cannot Hope to Change the Lives of the people we serve, If We Cannot Change the Environments in Which Care and Intervention Takes Place
Learn and share what you know about trauma

Understand how it is impacting your organization

Change the question to what’s happened to you?

Define safety broadly

Adopt and role model TIC values

Create forums for relationships

Restore FUN!
Research on Sanctuary
• The Sanctuary Model is the only organizational and clinical intervention recognized as a Promising Practice by the National Child Traumatic Stress Network (National Child Traumatic Stress Network, 2008).

• Has achieved a Scientific Rating of 3 (Promising Research Practice) by the California Evidence-Based Clearinghouse for Child Welfare (The California Evidence-Based Clearinghouse for Child Welfare, 2011).
Sanctuary Researchers

Dr. Jeanne Rivard – formerly with Columbia University School of Social Work

Dr. Bradley Stein – RAND Corporation, Community Care Behavioral Health (CCBH) and University of Pittsburgh

Dr. Stein and CCBH – behavioral healthcare management organization covering the Northeast

Dr. Jennifer Middleton – University of Maine, School of Social Work
NIMH exploratory study in 2000 - 2003

Youth residential treatment facility; comparison group design (8 treatment/8 control)

Treatment units were statistically stronger in support, spontaneity, autonomy, personal problem orientation, safety and total treatment environment score

Youth made gains in coping skills and sense of internal control
Stein study results

Greater implementation of the Sanctuary Model was associated with a number of positive outcomes:

- Improved organizational culture and climate
- Lower staff stress and morale
- Improved staff feelings of competence and proficiency
- Improved staff investment in clients
- Greater success at rapidly decreasing restraints
- Possible modest decrease in staff turnover
Community Care Behavioral Health Study Results

- Sanctuary Model providers had shorter length of stay, and greater decrease in median length of stay than others.
- Despite decreased length of stay, little difference between two groups in percentage of discharged youth hospitalized in 90 days following discharge.
- Sanctuary Model providers had substantial increase in percentage of youth discharged who received outpatient services in three months following discharge.
- Non-Sanctuary Model providers had greater increase in percentage of youth readmitted to RTF in 90 days following discharge.
Additional Studies

Prevalence of ACEs among child service providers (Dr. Nina Esaki, Andrus with Dr. Heather Larkin, U at Albany)

Indirect Care Staff Survey (Dr. Nina Esaki, Andrus with Dr. Laura Hopson, U at Albany)
Female Juvenile Detention

Violent incidents, physical restraints, and other negative indicators decreased over the course of Sanctuary implementation.

Average rate of incidents of youth misconduct that resulted in injury, confinement or restraint was 6.6 per 100 person days of youth confinement prior to model implementation, compared to 1% following implementation (p < .001).

National average for incidents of youth misconduct that resulted in injury, confinement or restraint was 2.2% compared to study agency 1% post-implementation (p < .001).
Leadership and Sanctuary

Exploratory qualitative study to examine how Sanctuary Model supports leadership efforts (Dr. Jennifer Middleton and Sarah Harvey, UMaine, and Dr. Nina Esaki, ANDRUS)

Interviewed executives who had implemented the model in 2 different organizations

Preliminary findings suggest that executives are using transformational leadership style - *idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration*

Sanctuary Model may be a tool for leadership
STUDIES UNDERWAY: Residential facility for refugee youth

- 4-year, mixed methods study – implementation to 1 year post implementation
- Comparison group design with “control” department not implementing Sanctuary
- Organizational culture, climate and work attitudes, trauma-informed care, secondary traumatic stress, intent to leave and Sanctuary Model transfer of learning
- Youth well-being outcomes (e.g., UCLA PTSD Index measuring trauma exposure and symptoms)
Initiative to improve well-being, safety, and permanency outcomes of children affected by substance abuse

And to improve the system of care for substance exposed infants and their families

With Families And Children Together (F.A.C.T.) in Bangor and the University of Maine (Orono)

5 year grant started in 2012

Collecting data to assess systems, organizational and client level outcomes


Potential Study Design for SoSW
Evaluation of Impact at Staff and Student Level

- Longitudinal study collecting baseline and annual data for 3 years
- Collect organizational data using Maslach Burnout Inventory for Educators and Sanctuary Institute developed survey
- Collect student data using items from current BSW and MSW student exit surveys and ProQOL survey
- Joint evaluation effort between UMaine and Sanctuary Institute
- Develop final study design with UMaine SoSW Core Team
“Be the change you wish to see in the world”
Mahatma Gandhi

Thank you! Questions?