Trauma-Informed Care Simplified: De-escalation Techniques

Worsham El, LCSW, CFTP
A Little About Me...

• Licensed Clinical Social Worker
• Certified Family Trauma Professional
• B.S in Psychology, Loyola University
• A.M in Social Work Administration, University of Chicago
• CEO and Co-Founder of Lotus Trauma Care, LLC
• Adjunct Lecturer and Graduate Field Consultant, University of Chicago
• Credentialed with DCFS as Level 2 Practitioner
• Trained in Child-Parent Psychotherapy (CPP), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Neurosequential Model of Therapeutics (NMT), and Affect Regulation Competency (ARC)
Objectives

1. Understand how trauma-informed care impacts crisis situations
2. Recognize trauma responses and stress responses of both the professional and client
3. Learn and practice trauma-informed de-escalation techniques
Enhance your learning experience.....

*Awareness of yourself and your body*

- Pay attention to your heart rate.
- Pay attention to the tension in your muscles and physical discomfort.
- Pay attention to your thought content.

*Use of your breath*

- Longer exhales to decrease heart rate.
- Longer inhales to increase heart rate.
Crisis and Trauma

Trauma and Crisis are distinct experiences that may intersect.

Crisis typically precedes trauma.

Trauma can contribute to experiences and challenges with managing crises.

**Crisis**
- Client’s perceptions and response to a situation that exceeds the client’s coping ability and resources

**Trauma**
- Long-term emotional, behavioral, psychological, and physical response(s) to an event that was overwhelming

TRI-PHASIC TRAUMA RESOLUTION MODEL (JUDITH HERMAN)

Describes the crisis and trauma overlap

3 Stages:
1. Safety and Stabilization
2. Processing
3. Reconnection to social support networks and outlets
FOUR TYPES OF CRISIS

1. Developmental-those crises that occur from normal life transitions.
2. Situational-those crises that disrupt the client’s norm and redefines their identity. Way of life and perceptions of the future appear catastrophic.
3. Existential – challenges causing the questioning of one’s worth, abilities, values, or views about a positive future.
4. Ecosystemic- those crises that are environmental, unpredictable, and out of human control that cause despair.
Introduction to Trauma

Understanding the Stress Response System and Crisis
Crisis contributes to a loss of safety...

Sanctuary Model Areas of Safety:

- Moral
- Social
- Psychological/Mental
- Physical
Moral safety threats occur when someone feels that their actions are not aligning with their values. Moral safety threats can look like dissonance around mandated reporting and causing more harm, or turning clients away from services despite believing the client deserves or would benefit from the services.
Social safety threats occur when someone feels that their authentic self is not accepted in a social group or setting. This can look like someone not feeling welcomed, someone feeling that they are not being communicated with, someone feeling that they do not fit in because of their identity, background, culture, religion, or beliefs.
Psychological/Mental safety threats occur from unhelpful schemas about oneself. Mental safety threats can look like shaming, racing, or intrusive thoughts, that usually minimize or hurt the thinker. Mental safety threats can often sound like "I'm not good enough," "I should've been more productive," "I am a failure," "I should've known better," "I am a horrible person."
Physical safety threats occur when someone's physical body feels threatened. Physical safety threats can look like not having basic needs met, such as food, water, and shelter. It can include having a health threat like a chronic illness or injury. It can also look like being in an environment where you feel at risk of being physically harmed.
Name that Safety Threat Game

Recognizing potential safety threats provides a context for effective responses.

In groups, read the prompt and guess which safety threat is present. Click to flip the card to see if you are correct.
Automatic Nervous System is....

- Responsible for the human responses to internal and external stressors.
- The system that governs the immune system, limbic system, digestive system, respiratory system, and more.
Two Branches of the System

Stress Response

Starting in the brain, stress sends information to the section of our brain responsible for emotional processing. Then, a distress signal is sent to our hypothalamus (our control center), which sends the information to the rest of our body through the Automatic Nervous System (ANS). The ANS controls involuntary bodily functions and has two divisions:

- **Sympathetic**
  - **Fight**
  - **Flight**

- **Parasympathetic**
  - **Freeze/Fawn**
    - Dorsal Vagal Nerve
  - **Regulation**
    - Ventral Vagal Nerve
Trauma-informed Care

**Realize** the widespread impact of complex trauma and chronic stress.

**Recognize** stress and trauma responses, such as poor interpersonal skills, aggression, avoidance, resistance, accusations, opposition, etc.

**Respond** with neurobiologically-informed techniques to widen client’s window tolerance, de-escalate, and reduce mental health symptoms.

**Resist** re-traumatization with use of client and family strengths, awareness of cultural history, and trauma-informed care.
Examining Crisis Interventions

- Meta-analysis of 36 studies to determine the effectiveness of the use of crisis interventions in promotion of crisis resolution and crisis mastery
  - Included baseline and post-treatment follow ups
- Three Types of Crisis Intervention Programs Reviewed:
  - Family preservation-typically provided over a 3-month period, about 8-72 hours of services
  - Multi-session crisis intervention or group crisis intervention-no less than 3 sessions, including a pre-crisis training, individual or group intervention following event, and a post-event crisis counseling session one month later
  - Single-session, individual or group debriefing lasting 20 minutes to 2 hours in length
Evidence Based Crisis Interventions

Evidence supported interventions have 3 parts:
  • Assessment
  • Protocol
  • Outcome Evaluation

Family and multi-session models were found to be highly effective crisis interventions.
  • These programs included an opportunity for redundancy through multiple sessions that provide skills prior to crisis, support during crisis and following the crisis.
  • 8 hours or more of in-home crisis interventions provided over a 1-3 month period are effective.

Group crisis services with 4-12 sessions also found to be effective
Psychological First Aid: Establishing Safety

- Define the problem
- Ensure safety
- Provide support
- Examine Alternatives
  - Situational or network support
  - Coping mechanisms
  - Positive reframing
- Make a plan
- Obtain a Commitment
Activation of the Ventral Vagal Nerve

- The ventral vagal nerve is responsible for safety, social connection, and regulation.
- Relationships and safe interactions activate the ventral vagal nerve.
- Warmth, empathy, alliance, insight and feedback have been found as important factors contributing to effective crisis intervention.
6 Levels of Validation

- **Listen non-judgmentally** - verbal and nonverbal cues of listening
- **Accurate reflection** - summarize content and feelings
- **Articulate unspoken thoughts and feelings** - imagine what is being felt, thought, or desired
- **Understanding historical background of behavior** - validate person's behavior in terms of causes like past and present events
- **Confirm thoughts, behaviors, and feelings** - based on current circumstances
- **Radical genuineness and authenticity** - recognize as person--absence of patronizing or condescending behavior
Practice Applying Skills

Identify a crisis that you have experienced, heard about, or witnessed. Share the stories with your group.

Select a story and discuss:

A. What safety threats and stress responses are present? For the professional? For the client(s)?

B. Identify relevant de-escalation techniques and discuss the implementation of each technique.

C. Role play the scenario using the strategies. One person is the professional, one person the client, and the other is the observer. Discuss what each role was like.
References


• Frank-Richter, S. Crisis and Trauma. Palto Alto University. Retrieved from Academia.edu.


References


• Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Additional Recommended Resources

• NCTSN.org is a site with free learning resources on childhood trauma.
• Academia.edu is a site that allows free access to literature to further inform your practice.