


**TRAUMA-INFORMED CARE
WITH YOUTH WHO HAVE
SEXUALLY ABUSED**

David S. Prescott, LICSW
Welcome!

WELCOME!



PLEASE BE PATIENT WITH ME

- We live in troubled times
- I am going to be very provocative
- I am going to be highly irreverent
- This is a webinar for professionals only
- I come in peace and believe in human dignity
- I mean no harm
- Please take everything I say in the spirit in which it is intended

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TAKE HOME MESSAGES

- What you do matters
- What you do works
- Follow the research
- Beware of false advertising
- Always keep the big picture in mind



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GRATITUDE

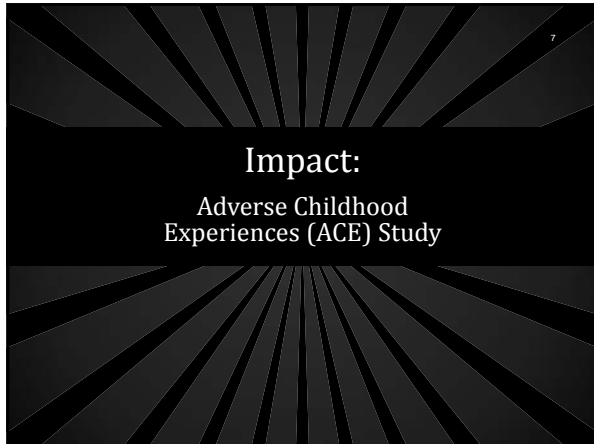


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GRATITUDE



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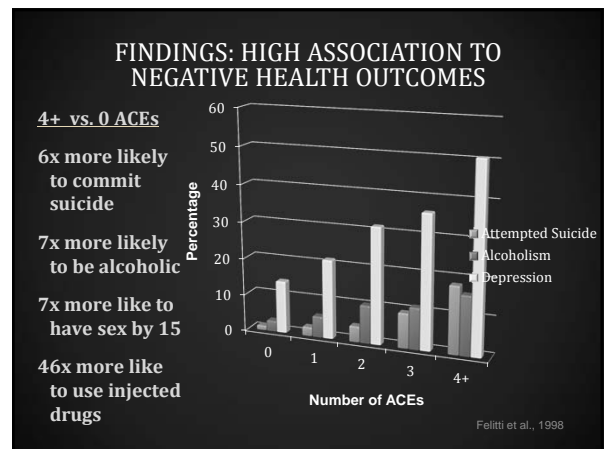
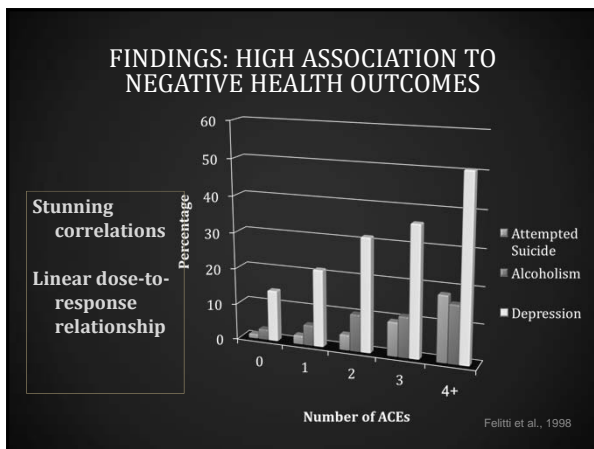
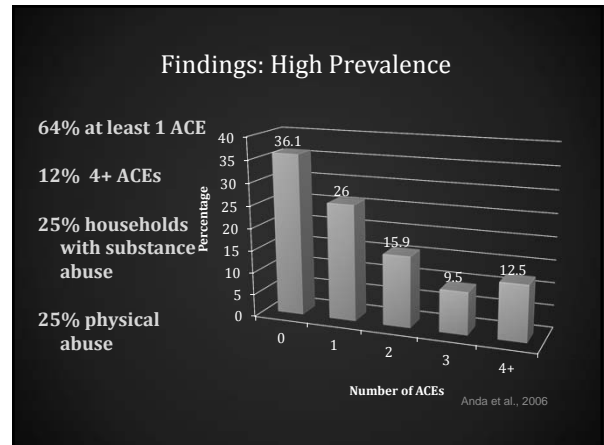
STORY OF THE ACE STUDY

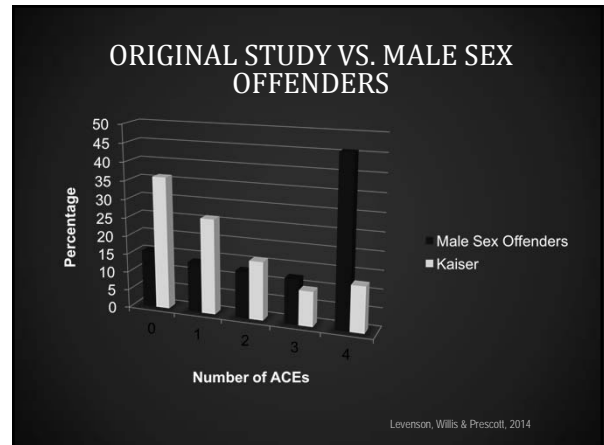
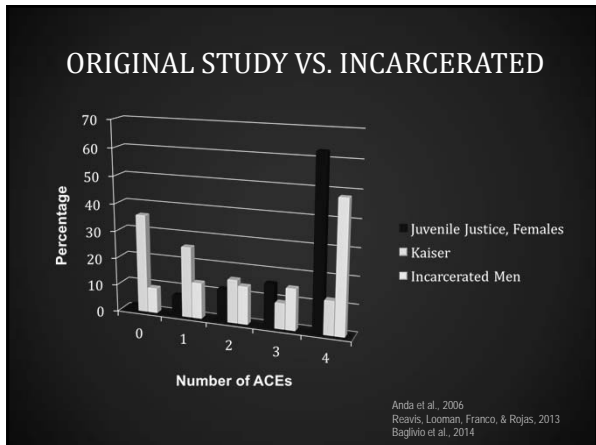
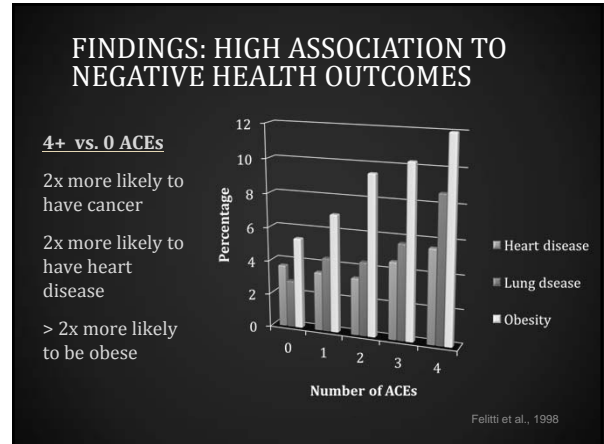
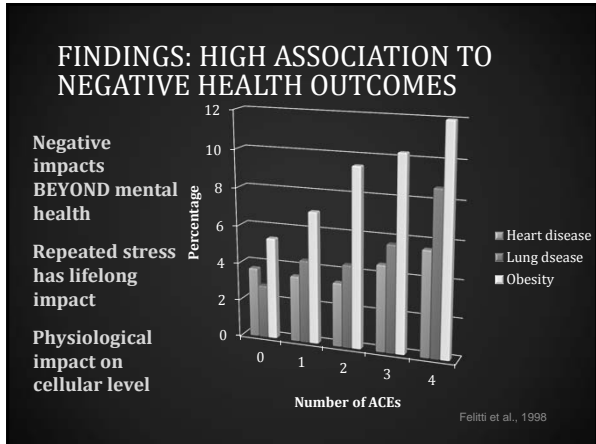
"The most important study you never heard of."
Jane Stevens, Acesconnection.com

- Very large sample
17,000 patients at Kaiser Permanente HMO
- Average age 57
- High functioning
 - All insured
 - Middle and upper middle class
 - 74% attended college

Anda et al., 2006

- ### ACE CATEGORIES
- ABUSE AND NEGLECT**
1. Emotional abuse
 2. Physical abuse
 3. Sexual abuse
 4. Emotional neglect
 5. Physical neglect
- HOUSEHOLD DYSFUNCTION**
6. Mother Treated Violently
 7. Household Substance Abuse
 8. Household Mental Illness
 9. Parental Separation or Divorce
 10. Incarcerated Household Member
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Trauma (Ford et al., 2012)

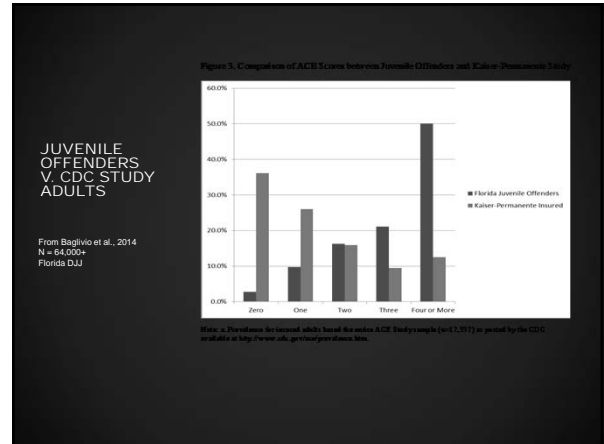
- Approximately 90% of youth in juvenile detention facilities reported a history of exposure to at least one potentially traumatic event in two independent surveys of representative samples
 - E.g., being threatened with a weapon (58%), traumatic loss (48%), and physical assault (35%)

Trauma (Ford et al., 2012)

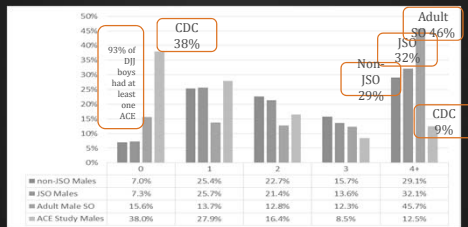
- Two complex trauma sub-groups:
 - 20% of the reported some combination of sexual or physical abuse or family violence
 - 15% emotional abuse and family violence but not physical or sexual abuse
- The resultant combined prevalence estimate of 35% for complex trauma history is about three times higher than the 10-13% estimates of poly-victimization from epidemiological study of children and adolescents

Trauma (Ford et al., 2012)

- Sexual offending in adolescence has been linked with complex trauma exposure in several studies. Interviews with the clinicians treating 40 JSOs found that 95% of these youths had a documented history of at least one past traumatic event, and 65% were determined to have met diagnostic criteria for PTSD.
- Notably, clinicians viewed the trigger(s) for sex offending as related to a prior trauma in 85% of the youth, including intense trauma-associated fear for 37.5% of the youth, helplessness for 55%, and posttraumatic horror for 20%.
- 1 in 7 JSOs were found to meet criteria for a dissociative disorder, with physical abuse associated with elevated levels of dissociative symptoms.

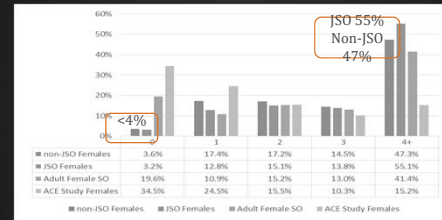


ACE SCORE 4+ DJJ JSO Boys
Levenson, Baglivio, Wolff, Epps, Royale, Gomez & Kaplan (2017, Advances in SW)
n = 6,549 JSO - Florida DJJ



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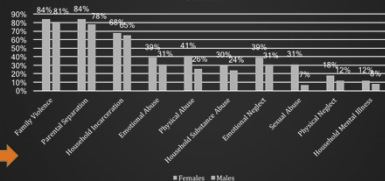
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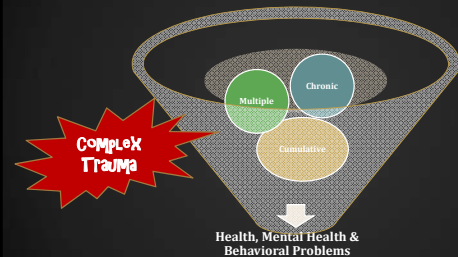
EXPOSURE TO EACH ACE BY GENDER

A Study of 64,329 DJJ Youth: Prevalence of ACE indicators by Gender



Baglivio, et al., 2014

CHRONICITY, ACCUMULATION & MULTIPLICITY



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PROFOUND IMPACTS ON MEDICAL, BEHAVIORAL HEALTH, AND PSYCHOSOCIAL ADULT OUTCOMES

ACES can have lasting effects on...

- Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors** (smoking, alcoholism, drug use)
- Life Potential** (graduation rates, academic achievement, lost time from work)

ACES have been found to have a graded dose response relationship with 40+ outcomes to date.

*The greatest risks for the 40+ outcomes are for those who report 4 or more ACEs depending on the outcome.

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CHRONIC TOXIC STRESS IMPACTS BRAIN ARCHITECTURE, COGNITIVE SCHEMA, AND SELF-REGULATION

Survival Mode: Flight/Fight/Freeze
 Frontal lobe (Prefrontal cortex) goes offline
 Limbic system (mind and lower brain functions) take over

BRAIN IS ALWAYS READY FOR THE NEXT THREAT, scanning the environment for danger.

This inhibits the growth and connection of neurons in other executive functioning areas of the brain

Cognitive and emotional processing systems become under-developed.

Complex Trauma

Levine 2016

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HOW DOES EARLY ADVERSITY TRANSLATE INTO SEXUAL ASSAULT?*

- Emotional congruence with children – less threatening
- Early conditioning experiences for maladaptive coping
- Role modeling of poor boundaries
- Learned behavior about misusing power differential to get what you want
- Sexualized coping
- General self-regulation
- Sexual self-regulation
- Emotional self-regulation

*Using sexual assault to meet emotional and social needs

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If child abuse ended today...

If child abuse ended today, in 10 years the jails would be empty and the DSM would be a pamphlet.

adapted from John Briere, Ph.D.

WHAT IS TRAUMA-INFORMED CARE?

Services and service settings that recognize the pervasive impact of trauma

Services that heal the impact of trauma, rather than make it worse (re-traumatization)

Systemwide change – paradigm shift

What happened to you?

NOT What's wrong with you?

SAMHSA, July 2014

BE TRAUMA-INFORMED

Strategy #4

And I mean really trauma-informed

WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DESNOS
- Complex trauma
- Developmental Trauma Disorder



WHAT IS TRAUMA?

Trauma is the desperate hope that the past was somehow different.



~ Jan Hindman

WHAT IS TRAUMA?

APA:

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.



ABSENCE OF CURIOSITY



KEY THEME IN WORKBOOK ...

Just notice

See what happens next

- Not just mindful...
- Investigating each experience





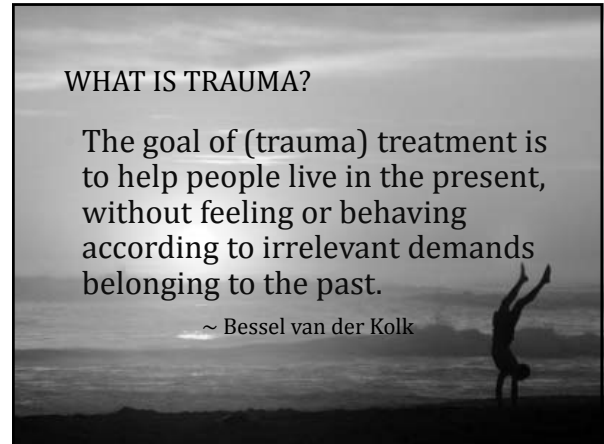
TRAUMA

- Relational issues
- Somatic challenges

WHAT IS TRAUMA?




The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.

~ Bessel van der Kolk



CASE EXAMPLE

- EBT roll-out
- JCCO directed client into treatment
- Client reluctant to attend
- Harm

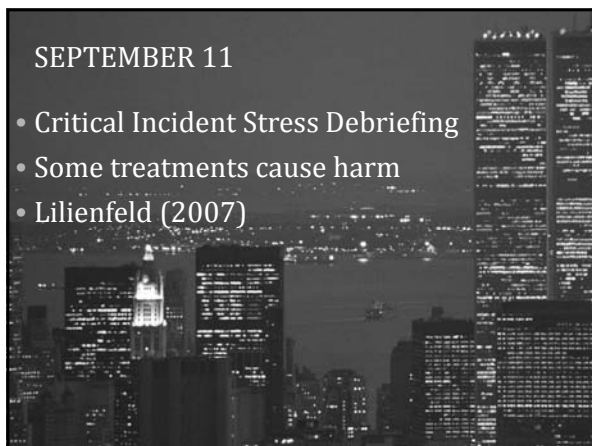
BENISH, IMEL, & WAMPOLD, 2008

- Treatment for PTSD is effective
- “Bona fide psychotherapies produce equivalent benefits for patients with PTSD”
- Much controversy



SEPTEMBER 11

- Critical Incident Stress Debriefing
- Some treatments cause harm
- Lilienfeld (2007)



ULTIMATELY

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in (his or) her immediate best interest.

~ Judith Herman, M.D.

- Reframe: Interventions that empower survivors foster recovery

POST-TRAUMATIC STRESS DISORDER



POST-TRAUMATIC STRESS DISORDER

- Traumatic event including
 - Actual or threat of death or serious injury
 - Threat to physical integrity
 - Response of intense fear, helplessness, horror
- Persistent re-experiencing of events
- Persistent avoidance of associated stimuli & numbing of responsiveness
- Persistent symptoms of increased arousal
- Duration >1 month, significant disturbance in functioning

POST-TRAUMATIC STRESS DISORDER

- Re-experiencing distress
 - Recollections, images, thoughts, perceptions
 - Dreams
 - Flashbacks, illusions, hallucinations
- Avoidance of related stimuli
 - Thoughts, feelings, conversations
 - Activities, places or people

POST-TRAUMATIC STRESS DISORDER

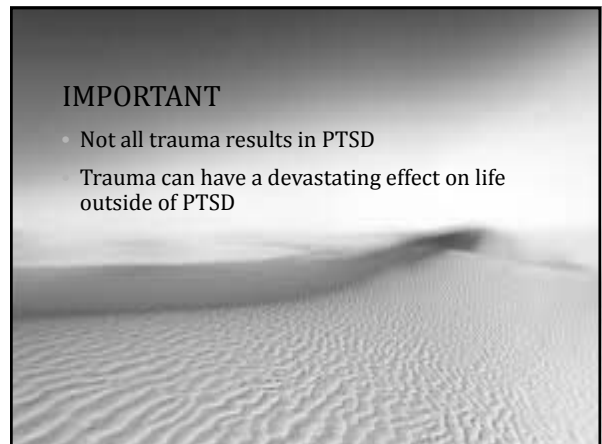
- Numbing of general responsiveness
 - Inability to recall important aspects of event
 - Diminished interest/participation in activities
 - Detachment/estrangement from others
 - Restricted range of emotions (e.g., love)
 - Sense of foreshortened future
- Arousal symptoms
 - Insomnia, anger, hypervigilance, difficulty concentrating, exaggerated startle response

POST-TRAUMATIC STRESS DISORDER

- Events
 - Military combat
 - Violent personal assault (physical, sexual, mugging)
 - Kidnapping, terrorism, torture, incarceration, disasters, auto accidents, terminal diagnosis)
 - Witnessing fatal accident, body parts
- Typically worse when event is of human design
- Typically worse when stressor is repeated, chronic

IMPORTANT

- Not all trauma results in PTSD
- Trauma can have a devastating effect on life outside of PTSD



CHANGE

- Why?
- How?



BERLIN



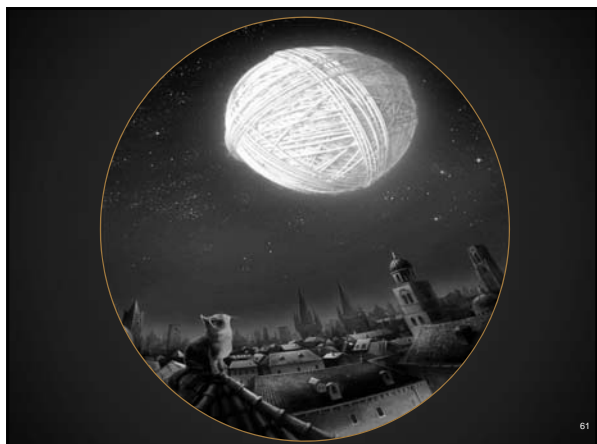
ROBBEN ISLAND



"Tank Man"







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TAKE-HOME SKILLS

- What are the smallest differences between where this client is and where they want to be?
- What is your client's "theory of change"?
- In accordance with what values?

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FROM THE OUTSIDE
LOOKING IN,
IT'S HARD TO
UNDERSTAND.
FROM THE INSIDE
LOOKING OUT,
IT'S HARD TO
EXPLAIN.



HEALTHYLINE.COM

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To this Point...

- DO understand that trauma plays a significant role in the background of offensive behavior.
- DON'T consider it an excuse for offending.
- DO consider trauma a major treatment need.
- DON'T expect that everyone needs the same kind of trauma treatment.
- DO adhere to RNR principles

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RECOMMENDATIONS

- Use Motivational Approaches
 - MI, Feedback-Informed Treatment
- Raise Kids so that they can someday raise kids
- Understand that the most obnoxious kids still have strengths, hopes, and aspirations that can be built on in treatment.

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TREATMENT

- Less about “deviance”
- Less about punishment
- More about realistic, common life goals
- More about self-management
- More family involvement
- End result = a balanced and self-determined lifestyle

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PREPARE MORE THAN YOU
THINK YOU SHOULD

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SPECIFIC STEPS

1. Get into the mindset that you are creating new mindsets
2. 10,000 foot rule
3. Relax your body
4. Lower your shoulders
5. Slow your breathing
6. Reject all distractions
7. Spend 1st 20% of every interaction engaging
8. It’s hard to argue with a relaxed person



TO BE CONTINUED...

By you