Trauma Systems Therapy

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Overview:

Our goal today is to introduce you to the Trauma Systems Therapy model and how it can be a useful treatment for youth who have experienced trauma.

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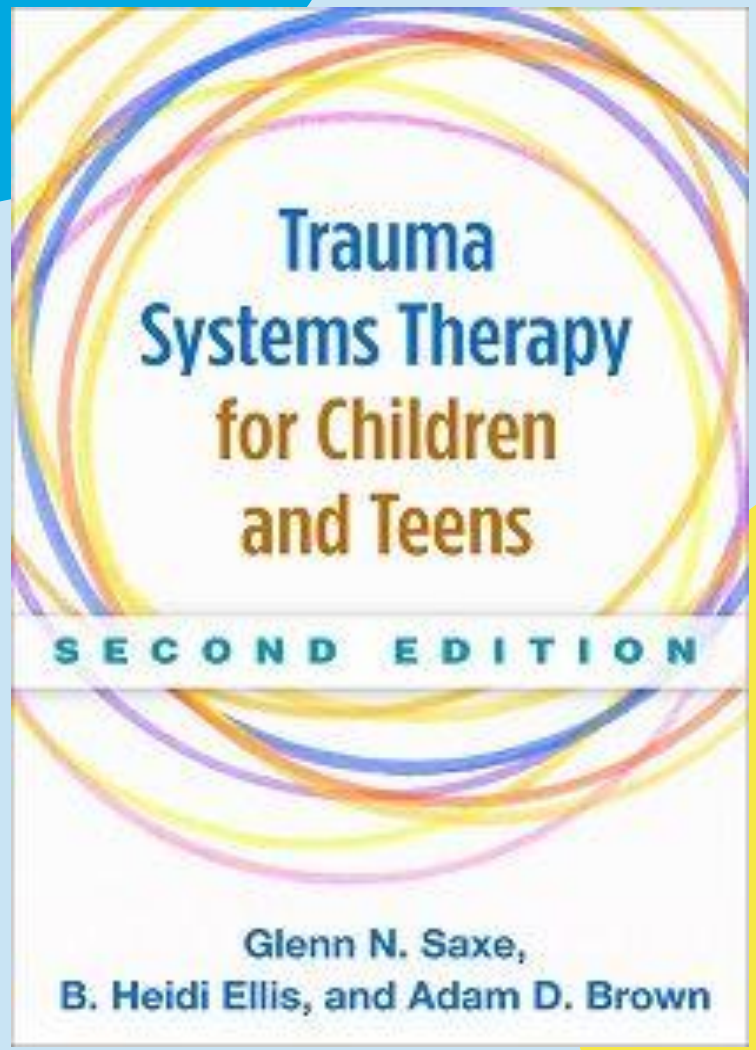
What is TST?

nyulmc.org/tst



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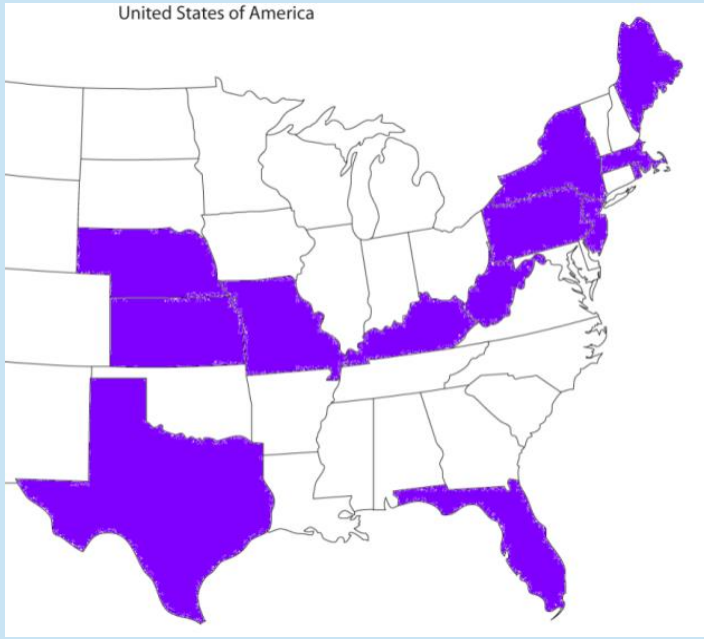
TST Innovation Community

TST is currently being implemented in agencies in 16 States, the District of Columbia, and the Country of Singapore, including programs that provide:

- Outpatient therapy
- Residential treatment
- Foster Care
- Refugee services
- Juvenile Justice
- Substance-abuse/MH services
- Community based prevention
- School-based mental health



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TST is two things

1. A clinical model that specifies how to help a child and family.

2. An organizational model that specifies how agencies should organize, integrate, and manage their services to support the TST clinical model.

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Our Aims for Developing TST

Treatment must…

- ***directly*** address the core developmental problem of traumatic stress; the dysregulation of emotional states when confronted with a stressor
- ***directly*** address the social ecology
- be ***compatible*** with systems of care
- be ***disseminate-able*** and ***sustainable***
- ***add value*** to users

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Who can benefit from TST?

1. A child with a *plausible* trauma history,

2. A child with difficulty regulating emotional states
   (that are plausibly related to this trauma history)

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Why is it so hard to look?

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Defining Trauma

An Event Is Traumatic when it…

threatens physical survival (of self or someone close) or one's core sense-of-self.

A threat to physical survival is not hard to see.

A threat to one's core sense-of-self means that an individual feels that the answer to the question: *'Who am I?'* may change forever.

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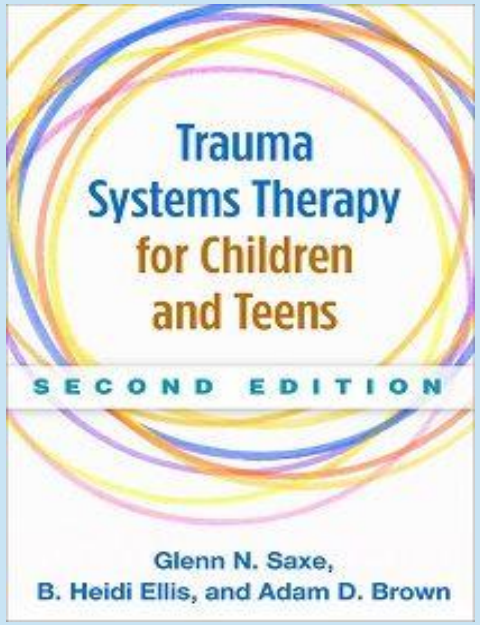
What is Traumatic Stress?



"Traumatic stress occurs when a child is unable to regulate emotional states and in certain moments experiences his or her current environment as extremely threatening even when it is relatively safe"

Saxe, Ellis, Brown, 2016

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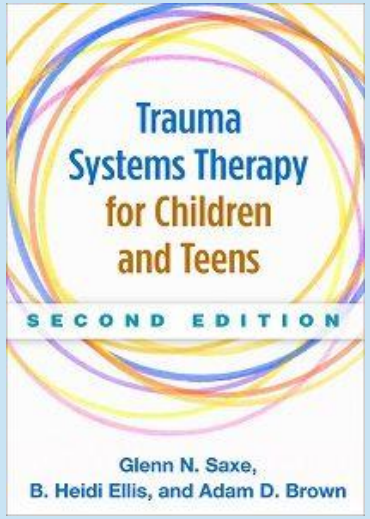
Within TST this becomes defined as a Survival State (or a Survival-in-the-Moment State)



"an individual's subjective experience of the present environment as threatening to his or her survival with corresponding thoughts, emotions, behaviors, and neurochemical and neurophysiological responses"

Saxe, Ellis, Brown 2015

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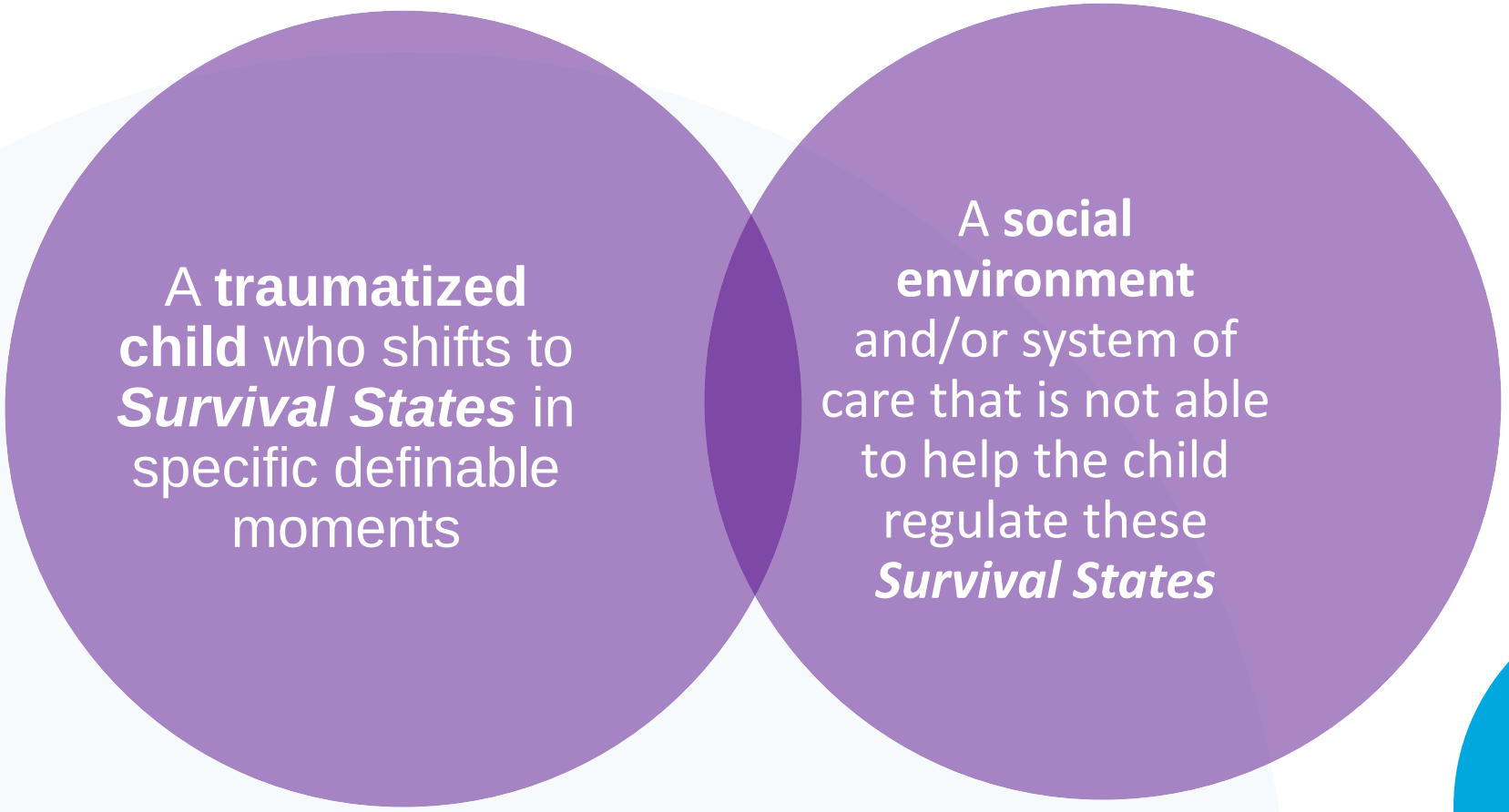
The Trauma System



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What types of social environments are the populations you work with exposed to?

Primary Aim of Treatment

To address the traumatized child's tendency to have dramatic shifts to survival states when confronted by a stressor or traumatic reminder…

by intervening on both sides of the trauma system:

- **Psychotherapy** enhances a child's capacity to stay regulated when confronted by a stressor/ reminder
- **Psychopharmacology** supports this capacity
- **Social interventions** enhance the capacity of members of the child's social environment to protect child from reminders and support child's regulation

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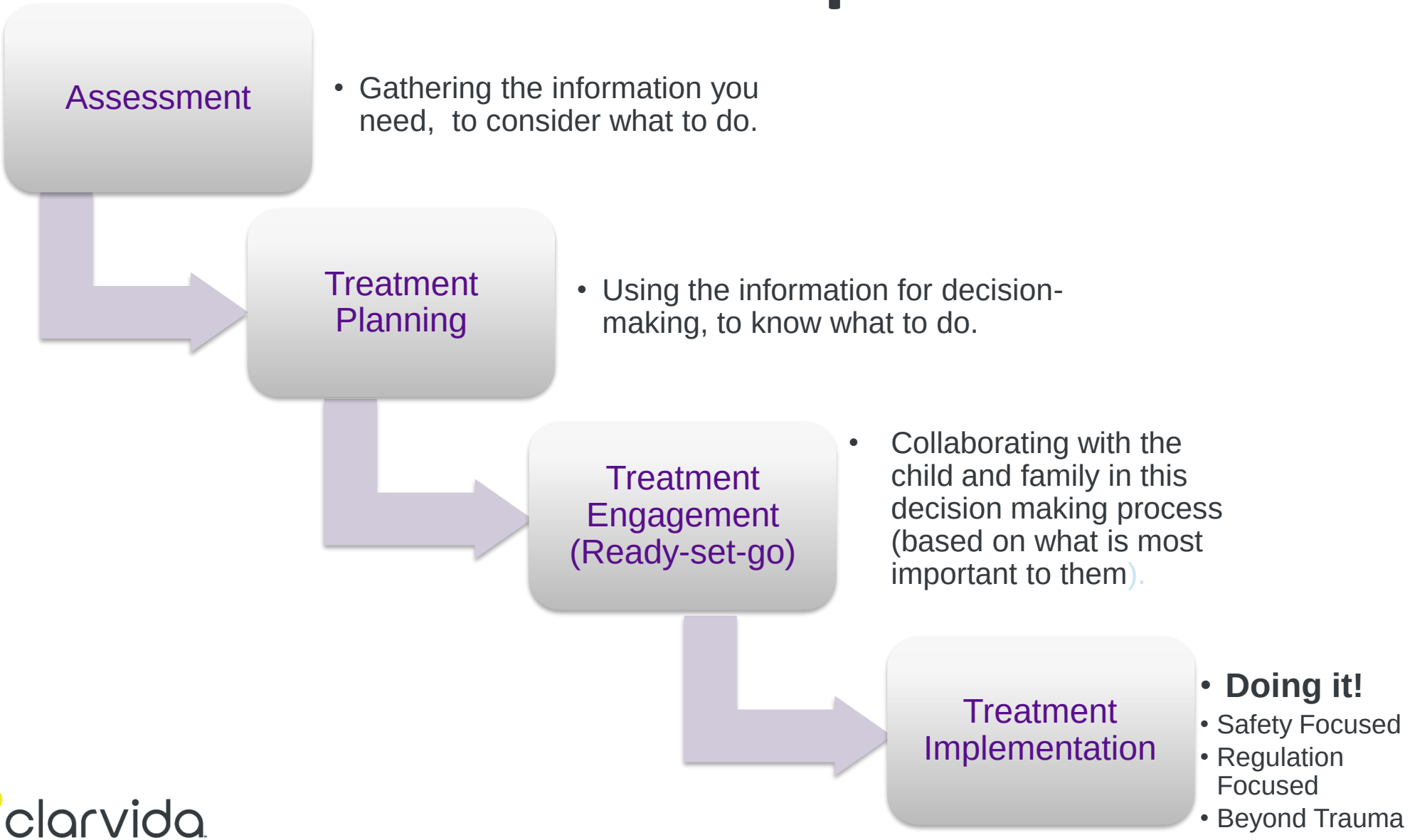
The TST Sequence



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Time Frames

Assessment	2 weeks
Treatment Planning	2 weeks
Treatment Engagement	2 weeks
Safety-Focused Treatment (if necessary)	3 months
Regulation- Focused Treatment	2 months
Beyond Trauma Treatment	2 months

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Trauma Systems Therapy

The TST Frame of Mind

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What is unique about TST?

TST offers the specific, and actionable, information you need, to help a traumatized child: no matter how complex and severe her/his problems.

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Jeffrey

A 17 year old boy with a trauma history who is in residential treatment related to his history of aggressive behavior. He is currently in seclusion for assaulting a direct care staff member. He has assaulted two other staff members in the two weeks since his arrival to the program. He has been admitted to psychiatric hospital twice in the last 12 months for assaulting others.

Where do we start?
What more do we need to know to help Jeffrey?

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What do we need to know how to help them?

How much will knowing their diagnoses help?

How much will knowing their trauma histories help?

How much will knowing their family and social histories help?

How much will knowing their psychiatric and medical history help?

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We need to go from speculating about what it might be…
To knowing what it is.

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The TST Process

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Assessment and Treatment Planning

How we gather the information to know what to do

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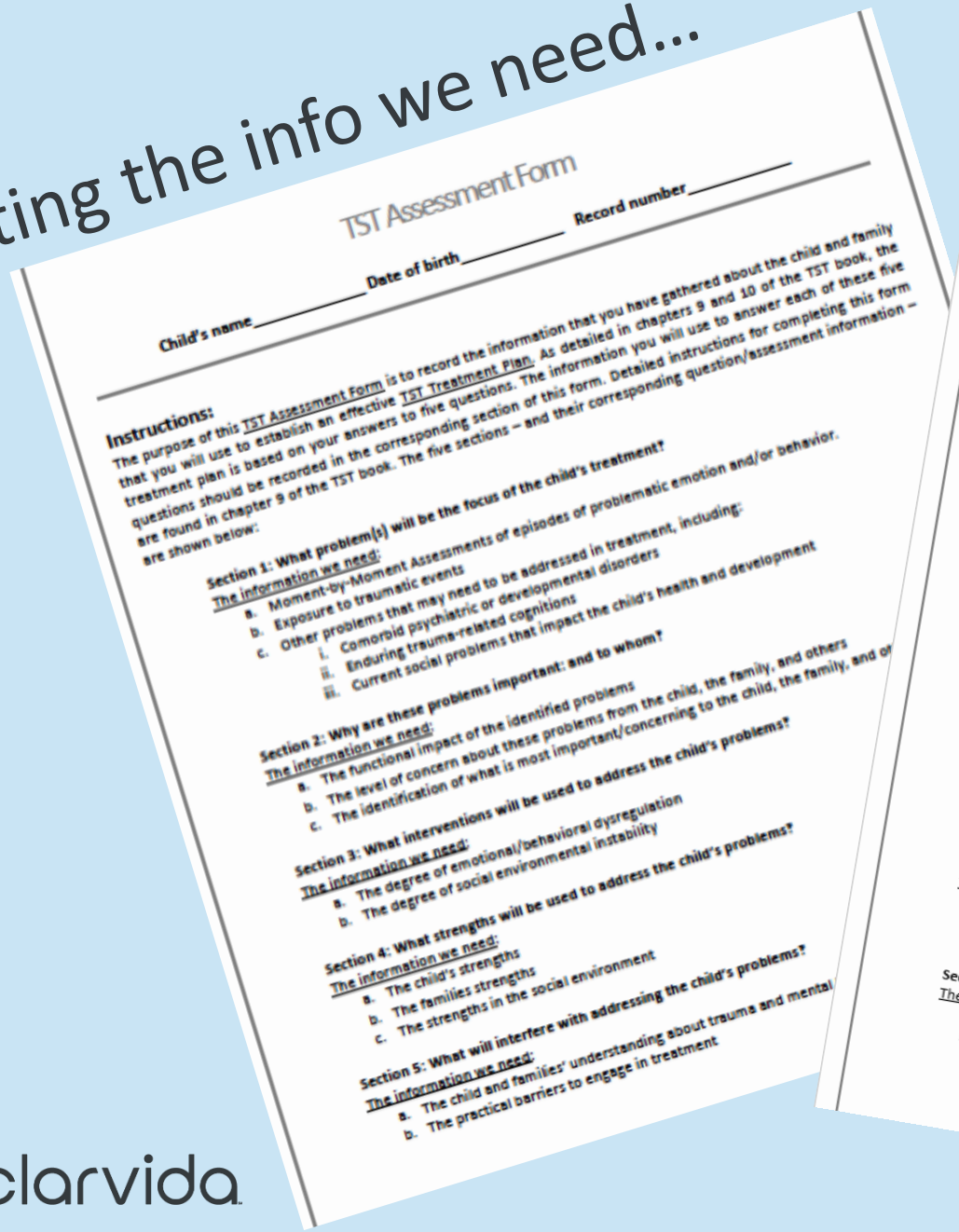
Getting the info we need…

…to know what to do…



TST Assessment Form

Child's name_____ Date of birth_____ Record number_____

Instructions:

The purpose of this TST Assessment Form is to record the information that you have gathered about the child and family that you will use to establish an effective TST Treatment Plan. As detailed in chapters 9 and 10 of the TST book, the treatment plan is based on your answers to five questions. The information you will use to answer each of these five questions should be recorded in the corresponding section of this form. Detailed instructions for completing this form are found in chapter 9 of the TST book. The five sections – and their corresponding question/assessment information – are shown below:

Section 1: What problem(s) will be the focus of the child's treatment?

The information we need:

a. Moment-by-Moment Assessments of episodes of problematic emotion and/or behavior.
b. Exposure to traumatic events
c. Other problems that may need to be addressed in treatment, including:
   i. Comorbid psychiatric or developmental disorders
   ii. Enduring trauma-related cognitions
   iii. Current social problems that impact the child's health and development

Section 2: Why are these problems important: and to whom?

The information we need:

a. The functional impact of the identified problems
b. The level of concern about these problems from the child, the family, and others
c. The identification of what is most important/concerning to the child, the family, and o

Section 3: What interventions will be used to address the child's problems?

The information we need:

a. The degree of emotional/behavioral dysregulation
b. The degree of social environmental instability

Section 4: What strengths will be used to address the child's problems?

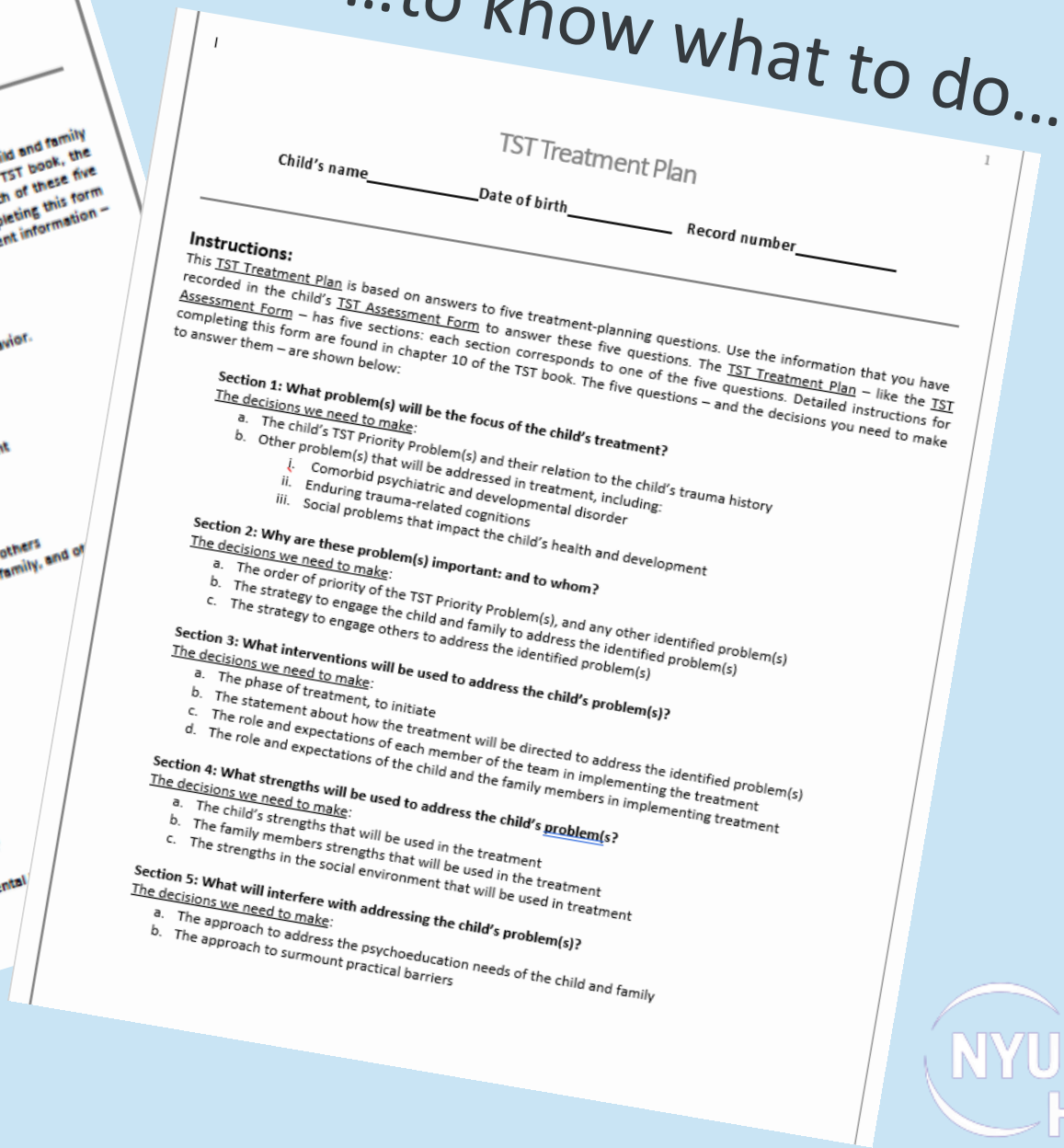
The information we need:

a. The child's strengths
b. The families strengths
c. The strengths in the social environment

Section 5: What will interfere with addressing the child's problems?

The information we need:

a. The child and families' understanding about trauma and mental
b. The practical barriers to engage in treatment



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TST Treatment Plan

Child's name_____ Date of birth_____ Record number_____

Instructions:

This TST Treatment Plan is based on answers to five treatment-planning questions. Use the information that you have recorded in the child's TST Assessment Form to answer these five questions. The TST Treatment Plan – like the TST Assessment Form – has five sections: each section corresponds to one of the five questions. Detailed instructions for completing this form are found in chapter 10 of the TST book. The five questions – and the decisions you need to make to answer them – are shown below:

Section 1: What problem(s) will be the focus of the child's treatment?

The decisions we need to make:

a. The child's TST Priority Problem(s) and their relation to the child's trauma history
b. Other problem(s) that will be addressed in treatment, including:
   i. Comorbid psychiatric and developmental disorder
   ii. Enduring trauma-related cognitions
   iii. Social problems that impact the child's health and development

Section 2: Why are these problem(s) important: and to whom?

The decisions we need to make:

a. The order of priority of the TST Priority Problem(s), and any other identified problem(s)
b. The strategy to engage the child and family to address the identified problem(s)
c. The strategy to engage others to address the identified problem(s)

Section 3: What interventions will be used to address the child's problem(s)?

The decisions we need to make:

a. The phase of treatment, to initiate
b. The statement about how the treatment will be directed to address the identified problem(s)
c. The role and expectations of each member of the team in implementing the treatment
d. The role and expectations of the child and the family members in implementing treatment

Section 4: What strengths will be used to address the child's problem(s?

The decisions we need to make:

a. The child's strengths that will be used in the treatment
b. The family members strengths that will be used in treatment
c. The strengths in the social environment that will be used in treatment

Section 5: What will interfere with addressing the child's problem(s)?

The decisions we need to make:

a. The approach to address the psychoeducation needs of the child and family
b. The approach to surmount practical barriers

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TST Assessment and Treatment Planning: 5 Questions About Problems

1. What **problem(s)** should be the focus of the child's treatment?
2. Why are these **problems** important: and to whom?
3. What interventions will be used to address the child's **problems?**
4. What strengths will be used to address the child's **problems?**
5. What will interfere with addressing child's **problems?**

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The 3 A’s and the 4 R’s of SURVIVAL

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The 3 A's of SURVIVAL

Answer to the question: What changes?

Affect	Emotion
Awareness	Focus of attention Orientation Sense of self Access to memory
Action	Behavior

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The 4 R's of SURVIVAL

Answer to the question: When does it change?

Regulating

Revving

Re-experiencing

Reconstituting

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M x M Assessment Tool

What "flipped" the switch?

What happened when the switch was "flipped"?

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Goals of MxM Assessment

- Assess changes in the **3 As** over the course of an episode of dysregulation
- Find out what "flipped the switch" (where is the cat hair?)
- Communicate a nonjudgmental stance of truly wanting to *understand* the child's experience

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Moment by Moment Assessment: Step 1

TST Moment-by-Moment Assessment Sheet

Child's name: Record number: Date:

Step 1: Finding what flipped the switch

Instructions: What flipped the switch, such that the *episode of problematic emotion and/or behavior,* happened? First: Consider the period of time just before the *episode*. What was the child doing (**Action**)? What was he or she feeling (**Affect**)? Where/what was the child's focus of attention/thought (**Awareness**)? Second: Consider the period of time during the *episode*: What of the **3A's** changed during the *episode*? Third: Consider the present environment throughout this process. Record any feature of the *present environment* that you think may have been related to the *episode* (whatever it is). Any of these features may turn out to be responsible for pulling the switch. If assessment revealed sufficient detail about the **4R's**, you may skip the 'During the Episode' box, and complete Step 2.

Before the Episode *(possible 'Usual State'/Regulating)*	**During the Episode** *(possible 'Survival-in-the-Moment')*
Action: Affect: Awareness:	Action: Affect: Awareness:

Features of the Present Environment *(possible 'switch'/'cat hair')*

Step 1 is a way to get started. Don't be intimidated. Just get going…

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Moment by Moment Assessment: Step 2

Step 2: Understanding what happened when the switch was flipped *

Instructions: Once you have understood what flipped the switch, you may be able to see important details about the *episode* in question. If the *episode* represents *Survival-in-the-Moment*, the child will have switched from a *Usual State* (Regulating) to the three *Survival-in-the-Moment* states of **Revving**, **Reexperiencing**, and **Reconstituting**. Each of these states will be characterized by changes in the **3A's.** Consider the *episode* assessed in step 1: Record information you *present environment* during these respective states. Details about conducting this assessment is found in chapter 9, section 1, of the TST book.

Revving	Reexperiencing	Reconstituting
Action: Affect: Awareness: Present Environment:	Action: Affect: Awareness: Present Environment:	Action: Affect: Awareness: Present Environment:

Was the Episode you have assessed an expression of Survival-in-the-Moment?	How confident are you, in your answer to this question?
❑ Yes ❑ No	❑ Very confident ❑ Confident-enough ❑ Not so confident ❑ Not at all confident

** In the first few Moment-by-Moment Assessments of a child's episodes, you may not be able to see these details. The more you get to know a child - through these Moment-by-Moment Assessments - the more you will be able to see how a child's **3A's** change across the **4R's**. Seeing these details is very important for planning an effective treatment.*

Step 2 provides a level of detail that you will ultimately need.

The more experience you have with trying Moment-by-Moments, the easier it will be to get to Step 2 routinely.

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Getting Multiple Perspectives

child

Caregiver(s)

teacher

classmate

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What is a Survival In The Moment?

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Jeffrey's Moment

When the lunch period was ending, Jeffrey asked for more food. He said he was still hungry. He reached for the food tray to get more spaghetti. One of the direct care staff grabbed the food tray and pulled it out of Jeffrey's hands saying – in a harsh voice – lunch period is over, you have to follow our rules. In an instant, Jeffrey stood up and punched the staff member in the face, as hard as he could.

What do we know, now?

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“Survival in the moment” is…

an individual’s subjective experience of the present environment as threatening to his or her survival

WITH

corresponding thoughts, emotions, behaviors, and neurochemical, and neurophysiological responses

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What do survival states look like?

Fight Flight Freeze

“The amygdala leads a hostile takeover of consciousness by emotion”
(Joseph LeDoux, The Emotional Brain)

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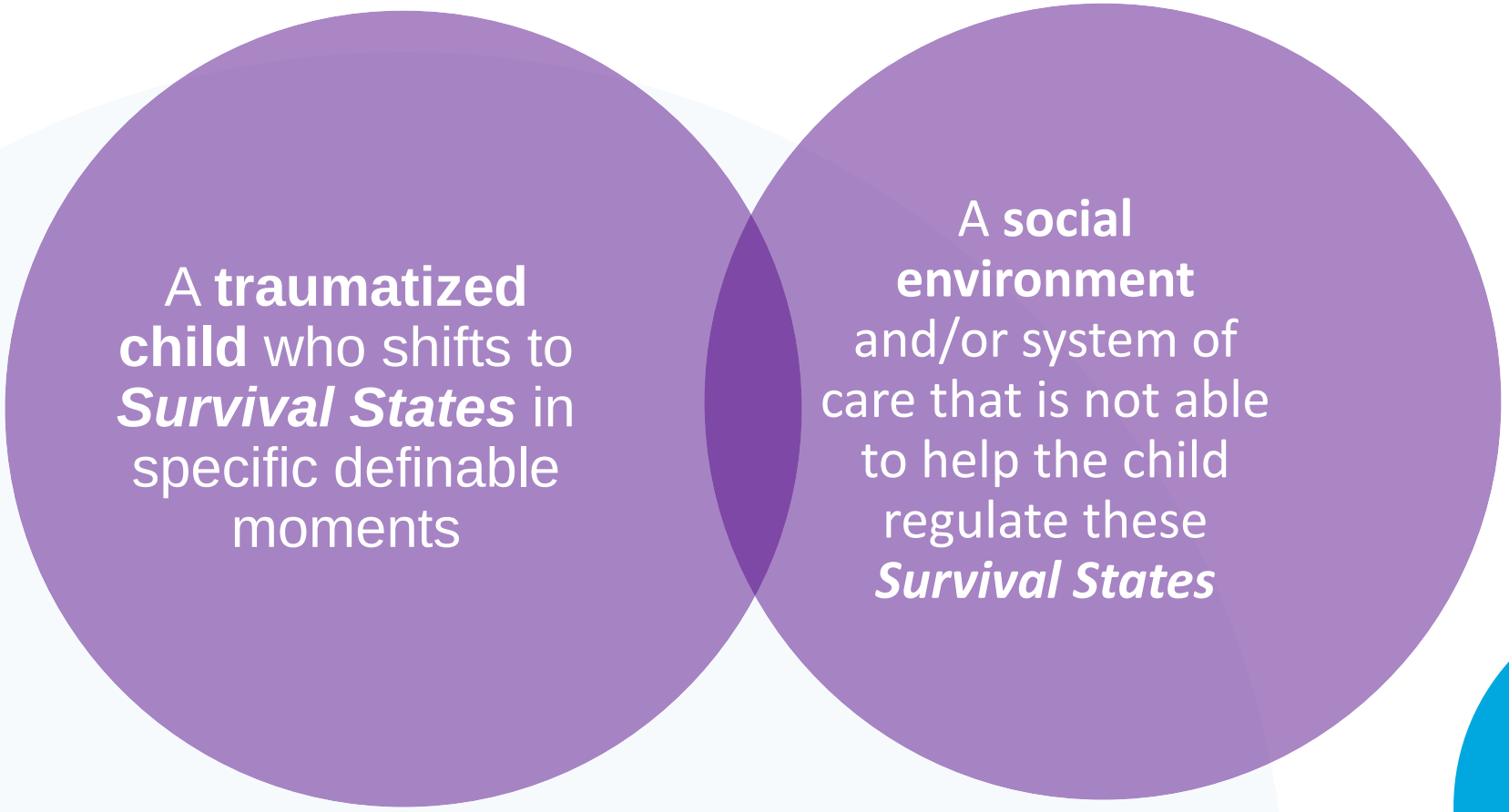
Regulation of Survival States: one half of the Trauma System



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Trauma Reactivity: Broken Switch

"The amygdala leads a hostile takeover of consciousness by emotion" – Joseph LeDoux

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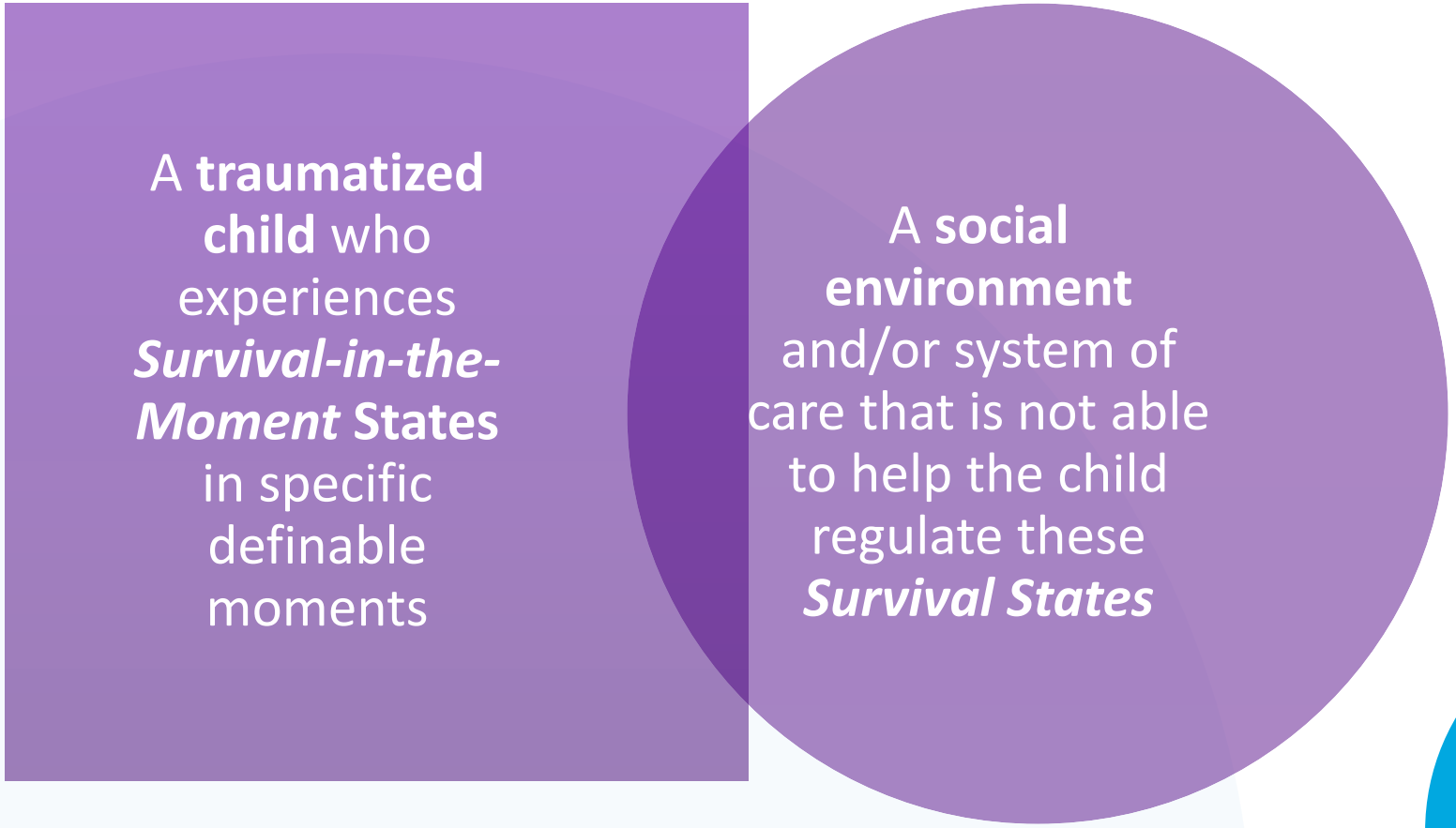
Now we focus on the other half of the trauma system (finding what flipped the switch)



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The TST approach to understanding the role of the social environment

It’s all about **Cats** and **Cat Hair**

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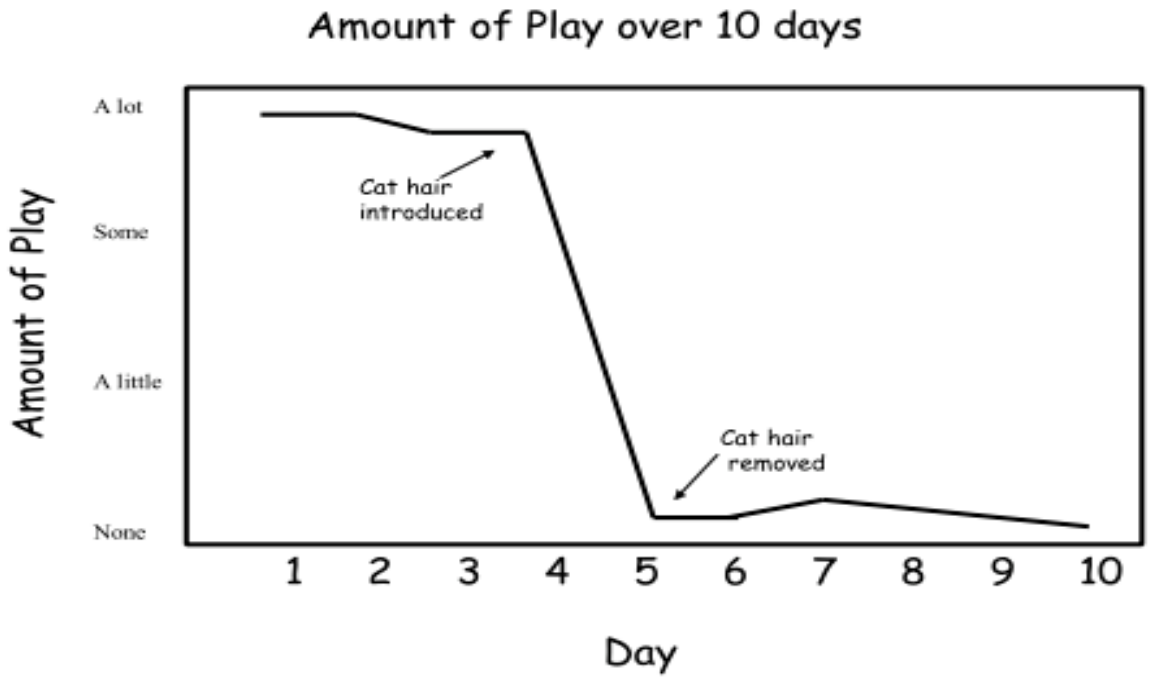
Where is the cat hair?



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

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The Most Important Clue!

WHERE IS THE CAT HAIR!!!!!!!

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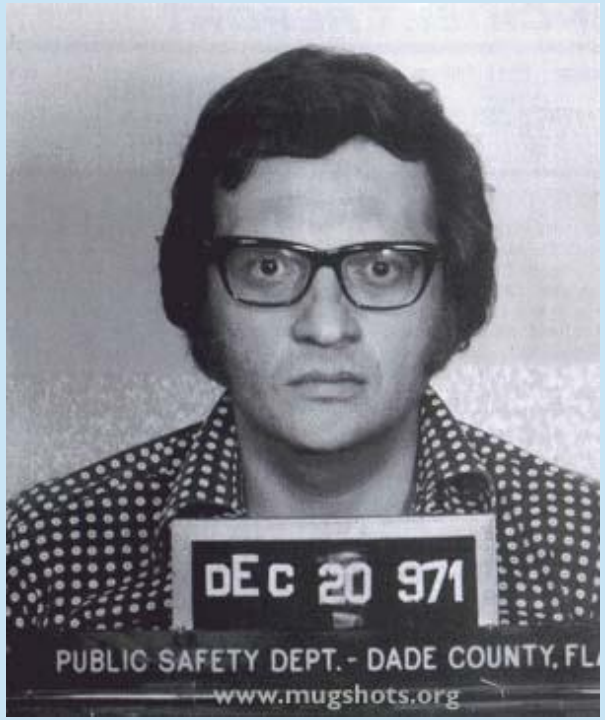
Locating the Cat Hair

This man was violent towards this girl's mother…

STIMULUS



RESPONSE

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Locating the Cat Hair

STIMULUS

Over the last year she has cried inconsolably when she has seen these men…

RESPONSE

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How many problems might be addressed in Jeffrey's treatment?

history of sexual abuse by Uncle
withholding of food
extreme neglect
not enough food often hungry
mother is in critical condition
He was arrested for defending his mother
exposed to domestic violence
failing at school
is often truant
hates social studies
doesn't clean his room
mother has trouble enforcing limits
swears too much
teachers say he seems tired at school
family doesn't have money for new clothes he wants
family doesn't have money for summer camp for him
brother is involved in gang
doesn't have contact with his bio father
Overweight

has trouble falling asleep
possibly inappropriate school placement
family doesn't know how to initiate an IEP
has trouble paying attention during class
socially isolated
possibly exposed to inappropriate content on television
grandmother moved away recently and Mom has lost social support
i-pod was stolen
has tried alcohol
neighbor plays music loudly at night
favorite teacher is transferring schools
didn't show up for appointment
feels anxious when speaking in front of the class
dog died
loses things
has contemplated suicide

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Let's get this number to a manageable size…
by spotting patterns between the moments.

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Where is Jeffrey's Cat Hair?

Event #1: When the lunch period was ending, Jeffrey asked for more food ... In an instant, Jeffrey stood up and punched the staff member in the face, as hard as he could.

Event #2: When a staff member declined to give Jeffrey a snack, Jeffrey assaulted him.

Event: #3: When another teen in the residential program abruptly changed the TV channel when Jeffrey was watching his favorite cooking show, Jeffrey assaulted him.

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What problems does TST seek to address?

All clinical problems addressed in TST are defined in ***only*** one way:

TST Priority Problems:

Patterns of links between a traumatized child's experience of threat in the present environment, and the child's transition to a Survival-in-the-Moment state.

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Jeffrey's Priority Problem

When Jeffrey (Child's name) is exposed to withholding behavior concerning food (Description of threat signals (cat hair)),

She/he responds by feeling panicked, and then enraged and assaults others. (Description of Survival-in-the-Moment state (3A's in Re-experiencing))

This pattern can be understood through his past experience(s) of:

Sexual abuse from uncle that was associated with the withholding of food.

Information about Environment-Past that informs understanding of Survival-in-the-Moment response in present

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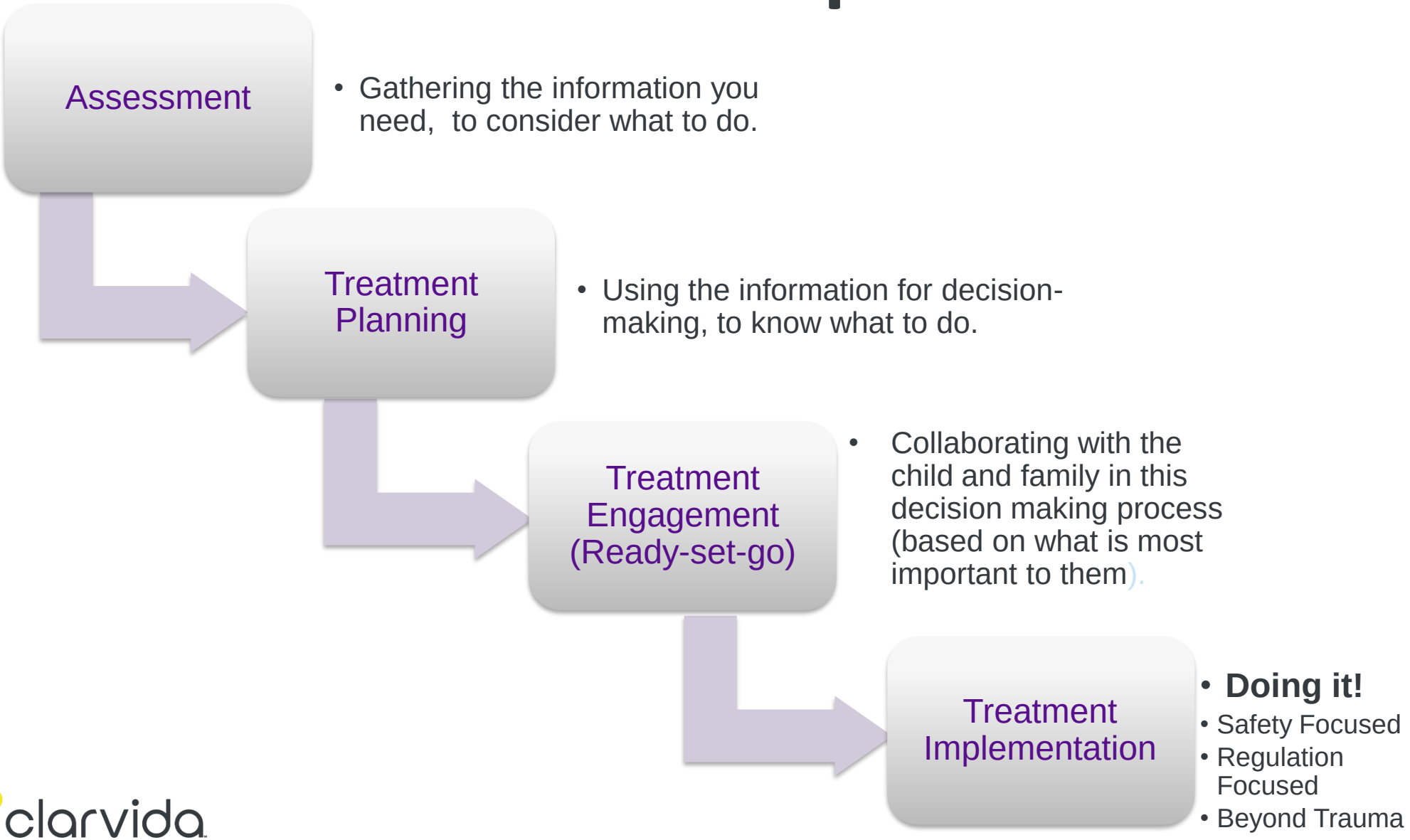
The TST Sequence



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Ready-Set-Go

How we engage children and families in the work that must be done

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Before a family will participate in treatment, two key conditions must be met:

1. The family and the team must **agree on the problem.**

The family and team identify an important **source of pain for the family** that will be addressed in treatment;

2. The family and the team must **agree on the solution**.

The family and the team must believe that should they engage in treatment that it is likely this important “source of pain” will be relieved.

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Trauma Systems Therapy

Phase – Based Treatment

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Overview of Treatment Phases

Safety-focused Treatment : Protect the child from environmental signals experienced as threat (‘cat hair’), until child is able is able to manage them. Protect child from actual threats (‘cat’)

Regulation-focused Treatment: Build the child’s ability to manage environmental signals experienced as threat (‘cat hair’), when the environment is safe and stable enough

Beyond Trauma Treatment: Prepare the child to grow into the future in a way that is not consumed by the past

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TST Balancing Act

Social
Environmental
Interventions

Emotional-
Regulation
Interventions

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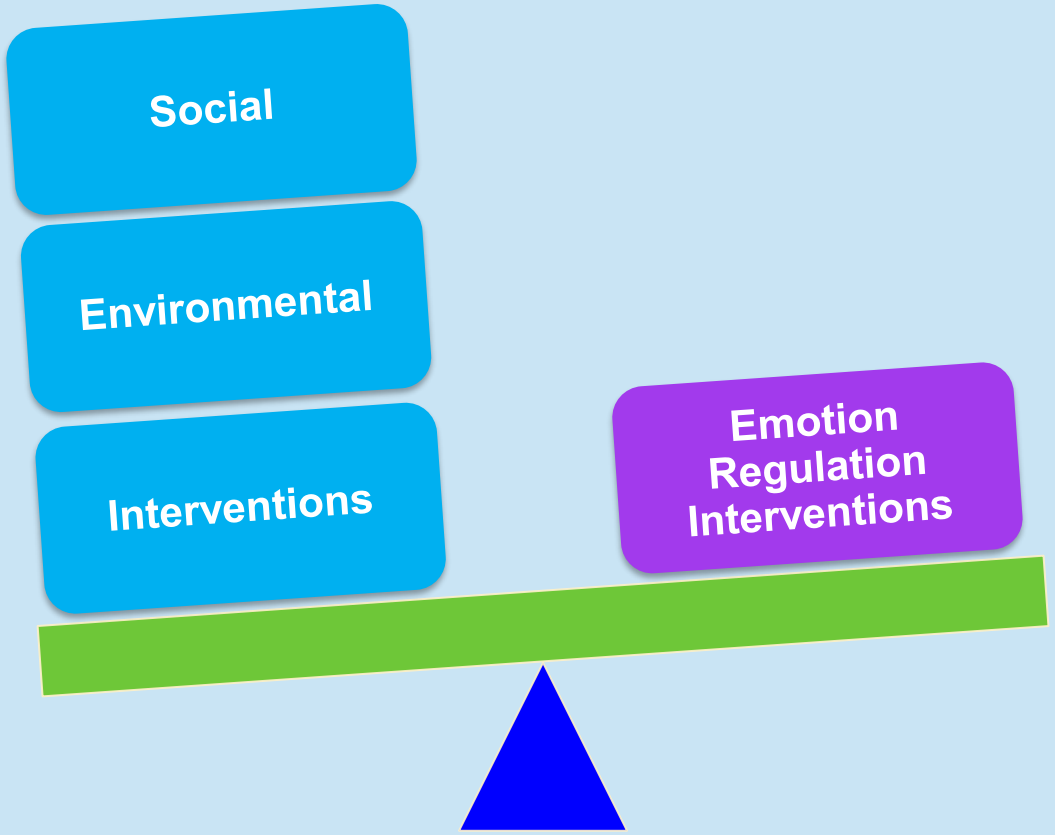
Safety-Focused



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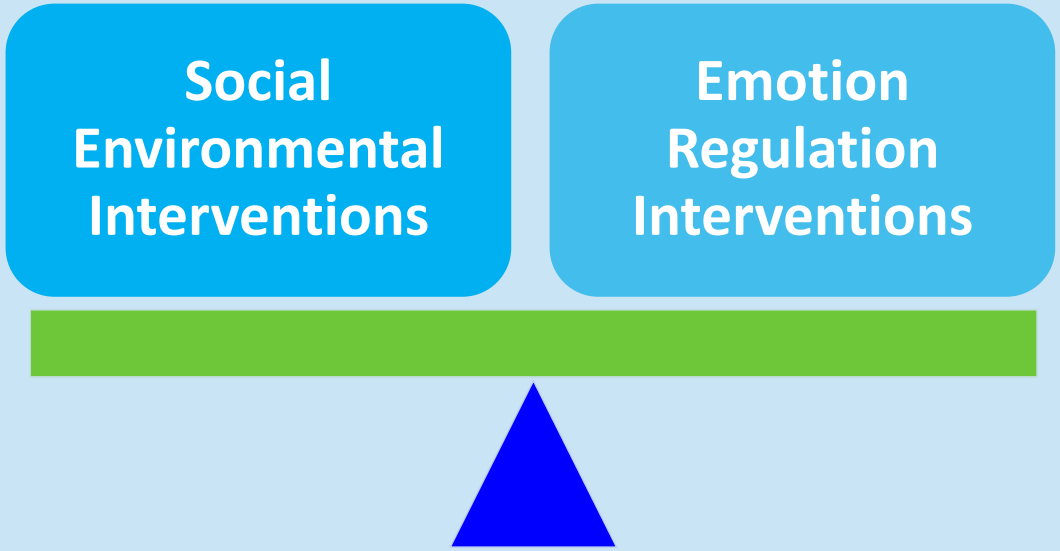
Regulation-Focused



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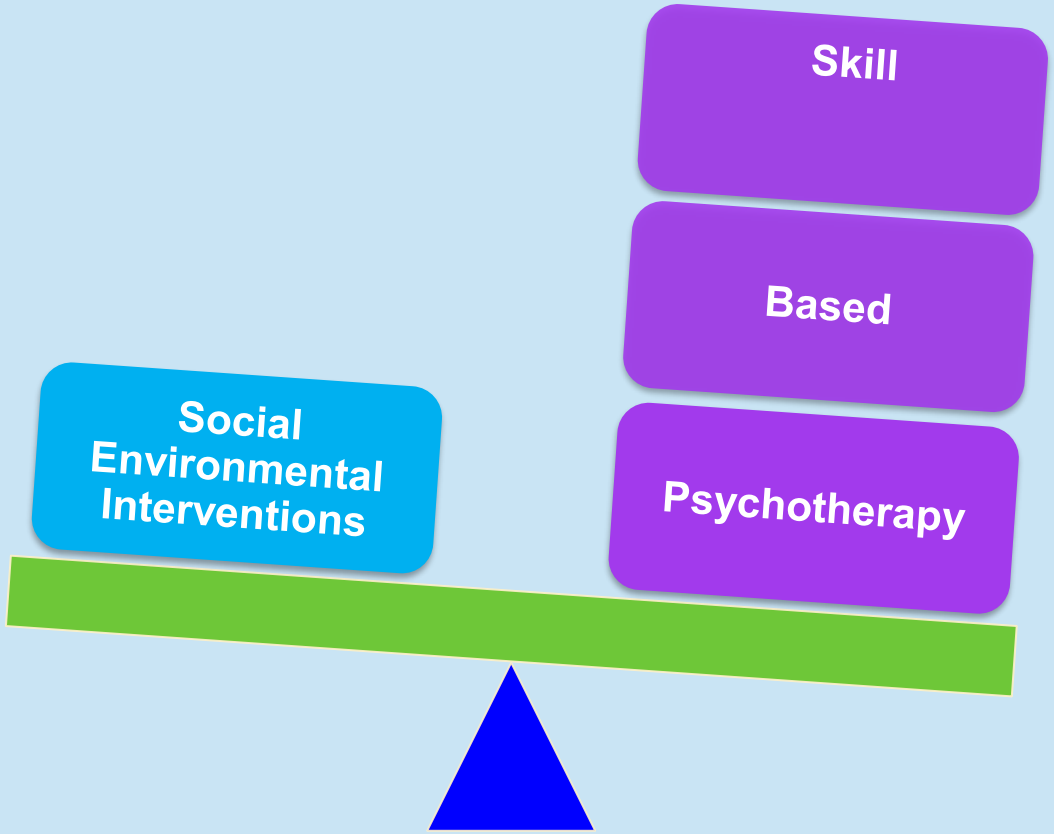
Beyond- Trauma



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Outcomes

"Results indicate that, as children's care teams implement TST, children demonstrate greater improvements in functioning, emotional regulation, and behavioral regulation and they experience increased placement stability.

Moreover, results demonstrate that positive effects of implementation of TST are produced by both those who work closely with the child (caregivers, case managers, and therapists) and those who work more distally with the child (case manager supervisors and family service coordinators), suggesting that no one staff member or caregiver is central to providing trauma-informed care; rather it may be the confluence of the TST skills of the child's entire care team that produces better outcomes."

K. Murphy et al. / Children an Youth Services Review 75 (2017) 23- 34

Referrals

Clarvida has many services available to meet the needs of the community.

On the next slide is an all-inclusive list of services available through our Outpatient Program and our Community Based Program.
Not all programs or modalities will be available in all areas however if you have any questions you can call your local Clarvida office.

To make referrals you can email ptw_va_referrals@clarvida.com
or call (540)283-0486.

Covered by Private Insurance or Medicaid	Payment Approval Required Not Covered by Insurance
Outpatient Therapy	High Fidelity Wraparound – Intensive Care Coordination (ICC)
Parent Child Interaction Therapy (PCIT)	School Based Mental Health Services
Intensive In-Home Services (only Medicaid and Anthem BCBS)	Parent Aid Service
Mental Health Skill-building Services (Medicaid only)	Parenting Class
Medication Management Services	Parenting Assessments
Mental Health Intensive Outpatient (Medicaid only)	Supportive In-Home Services
	Therapeutic Mentoring Services
	Virtual Residential Program
	Adolescent Sexual Harm Program
	Trauma Systems Therapy
	Casey Life Skills

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Questions?

Thank You!

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