

The S.E.L.F. Model of Trauma Treatment:

*Creating Sanctuary for
Traumatized Children and
Adolescents in Residential
Treatment*

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Andrus Center for Learning and Innovation
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The Process of Recovery

I walk down the street
There is a deep hole in the sidewalk
I fall in
I am lost . . . I am helpless
It isn't my fault.
It takes forever to find a way out.



The Process of Recovery

I walk down the same street,
There is a deep hole in the sidewalk,
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place.
But it isn't my fault.
It still takes a long time to get out.



The Process of Recovery

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in . . . it's a habit.
My eyes are open.
I know where I am.
It is my fault.
I get out immediately.



The Process of Recovery

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.



The Process of Recovery

I walk down a different street.



S.E.L.F. *A Map for the Journey.*

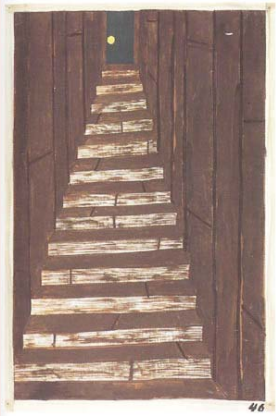
- *Safety:*
 - Physical, Psychological, Social, Moral
- *Emotions:*
 - Handling feelings without becoming self/other destructive
- *Loss:*
 - Getting over loss, preparing for change
- *Future:*
 - Re-establishing the capacity for choice



The Situation is
Urgent

*Childhood Presents Windows
of Opportunity:*

Intervention / S Prevention



The Relationship of Adverse Childhood Experiences to Adult Health Status

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

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.



The Adverse Childhood Experiences (ACE) Study

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)
- The majority of participants were 50 or older (62%), were white (77%) and had attended college (72%). Sixty-six percent of the women reported at least one childhood experience involving abuse, violence or family strife.



Categories of Adverse Childhood Experiences

Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	11%
Sexual (anyone)	22%
Household Dysfunction, by Category	
Substance Abuse	26%
Mental Illness	19%
Mother Treated Violently	13%
Imprisoned Household Member	3%



Adverse Childhood Experiences Score

ACE Score	Prevalence
0	48%
1	25%
2	13%
3	7%
4 or more	7%

- More than half have at least one ACE
- If one ACE is present, the ACE Score is likely to range from 2.4 to 4



ACEs Study

- One in four was exposed to two categories of abusive experience,
- One in 16 to four categories.



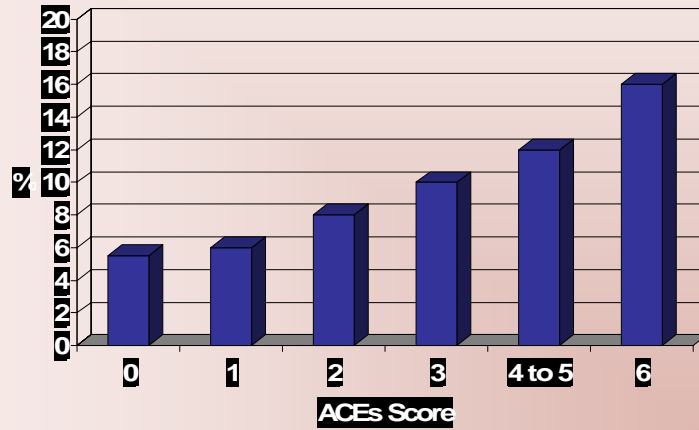
ACEs Study

Strong, graded relation to adverse experiences in childhood:

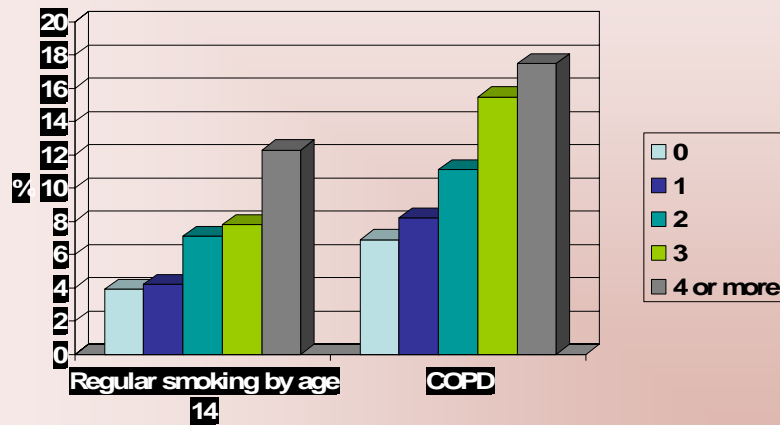
- smoking
- COPD
- hepatitis
- heart disease
- fractures
- diabetes
- obesity
- alcoholism
- other substance abuse
- depression and attempted suicide
- teen pregnancy - including paternity
- sexually transmitted diseases
- occupational health
- job performance



ACEs and Current Smoking

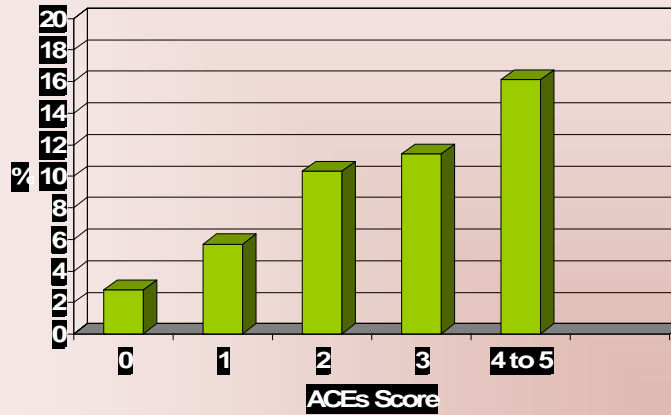


ACEs, Smoking and COPD

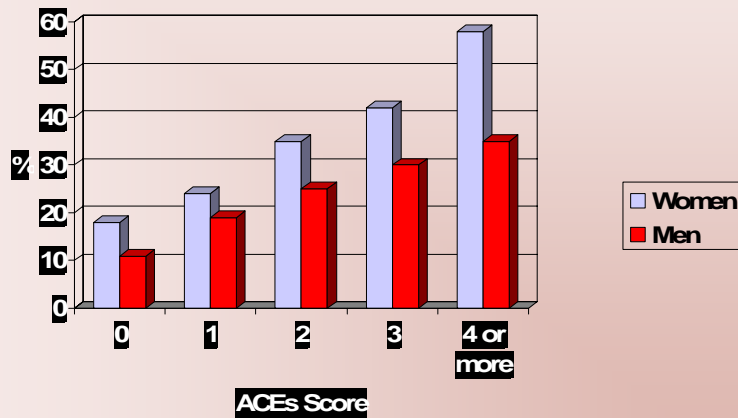




ACEs and Adult Alcoholism

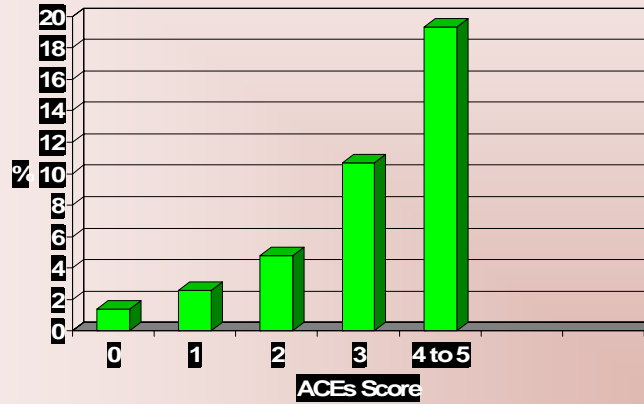


ACEs and Chronic Depression

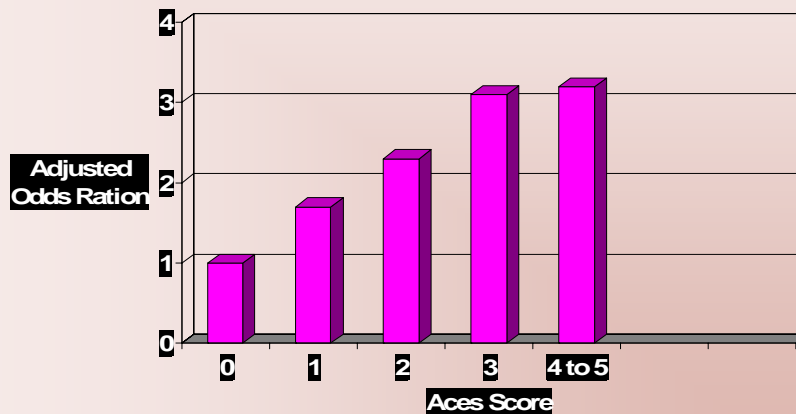




ACEs and Attempted Suicide

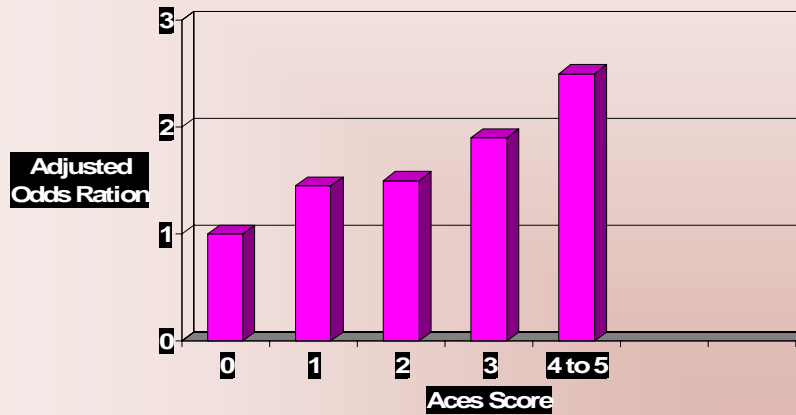


ACEs and >50 Sexual Partners

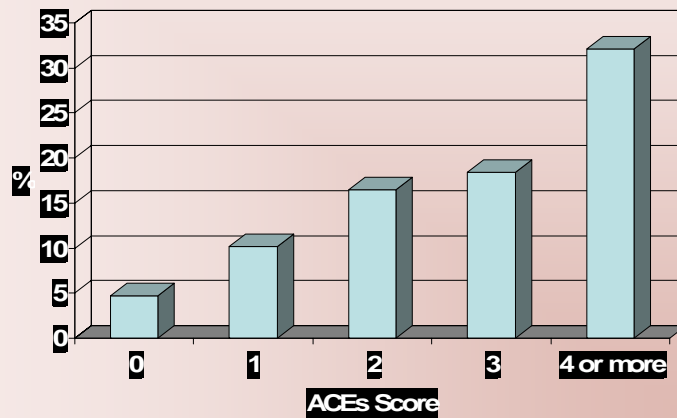




ACEs and STDs

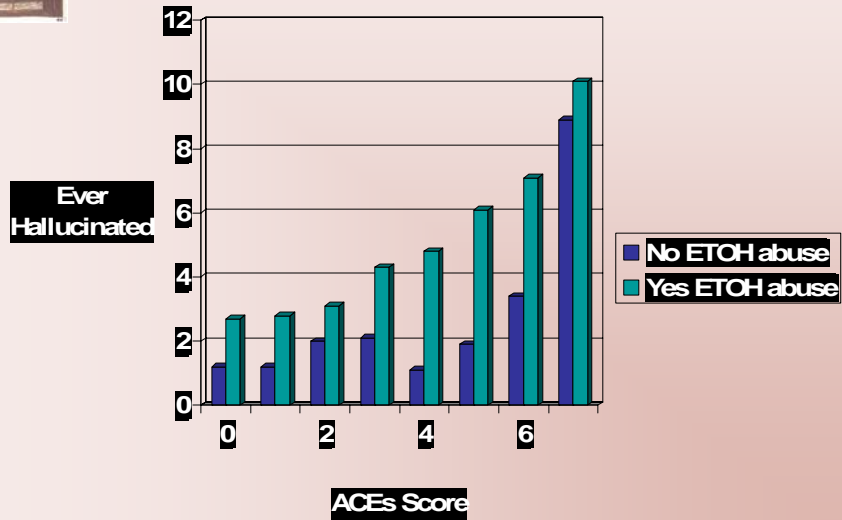


ACEs and Rape

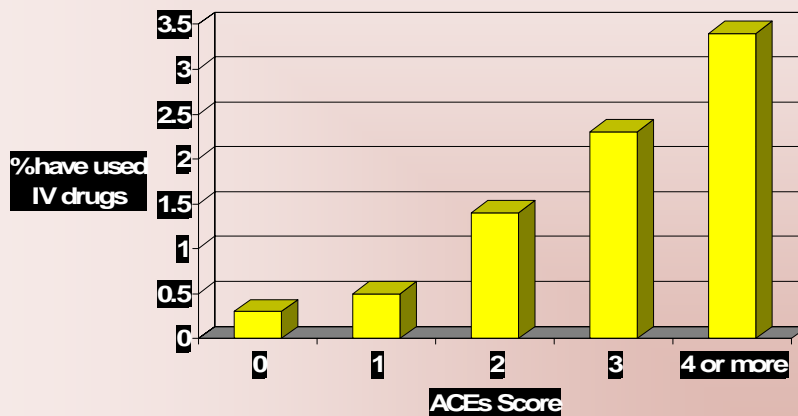




ACEs and Hallucinations

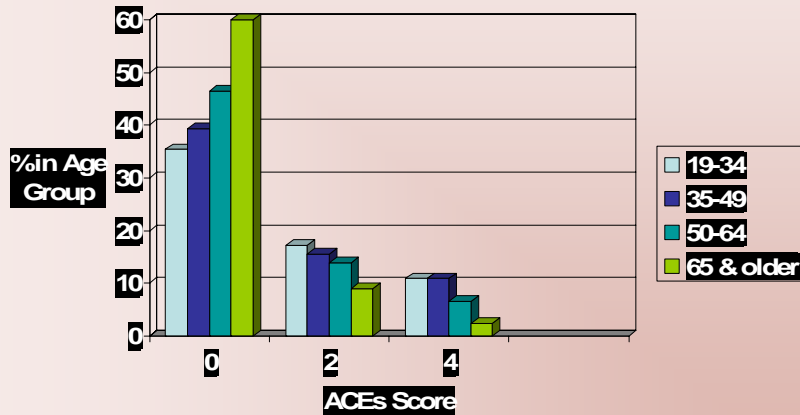


ACEs and IV Drugs





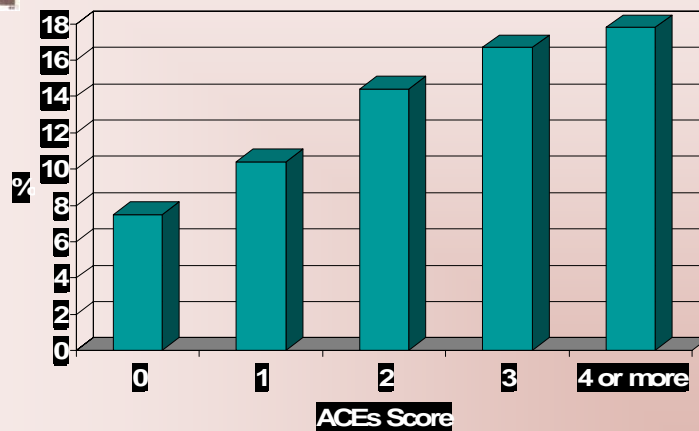
Effect of ACEs on Mortality



Many chronic diseases in adults are determined decades earlier, in childhood.



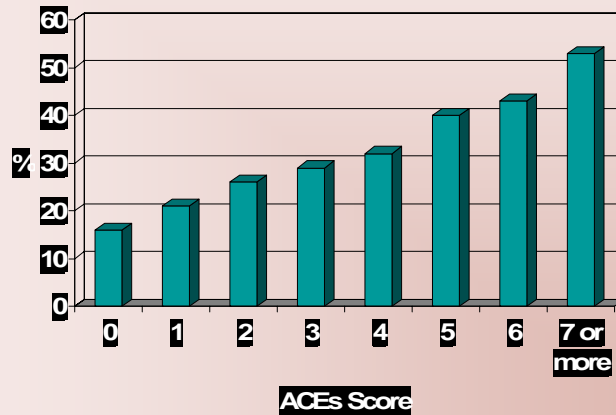
ACEs & Serious Job Problems



Much of what causes time to be lost from work is actually predetermined decades earlier by the adverse experiences of childhood.



ACEs & Teen Pregnancy



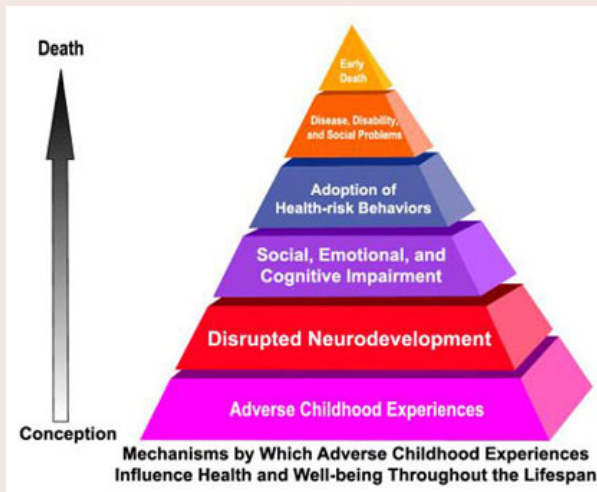
ACEs Study

- Early onset menarche
- Teenage pregnancy
- Male involvement in teenage pregnancy
- Fetal death in teenage pregnancy
- Ischemic heart disease



ACEs Study

- Adverse Childhood Experiences determine the likelihood of the ten most common causes of death in the United States.
- With an ACE Score of 0, the majority of adults have few, if any, risk factors for these diseases.
- However, with an ACE Score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.





What does exposure to
trauma do?

Evolution's Legacy



A Threat Occurs:
It's All About Survival

- Fight/flee/freeze - State of high alert, hypervigilance
- Action, not thought
- Decreased ability to think clearly or completely
- Inability to tolerate uncertainty, ambiguity = dichotomized, extremist thinking
- Attention to threat - tagged for mental priority
- Increased aggression - loss of impulse control
- Dissociation buffers CNS but fragments mental functioning
- Speechless terror - loss of words
- Action is either successful - or not



The Threat Recurs: Chronic Hyperarousal - Individual

- Resets the CNS – hypersensitivity to even minor threat
- Extremist thinking becomes chronic
- Aggression becomes chronic
- Attention to threat becomes chronic
- Hyperarousal interferes with cognitive development
- Dissociation becomes chronic
- Inability to modulate emotion becomes chronic
- Action continues to be either successful – or not
- Relationship problems become chronic
- Attempts to cope with chronic problems lead to more problems
- Adaptation to adversity produces change in norms



The Threat Recurs: Chronic Hyperarousal

- Traumatic Reenactment
- Damages meaning, conscience, view of self and others.
- Problems with authority figures – abuses of authority
- Difficulties resolving conflicts
- Inability to grieve
- Addiction to stress
- Resistance to change
- Deterioration, alienation
- Poor parenting practices
- Terrible toll of stress on body leads to many physical problems, diseases

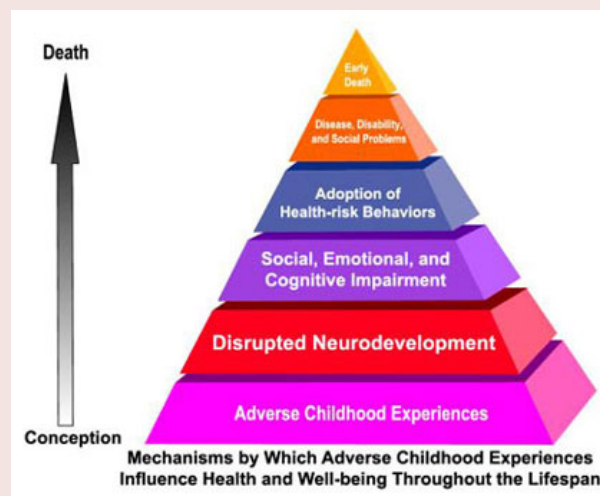


Complex PTSD, Complex Problems:

- Irritability, aggression, tension
- Sleep problems, nightmares, flashbacks
- Hair-trigger tempers
- Mood instability – depression, anxiety
- Poor impulse control – destructive behavior
- Dichotomous, extremist thinking and behavior
- Attachment to dysfunctional groups, relationships
- Multiple addictions & compulsive behaviors
- Psychosomatic and other physical illness
- Lack of empathy, conscience, meaning, purpose
- Failure of imagination, repetition, compulsion



Where\when\how can we best intervene?





Exposure to Chronic Stress

What do children need to recover?

- Recognition of fight-flight condition
- Accurately assess degree of threat
- Reduce threat and increase safety
- Construct safety plans
 - Physical
 - Psychological
 - Social
 - Moral
- Minimize physiological hyperarousal
- Teach self-soothing techniques
- Address continuing dissociation ~ grounding
- Attend to physical illness



Exposure to Chronic Stress

What do children need to recover?

- Improve cognitive skills
- Address addictive behaviors ~ substance and behavioral
- Teach affect management skills
- Teach conflict resolution skills
- Alter attitude toward authority figures
- Address traumatic reenactment
- Specific trauma-resolution, integrative techniques
- Encourage pathways for grieving behavior
- Restore capacity for healthy relationships and safe trust
- Pull toward vision of a better, alternative future
- Inspire hope, transcendence, transformation



The Sanctuary Model

*A template for system
change ~ individual,
family, organizations
society.*



Creating Sanctuary = Resolving Trauma An Alternative Reality

- Culture of nonviolence
 - GOAL: Development of safety skills
- Culture of emotional intelligence
 - GOAL: Development of affect management skills
- Culture of inquiry
 - GOAL: Development of cognitive skills
- Culture of social learning
 - GOAL: Development of problem solving skills



Creating Sanctuary = Resolving Trauma *An Alternative Reality*

- Culture of open communication
 - GOAL: Development of flexible but firm boundaries
- Culture of social responsibility
 - GOAL: Development of relationship skills
- Culture of shared governance
 - GOAL: Development of social/political skills
- Culture of growth and change
 - GOAL: Ability to cope positively with change



Organizational Stress as Barrier to Change

- Social service systems today are experiencing significant stress. (CHRONIC STRESSORS: HOSTILE ENVIRONMENT)
- In many helping organizations, neither the staff nor the administrators feel particularly safe with their clients or even with each other. (BASIC SAFETY)
- Atmospheres of recurrent or constant crisis severely constrain the ability of staff to constructively confront problems, engage in complex problem-solving, and involve all levels of staff in decision making processes – or even talk to each other (LOSS OF AFFECT MANAGEMENT)



Organizational Stress as Barrier to Change

- Communication networks tend to break down under stress and as this occurs, service delivery becomes increasingly fragmented. (DISSOCIATION, FRAGMENTATION)
- When communication networks break down so too do the feedback loops that are necessary for consistent and timely error correction. (SYSTEMATIC ERROR)
- As decision-making becomes increasingly non-participatory and problem solving more reactive an increasing number of short-sighted policy decisions are made that appear to compound existing problems. (LOSS OF DEMOCRATIC PROCESSES, LOSS OF COMPLEXITY, IMPAIRED COGNITION)



Organizational Stress as Barrier to Change

- Unresolved interpersonal conflicts increase and are not resolved. (IMPOVERISHED RELATIONSHIPS)
- As the situation feels increasingly out of control, organizational leaders become more controlling, instituting ever more punitive measures in an attempt to forestall chaos (INCREASED AUTHORITARIANISM).
- As the organization becomes more hierarchical there is a progressive and simultaneous isolation of leaders and a “dumbing down” of staff. (DISEMPOWERMENT, HELPLESSNESS)



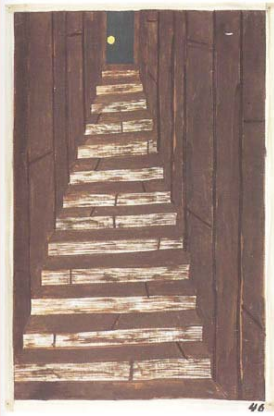
Organizational Stress as Barrier to Change

- Staff respond to the perceived punitive measures instituted by leaders by acting-out and passive-aggressive behaviors. (INCREASED AGGRESSION)
- Over time, leaders and staff lose sight of the essential purpose of their work together and derive less and less satisfaction and meaning from the work. (LOSS OF MEANING)
- Standards of care deteriorate and quality assurance standards are lowered in an attempt to deny or hide this deterioration. (UNRESOLVED GRIEF)
- When this spiral is occurring, staff feel increasingly angry, demoralized, "burned out", helpless and hopeless about the people they are working to serve. (DEMORALIZATION)



Organizational Stress as Barrier to Change

- Ultimately, if this destructive sequence is not arrested, the organization begins to look and act in uncannily similar ways to the traumatized clients it is supposed to be helping. (SELF-DESTRUCTIVE BEHAVIOR, FORE-SHORTENED FUTURE, LOSS OF CREATIVE PROBLEM-SOLVING)
- *The Result*.....



Organizational Stress as Barrier to Change

ORGANIZATIONAL COMPLEX PTSD



Parallel Process

*Complex interaction between
traumatized clients, stressed staff,
pressured organizations, and
oppressive social and economic
environment.*



Parallel Process!!!

Our systems frequently recapitulate the very experiences that have proven to be so toxic for the people we are supposed to treat.



S.E.L.F.

- A way of organizing complexity
- Gets everyone on the same page
- Dynamic and nonlinear
- Conceptually applicable to children, families, staff and organization

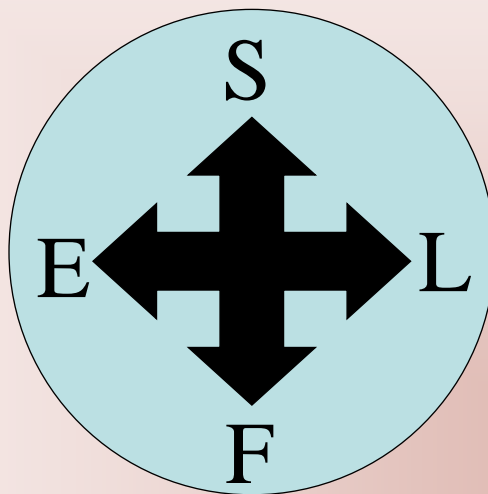


S.E.L.F. *A Map for the Journey.*

- *Safety*: Physical, Psychological, Social, Moral
- *Emotions* – Handling feelings without becoming self/other destructive
- *Loss*: Getting over loss, preparing for change
- *Future*: Re-establishing the capacity for choice



S.E.L.F.



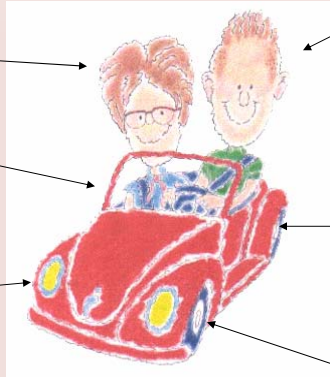


S.E.L.F. Automobile Safety

Driving
Instructor =
Educator

Future

Loss



Client

Emotions

Safety

THE CAR OF LIFE



Safety



Safety

- Physical
- Psychological
- Social
- Moral



PHYSICAL SAFETY

- Provide for basic needs
- No violence to others in any form: physical, emotional, verbal, or sexual
- Absence of suicidality/self-destructive behavior
- Absence of substance abuse
- Healthy, safe, relational sexual behavior
- Avoidance of risk-taking behavior
- Good health practices
- Healthy, nonviolent disciplinary practices
- Able to perceive and avoid danger



Physical Safety: Implications For Treatment

- Difficulties learning to spot danger
 - Recognizing what healthy boundaries are
 - Learning to protect one's own boundaries
 - Learning to respect other people's boundaries
 - Learning how to keep self/children safe



Boundaries

- a) Yes
- b) No
- c) Ouch
- d) Uh-oh
- e) Oops



PSYCHOLOGICAL SAFETY

- Self-protection
- Child protection
- Attention and focus
- Self-knowledge
- Self-efficacy
- Self-esteem
- Self-empowerment
- Self-control
- Self-discipline



Psychological Safety: Implications

- Helplessness and lack of control
 - Provide mastery experiences
 - Avoid further exposure to helplessness
- Adaptation to Adversity - Learned helplessness, altered social norms
 - Patience
 - Repetition
 - Structuring for success



Psychological Safety: Implications

- Trauma causes fragmentation
 - Integration: connection of nonverbal & verbal
- Successful management of avoidance, resistance - **TERROR**



SOCIAL SAFETY

- Safe attachments
- Safety in the group
- Social responsibility
- Exercise of responsible authority



Social Safety: Implications

- Exposure to relational violence
 - Commitment to nonviolence
 - Learning to trust the trustworthy and mistrust those who are not reliable
- Social maps for abused children & adults
 - Children become hypersensitive to negative social cues; oblivious to positive social cues
- Disrupted attachment
 - Opportunities and models for safe attachment



MORAL/ETHICAL SAFETY

- Ethical dialogue
- Honesty
- Compassion
- Search for integrity
- Concern for the welfare of others
- Tolerance
- Honoring the past; Institutional memory
- Courage
- Justice
- Human rights
- Nonviolence



Moral/Ethical Safety: Implications for Treatment

- Values, beliefs clearly articulated and respected
- Abuse of power is reenactment behavior and comes in many forms
- Exercise of responsible authority
 - With self
 - With children
 - With others
- Ability to follow rules; Ability to make safe rules



Safety Parallel Process

- Physical
 - Staff safety plans
- Psychological
 - Respect for diversity ~ of all kinds
 - Self-discipline, self-control, etc. as social norms
- Social
 - Clear, strong, protected social norms
 - Emphasis on integrity of community
 - Belief in democratic processes



Safety *Parallel Process*

- Moral/Ethical
 - Consistency between explicit and implicit values
 - Walk the talk
 - Staff model desirable behavior with children and each other
 - Abusive use of power is confronted and resolved



E motions



Emotions

- MAD
- SAD
- GLAD
- SCARED
- SHAMED



Emotions

- Identification of feelings: mad, sad, glad, scared
- Application of emotionally-variable response
- Volume control of intensity
- Differentiation of thoughts from feelings and behavior
- Identification and use of self-soothing skills
- Judicious and prescribed use of medication
- Constructive and creative use of emotional energy



Emotions: Implications

- Persistent hyperarousal and other symptoms of trauma
 - Soothing interventions
 - Teaching self-soothing
 - Medication management
- Intrusive re-experiences
 - Erratic and disturbing experiences
 - Difficulty separating past and present
 - Requires trauma-resolution approaches
- Addictive and compulsive behaviors
 - Treatment for secondary symptoms of addiction



Emotions: Implications

- Dissociation
 - Identification of dissociation in children
 - Grounding techniques
 - Self-awareness ~ timelines, journals, etc.



Emotions *Parallel Process*

Client

- Rage/Anger
- Dissociation
- Numbing
- Fear/Terror
- Shame/Guilt
- Memory Grieving
- Nightmares and Flashbacks
- Depression/Anxiety

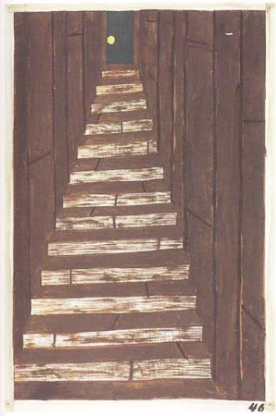
Staff

- Irritable
- Withdrawn
- Moody
- Hypervigilant
- Confused
- Controlling
- Punitive
- Overindulgent



Emotions *Parallel Process*

- Staff can accurately identify their own feelings
- Staff can adequately manage their feelings and utilize help from each other
- Administration recognizes vulnerability to vicarious trauma and builds in preventative measures
- Organization:
 - Shared decision making
 - Creative problem-solving
 - Active conflict resolution
 - Routine debriefing



Loss



Loss

- Chronic depression
- Death preoccupation
- Psychic numbing
- Inability to feel pleasure
- Blocked progress
- Risk-taking behavior
- Continued reenactments
- Haunted by the past



Loss: Implications

- All change, even for the good, means Loss
- People who have been traumatized have multiple losses from abuse and neglect
 - Need to do grief work
 - Losses often difficult to articulate



Impaired Loss *Physical Signs*

- Somatization of loss
- Inability to play
- Acting-out ~ reenactments



Impaired Loss *Psychological Signs*

- Inability to show emotions, especially sadness
- Clinging to objects representing the Loss
- Inability to ritualize and resolve grief in play



Impaired Loss *Social Signs*

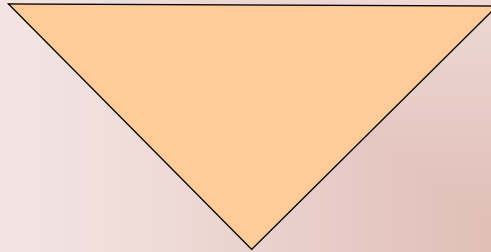
- Grief is directed at a significant other, often in the form of aggression
- Hurting others, including animals
- Joining communities who express dysfunctional grief - gangs, cults



Reenactment Triangle

Perpetrator

Rescuer



Victim



Loss: Implications

- Victims of trauma become trapped in time and unresolved grief is intertwined with development.
 - Arrested grief can delay recovery and promote the continuation of symptoms



Loss: Implications

- Families as well as individuals experience loss.
 - Unresolved grief in the family may result in collective disturbance if not worked through.



Loss

- Continue addressing issues of Safety and Emotions while addressing Loss issues.
- Help client identify the particular grief issue to be focused upon.
- Establish an alliance or contract for working on the losses.



Loss

- Address the four basic grief tasks: acceptance, pain, adjustment, reinvestment.
- Explore and diffuse linked objects or the symbolic objects which a survivor uses to maintain the relationship with family member, part of self, friend, dream or fantasy.



Loss

- Help the patient to explore the reality that there is no retrieving a lost past, that no one can replace the lost loved ones, that there is no payback for the hurts of the past, that there is no rescue.
- Help the person say “goodbye” to the events of the past while still acknowledging that it is a past.



Loss *Parallel Process*

- Chronic rage, tension, anger, acting-out, passive aggressive behavior
- Unwillingness to work through losses – pretending they don't matter
- Inability to move on
- Engagement in reenactments with kids, each other



Future



Future

- Sense of foreshortened future
- Repetition = failure of imagination
- Need a new “attractor”
- Start small, dream big



Future

- Successful management of safety, feelings and Loss fosters sense of empowerment
- Envisioning health, happiness, satisfaction, worth, wholeness
- Empowerment enables choice; outcomes not dictated by the traumatic past
- Recovery process now able to continue with emphasis on creation of a future



Future *Parallel Process*

- Changing the trajectory for every child
- Co-creating a different future
- Saving lives



For more information

www.SanctuaryWeb.com