



Creating Sanctuary: A Trauma Informed System of Care

Brian Farragher, LMSW
Executive VP / COO
Andrus Children's Center
bfarragher@jdam.org

www.andruschildren.org



What Is Trauma-Informed Care and Why Does It Matter?

The Impact of Childhood Adversity



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%).

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

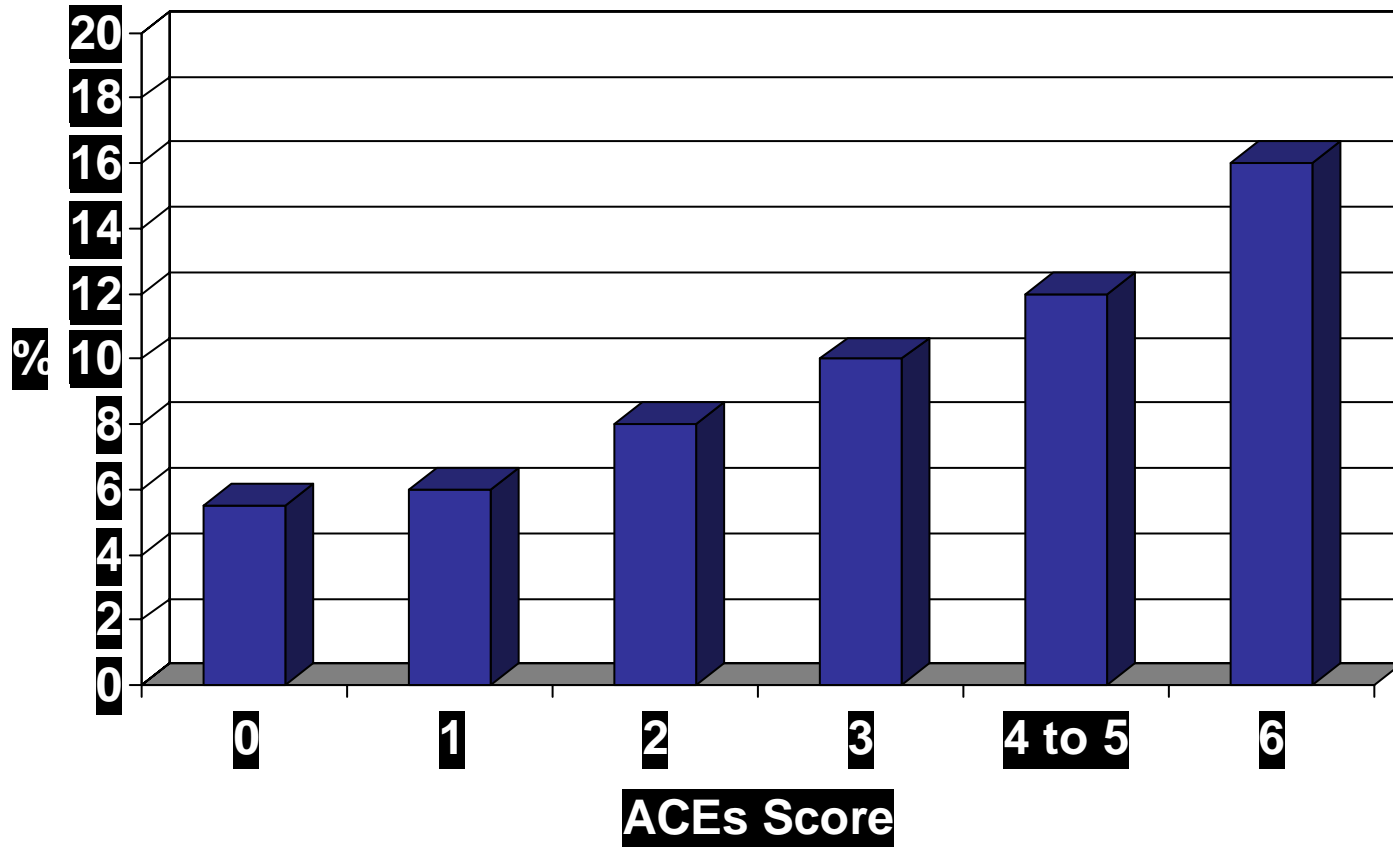
- One in four was exposed to two categories of abusive experience,
- One in 16 to four categories.

ACEs Study

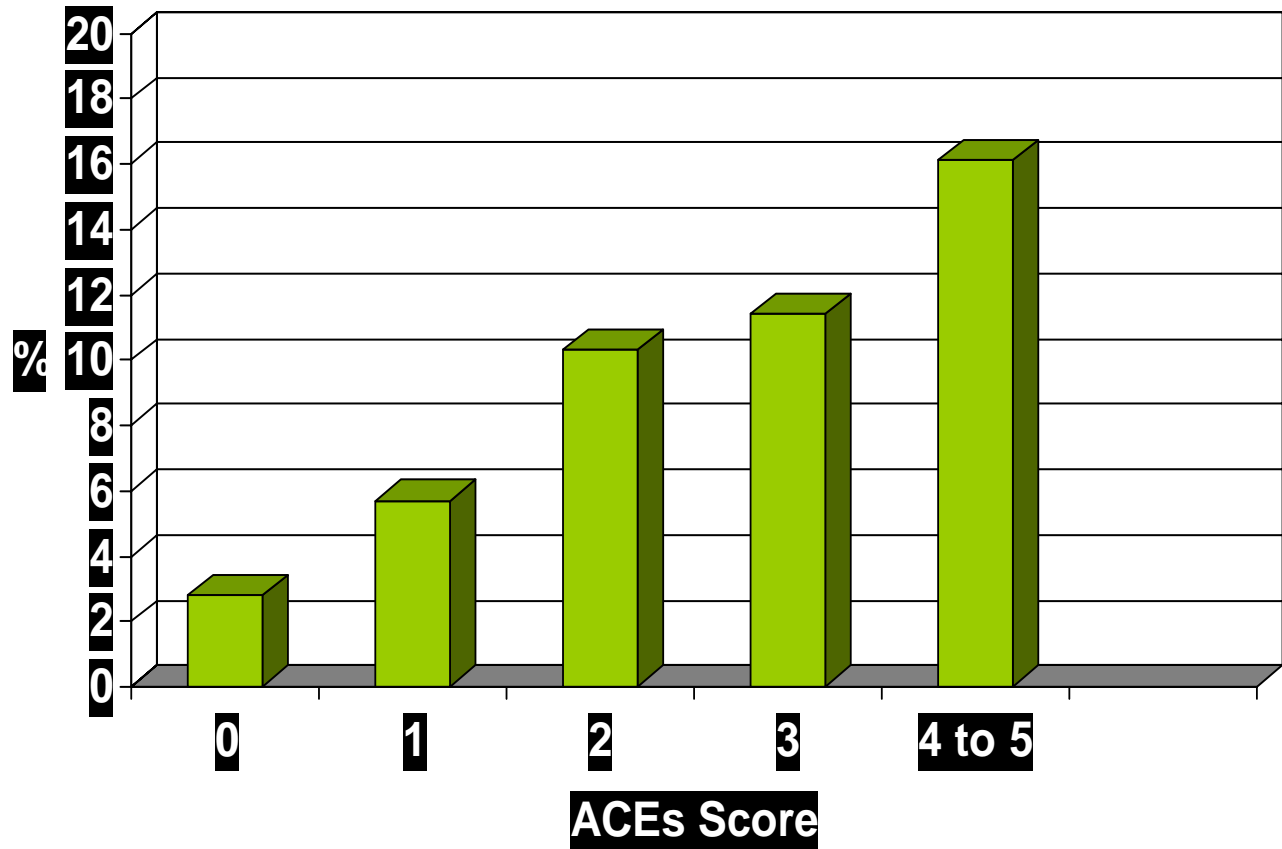
Strong, graded relation to adverse experiences in childhood:

- smoking
- 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

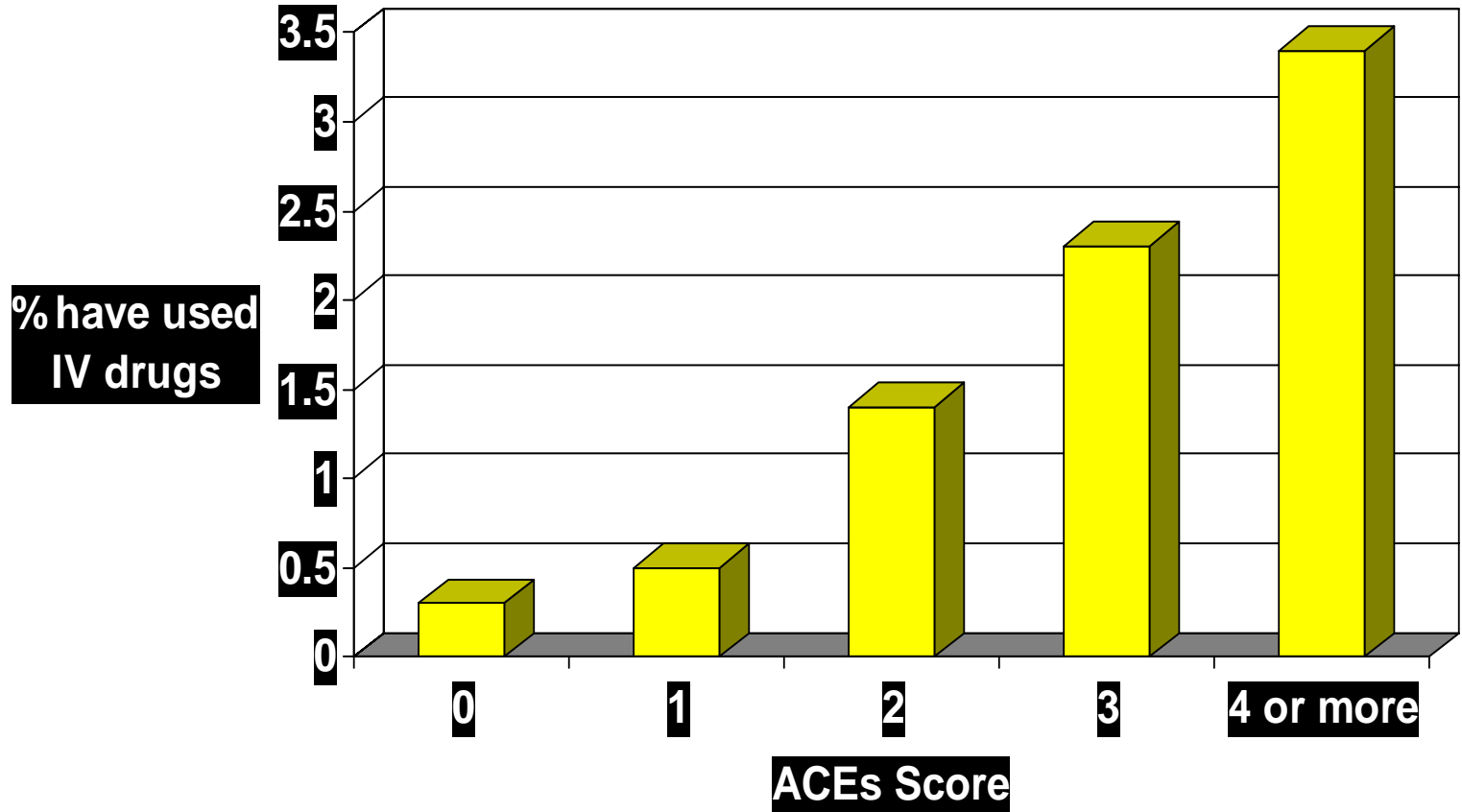
ACEs and Current Smoking



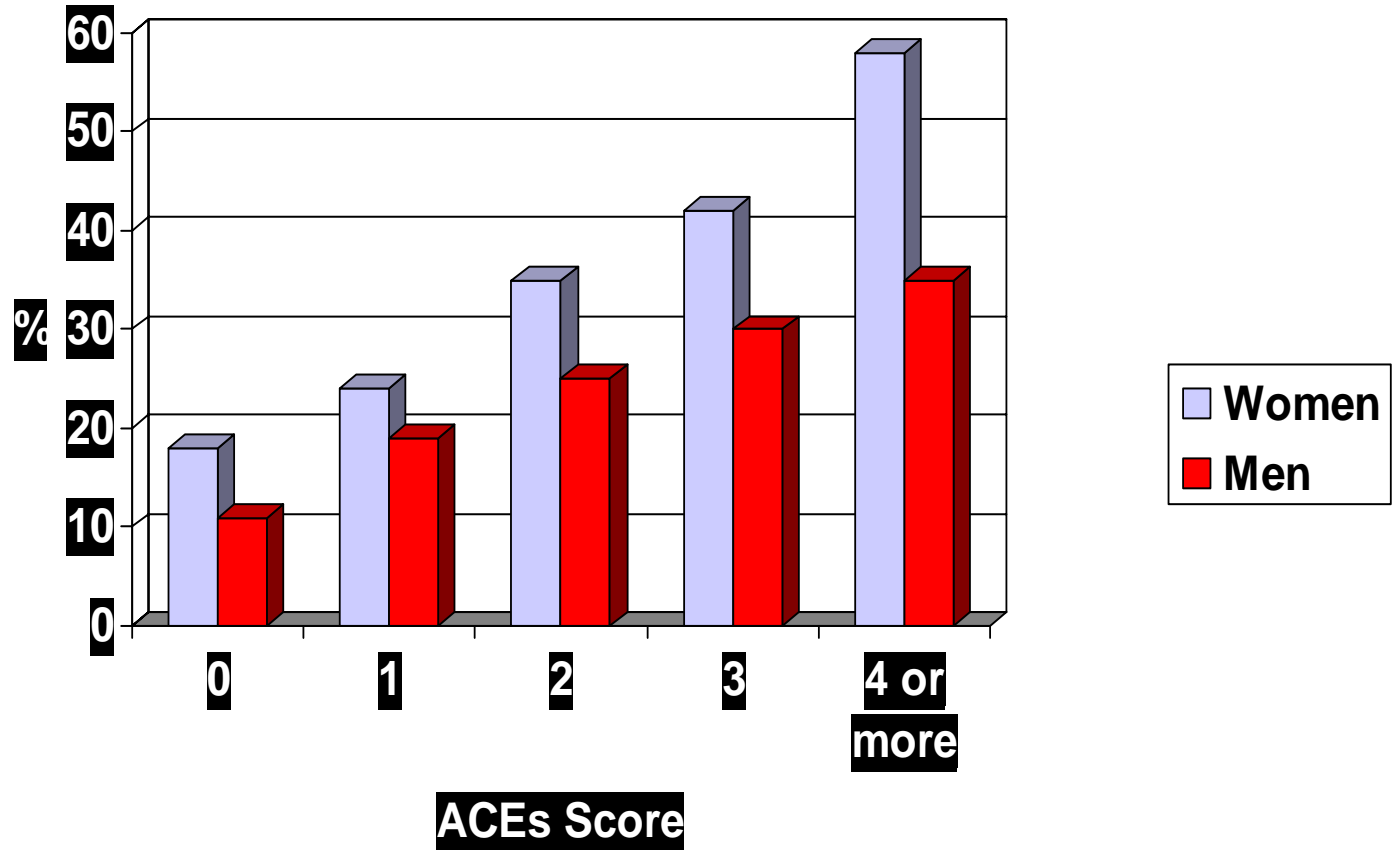
ACEs and Adult Alcoholism



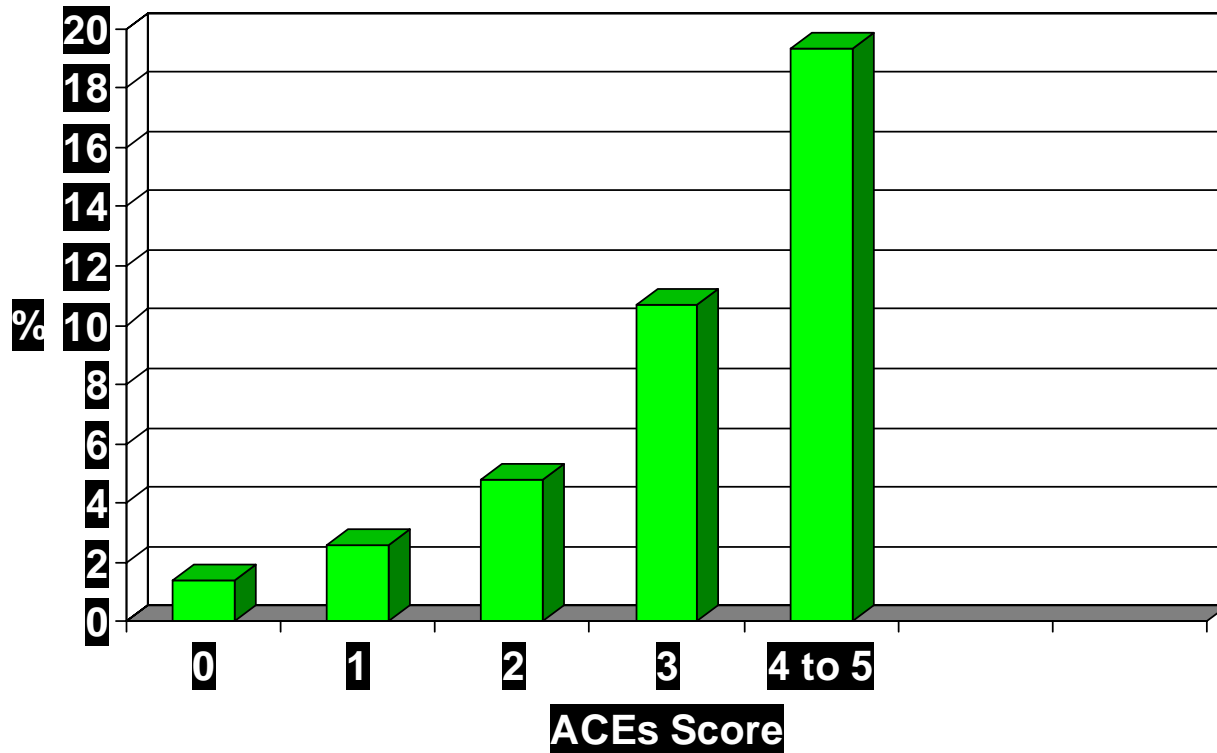
ACEs and IV Drugs



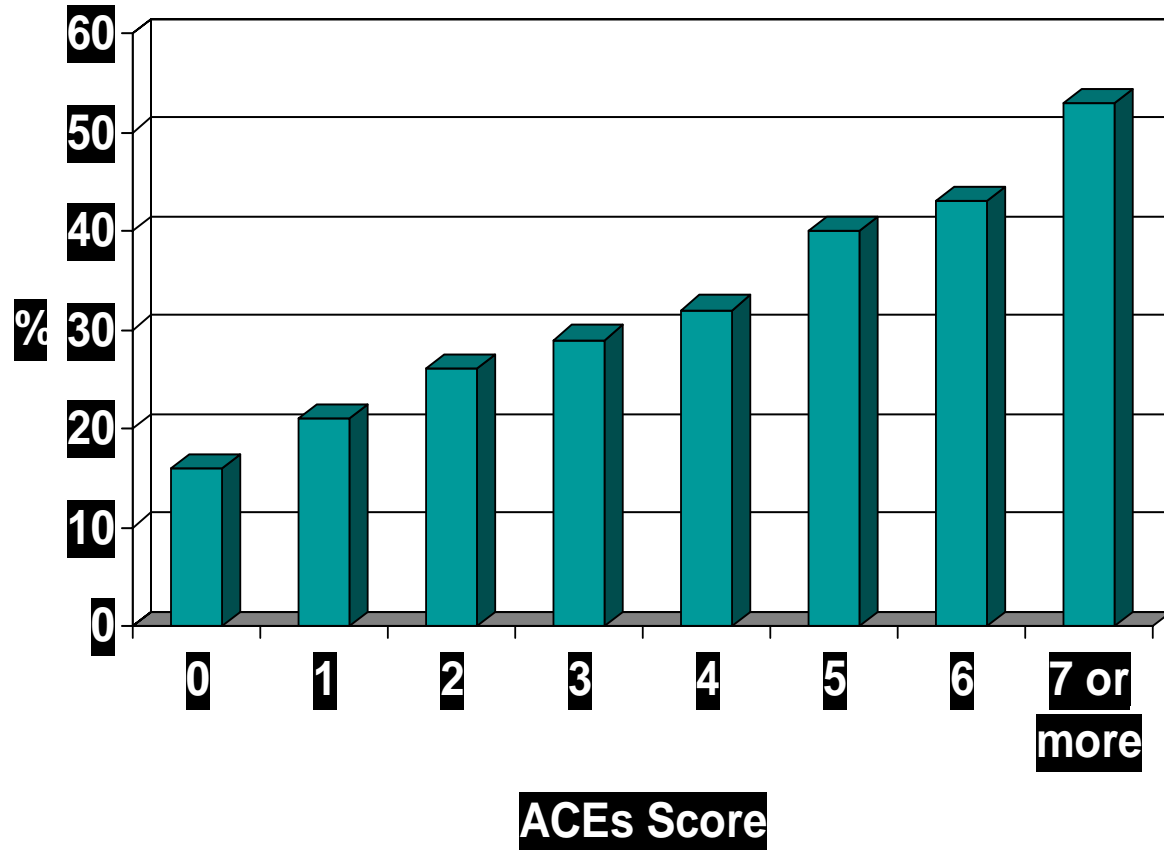
ACEs and Chronic Depression



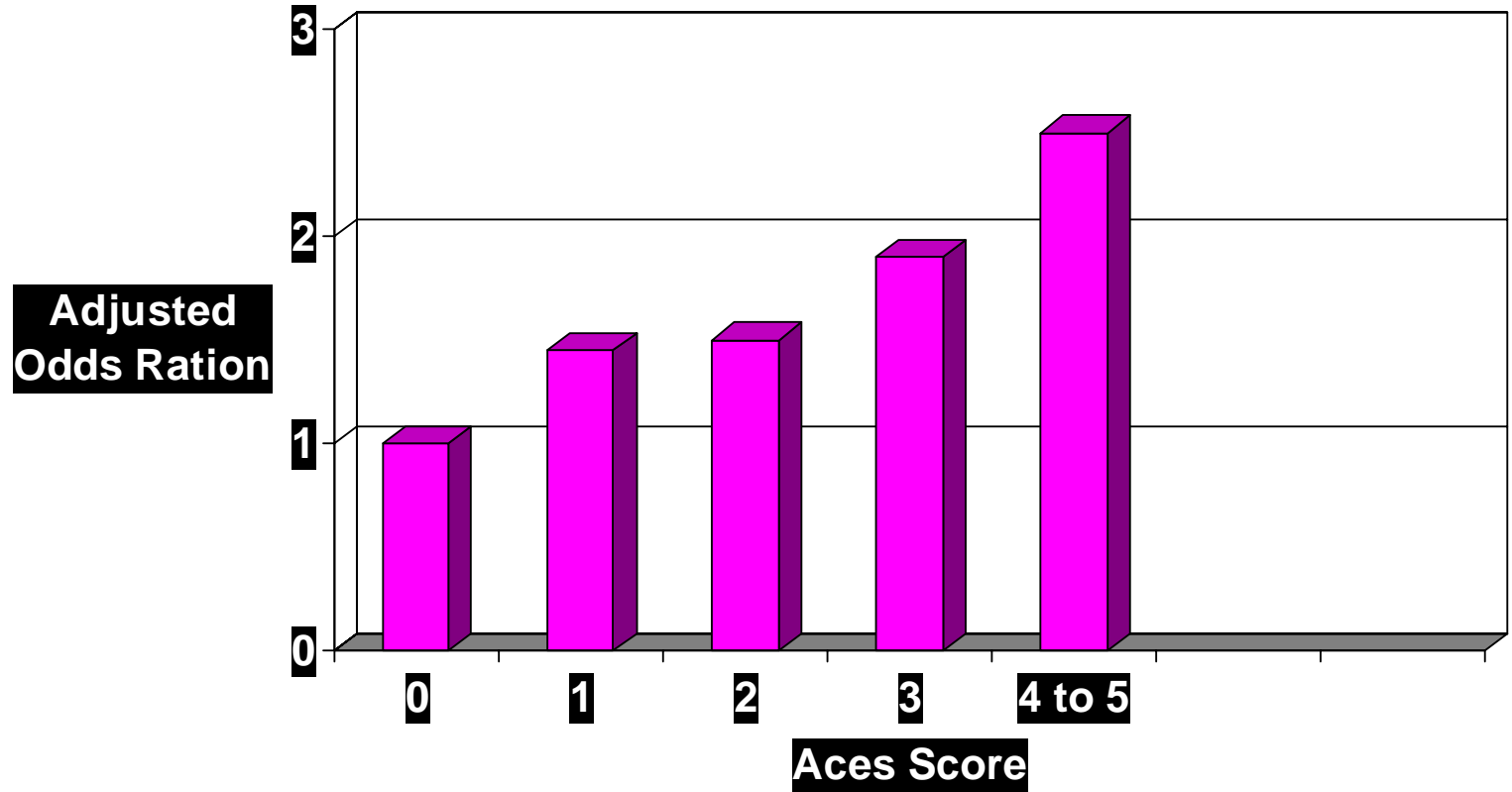
ACEs and Attempted Suicide



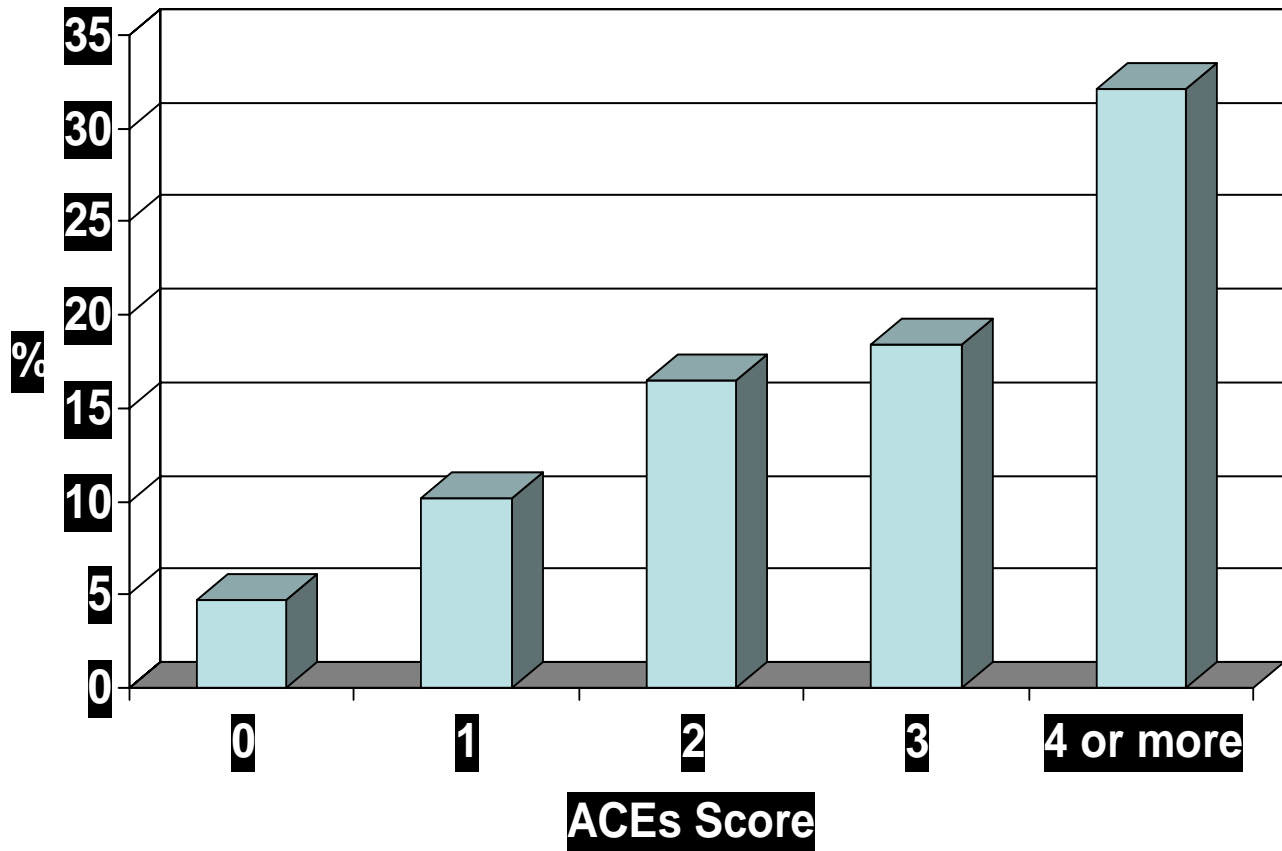
ACEs & Teen Pregnancy



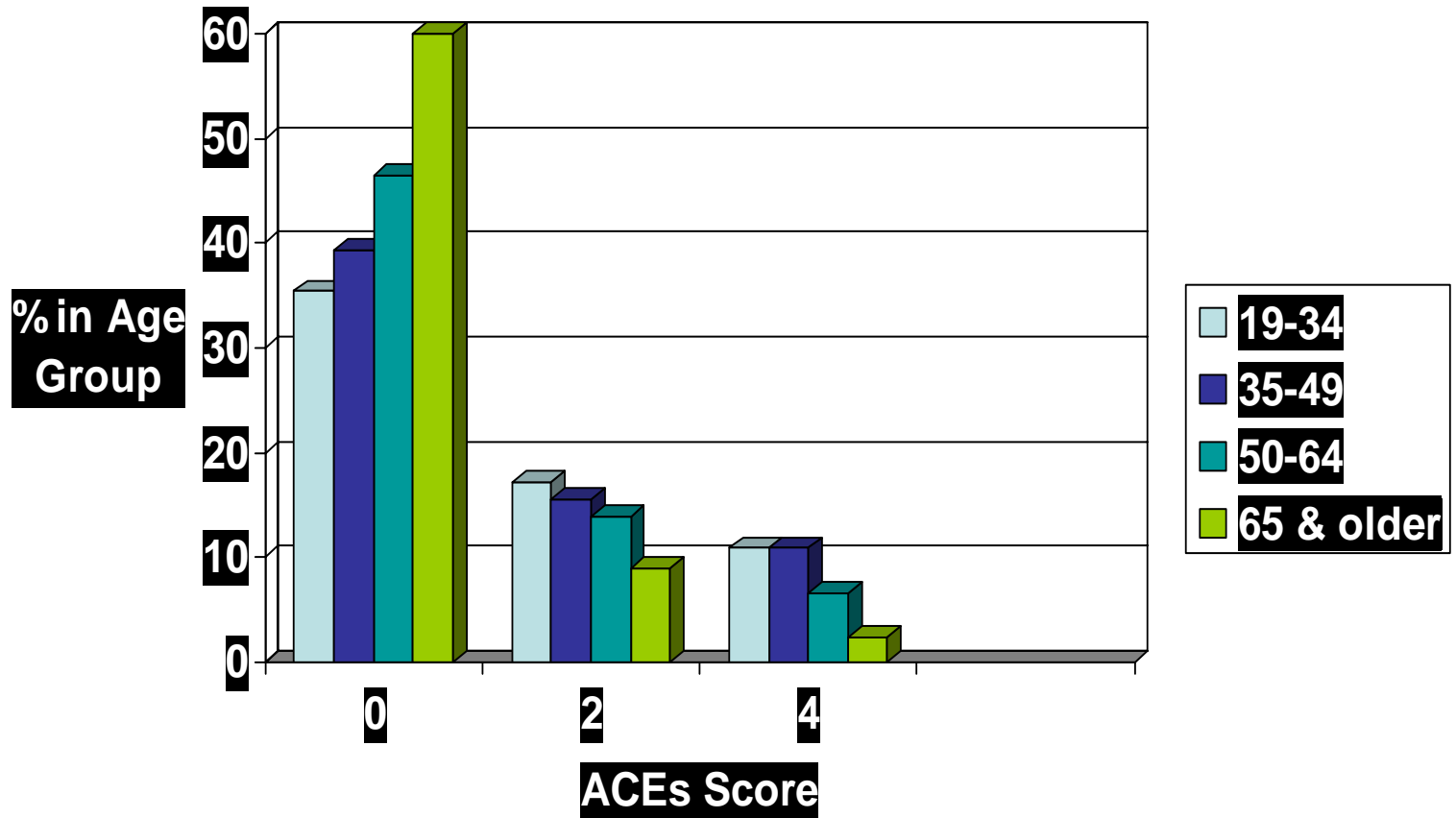
ACEs and STDs



ACEs and Rape



Effect of ACEs on Mortality



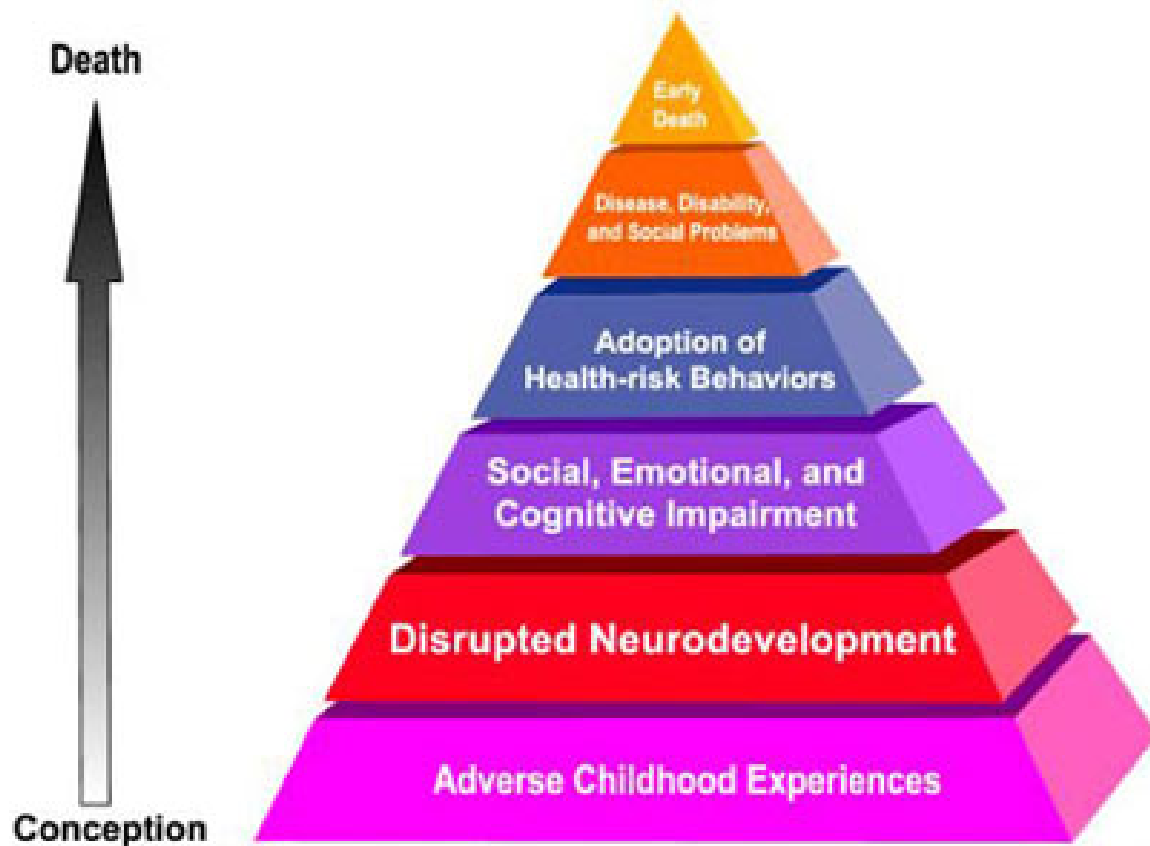
Many chronic diseases in adults are determined decades earlier, in childhood.



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.

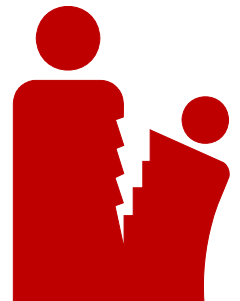




Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

The Impact of Recurrent Threat

- Loss of language
- Interference with normal memory processing – too little, too much – haunted by the past
- Adaptation to adversity – change in definitions of “normal” and resistance to change
- Interference with development, health & sense of identity
- Traumatic Reenactment - Revictimization
- Failures of trust, failures of relationship
- Difficulty resolving conflicts
- Difficulty working through losses
- Problems with authority figures, “right and wrong”
- Demoralization, loss of hope



It's Just Common Sense That..

- People avoid things that scare them
- People avoid pain
- If somebody hurts you, you get away from them
- We can tell who can be trusted and who can't
- People learn from their experience
- Parents love their children
- You don't hurt people you love
- People remember anything that is really terrible

But traumatized children frequently..

- Put themselves in situations of danger
- Hurt themselves
- Get into and stay in relationships with hurtful people
- Are frequently unable to discern who is to be trusted
- Don't seem to learn from experience
- Have been hurt by people who were supposed to love them
- Frequently hurt the people they love the most
- Don't remember the worse experiences of their lives

Parallel Process

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



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

Parallel Process!



Organizational Stress is a Barrier to Change

- Residential programs & the entire social service system are experiencing significant stress
 - **HOSTILE ENVIRONMENT & CONSTANT THREATS**
- In many organizations, neither the staff nor administrators feel particularly safe with their clients or even with each other
 - **LOSS OF BASIC SAFETY**

Organizational Stress is a Barrier to Change

- Atmospheres of recurrent or constant crisis severely constrain the ability of organization to:
 - involve all levels of staff in decision making processes
 - constructively confront problems
 - engage in complex problem-solving, or even talk to each other
 - **LOSS OF AFFECT MANAGEMENT**

Organizational Stress is a Barrier to Change

- Communication networks break down under stress & service delivery becomes increasingly fragmented
 - *DISSOCIATION, FRAGMENTATION*
- When communication networks break down the feedback loops that are necessary for consistent & timely error correction break down as well
 - *SYSTEMATIC ERROR*
 - *MISPERCEPTIONS ABOUND*

Organizational Stress as Barrier to Change

- As decision-making becomes increasingly non-participatory and problem solving more reactive more short-sighted policy decisions are made that only compound existing problems
 - *LOSS OF DEMOCRATIC PROCESSES*
 - *LOSS APPRECIATION FOR COMPLEXITY*
 - *IMPAIRED COGNITION*
- Unresolved interpersonal conflicts increase and are not resolved.
 - *IMPAIRED RELATIONSHIPS*

Organizational Stress is a Barrier to Change

- As the situation feels increasingly out of control, organizational leaders become more controlling, instituting more punitive measures in an attempt to avoid total chaos
 - *INCREASED AUTHORITARIANISM*
- As the organization becomes more hierarchical there is a progressive isolation of leaders & a “dumbing down” of staff
 - *DISEMPOWERMENT, HELPLESSNESS*
 - *LOSS OF CRITICAL THINKING SKILLS*

Organizational Stress is a Barrier to Change

- Staff respond to the perceived punitive measures instituted by leaders by acting-out and passive-aggressive behaviors
 - *INCREASED AGGRESSION*
- Standards of care deteriorate & quality assurance standards are lowered in an attempt to deny or hide this deterioration
 - *UNRESOLVED GRIEF*
- Over time, leaders and staff lose sight of the essential purpose of their work together & derive less satisfaction & meaning from the work
 - *LOSS OF MEANING & HOPE*

Organizational Stress is a Barrier to Change

- When this spiral is occurring, staff feel increasingly angry, demoralized, “burned out”, helpless & hopeless about the people they are working to serve & the work in general
 - *DEMORALIZATION*
 - *HOPELESSNESS*
- If this destructive sequence is not arrested, the organization begins to look & 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 COMPLEX PTSD



Parallel Process Trauma Symptoms

- **In Our Kids:**
 - Reluctant to Discuss Traumatic Past
- **In Our Staff & Programs:**
 - Assessment Does Not Take Trauma History Into Account, When it Does It is Quickly Forgotten or Discounted
 - Symptoms Become the Entire Focus Not the Pain Behind the Symptoms

Parallel Process Trauma Symptoms

- **In Our Kids:**
 - Hyperarousal

- **In Our Staff & Programs:**
 - Running From Crisis to Crisis
 - Lack of Planning
 - Managing Like Your Hair is on Fire

Parallel Process Trauma Symptoms

- **In Our Kids:**
 - Impaired Problem Solving
- **In Our Staff & Programs:**
 - Short-Sighted Problem Solving
 - Follow the Loudest Voice
 - Formulaic Solutions to Complex Problems
 - Quick Fixes

Parallel Process Trauma Symptoms

- **In Our Kids:**
 - Poor Emotion Management
- **In Our Staff & Programs:**
 - Avoidance of Charged Issues
 - Non-Participatory Decision Making
 - Collective Disturbance

Parallel Process Trauma Symptoms

- In Our Kids:
 - Hopelessness & Helplessness
- In Our Staff & Programs:
 - Loss of Hope & Faith In Kids & Their Ability to Change
 - Just Maintaining
 - Staff Turnover

If you want deeply rooted change, you need to apply deeply rooted methods.

J. Goldstein, 1994

The Unshackled Organization



*Each Level Can Positively or
Negatively Impact the Other*

*Helping Children to Change &
Grow Requires Change & Growth
In the Staff & In the System!!*



Trauma & Universal Precautions

Given the Prevalence of Childhood Adversity in the General Population, We Should be Assuming Our Children have Experienced Trauma & Organize Our Programs to be Sensitive to this Issue



Trauma Theory

Sickness / Badness vs. Injury Model

Changing the fundamental
question from:
"What's wrong with you?"
to
"What's happened to you?"



**To Make Our Programs
Trauma-Sensitive We Need to
Examine & Change the
Culture**



We Need to Create Cultures That...

- Promote & Support Positive Change in the Children, Their Families and Ourselves?
- Maximize Each Other's Strengths and Minimizes Each Other's Weaknesses?
- Buffer Us From the Impact of Repetitive Stress?

Creating Sanctuary = Resolving Trauma

Offering an Alternative Reality

- Commitment to Nonviolence
- Commitment to Emotional Intelligence
- Commitment to Social Learning
- Commitment to Democracy
- Commitment to Open Communication
- Commitment to Social Responsibility
- Commitment to Growth and Change

Steps to Changing Culture

- Leadership Buy In & Commitment to Change
- Assemble & Develop a Core Team
- Practice the Commitments on a Small Scale
- Explore Current Commitments & Gaps Together
- Plan to Close the Gaps
- Widen the Circle
- Keep Your Head On the Ball

Defining S.E.L.F.

- S = Safety
- E = Emotions Management
- L = Loss
- F = Future



"S" is for Safety

4 Types of Safety:

- Physical Safety
- Emotional Safety
- Social Safety
- Ethical Safety

“E” is for Emotion Management

- Traumatized (Stressed) people have enormous problems managing their emotions
- Emotions (feelings) drive behavior
- Awareness of emotions is crucial to managing them

“L” is for Loss

- Unresolved Loss Issues are Very Common with Trauma

“F” is for Future

- Faith & hope that the future can hold something better
- Belief things can change & get better
- We have control of our destinies
- Re-writing the script of their lives
- Provide an important attractor for people who feel stuck & hopeless



Andrus Center for Learning & Innovation

Sanctuary Leadership Development Institute at Andrus

For More Information Contact:

Brian Farragher –

bfarragher@jdam.org

Or

Lorelei Vargas –

lvargas@jdam.org

