



# **The Trauma CARE Model: A Relational Approach for Parents in Recovery**

Gina DeJONES, LSW; Carolyn Flynn, LPC, CD; Jennifer Unger, LCSW, LCADC, CCS

Child Welfare League of America

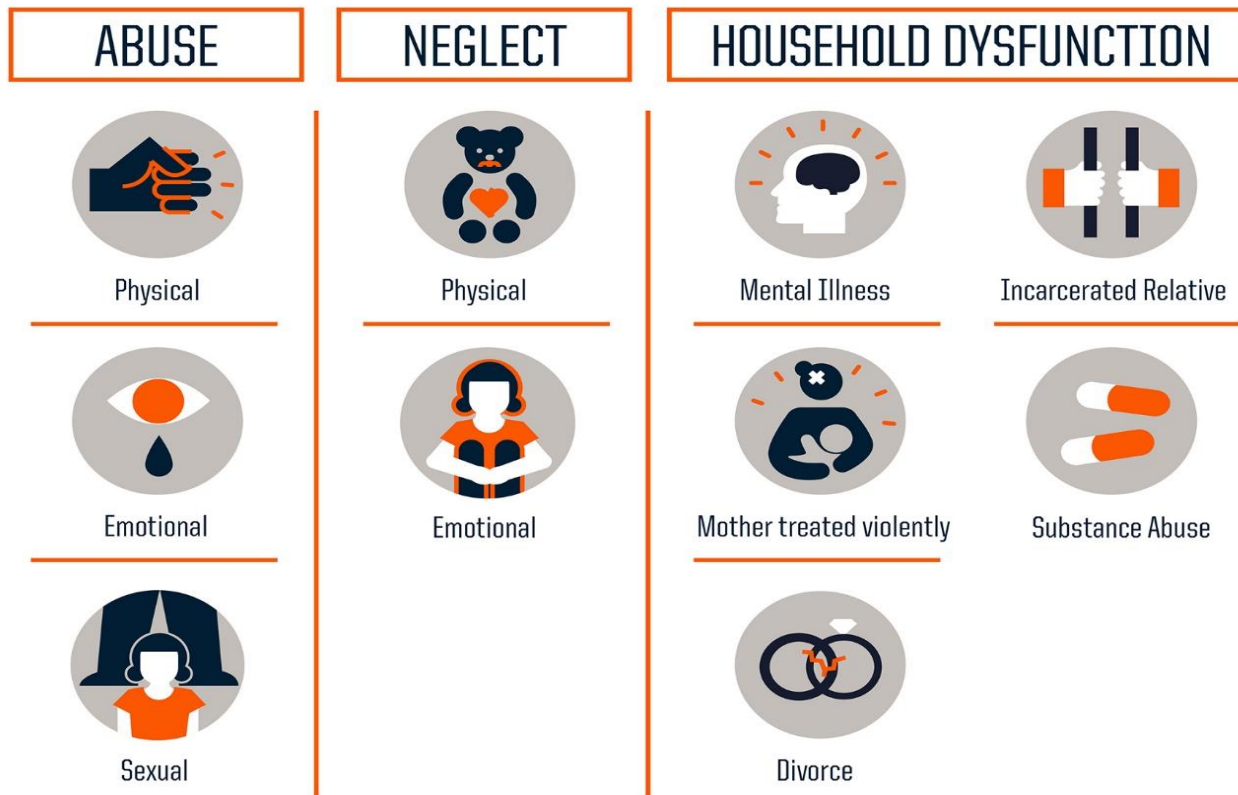
April 26, 2023

# First Things First

## Let's Experience Co-Regulation



# Adverse Childhood Experiences: Relational Trauma



**Adverse Childhood Experiences Are Common**

<u>Household dysfunction:</u>	
Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%
<u>Abuse:</u>	
Psychological	11%
Physical	28%
Sexual	21%
<u>Neglect:</u>	
Emotional	15%
Physical	10%

# ACES and Risk For Substance Use

The higher the ACE score, the higher the chances of addiction to alcohol and other drugs in adulthood.

- 4 or more ACEs = 500% increase in risk for adult alcoholism.
- Men with 6 or more ACE's = 4,600% increase in risk for IV drug use.
- 78% of IV drug use in women can be attributed to adverse childhood experiences.

Anda, et. al., 2006; van der Kolk 2015

# Trauma In Seven Sentences

# 1: Our brain is highly motivated for survival.



Survival (of ourselves, of the species via the attachment drive) is perhaps the most indelibly stamped task of the animal brain.



2: One way we survive is by learning to read signs of danger.



### 3: We all define danger differently.



- Our individual filters – based on experience - guide our interpretation of the world.





## 4: There are only a few possible responses to danger:

Fight, Flight, Freeze, Fawn, and Friend.



## 5: Repetition is a strong teacher of current behavior.

“People with PTSD have their floodgates wide open. Lacking a filter, they are on constant sensory overload. In order to cope, they try to shut themselves down and develop tunnel vision and hyperfocus. If they can’t shut down naturally, they may enlist drugs or alcohol to block out the world”

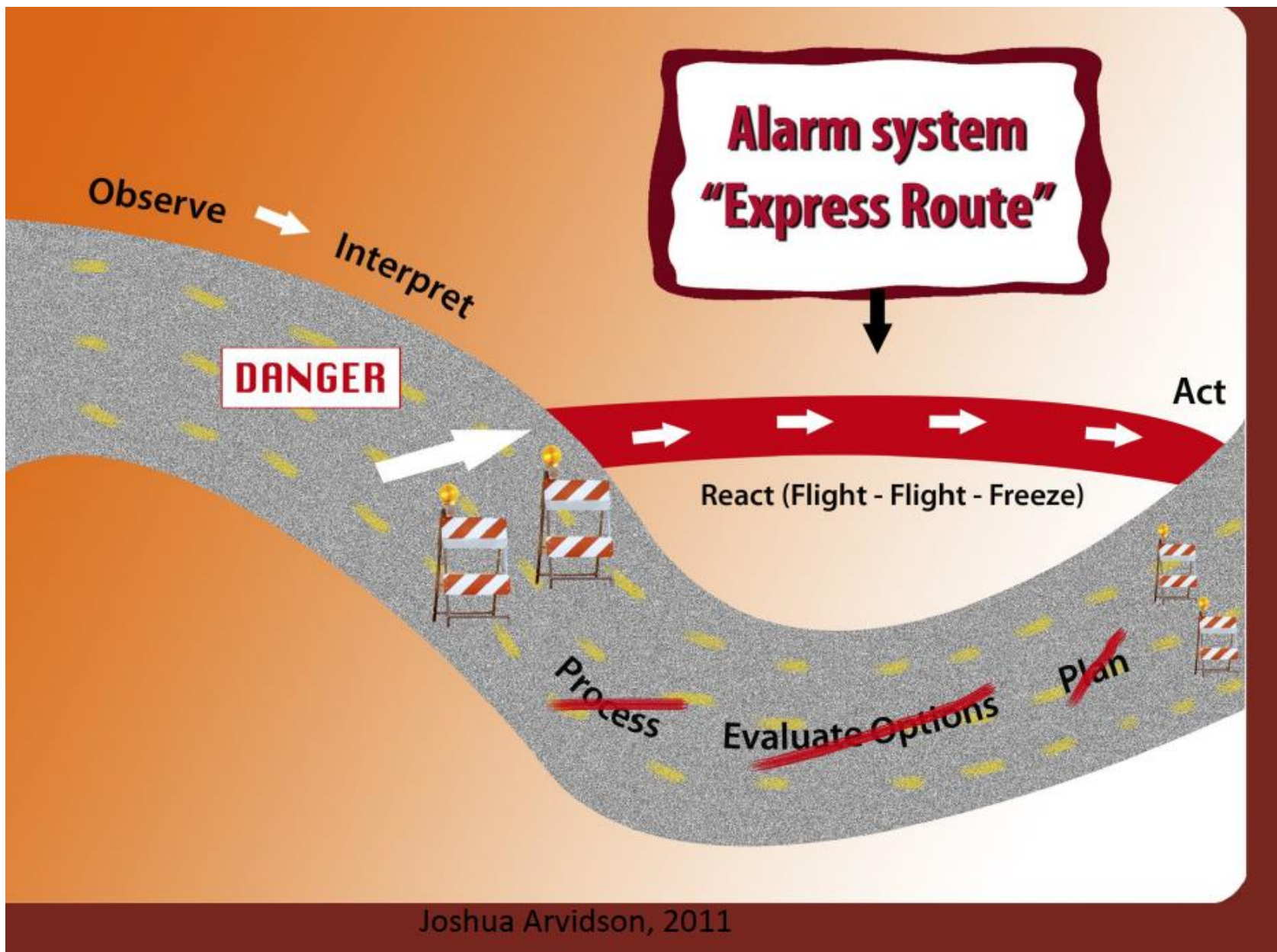
Bessel van der Kolk, *The Body Keeps the Score*, p.70

## Brain process under typical conditions

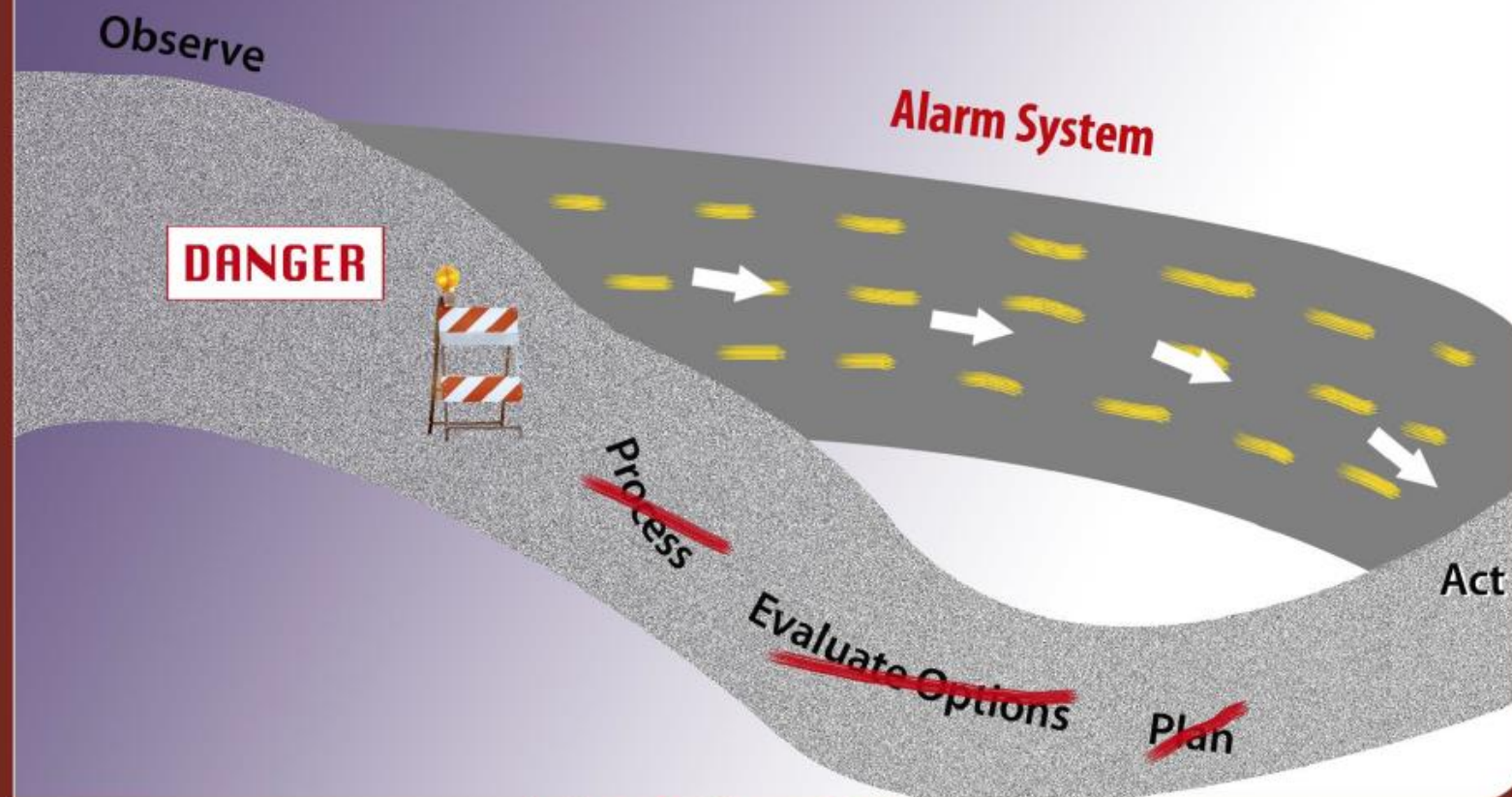
Observe → Input → Interpret → Process → Evaluate Options → Plan → Act

Joshua Arvidson, 2011





With repeated stress, the Alarm System  
"Express Route" becomes the main road



Joshua Arvidson, 2011

## 6: Behavior is generally functional.

- Most of our behaviors serve some purpose: we do what we do for a reason.
- Substance use can be seen as a symptom of trauma.
- The *same behavior* may serve a *different function* for *different people* (one person may use drugs to feel alive; another person may use them to turn off / shut down) or at *different times*.

# 7: "Trauma that happens in relationships is best healed through relationships."

Recognize

Reflect

Regulate

Recreate

Rhythms, Routines and  
Rituals

Rupture and Repair



The parent-child  
relationship is the  
most powerful  
mental health  
intervention known  
to mankind.

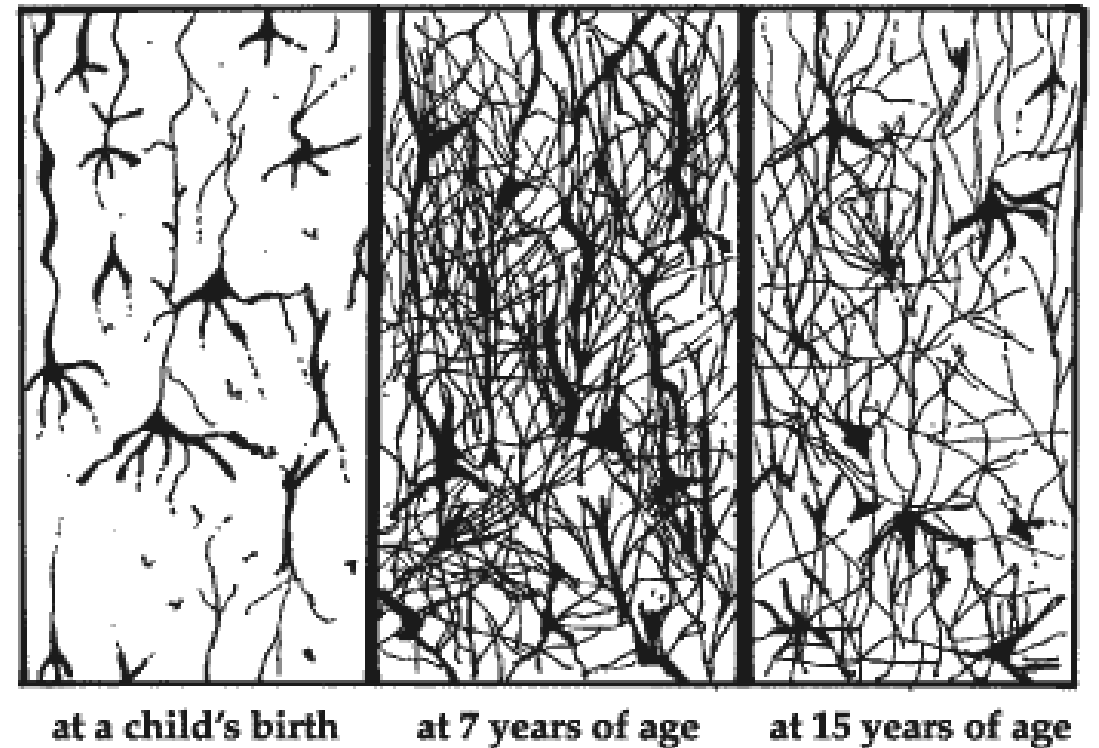
-Bessel van der Kolk



# Relationships are the Foundation for Child Development

The human brain develops in response to its environment.

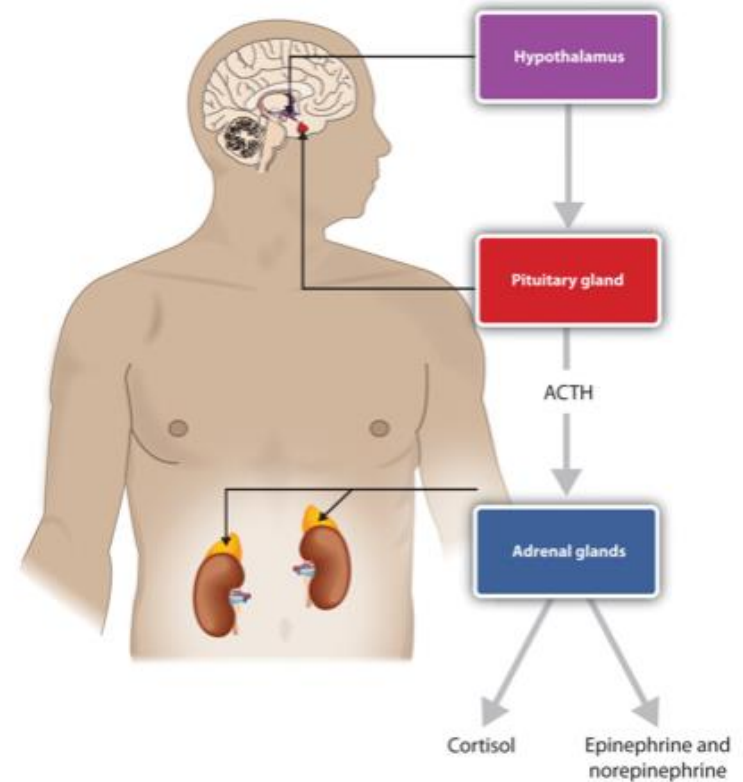
Humans form the ability to regulate emotions in interactions with safe, stable, and nurturing caregivers.



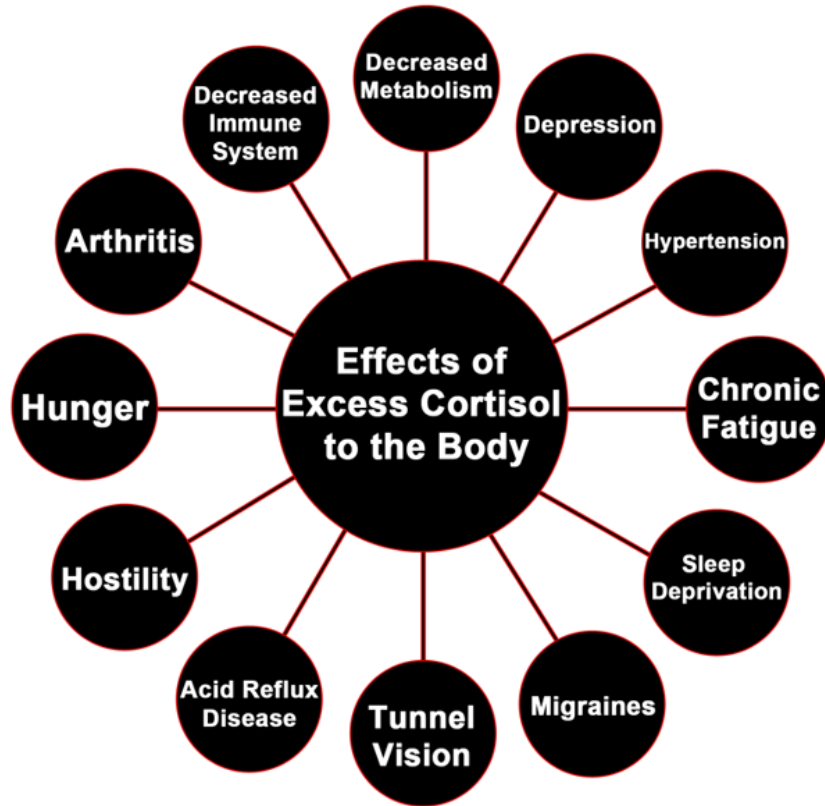
# Gestational Transmission of ACEs

ACES cause changes in mother's HPA axis  
Affects intrauterine environment  
Causes changes in infant's HPA axis

(Thomas, et al. 2018)



# The Role of Cortisol



## Cortisol - The Stress Hormone

- Placenta secretes CRH (corticotropin releasing hormone) stimulates maternal HPA to secrete more cortisol
- Direct exposure to cortisol is regulated by placental enzyme  $11\beta$ -HSD2 which oxidizes cortisol to its inactive form, cortisone.
- Many adverse intrauterine conditions are associated with downregulation of  $11\beta$ -HSD2
- Abnormal levels may induce neurotoxicity and reduced fetal brain growth

(Buss, et al. 2014)

(Thomas, et al. 2018)

# What is Early Relational Health?

- The state of emotional wellbeing that grows from the positive emotional connection between babies and toddlers and their parents supported by safe, stable, and nurturing relationships
- The ultimate prevention
- Treats the ***Relationship*** between parent and child



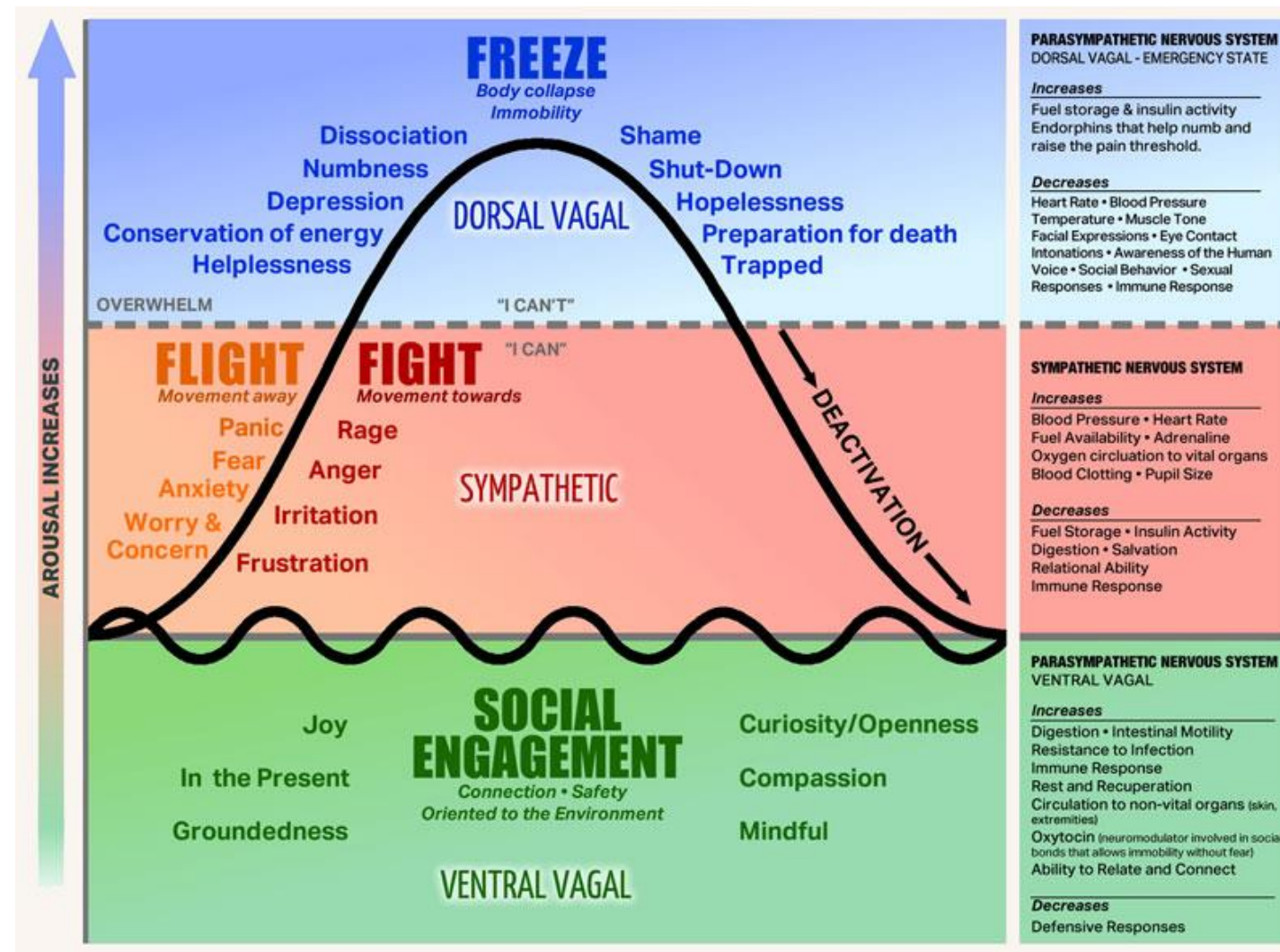
(Early Relational Health Summit, May 11, 2022  
Sponsored by American Academy of Pediatrics)

# Ability to Regulate is Formed in Relationships

- Infant's emotional regulation capacity created within the context of regulated, responsive caregiver.
- Affect regulation is housed in the prefrontal cortex and will not develop without interactions with regulated caregivers.

(Finn et al., 2018 as cited in Cotraccia, 2015).

# Self and Co-regulation

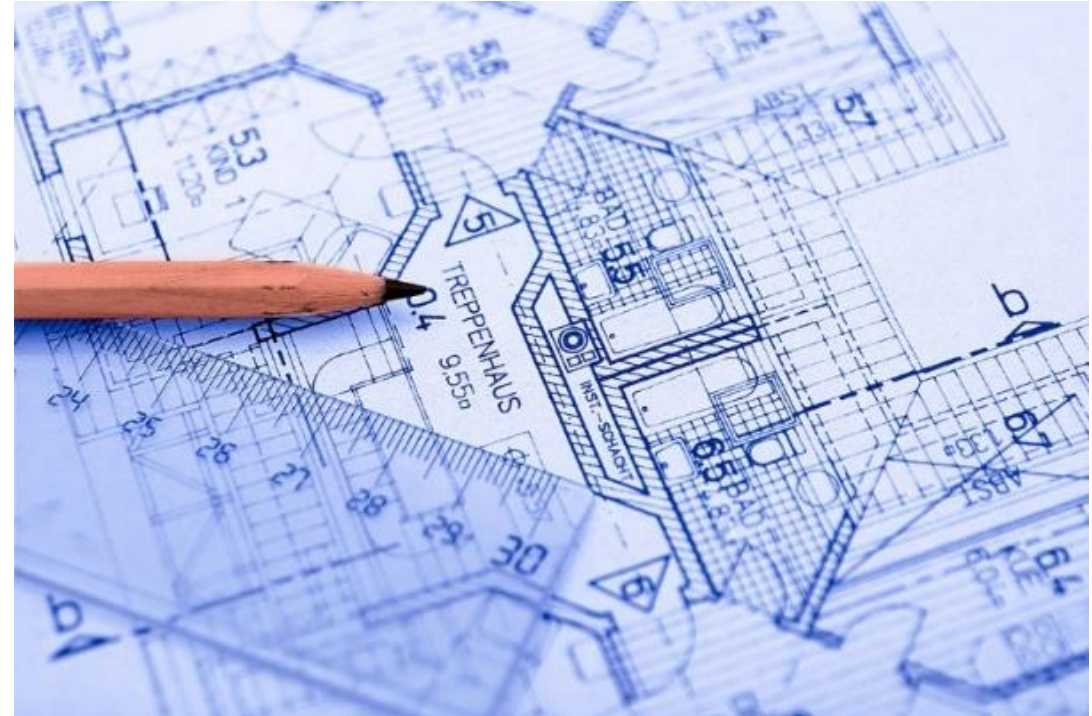


(Van der Kolk, 2014)



# Parent-Child Relationships: Our Blueprint

- Relationships help form our blueprint for how we relate to ourselves, other people, and the world.
- Relationship with parent sets the expectation for future relationships.

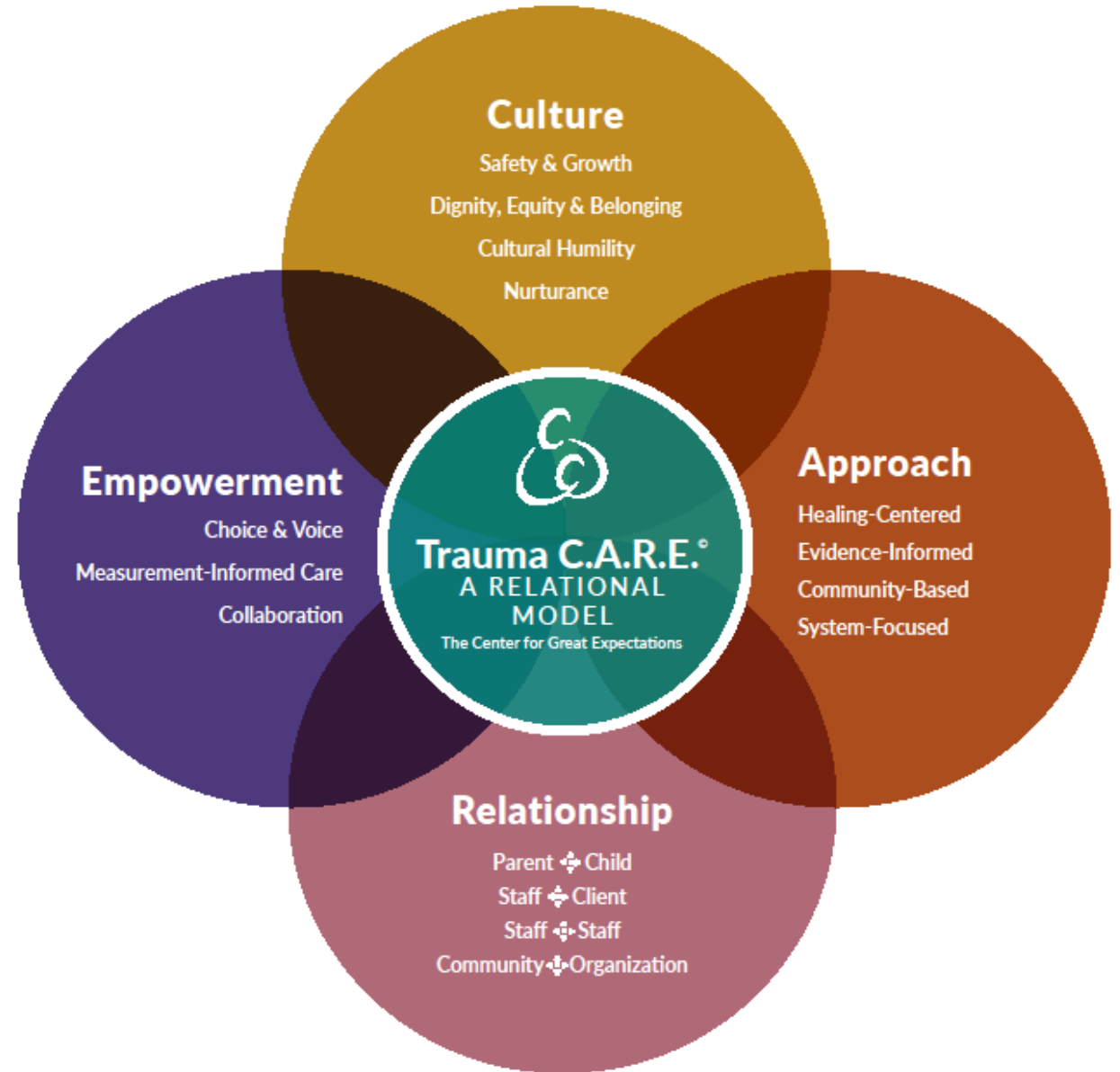


# Human Meaning-Making

Self  
Other  
World



# CGE's Trauma CARE Model



# Culture

- Safety and Growth

Creating safety is not merely reducing environmental risk; it necessitates an understanding about what the human nervous system needs to feel safe, for both staff and clients.

- Cultural Humility

Ability to express one's identity is the foundation of safety within a culture.

- Dignity, Equity and Belonging

Shifting from inclusion into the dominant culture to a culture of belonging.

- Nurturance

The ability to always see one through the lens of unconditional positive regard.

# Approach

- Healing Centered  
Strengths-based
- Evidence-Informed  
Utilization of evidence informed practices
- Community-Based  
Removing barriers; recognizing worth of lived experience
- System-Focused  
Appreciating the impact of the collective on the family's experience

# R<sup>e</sup>lationship: A Parallel Process

- **Parent to Child**

The parent's way of being with child is expanded via new ways of relating with staff

- **Staff to Parent**

Staff to parent relationships have the potential to heal relational trauma that often trigger substance use. Staff are supported in recognizing, reflecting, and regulating to support this corrective experience. Staff capacity to relate to clients this way is expanded via ways of being in relationship with supervisors and other staff.

- **Staff to Child**

Modeling behaviors is used meaningfully and includes being vulnerable and showing difficulty, not being the "better parent."

- **Staff to Staff**

Staff are intentional of the impact of staff to child interactions on parent.

- **Community to Organization**

The organization is embedded in a system that influences staff and clients. The organization's culture, policies, and procedures set the foundation for all interactions in the parallel process.

# Empowerment

- Choice and Voice

Clients are encouraged to participate in and empowered to be self-advocates of their own treatment and recovery efforts

- Measurement-Informed Care

Using data to establish treatment goals, assess progress, informs clinicians and clients of the impact of treatment

- Collaboration

Shift from an authoritative to a relational treatment style, reducing the power differential between counselor and client



# Measurement-Informed Care

## All clients at CGE complete:

- ACE (Adverse Childhood Experiences for childhood trauma)
- GAD-7 (Generalized Anxiety Disorder for anxiety)
- PHQ-9 (Patient Health Questionnaire for Depression)
- UCLA-PTSD (for trauma and trauma symptoms)

## Clients receiving substance use treatment complete:

- SOCRATES (Stages of Change Readiness and Treatment Eagerness Scale)

## Parents complete:

- PSI (Parenting Stress Index)
- DECA (Devereaux Early Childhood Assessment)

## Timeline:

- Admission
- Every 3 months
- Discharge

# Activity

Based on your work setting, get into small groups and complete one side of the worksheet:

- 1) Identify things you can do in your agency to encourage client choice and voice in treatment planning.
- 2) Complete Measurement Informed Care worksheet.

# The Six Rs

**R**ecognize

**R**ecreate

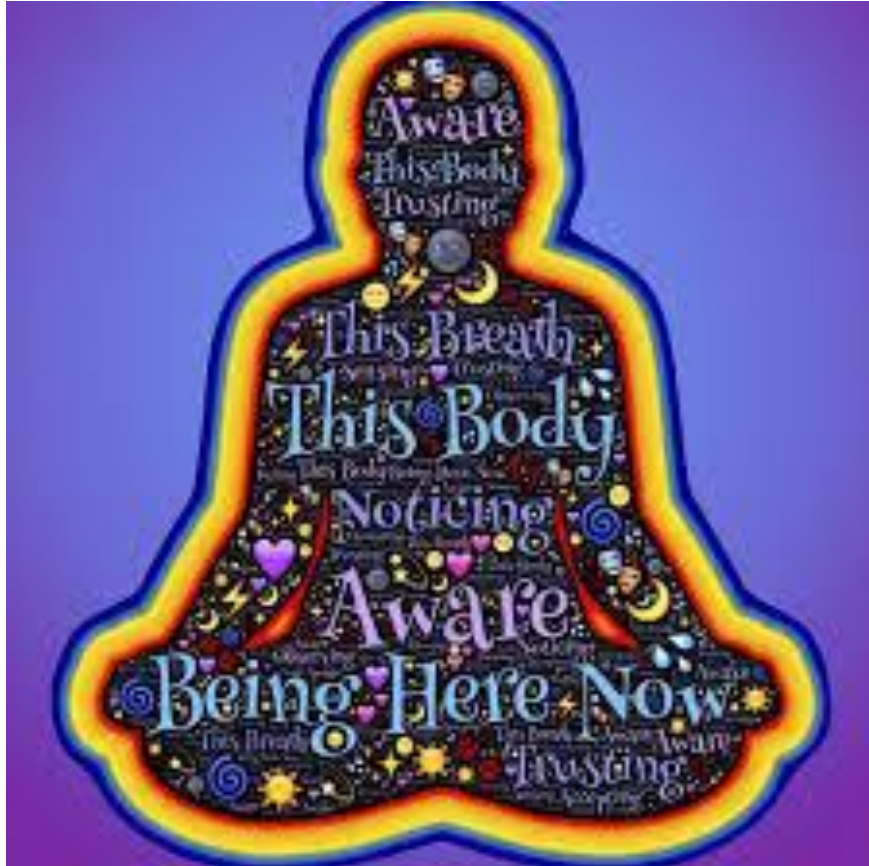
**R**eflect

**R**hythms, Routines and Rituals

**R**egulate

**R**upture and Repair

# Recognize



The ability to identify, in oneself and in others, bodily sensations, behavioral cues, feelings, and thoughts in any given moment or interaction.

# Recognize

## **Why it is important:**

Awareness of one's internal state is the precursor to modulation and regulation. We must be aware of our internal state in order to effectively attune to and co-regulate with client. Doing so creates capacity for adult to do same with child.

## **How to do it:**

Body Scan  
How am I breathing?  
State what you see in other (staff check in)  
Video and discussion  
Engagement Cues

# Reflect



Ability to explore possible meaning of one's own and others' bodily sensations, behaviors, thoughts and feelings.

Explore various meanings and their relation to beliefs, values, and experiences.

# Reflect

## Why it is important:

Ability to reflect is the foundation for flexible meaning making and ability to make helpful, regulating meanings. Co creation of meaning creates cycle of mutual regulation when both are in reflective state.  
Cycle of mutual dysregulation when not in reflective state.

## How to do it:

Identify alternative meanings.

Engage curiosity.

Devote time to thinking about living an intentional life.

Question whether feelings and/or thoughts are related to client or to provider's past coming up in present.



# Regulate



The ability to attain and maintain a state that optimizes brain function.

The ability to do so builds upon skills of recognition and/or reflection.

# Regulate

## Why it is important:

The ability to regulate is housed in the prefrontal cortex and develops as a result of interactions with a regulated caregiver.

Many parents with SUD did not have regulated caregivers and have difficulty regulating.

Staff-client interactions provide an opportunity to develop this skill in parents, building their capacity to co-regulate with their children.

## How to do it:

Identify potentially difficult situations.

Name the emotion.

Practice breathing, grounding, body-based techniques in gradual steps.

Staff practice grounding techniques with each other.

# Recreate



The ability to bring humor and playfulness to interactions with self and others, enhancing enjoyment and connection.

# Recreate

## Why it is important:

Persons who have experienced trauma often have brains attuned to survival, deprioritizing play, creativity, and imagination. Play helps us access pleasurable emotions including awe, joy, and elation. Play is the child's language and a primary way of processing events and associated emotions.

## How to do it:

Attune to client and your relationship with them to decide whether play is helpful in any given moment.

Create a sense of safety to allow room for playfulness.

Identify the absurd and find humor in situations.

# Rhythms, Routines, and Rituals



Ability to be consistent and predictable for oneself and family/child.

Provide opportunities for symbolic representations of states, events, or concepts, in order to create or transform meanings. This creates opportunity to process transitions, mark significant events, and move into new states of being.

# Rhythms, Routines and Rituals

## Why it is important:

Creates safety, a necessary factor for normative growth and development

Provides opportunity to express and reflect upon experiences not easily captured by verbal expression

Decreases need for vigilance and rigidity

Increases self-efficacy and a sense of mastery

## How to do it:

Find the magical in the mundane, like sweeping, washing dishes.

Start sessions with recognition of client growth.

Consider separations and reunions.

# Rupture and Repair



When moments of mismatch and misalignment (rupture) occur within oneself and others, acknowledge these moments and create opportunities and actions for repair and growth.



# Rupture and Repair

## Why it is important:

Rupture, difficulty, and discomfort are unavoidable and critical aspects of the developmental process.

Embracing rupture as a part of the growth process is central to a harm reduction model.

Individuals who have received inadequate opportunities for mismatch and repair experience more anxiety, fear, and self-doubt than those who did.

The experience of repair offers the experience of deep respect and feeling valued.

## How to do it:

It looks like you feel ...

What did it feel like when I...

It looks like I misunderstood ...

I think I messed that up.

If I could do that over I would...

# The Holding Environment



Caregiver can regulate during client/ child's emotional expression

Caregiver experiences the client/child's emotions as normal

Client/Child can freely express

Caregiver's feelings of calm are stronger than client/child's difficult emotion

Caregiving relationship is a buffer against toxic stress

# The Power of Relationships in Recovery



# Pulling it all Together



# Menu of ERH Interventions

Brazelton Touchpoints: <https://www.brazeltontouchpoints.org/>

Brazelton Newborn Behavioral Observation:

<https://www.childrenshospital.org/research/centers/brazelton-institute-research/nbo>

Child Parent Psychotherapy: <https://childparentpsychotherapy.com/>

Circle of Security: <https://www.circleofsecurityinternational.com/>

FAN Model: <https://www.erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions/>

Theraplay: <https://theraplay.org/>

Video Interaction Project: <https://www.videointeractionproject.org/>

Doula Support: [healthconnectone.org](http://healthconnectone.org)

# References

Anda, R.F., Felitti, V.J., Bremner, J.D. *et al.* The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience* **256**, 174–186 (2006).

Arvidson, J., Kinniburgh, K., Howard, K. *et al.* Treatment of Complex Trauma in Young Children: Developmental and Cultural Considerations in Application of the ARC Intervention Model. *Journ Child Adol Trauma* **4**, 34–51 (2011)

Buss, C., Davis, E.P., Shahbaba, B., Pruessner, J.C., Head, K., Sandman, C.A., (2012). Maternal cortisol over the course of pregnancy and subsequent child amygdala and hippocampus volumes and affective problems, *Proceedings of the National Academy of Sciences*, 109(20), E1312-E1319.

Cotraccia, A., (2015). Treating complex traumatic stress disorders in children and adolescents: Scientific Foundations and Therapeutic Models. *Journal of EMDR practice and research*. **9**, 74-75.

Early Relational Health Summit, May 11, 2022. Sponsored by American Academy of Pediatrics

Gold, C., Tronick, E., (2020). *The Power of Discord*. New York: Little, Brown.

Ted Talk: How Childhood Trauma Affects Health Across A Lifetime- Dr. Nadine Burke Harris

Thomas, J.C., Magel, C., & Tomfohr-Madsen, L., Madigan, S. & Letourneau, N., & Campbell, T.S., Giesbrecht, G.F. (2018). Adverse childhood experiences and HPA axis function in pregnant women. *Hormones and Behavior*, 102, 10-22.

Van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. Penguin UK.