The Intersection of Crisis, Trauma and Treatment

Presented by:
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What is a Crisis?

Webster's defines a crisis as a
A critical situation; a turning point
What is a Crisis?

- Who defines the crisis?
- What does it look like?
- How can we predict a crisis?
- Identifying triggers and patterns of behavior
- How do we use crisis to create opportunities?
- How do we use the crisis plan to help manage the crisis?

Where does the crisis begin?

A feeling of uneasiness...worry
Change in Behavior

- Eye Contact
- Mood
- Increase or decrease in energy levels
- Ability to manage tasks
- Appetite
- Sleep patterns
- Ability to listen to others

What do we do?

- We support our kids and families by....
  - Identifying development and age appropriate behaviors
  - Listening
  - Being empathic
  - Being Non-judgmental
  - Utilizing policy and procedure to guide
  - Using the strengths of the youth and family
  - Take the behavior seriously, not personally
The loss of rational thought

• When an individual begins to loose rational thought....
  
  • Maybe belligerent
  • Verbally abusive
  • Begin to challenge authority
  • Unable to hear what you are saying
  • Refuse to comply with requests
  • Become threatening either verbally or physically

What we can do...

• Be Supportive by:
  ✔ Listen
  ✔ Set limits that are
    ❖ Clear
    ❖ Concise
    ❖ Consistent
    ❖ Reasonable
    ❖ Enforceable
  ✔ Get help if necessary
  ✔ Follow-up
Trauma

Webster’s defines trauma as an emotional shock

Trauma Informed Care

“Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.”

SAMSHA’s National Center for Trauma Informed Care
In other words

Trauma Informed Care changes the question from:

“what is wrong with you?”

to

“what happened to you?”

SAMSHA’s National Center for Trauma Informed Care

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The Three Pillars of Trauma-Informed Care:

- Safety
- Affect regulation
- Coping and self-management skills
Creating a Safe Environment

Creating a safe environment:
- Physical and emotional safety
- Ensuring children have appropriate power and control.
- Creating a trauma informed environment to meet the individual needs of the youth

Healing

- New research supports that much of the healing from complex trauma can take place in non-clinical settings.
- Trauma informed living environments in which healing can take place are a precursor to any formal therapy. This is the key ingredient in therapeutic transformation.
Connections

• Comfortable connections between traumatized youth and their care givers is an important component.
• All adults in that youth’s life play a role and can help healing process.
• Relationships are the key to success in the healing process.

Emotional and Impulse Management

“The ability to manage emotions adaptively or to self-regulate is one of the most fundamental protective factors for healthy development”

Alvord and Grados, 2005
Trauma Informed Care

“Children affected by developmental trauma need adults in their lives who can understand the pervasive impact of their experiences and who recognize the pain from ruptured connections can lead to a range of challenging behaviors.”

Bath, 2009

Crisis and Trauma

Does crisis always result in trauma?
Treatment Trends

• Outpatient treatment
  ➢ Individual
  ➢ Family
  ➢ Medication Monitoring
• Intensive In Community & Behavioral Assistance
• Intensive Outpatient/Partial Hospitalization
• Out of home treatment
  ➢ Treatment Home
  ➢ Group Home
  ➢ Residential Treatment
  ➢ Specialty Bed
  ➢ Detention Alternatives
  ➢ Psychiatric Community Residence
  ➢ Intensive Residential Treatment
  ➢ Inpatient Treatment

Levels of Care

- Access (Contracted System Administrator)
- Assessment Services
- Outpatient Treatment
- Intensive In Community & Behavioral Assistance Services
- Mobile Response & Stabilization Services
- Youth Case Management Services
- Care Management Organization
- Out of Home Treatment
- Treatment Home
- Intensive Residential Treatment
- Specialized Bed
- Detention Alternatives
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Treatment Trends in NJ

- Children served in community-based programs has grown by more than 500%
- Youth receiving care management services have shown increased improvement.
- Decrease in the use of shelters, detention centers, CCIS units and out of state treatment facilities.
- Youth are entering the system at a younger age.

Current Data

- 36,957 youth have been served by the NJ Children’s System of Care within the last 365 days.
- Care Management Organizations (CMO) are currently supporting 2,402 youth.
- Youth Case Management (YCM) is currently providing services to 3,449 youth.
- Unified Case Management (UCM) is currently working with 1,980 youth.
- Mobile Response and Stabilization Services (MRSS) is currently working with 1,693 youth.
- Family Support Organizations (FSO) are currently working with 1,726 youth and families.
- There are 1,814 youth currently in out of home treatment facilities.
What does this data tell us?

• The majority of youth who are currently enrolled in the children’s system of care are currently at home.
• Residential treatment is being utilized more appropriately.
• Average length of stay in residential treatment centers has decreased.
• Family involvement has increased.

In Conclusion

• Recognizing crisis situations and intervening early and appropriately is the best strategy in preventing future crisis.
• The best strategy to assisting a youth who has experienced complex trauma is to have all the adults work together to create a safe environment.
• Choosing the right treatment modality is essential for success in treatment. The right treatment at the right time for the right reason.
Questions?

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