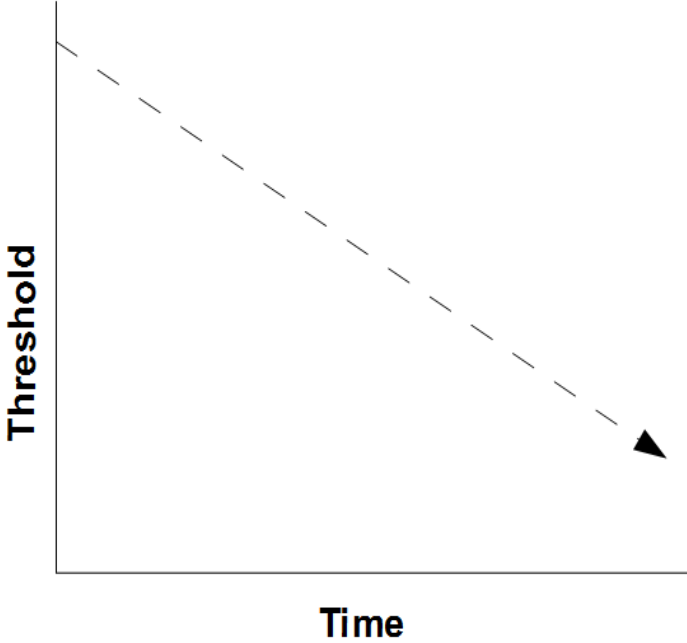
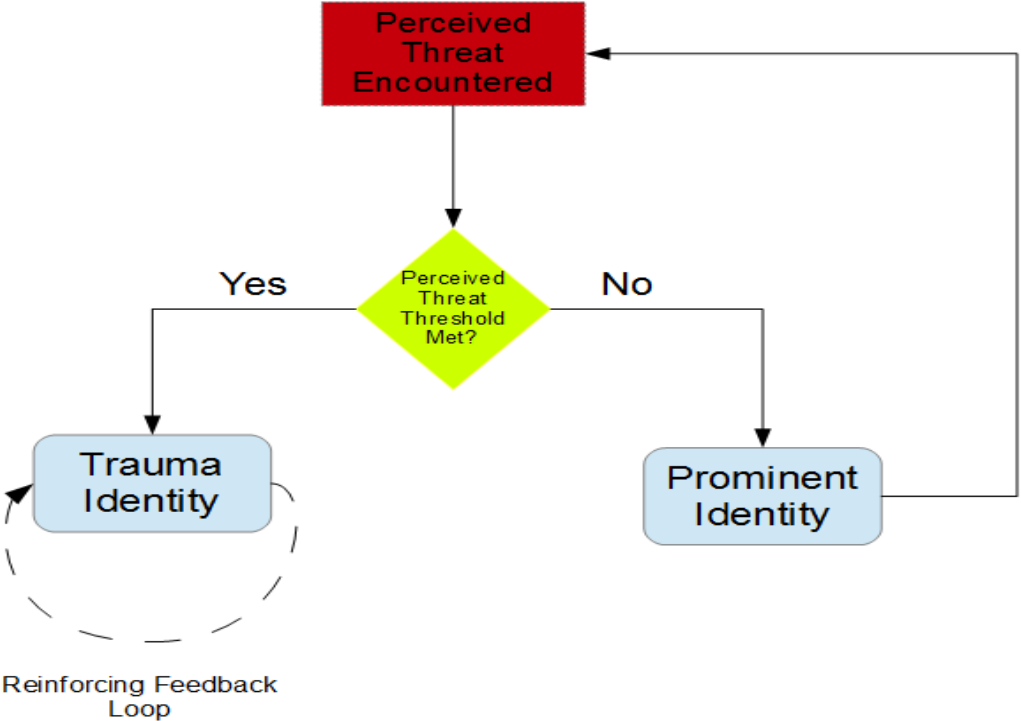


Trauma and De-escalation
By Juan Blea
Presented
5/20/16
Turning Point Recovery

The basis of today's discussion



I believe that if we, as treatment providers, learn the context in which we treat, we may find relevant and culturally appropriate ways to heal and prevent the suffering that we face.

What are we doing today?

The plan is to:

- Lay the foundation and provide background for a detailed discussion about trauma/PTSD
- Discuss Trauma, both individually and socioculturally
- Review and discuss the “trauma informed approach”
- Explore the relationship between opiate abuse and trauma
- Look at de-escalation strategies, both short-term and long term

What are we doing today?

The Goal is to:

- To better understand trauma and its individual & sociocultural effects
- To introduce a roadmap for de-escalating trauma-impacted individuals

Before we begin...

A couple of questions:

- Who are you?
- What is that YOU want to gain from today?

About me...

Why I am here:

- LADAC, CEU Provider
- My background/relationship with today's material

Background and Foundation

Let's start with:

- Power differentials
 - Psychological Empowerment: meaning, competence, self-determination, and impact
- Identity
 - Locus of Control
 - Roles/patterns of behavior

AND

- How time plays into all of this...

Background Dialogue

- Why would a course on trauma include a discussion about power differentials?
- What is your understanding about Identity?
- How do you experience time?

Power differentials can be disrupted through people's awareness and understanding of their own roles and awareness and empathy for other people's roles.

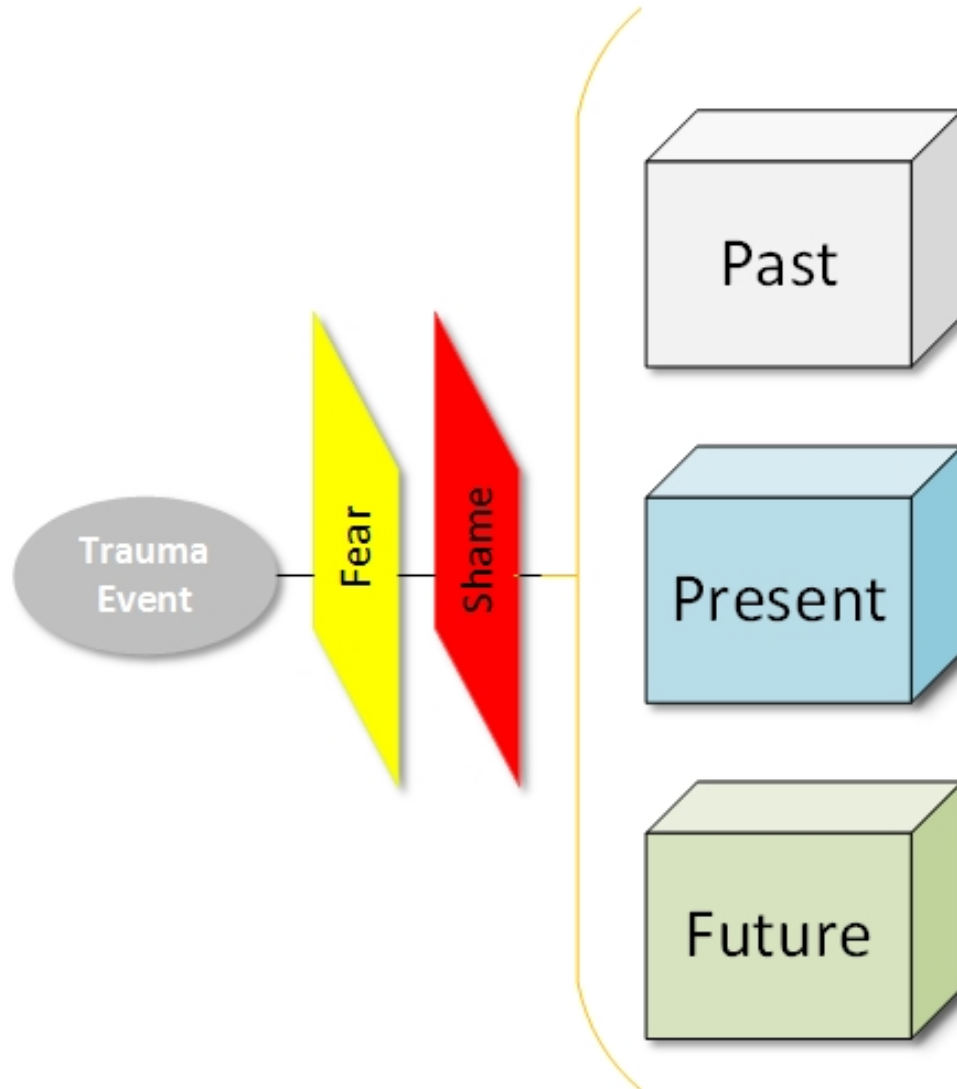
A person who does not perceive
himself or herself as becoming
cannot have a future to be built in
unity with others

-Paulo Freire

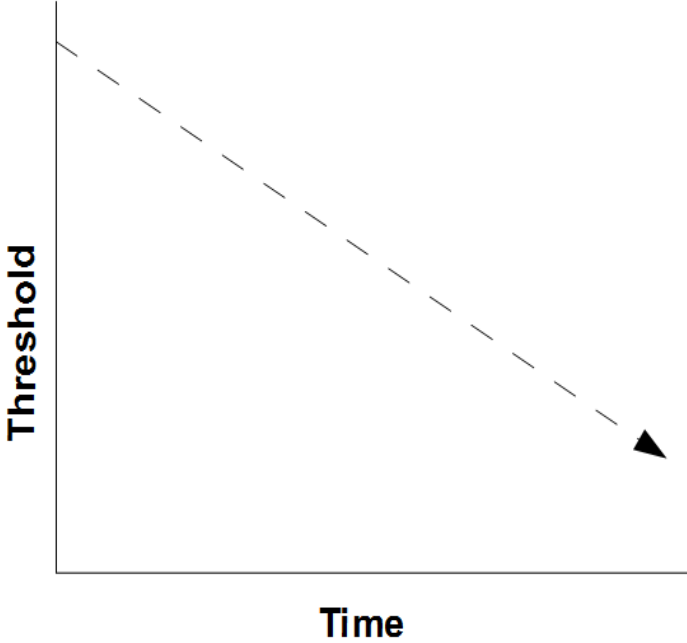
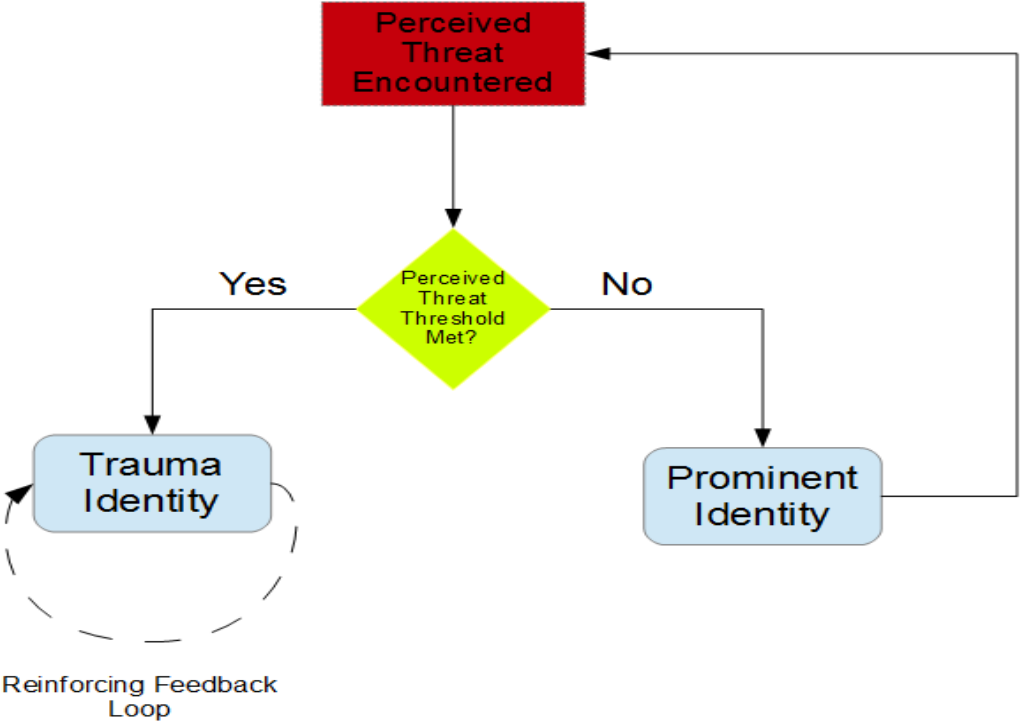
A couple of big questions:

- Is there a difference between a biological identity and a chosen identity?
- Is there a limit to what we can choose as our prominent identity?

Time is multidimensional – especially where trauma is concerned



The basis of today's discussion



Trauma

- What is Trauma?
- Is there such a thing as a historical/genetic predisposition to trauma?
- What is identity in terms of trauma?

Trauma Definition

“Trauma results from an event, or a series of events, that an individual experiences as physically or psychologically harmful or life-threatening and that has lasting adverse effects on the person’s well-being.”

Although this definition does take into account the idea of experience in real-time, it doesn’t account for trauma as an ongoing consciousness is that includes its own feedback loop that, if not disrupted, will continue to escalate even if there hasn’t been an identifiable event. This escalation will result in the Trauma Identity, which is an identity that frames thoughts and behaviors through fear and shame.

Trauma Definition, continued

I believe that social and genetic programming in this region has created a community containing “embedded” trauma. This community seeks relief from this embedded trauma through an unconscious drive towards unhealthy behaviors, including opiate abuse. Also, this social and genetic programming has led to generational poverty, which contributes to the region’s struggle with opiate addiction

Trauma Informed Approach

A program that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- **Seeks** to actively resist re-traumatization.

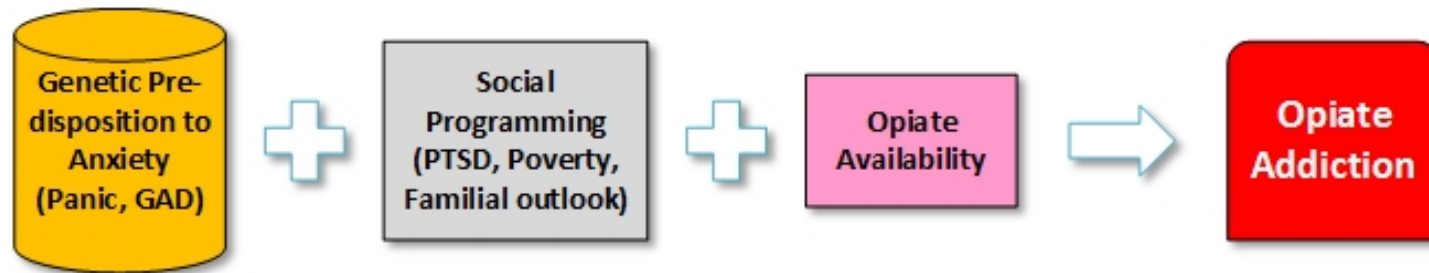
Trauma Informed Approach

Six principles of a trauma-informed approach:

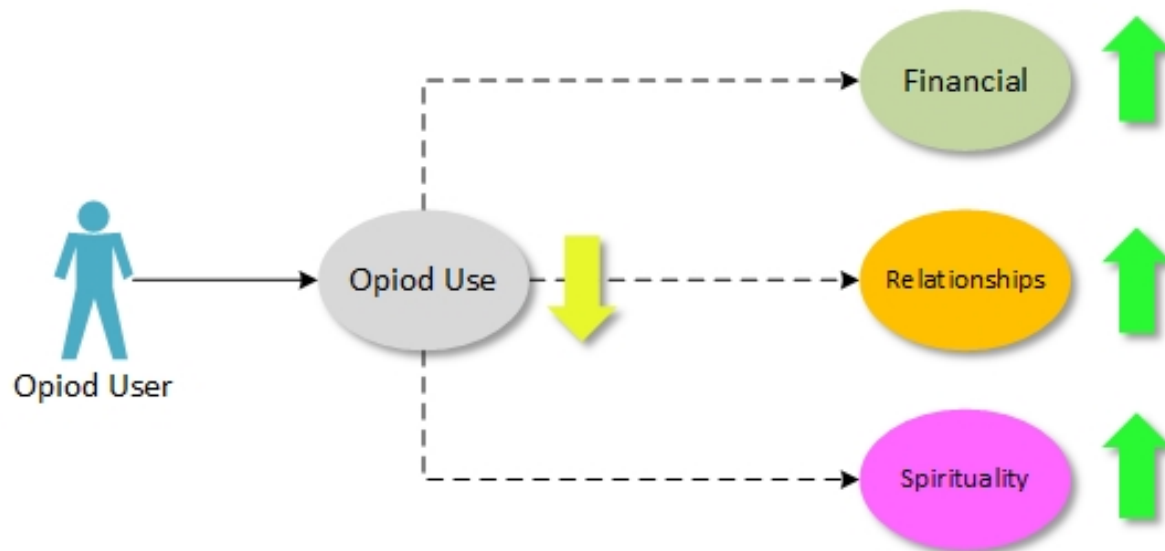
- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

The Perfect Storm:

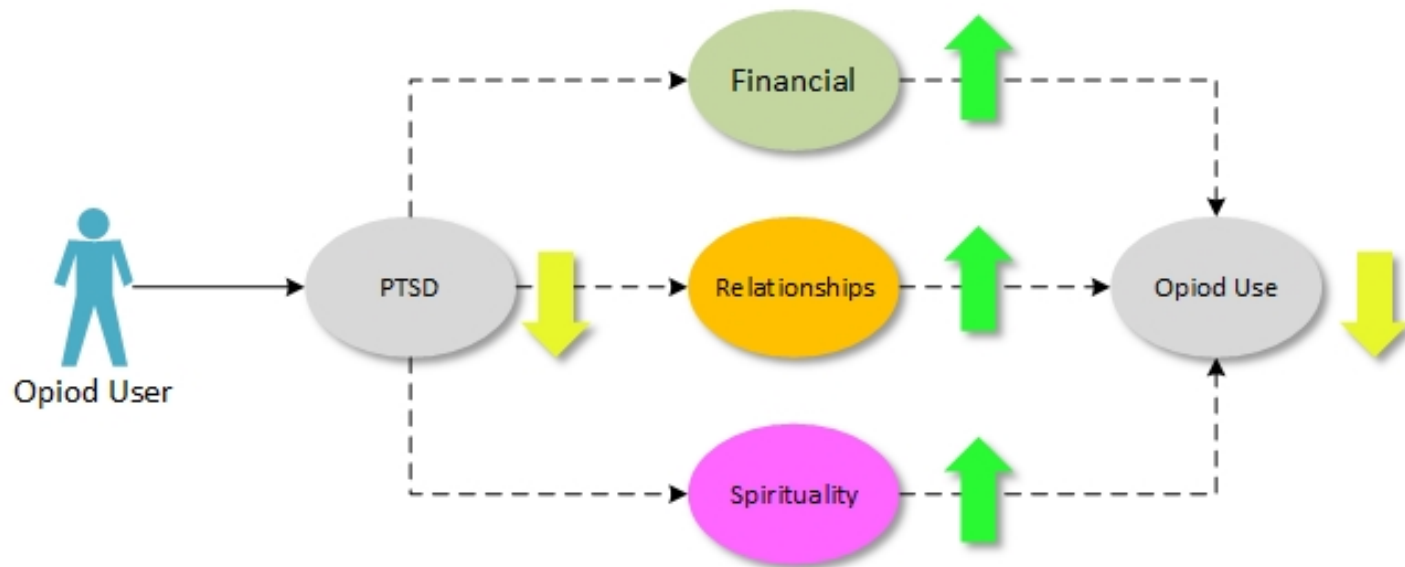
If unrecognized and/or untreated:



Conventional view of treating Opioid Addiction:



More holistic approach of treating Opioid Addiction:



Strategies for Short Term De-escalation

Six things you can do to de-escalate:

- Show understanding
- Modeling calm behavior
- Reassuring
- Encouraging talking
- Using distraction
- Using humor

Strategies for LongTerm De-escalati

Critical pedagogy is a way for people to become aware of their own contexts and their respective roles within those contexts. Critical pedagogy calls for people to: 1) Name their reality in their own terms; 2) To reflect critically upon those terms; and then, 3) Act upon the resulting knowledge.

This process provides the formula for true empowerment because “until each of us owns our own power (negotiates our own identity), we cannot be a part of empowerment”

Case Study for Discussion

“Jane” is a 29 year old Hispanic Female. She has a long history of substance abuse, and is currently addicted to heroin. She was sexually abused at 14 by an older male family member.

Although she is addicted to heroin, when her boyfriend is in jail, she gets clean and remains sober for the duration of his incarceration.

She is presenting because her upon his release, her boyfriend notified her that he is leaving her for another woman. Her state is extremely heightened.

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