

# Providing Trauma Informed Care for Homeless Youth: A Supervisor's Guide



HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

## **Introduction**

Homeless street youth have become part of the landscape in most large American cities. Though the prevalence of youth homelessness is difficult to measure, researchers estimate that between 1.3 and 2.1 million youth experience homelessness each year.<sup>1</sup> Though their backgrounds are diverse, research suggests that most of these youth have experienced early and multiple traumatic events. As a result of their trauma, homeless youth experience significant mental health problems, including depression, anxiety disorders, PTSD, suicidal ideation, attachment disorders, and substance abuse disorders. Trauma responses for young people are shaped, at least in part, by their age, gender, ethnicity, and sexual orientation, and by their cognitive abilities.

While most homeless youth experienced potentially traumatic events before they left home, many of them are re-traumatized once they arrive on the street. They can be victimized by criminals and street predators or by the same individuals that they have sought out for protection and support. For many youth, this repetition of victimization leaves them feeling even more powerless and diminishes their expectations for a life without violence and abuse. For this reason, homeless youth often enter our services with great caution and sometimes with the belief that we might also cause them harm. Helping staff at homeless youth serving agencies to understand this fear and mistrust can help create more responsive and safer healing environments.

In spite of this exposure to potentially traumatic events, many homeless youth are remarkably resilient, particularly if they have access to a positive, caring, adult. Even if they didn't have a trusted adult to turn to in their childhood, even a brief relationship with one caring adult can make a difference.

## **Importance of Supervision for Direct Care Staff**

This supervision guide was crafted for clinical supervisors working with direct care staff. Direct care staff are the heart of any homeless youth serving agency. Regardless of the title - youth worker, childcare worker, resident assistant, resident advocate, or case manager - direct service staff have the most day-to-day contact with homeless youth in drop-in centers, emergency shelters, or transitional living programs. This supervision guide is designed to support agencies in their efforts to help these staff members understand youth behavior in the context of trauma. One of the occupational hazards of working with traumatized individuals is the secondary trauma that can be experienced by the helper. In order to build the capacity of staff, reduce compassion fatigue, and ensure the delivery of high quality services, it is imperative that staff receive trauma-informed clinical supervision. The benefits for the staff, the agency, and ultimately the youth are substantial.

---

<sup>1</sup> Foster, L.K. *Estimating California's Homeless Youth Population* (October 2010), California Homeless Youth Project, California Research Bureau.

## **Acknowledgements**

This supervision guide is the result of over 5 years of work by the Hollywood Homeless Youth Partnership under the auspices of a grant from the Substance Abuse and Mental Health Services Administration as part of the National Child Traumatic Stress Initiative (grant # SM 57247). The core agencies that participated in developing this supervision guide included Childrens Hospital Los Angeles, Covenant House California, the LA Gay and Lesbian Center, Los Angeles Youth Network, My Friend’s Place, and the Saban Free Clinic. We are indebted to the dedication of these agencies and the hard work of their staff for the creation of the supervision guide. We are also deeply appreciative of the input we received from hundreds of staff from these agencies that participated in trainings on “Understanding Homeless Youth in the Context of Trauma” that greatly informed this content. A special thanks to the following individuals who made a significant contribution to this effort:

Daniel Ballin, LCSW  
Heather Carmichael, LCSW  
Lisa de Gyarfas, MS  
Dylan Gailey  
Coreena Hendrickson, LCSW  
Jim MacGaffey, PsyD  
Moises Rodriguez, PhD  
Lisa Phillips, MFT  
Arlene Schneir, MPH  
Jennifer Schwartz, PsyD  
Nikolaos Stefanidis, PhD

## **Core Competencies**

Direct care staff working with homeless youth need to:

- Understand trauma, chronic trauma, and complex trauma and their impact on child/adolescent growth and development;
- Understand adolescent high-risk behaviors in the context of trauma;
- Understand the unique experience of trauma for gay, lesbian, bisexual, and transgender youth;
- Understand the role of culture on a young person’s experience of a potentially traumatic event and the impact of historical/intergenerational trauma on young people;
- Understand the ARC model (Attachment, Regulation, and Skill Competency) and how it can be used as a framework for homeless youth;
- Understand and demonstrate competency in implementing Psychological First Aid for Youth Experiencing Homelessness;
- Understand the need for and demonstrate competency in implementing trauma informed consequences;
- Understand the importance of self care for staff;
- Demonstrate knowledge of boundaries and limit setting;
- Demonstrate skills in using SPARCS language and skills (MUPS, SOS, mindfulness, etc);

Demonstrate knowledge of strength- based approaches;  
Understand the causes and consequences of youth homelessness and the unique barriers to  
engaging and retaining homeless youth in mental health services;  
Understand principles of harm reduction.

### **How to Use this Guide**

This supervision guide was designed to be used by supervisors at runaway and homeless youth serving agencies. We expect that the supervisors will use their own experiences in the field and adapt modules to the needs of their staff and the dynamics of individual groups. While these modules are presented in a particular order, supervisors can feel free to implement them in any order or combination. Resource information about ARC, SPARCS, and other key concepts are listed in the back.

The Hollywood Homeless Youth Partnership has developed a series of web-based modules designed to help orient and train direct care staff. We believe that these modules can provide a core foundation for staff and complement this guide. These modules include:

- Adolescent Development
- Adolescent Risk Behaviors-Self Injurious Behaviors and Suicide
- Adolescent Risk Behaviors-Sexually-Related Risks
- Adolescent Risk Behaviors- Substance Abuse
- Gay, Lesbian, Bisexual, Transgender and Questioning Youth
- Legal and Ethical Issues
- Resiliency
- Runaway and Homeless Youth
- Trauma and Runaway and Homeless Youth

All the modules are free and can be accessed at <http://hhyp.elearning.networkofcare.org>.

<b>Module Table of Contents</b>	<b>Page</b>
Module 1: The Significance of Trauma for Homeless Youth	6
Module 2: Normal Responses to Trauma and Chronic Stress	14
Module #3 Definitions of Trauma, PTSD, Complex Trauma, and the ARC Framework	18
Module #4 What does complex trauma look like?	42
Module #5 Trauma and Brain Development	46
Module #6 Trauma and Attachment	51
Module #7 Self Regulation and MUPS	60
Module #8 Competencies	70
Module #9 Self Care	75
Module #10 Psychological First Aid for Youth Experiencing Homelessness	80
Module #11 Trauma and Substance Abuse	83
Module #12 Mindfulness and SOS	87
Module #13 Trauma Informed Consequences	104
Module # 14 Helping or Harming	112
Module #15 Post Traumatic Growth	116
Resources and References	127

## Module 1: The Significance of Trauma for Homeless Youth

### **Activities**

1. Introduction
2. PowerPoint Presentation
3. Discussion
4. Summary

### **Handouts/Supplies**

- NCTSN Culture and Trauma Brief (downloadable from [www.hhyp.org](http://www.hhyp.org) )
- PowerPoint #1
- PowerPoint Handout (optional)

### **Objectives**

- 
- Participants will learn about the prevalence of trauma in homeless youth populations around the country
  - Participants will identify the connection between early traumatic experiences and long-term physical and mental health issues
  - Participants will recognize the disproportionate trauma experienced by gay, lesbian, bisexual, and transgender youth
- 

### **Introduction**

There is a lot in the literature about homeless youth and trauma. We thought it would be useful to review some of that literature so that you can see if the national data appears consistent with what you have observed.

### **Content- PPT #1**

---

Power Point Presentation (and/or handout)

- National and local data (if available) about homeless youth and trauma

*if local data about trauma and homeless youth is available, please add to presentation or make it available to participants*

### **Discussion Questions**

---

What other pathways to the street do you see in our community?  
Was any of this data surprising?  
What information stuck with you?  
Any thoughts about why the rate of PTSD is so low in some of the studies?

### **Summary**

---

As you can see from this data, homeless youth are highly impacted by trauma. These past traumatic events and their on-going vulnerability to re-victimization impacts on their ability to connect with helping adults and take advantage of available services.

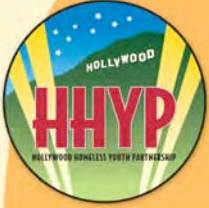


### **Resources**

---

ELearning Module: Trauma and Homeless Youth Module available at <http://hhyp.elearning.networkofcare.org>.

---




## PowerPoint #1

<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Significance of Trauma for Homeless Youth</h3>	
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>The Literature</h3> <ul style="list-style-type: none"><li>• It is estimated that between 1 million to 1.6 million youth experience homelessness each year (National Alliance to End Homelessness, 2006).</li><li>• A large body of research developed over the past two decades documents the high levels of exposure homeless youth have to potentially traumatizing events.</li></ul>	
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Pathway to the Street – System Involvement</h3> <p>Johanna is 17 ½ years of age. She was involved in the foster care system for most of her life. She was removed from her home at age five due to physical abuse and neglect. From age 5-9 she was in 5 different foster homes, and in one instance “almost adopted.” She was reunified with her mother for a short time but was removed again at age 11 because her mother started using drugs. Following this, Johanna lived with an aunt, uncle, 3 more foster placements, and most recently group homes and shelters. She has “AWOL’d” numerous times and ended up on the street.</p>	<p>As we all know, young people end up on the street for a variety of reasons. We are going to look at a few different types of scenarios and talk about the types of trauma that these young people experienced.</p> <p>What types of trauma has Johanna experienced? (separation from family, different care takers, mom being unavailable due to substance use, physical abuse/neglect)</p> <p>What other types of trauma do youth that have been involved in the system often experience?</p>

<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Pathway to the Street - Immigration</b></p> <p>Francisco is a 16-year-old from Honduras who just arrived to Los Angeles after a 3-month journey from his homeland. He came to the United States in order to “help his family out”. On his way to the US, he witnessed the murder of another young person who was pushed off a train he was traveling on.</p>	<p>What types of traumatic experiences has Francisco experienced? (separation from family, witnessing a murder)</p> <p>Is this scenario familiar to you? What other types of trauma do youth who have immigrated experience?</p>
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Pathway to the Street – Community Violence</b></p> <p>Fernando grew in a neighborhood notorious for gang activity. He joined the gang at the age of 14 because he knew that was the only way to survive in his neighborhood. Recently (at age 16), he became very worried about his safety in his neighborhood and he ran away. He is concerned that members of his old gang (or their rivals) will find him.</p>	<p>How often do you see this type of scenario (youth running away from gang or community violence)?</p> <p>What types of traumatic experiences do young people in Fernando’s situation often report?</p>
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Pathway to the Street- Abuse</b></p> <p>Jessica, age 14, recently ran away from home because she felt threatened by her stepfather. Jessica was residing with her mother, and younger sister, Stephanie, age 11 prior to her stepfather moving in. Her stepfather initially seemed “pretty cool” when her mother was dating him but then he started looking at the girls in a “creepy” way shortly after the couple married. Jessica ran away after her stepfather came into her room in the early morning and “tried to touch her.”</p>	<p>Many young people on the street report abuse in their homes. Aside from the experience of being touched by her stepfather, what types of trauma do girls like Jessica often report? How would this be different from boys in a similar situation?</p>



<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Pathway to the Street- Rejection by Family</b></p> <p>John knew he was gay from the time he was young, even before he knew the word. His family is very religious so he worked hard to hide this part of himself. When he was 17, a friend asked if he was gay and John told him the truth. His family found out almost immediately and they kicked John out of the house. They told him he was going to hell for being homosexual.</p>	<p>Many young people report being rejected by family and friends because of their sexual orientation or gender identity. What types of trauma do these youth experience?</p>
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Pathway to the Street – Grandparent Caretaker</b></p> <p>Martha was raised by her maternal grandmother in Mexico since age 3 when her mother went to the US to find work. She is now 15 and just recently moved to the US to be with her mother and her mother’s new family. Since she arrived in the US, there has been intense conflict because Martha feels that her mother “tries to tell me what to do all the time, but she barely knows me.” After a particularly intense verbal altercation, Martha’s biological mom slapped her in front of everyone in the home. Martha left home and ended up in a shelter</p>	<p>There has recently been more attention to girls and boys like Martha. Children that were separated at an early age from their parents and that have a difficult time with the reunion when they are adolescents. What types of trauma to girls and boys like Martha report?</p>
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Homeless Youth and Trauma</b></p> <ul style="list-style-type: none"> <li>• Experience potentially traumatic events at home (sexual and physical abuse and neglect, family conflict, and witnessing family violence)</li> <li>• Experience potentially traumatic events in the community (gang violence)</li> <li>• Experience potentially traumatic events in at-of-home placements (foster care system, juvenile justice system)</li> <li>• Experience potentially traumatic events on the street (assault, hate crimes, partner abuse, prostitution)</li> </ul>	

 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h3>Pathway to the Street – Grandparent Caretaker</h3> <p>Martha was raised by her maternal grandmother in Mexico since age 3 when her mother went to the US to find work. She is now 15 and just recently moved to the US to be with her mother and her mother’s new family. Since she arrived in the US, there has been intense conflict because Martha feels that her mother “tries to tell me what to do all the time, but she barely knows me.” After a particularly intense verbal altercation, Martha’s biological mom slapped her in front of everyone in the home. Martha left home and ended up in a shelter</p>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h3>Prevalence of Trauma</h3> <ul style="list-style-type: none"> <li>• 40% - 60% of homeless youth report physical abuse</li> <li>• 17% - 50% of homeless youth report sexual abuse</li> <li>• 21% - 53% of homeless youth have been former foster care youth</li> </ul>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h3>Consequences of Trauma</h3> <ul style="list-style-type: none"> <li>• Substance use and abuse</li> <li>• Survival sex</li> <li>• Parenthood</li> <li>• Lack of independent living and pro-social interpersonal skills</li> <li>• Low educational attainment</li> <li>• Depression, PTSD, and other mental health issues</li> </ul>	<p>Ask the audience to talk about the connection between the items on this list and trauma</p> <p>Up to 60% of mental health disorders in adults are associated with early traumatic experiences</p>



## Early Trauma and Consequences

- 19% -50% of traumatized homeless youth have been diagnosed with a serious mental health disorder
- Childhood sexual abuse and assault are related to higher suicide rates and self injurious behavior
- Homeless youth with histories of early physical and sexual abuse present with the most severe psychopathology and are predisposed to re-victimization
- A large portion of homeless youth "self-medicate" their symptoms with multiple drugs



## Lesbian, Gay, Bisexual, Transgender Youth

- 86.2% of LGBT students reported being verbally harassed at school in the last year
- three-fifths (60.8%) felt unsafe at school because of their sexual orientation
- 73.6% heard derogatory remarks such as "faggot" or "dyke" frequently or often at school
- 44.1% reported being physically harassed
- 22.1% reported being physically assaulted at school in the past year because of their sexual orientation.
- More than half (60.8%) of students reported that they felt unsafe in school because of their sexual orientation, and more than a third (38.4%) felt unsafe because of their gender expression.
- Only 11 states and the District of Columbia protect students from bullying and harassment based on sexual orientation, and only seven states and DC protect students on the basis of gender identity/expression.


Kosciw, Diaz; & Greytak 2008.



## Homeless LGBT Youth-8 City Comparison

- LGB Youth more likely to be in the custody of social services
- More likely to have attempted suicide
- More likely to have engaged in survival sex
- More likely to have families with substance use histories
- More likely to have more than 5 drinks in one sitting in last 2 weeks
- More likely to have used injection drugs

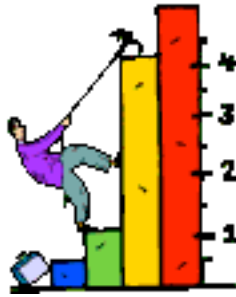
Ray (2006)

 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h2>Early Trauma and Consequences</h2> <ul style="list-style-type: none"> <li>• Coexisting disorders are more likely in homeless traumatized youth</li> <li>• Many youth re-experience abuse once on the street</li> <li>• There are higher rates of HIV infection in homeless youth</li> <li>• There is lower literacy rates among homeless youth</li> <li>• Homeless youth tend to have higher drop-out rates, repeat grades, and score lower on school tests than non-homeless youth</li> </ul>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h2>Economic Impact</h2> <ul style="list-style-type: none"> <li>• 24.4 BILLION \$\$\$\$ of direct cost (hospitalization, MH treatment, child welfare, law enforcement, judicial system expenses)</li> <li>• 69.7 BILLION \$\$\$\$ indirect cost (Special Ed., juvenile delinquency, adult MH, lost productivity, adult criminality)</li> </ul> <p>van der Kolk 2005</p>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h2>Homeless Adolescents - Trauma and Stress</h2> <ul style="list-style-type: none"> <li>• Most of the youth on the street have experienced potentially traumatizing events before they became homeless</li> <li>• Enormous trauma and stress associated with survival on the street</li> <li>• Few resources to manage stress</li> <li>• Alcohol and drugs readily available</li> <li>• General resistance to mental health services due to past experiences.</li> </ul>	



## The Challenge

- How do we meet the needs of a highly traumatized group of youth that aren't seeking trauma treatment and have had poor experiences with mental health services?



## References

- Hyde, J. From home to street: Understanding young people's transition into homelessness. *Journal of Adolescence*, 2005 28(2), 171-183.
- Kosciw, J. G., Diaz, E. M., & Greytak, E. A. (2008). 2007 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN
- Murphy A, Poon C., & Weigel M. No Place to Call Home: A profile of street youth in British Columbia. The McCreary Centre Society. Burnaby, BC, Canada, 2001.
- Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.
- Thompson, S. J., & PALLAI, V. K. Determinants of Runaway Episodes Among Adolescents Using Crisis Shelter Services. *International Journal of Social Welfare*, 2006 15(2), 142-149.
- van der Kolk, B.A. Editorial Introduction: Child Abuse & Victimization. *Child abuse & victimization, Psychiatric Annals*, (2005) pp. 374-378.

## Module 2: Normal Responses to Trauma and Chronic Stress

### **Activities**

1. Introduction
2. Bottle Bursting Activity
3. Discussion
4. Summary

### **Handouts/Supplies**

- Handout 2.1 Stress: The Body's Alarm System
- Handout 2.2 Reactions to Trauma
- 3 small seltzer/club soda bottles: 1 with the contents replaced with tap water. Facilitator needs to know which bottle is which
- Flip chart and markers

---

### **Objectives**

- Participants will identify three types of responses to chronic stress and trauma

---

### **Introduction**

Today we are going to talk about normal responses to trauma and chronic stress. Instead of just talking about normal responses, I thought it would be better for you to experience this first hand.

---

### **Activity-Bottle Bursting<sup>1</sup>**

We need 3 volunteers who don't mind getting a little wet.

*Hand the volunteers a bottle each, remembering which person is holding the bottle with tap water.*

I want everyone to think about the things that stress out the youth that you work with and then share them with the group. I want the folks that are holding the bottles to shake them while you are hearing about all of these stressful things.

*Write the stressful things on a flip chart.*

What is happening inside the bottle as our volunteers are shaking them?

(Example: When we get full of feelings, pressure begins to build up inside. We feel like a bottle about to burst. )

*Ask person #1 (holding a real bottle of club or seltzer) to open their bottle quickly.* (Be clear about making sure that the other individuals holding bottles do not open their bottles until they are instructed.)

---

<sup>1</sup> This activity was adapted from "SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress –Group Trauma Treatment Curriculum (2006). Ruth DeRosa, Mandy Habib, David Pelcovitz, et al."

---

What happens when we bottle things up? (solicit responses such as those below)

We explode  
Pressure gets released all at once  
Things get messy  
You have to clean up the mess

***Ask person #2 (holding the bottle that holds tap water) to open their bottle quickly***

What happened? (solicit responses such as those below)

Sometimes things get bottled up for so long that you go numb and feel like you don't have any feelings at all.  
Sometimes people end up feeling flat, emotionless.

What is wrong with feeling numb?

Can't feel good things  
Feelings are important, they tell you when something is wrong

***Ask person #3 (holding a bottle of club soda or seltzer) to alternatively open and close their bottle slowly (they should have kept shaking it during the other discussions) to release the pressure.***

What happened?

Didn't explode  
Didn't go flat  
Let out pressure slowly

---

***Discussion Questions***

1. Did this activity make you think of any youth at your agency? Why?
2. How does your agency handle a young person who is about to explode?
3. Some youth have their own ways to "let the pressure out of the bottle". What are those? (include positive and destructive ways -- self injurious behavior, risk taking, etc).
4. Did you see yourself in this activity? How so? Which bottle are you?

***Summary***

---

It is very easy to talk about stress and trauma and forget for a minute what it feels like when you are about to explode. This exercise reminds us that people are very much like these bottles and that we all need to figure out how to release the pressure that is inside of us.

---

***Stress = The Body's Alarm System***



**BODY SIGNALS**

Heart pounding  
 Rapid breathing  
 Stomach/head/muscle ache  
 Fight or flight



**BODY SIGNALS**

Heart feels like bursting  
 Gasping, feeling smothered  
 Muscles feel like exploding  
 Overreacting or freezing

**FEELINGS**

Excited or worried  
 Frustrated, determined  
 Angry or scared  
 Some loss of control  
 Worried about yourself



**FEELINGS**

Terrified or panicked  
 Enraged or aggressive  
 Hopeless or doomed  
 Helpless or out of control  
 Worthless, like a failure

**THINKING**

Some clear thinking  
 Some clear memories



**THINKING**

Confused, mentally shut down  
 Memory like a broken puzzle

**ACTIONS**

Acting rapidly  
 Facing problems  
 Taking on challenges  
 Searching for solutions



**ACTIONS**

Automatic reflexes or freezing  
 Avoiding problems  
 Taking risks  
 Making a mess of your life  
 (at school, with family, with friends)



# Reactions to Trauma

## Reminders of the Trauma



I think about what happened when I don't want to. I have dreams about what happened. I feel like it's happening again, right now. I get really upset when something reminds me of it. My heart pounds and I sweat when something reminds me of it.

## Avoiding Reminders of the Trauma

I try to avoid thoughts, feelings, activities, people and places that remind me of the trauma. I can't even remember all of stuff that happened. After it happened, I wasn't really interested in things. I don't feel attached to other people anymore. I don't feel stuff (emotions) like I used to. I don't think my future will be good.



## Wound Up/Jumpy

I have problems falling asleep or staying asleep. I get angry really easy. I have trouble concentrating. I'm always super-alert, on guard, and watchful. I'm really jumpy and easily startled by loud noises or when somebody sneaks up on me.



## Mental Shutdown (Dissociation)

People tell me I'm spacing out a lot. I feel like people and things aren't real, or like I'm in a dream. I feel like I'm watching myself from outside, or don't know who I am. It's like separate parts of me take control of my life.



## Module #3 Definitions of Trauma, PTSD, Complex Trauma, and the ARC Framework

### **Activities**

1. Introduction
2. PowerPoint Presentation #2
3. Discussion
4. Summary

### **Handouts/Supplies**

- Handout 3.1 Domains of Impairment from an ARC Perspective
- Handout 3.2 Trauma Definitions
- Handout 3.3 Historical Trauma
- Handout 3.4 The ARC Framework

---

### **Objectives**

- Participants will be able to define trauma, PTSD, chronic trauma, and complex trauma
- Participants will be able to describe normal responses to complex trauma
- Participants will be able to identify key individual variables that help determine the reaction to potentially traumatizing events
- Participants will know the core concepts of the ARC Framework (Attachment, Self Regulation, and Skill Competency)

---

### **Introduction**

We wanted to spend some time making sure that we have a common understanding and a common language about trauma. Please feel free to ask questions as you have them.

It is natural for folks learning about trauma to think about the trauma that each of us has experienced. Most of us have experienced the loss of a loved one, an accident, or some other traumatic event. It can be useful to think about our own responses to traumatic events as we think about how trauma has impacted on homeless youth.

---

### **Content-PPT #2**

Key Concepts covered in lecture format with/or without PPT

- Definition of trauma and complex trauma
  - Identify the pre-event, event, and post- event factors that can impact on the way the traumatic event is experienced and how well an individual recovers
  - Definition of PTSD
  - The ARC Framework and how trauma impacts attachment, self-regulation, and competencies.
  - What behaviors do we observe that could be a trauma response?
  - Unique issues for LGBT youth.
  - Unique issues for youth of color and immigrant youth
-

---

**Discussion**

1. What are the unique issues surrounding trauma for youth experiencing homelessness?
2. What type of pre-event factors put homeless youth at greater risk?
3. What types of post event factors interfere with recovery for homeless youth?

---

**Summary**

We recognize that this may be a lot of new terminology for some of you. However, we really believe that as we understand more about trauma and its impact on the young people that we serve, we can be more effective in our work.

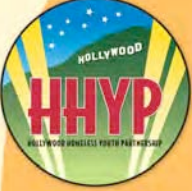


---

**Resources**

Complex Trauma in Children and Adolescents  
[http://www.nctsnet.org/nctsn\\_assets/pdfs/edu\\_materials/ComplexTrauma\\_All.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf)

---

PowerPoint #2

<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2>Trauma, PTSD, Complex Trauma, and the ARC Framework</h2>	
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Learning Objectives</h3> <ul style="list-style-type: none"><li>• What do we mean when we use the term trauma?</li><li>• What do different types of traumatic events have in common?</li><li>• Why do people respond differently to the same traumatic event?</li><li>• What do we mean by the term PTSD?</li><li>• What is “Complex Trauma?”</li><li>• How is Complex Trauma different from PTSD and how is it the same?</li><li>• Eight Domains of Impairment</li><li>• ACES Study</li></ul>	
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>What are some examples of “traumatic events?”</h3> <ul style="list-style-type: none"><li>• Military combat</li><li>• Violent assault</li><li>• Witness to violence</li><li>• Natural disaster</li><li>• Automobile accident</li></ul>	



### What do these events have in common?

- The event is unexpected
- The victim was unprepared for the event
- There wasn't anything the person could do to prevent the trauma
- The person experienced intense fear, helplessness and horror



### What was Dorothy's trauma?



If you think about the last book that you read or the last movie that you saw that really moved you, it was probably a story about an individual's traumatic experience, their immediate response to that trauma, and how they grew or changed.

The Wizard of Oz is the story of a traumatic event. What was Dorothy's trauma? She is a twister survivor. Her house fell and killed someone. Another witch is trying to kill her. What happened to her biological mother and father? Why is she living with Aunt EM? How did the traumatic experience change Dorothy? (She talked about appreciating the love that she had right at home). Do you think that Dorothy experiences long-term effects of her traumatic experiences?



### What was Harry's Trauma?



His mother was killed protecting him  
He lived with a family that didn't love him or care about him.  
Voldemort is trying to kill him.



### Why do some people respond differently?





- Pre-event factors
- Event factors
- Post-event factors
- Personal characteristics







### Pre Event Factors






We all bring our past experiences to a traumatic event. Long before a particular traumatic event, some of us are already bringing a lot of baggage with us.

<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Negative Pre-event Factors</h3> <ul style="list-style-type: none"> <li>• Previous exposure to trauma or child abuse</li> <li>• Ineffective coping skills</li> <li>• Previous Mood or Anxiety Disorders</li> <li>• Family Instability</li> <li>• Family History of Criminal Behavior</li> <li>• Trouble with authority</li> <li>• Absence of social support</li> <li>• Age at the time of the event--- under age 25</li> </ul>	<p>What are positive pre event factors?</p> <p>no previous exposure effective coping skills stable family structure</p>
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Event Factors</h3> 	<p>What type of event factors could impact on the way we experience a trauma?</p> <ul style="list-style-type: none"> <li>• Whether this is a single event or something we have experienced before?</li> <li>• The meaning of the event to the victim</li> <li>• How freaked we are</li> <li>• Our geographic nearness to the event?</li> </ul>
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3>Event Factors</h3> <ul style="list-style-type: none"> <li>• Geographic nearness to the event</li> <li>• Level of exposure to the event</li> <li>• The event's meaning to the victim</li> <li>• Being a victim of multiple traumatic events</li> <li>• Duration of the trauma</li> <li>• The existence of an on-going threat</li> </ul>	

<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Post Event Factors</b></p> 	<p>After a traumatic experience, what could make a difference about the way we reflect on an event?</p>
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Negative Post Event Factors</b></p> <ul style="list-style-type: none"> <li>• The absence of social support</li> <li>• Indulging in self-pity</li> <li>• Not being able to do something about what happened</li> <li>• Being passive rather than active</li> <li>• Inability to find meaning in the suffering</li> </ul>	<p>Looking at this list, what do you guess are positive post event factors?</p>
<p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <p><b>Personal characteristics that help us cope</b></p> <ul style="list-style-type: none"> <li>• Internal Locus of Control</li> <li>• Self-efficacy</li> <li>• Sense of coherence</li> <li>• Strength (physical and emotional)</li> <li>• Motivation to deal with the trauma</li> <li>• Optimistic attitude</li> </ul>	



<p style="text-align: right; font-size: small;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">Posttraumatic Stress Disorder - PTSD</h2> <p>Diagnostic Criteria:</p> <ul style="list-style-type: none"> <li>• Re-experiencing the event</li> <li>• Avoiding the stimuli and numbing of responsiveness</li> <li>• Increased arousal</li> </ul>	<p>This is not a training about PTSD. In fact, very few homeless youth meet the diagnostic criteria for PTSD even though most of them have experienced potentially traumatic experiences. Any thoughts about why this could be true? (Due to the frequency of past traumatic experiences, they expect the world to be a bad place and aren't surprised when bad things continue to happen.) Even if they don't have PTSD, many homeless youth do show some of the signs of PTSD and it is important for us to keep this in mind.</p>
<p style="text-align: right; font-size: small;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">Re-experiencing the Event</h2> <ul style="list-style-type: none"> <li>– Recurrent images and thoughts</li> <li>– Recurrent and distressing dreams</li> <li>– Reliving the experience (flashbacks)</li> <li>– Distress at exposure to cues that symbolize the traumatic event</li> <li>– Physiological reactivity</li> </ul>	
<p style="text-align: right; font-size: small;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">Avoidance and Numbing</h2> <ul style="list-style-type: none"> <li>• Efforts to avoid thoughts and feelings</li> <li>• Efforts to avoid activities, places or people</li> <li>• Inability to recall important aspects of the trauma</li> <li>• Diminished interest in activities</li> <li>• Feeling detached from others</li> <li>• Restricted range of affect</li> <li>• Sense of foreshortened future</li> </ul>	

<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">Increased Arousal</h2> <ul style="list-style-type: none"> <li>• Difficulty falling asleep</li> <li>• Irritability or outbursts of anger</li> <li>• Difficulty concentrating</li> <li>• Hyper-vigilance</li> <li>• Exaggerated startle response</li> </ul>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">What is Complex Trauma?</h2> <ul style="list-style-type: none"> <li>• Complex Trauma describes the dual problem of children’s exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes.</li> <li>• This exposure often occurs in the care giving system and social environment that are supposed to be a source of stability in a child’s life.</li> <li>• This on-going exposure to traumatic events often leads to subsequent traumatic exposure.</li> </ul> <p style="font-size: small;">(NCTSN “Complex Trauma in Children and Adolescents” White Paper 2003).</p>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="background-color: #f4a460; padding: 5px;">Examples of Complex Trauma</h2> <ul style="list-style-type: none"> <li>• Childhood abuse (physical, sexual, emotional, neglect)</li> <li>• Frequent change of caregivers</li> <li>• Witness to domestic violence</li> <li>• Victim of gang or street violence</li> <li>• Homelessness</li> </ul>	



## Complex Trauma vs. PTSD

- Complex Trauma refers to multiple and on-going stress, primarily experienced in childhood and adolescence.
- The impact of complex trauma may not mirror the symptoms of PTSD,
- A diagnosis of PTSD may result from a single event at anytime in the lifecycle.
- A diagnosis PTSD is limited to specific symptom criteria, including re-experiencing, avoidance, and increased arousal.



## The ARC Framework




Focusing on the impact of trauma in these domains:




- Attachment
- Self-Regulation
- Competencies



## Attachment

**“Positive attachment is the capacity to form and maintain a healthy emotional bond with another person or persons which is a source of mutual comfort, safety, and caring.”**

<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3 style="text-align: center;">Challenges to Positive Attachment...</h3> <ul style="list-style-type: none"> <li>▪ Suspicious of others; preoccupied with perceived threats</li> <li>▪ Defiant and/or aggressive towards peers, caregivers or other adults</li> <li>▪ Non-discerning in making friends or sharing information</li> <li>▪ Unaware of their own emotions</li> <li>▪ Not attuned to others' emotions</li> <li>▪ Avoids asking for help or communicating needs</li> <li>▪ Needy and demanding behavior</li> <li>▪ Allows oneself to be victimized by others</li> <li>▪ Isolative behavior</li> <li>▪ Engages in loud attention seeking behavior</li> <li>▪ Inappropriate attempts to gain intimate contact;</li> </ul>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3 style="text-align: center;">Self-Regulation</h3> <p style="text-align: center;"><b>“Self-Regulation refers to developing and maintaining the ability to notice and control feelings such as frustration, anger and fear.”</b></p>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h3 style="text-align: center;">Challenges to Self-Regulation...</h3> <ul style="list-style-type: none"> <li>• Hypersensitivity to physical contact</li> <li>• Hyper vigilance – overreacts to perceived threats or danger</li> <li>• Hyper arousal – feeling tense, on edge, easily startled, difficulty sleeping or having angry outbursts</li> <li>• Somatization – experiencing emotional stress in one's body</li> <li>• Inability to be in the moment or to be “mindful”</li> <li>• Disturbances in regulation of bodily functions – sleeping, eating and digestion.</li> </ul>	

<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="text-align: center;">Competencies</h2> <p><b>“Developmental skill competency refers to mastering the developmental tasks of adolescence and developing the ability to plan and organize for the future.”</b></p>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="text-align: center;">Challenges to Competency</h2> <ul style="list-style-type: none"> <li>▪ Pessimistic and hopeless outlook</li> <li>▪ Lacking a sense of meaning or purpose in life</li> <li>▪ Perceptions of self: <ul style="list-style-type: none"> <li>▪ Low sense of self-efficacy (inability to complete necessary tasks within one's environment)</li> <li>▪ Low self-worth (not worthy or deserving of love, attention, help, etc...)</li> </ul> </li> <li>▪ Difficulties in the following: <ul style="list-style-type: none"> <li>▪ focusing on the task at hand</li> <li>▪ Planning and future oriented thinking</li> <li>▪ Realizing consequences for one's actions</li> <li>▪ Setting realistic, achievable goals</li> </ul> </li> <li>▪ Examples of Developmental Skill Deficiencies: <ul style="list-style-type: none"> <li>▪ Budgeting and banking;</li> <li>▪ Shopping and cooking</li> <li>▪ Completing job applications and interviewing</li> </ul> </li> </ul>	
<p style="text-align: right;">HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p>  <h2 style="text-align: center;">Special Populations</h2> <ul style="list-style-type: none"> <li>▪ LGBT youth</li> <li>▪ Youth of color</li> <li>▪ Immigrant youth</li> <li>▪ Gang involved youth</li> <li>▪ Other populations</li> </ul>	<p>Data suggests that LGBT youth are harassed, verbally and physically assaulted as a result of their sexual orientation or gender expressions. Youth of color are over-represented in the child welfare system, the juvenile justice system, and in communities of poverty. Often the process of immigrating to the US is a traumatic experience. It may have involved separation from family members, traumatic border crossings, fear of discovery for youth that are not documented, and vulnerability to exploitation by coyotes, employers, etc.</p>

HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

**HHYP** ACES Study

The diagram illustrates the ACE Study as a pyramid with five levels, representing the mechanisms by which adverse childhood experiences influence health and well-being throughout the lifespan. An upward-pointing arrow on the left indicates the progression from 'Conception' at the bottom to 'Death' at the top. The pyramid levels, from bottom to top, are: Adverse Childhood Experiences (pink), Disrupted Neurodevelopment (red), Social, Emotional, and Cognitive Impairment (purple), Adoption of Health-risk Behaviors (blue), and Chronic Diseases and Social Problems (orange). The top tip of the pyramid is labeled 'Early Death' (yellow).

Death

Conception

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

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. The ACE Study findings suggest that these experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. More information is available on the ACE study at <http://www.cdc.gov/nccdphp/ace/>

HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

**HHYP** Trauma as a lens

Why is it helpful to use “trauma” as a lens to gain a perspective on the youth we serve?

- Builds empathy
- Normalizes their behavior and presentation
- Comprehensive and flexible
- Other reasons?

## Handout 3.1

### **Impact of Complex Trauma Using the ARC (Attachment, Self Regulation, and Skill Competency) Framework**

#### **Challenges to Positive Attachment**

- Suspicious of others; preoccupied with perceived threats
- Defiant and/or aggressive towards peers, caregivers or other adults
- Non-discerning in making friends or sharing information
- Unaware of their own emotions
- Not attuned to others' emotions
- Avoids asking for help or communicating needs
- Very needy and demanding
- Allows oneself to be victimized by others
- Isolative behavior
- Engages in loud attention seeking behavior
- Inappropriate attempts to get intimate contact
- Problems with boundaries

#### **Challenges to Self-Regulation**

- Hypersensitivity to physical contact
- Hyper vigilance – overreacts to perceived threats or danger
- Hyper arousal – feeling tense, on edge, easily startled, difficulty sleeping or having angry outbursts
- Somatization – experiencing emotional stress in one's body
- Inability to be in the moment or to be “mindful”
- Disturbances in regulation of bodily functions – sleeping, eating, digestion;
- Excessive risk taking
- Aggression towards others
- Sleeping: too much or too little
- Hyper-sexual behavior
- Substance abuse
- Cutting behavior

#### **Challenges to Skill Competency...**

- Pessimistic and hopeless outlook
- Lacking a sense of meaning or purpose in life
- Difficulties focusing on the task at hand
- Difficulties planning and future oriented thinking
- Difficulties realizing consequences for one's actions
- Difficulties setting realistic, achievable goals
- Low sense of self-efficacy (inability to complete necessary tasks within one's environment)
- Low self-worth (not worthy or deserving of love, attention, help, etc...)

## Handout 3.2

### Trauma Definitions

**Acute Traumatic Event-** occurs at a particular time and place and are usually short-lived.

**Chronic Traumatic Situations-**occurs repeatedly over long periods of time.

**Complex Trauma-** the result of simultaneous or sequential occurrences of abuse, neglect, DV, community violence, war, etc that disrupts a child's security with primary caregivers

**Post Traumatic Stress Disorder (PTSD):** an anxiety disorder that can occur after a person has been through a traumatic event. PTSD is characterized by symptoms that can be clustered into three broad categories: 1) re-experiencing the traumatic event through intrusive thoughts or dreams; 2) persistent avoidance of thoughts, feelings images, or locations that are associated with the event; and 3) increased arousal such as hyper-vigilance, irritability, startle, and sleeping difficulties.

**Psychological Trauma:** refers to the cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering (including neglect and deprivation), as a result of severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents, natural or human-caused disasters).

**Secondary Traumatic Stress:** The emotional effects that proximity to and continued contact with individuals who have experienced trauma can have on family, friends, and human services professionals. STS is different from traditional burnout but has many of the same risk factors such as high caseloads, personal trauma history, and limited access to supervision.

**Trauma- Informed Services:** are informed about, and sensitive to, trauma-related issues present in survivors. Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma. A trauma informed homeless youth worker understands the impact of trauma on a youth's behavior, development, relationships, and survival strategies, and integrates that understanding into planning.

**Trauma-Informed System:** is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and addictions services. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

**Traumatic Stress:** occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.

**Trauma Treatment:** is designed to treat the emotional and interpersonal consequences of trauma.



## Handout 3.3

### Trauma and Race: Historical Trauma

*Historical trauma* refers to the current impact of **traumatic events** that occurred during **previous generations** (Dass-Brailsford, 2007). Historical trauma is a unique type of trauma because it can occur without direct experience of a traumatic event. The concept was first developed through the study of Jewish Holocaust survivors and their families who experienced significant impacts from the traumas of concentration camps and other atrocities (Abrams, 1999; Eaton, Sigal & Weinfeld, 1982; Segal Hunter & Segal, 1976). Now, historical trauma is being recognized in the progeny of natural disaster survivors (Goodman & West-Olatunji, 2008), Japanese Americans during World War II (Nagata, 2009), enslaved Africans (Cross, 1998), Native Americans (Dass-Brailsford, 2007; Willmon-Haque & Subia BigFoot, 2008), Alaskan Indians (Morgan and Freeman, 2009), Korean Americans (Liem, 2007) and in the children of childhood sexual abuse survivors (Frazier, West-Olatunji, St. Juste & Goodman, 2009).

Historical trauma also includes the collective trauma and systemic oppression frequently experienced by minority ethnic or racial groups. The oppression of a group by social and governmental systems leading to repeated discrimination and traumatic experiences creates *systemic trauma*. Societal institutions include:

**Media:** Media is partly responsible for promoting and reinforcing ethnic stereotypes and negative images of African Americans, Latinos, and Native Americans and promoting only Caucasian-European standards of beauty reinforced culturally.

**Law Enforcement and Judicial System:** Many African Americans report experiences of harassment and discrimination by police officers. Blacks are over-represented in prison populations (over 50%) when compared to general population rate (13%) (Bureau of Justice Statistics, 1999). Native Americans represent less than 1% of the US population, yet over 4% of Native Americans are under correctional supervision (compared to 2% of whites). Native Americans are the victims of violent crimes at twice the rate of the general population and 60% of these victims describe the offender as white; African American children (7.0%) were nearly nine times more likely to have an incarcerated parent in prison than white children (0.8%). Similarly, Latino children (2.6%) were three times as likely as white children to have a parent in prison.

**Education:** African-American, Latino, and American Indian children arrive at kindergarten and/or first grade with lower levels of school readiness than do White and Asian children. This includes lower oral language, pre-reading, and pre-mathematics skills, lower general knowledge, and behavior less well suited to the school's learning environment. Lee and Burkam (2002), showed that fully  $\frac{3}{4}$  of the African-American cognitive skills gap at kindergarten entry is accounted for by the social class background differential between African-American and White families. Early disparities in education set a foundation for low rates of academic achievement for African-American, Latino, and Native American students.

**Medical:** Injection of syphilis into African-American men during the Tuskegee experiment (1932-1972) left a legacy of distrust within many communities of color. Of 500 African

Americans between the ages of 15 and 44 surveyed, 53.4 believed there is a cure for AIDS but it is being withheld from the poor; 48.2% believe HIV is a man-made virus; and 15.2% believed AIDS was created by the government to control the black population (Bogart & Thorburn, 2005). Distrust, poor access to medical care, complex health care systems, and discrimination in delivery of services lead to serious problems with ethnic and racial minorities receiving adequate medical care.

**Mental Health:** For many years, clinicians and researchers observed a pattern whereby African Americans in treatment presented higher than expected rates of diagnosed schizophrenia and lower rates of diagnosed affective disorders (Neighbors et al., 1989). However, when efforts were made to eliminate racial bias, the disparities between African Americans and whites failed to emerge (Baker & Bell, 1999). Similar biases have been noted for clinicians working with other ethnic populations.

**Political/Socio-Economic:** Minority populations have struggled to achieve equality. For example, the United States has a history of voting laws prohibiting African Americans and Native Americans from participating in elections. Even once granted the legal right to vote, African and Native Americans were harassed and brutally prevented from casting a ballot. Minority populations today continue to experience discrimination in employment settings, limited access to affordable housing, and increased community violence in ethnic or racial minority neighborhoods. Also, undocumented immigrants frequently experience violations of basic human rights as a result of their legal status.

**Daily Microaggressions:** Ethnic and racial minorities face daily encounters of prejudice and bias while going about everyday activities. Microaggressions are “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults to the target person or group.” (Wing Sue, Capodilupo, Torino, Bucceri, Holder, Badal, Esquilin, 2007). See attached table for examples.

## Examples of Racial Microaggression

<b>Themes</b>	<b>Microaggression</b>	<b>Message</b>
<b>Alien in Own Land</b> When Asian Americans and Latino Americans are assumed to be foreign-born	“Where are you from?” “Where were you born?” “You speak good English.” “A person asking an Asian American to teach them words in their native language.”	You are not American. You are a foreigner.
<b>Ascription of Intelligence</b> Assigning intelligence to a person of color based on their race	“You are a credit to your race.” “You are so articulate.” Asking an Asian person to help with a math or science problem	People of color are generally not as intelligent as Whites It is unusual for someone of your race to be intelligent. All Asians are intelligent and good in math/sciences.
<b>Color Blindness</b> Statements that indicate that a White person does not want to acknowledge race	“When I look at you, I don’t see color.” “America is a Melting Pot” “There is only one race, the human race”	Denying a person of color’s racial/ethnic experiences. Assimilate/acclacurate to dominant culture. Denying the individual as a racial/cultural being.
<b>Criminality/Assumption of Criminal Status</b> A person of color is presumed to be dangerous, criminal, or deviant based on their race	A White man or woman clutching their purse or checking their wallet as a Black or Latino approaches or passes. A store owner following a customer of color around the store. A White person waits to ride the next elevator when a person of color is on it.	You are a criminal. You are going to steal/ You are poor/ You do not belong. You are dangerous.
<b>Denial of Individual Racism</b> A statement made when Whites deny their racial biases.	“I’m not racist. I have several Black friends.”	I am immune to racism because I have friends of color.

## References for Historical Trauma

- Abrams, M.S. (1999). Intergeneration transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, 53, 225-231.
- American Indians and Crime, Bureau of Justice Statistics (1999).
- Barnes, A. (2004). Race, schizophrenia, and admission to state psychiatric hospitals. *Administration and Policy in Mental Health*, 31(3), 241-252.
- Bureau of Justice Statistics Bulletin (1999). *Prisoners and Jail Inmates at Midyear 1999*. Retrieved from [http://www.prisonpolicy.org/factsheets.html#Racial\\_Disparities](http://www.prisonpolicy.org/factsheets.html#Racial_Disparities)
- Bureau of Justice Statistics (2000). *Incarcerated Parents and Their Children* (Washington, DC: US Department of Justice, August 2000). Retrieved from [http://www.prisonpolicy.org/factsheets.html#Racial\\_Disparities](http://www.prisonpolicy.org/factsheets.html#Racial_Disparities)
- Bogart, L.M. & Thorburn, S. (2005). Are HIV/AIDS conspiracy beliefs a barrier to HIV prevention among African Americans? *Journal of Acquired Immune Deficiency Syndromes*, 38(2), 213-218.
- Brave Heart, M.Y.H. & DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical and unresolved grief. *American Indian & Alaska Native Mental Health Research*, 8(2), 60-82.
- Cross, W.E. (1998). Black psychological functioning and the legacy of slavery. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp.387-400). New York: Plenum.
- Dass-Brailsford, R. (2007). *A practical approach to trauma: Empowering interventions*. Los Angeles: Sage.
- Derezotes, D.M., & Poertner, J. (2005). Factors contributing to the overrepresentation of African Americans in the Child Welfare System. In D.M. Derezotes, J. Poertner, and M.F. Testa, (Eds.), *Race Matters in Child Welfare: Examining the Overrepresentation of African Americans in the Child Welfare System*. Washington DC: CWLA Press.
- Eaton, W.W., Sigal, J.J. & Weinfeld, .M. (1982). Impairment in holocaust survivors after 33 years: Data from an unbiased community sample. *American Journal of Psychiatry*, 139, 67-72.
- Farakas, G. (2002). Racial disparities and discrimination in education: What do we know, how do we know it, and what do we need to know? Workshop on Measuring Disparities in Education, Division of Behavioral and Social Sciences and Education, Committee on National Statistics, National Research Council Washington, D.C., July 1, 2002.
- Frazier, K.N., West-Olatunji, C.A., St. Juste, S., & Goodman, R.D. (2009). Transgenerational trauma and child sexual abuse: Reconceptualizing cases involving young survivors of CSA. *Journal of Mental Health Counseling*, 21, 23-33.
- Goodman, R.D., & West-Olatunji, C.A. (2008). Transgenerational trauma and resilience: Improving mental health counseling for survivors of Hurricane Katrina. *Journal of Mental Health Counseling*, 30, 121-136.
- Henderson-Daniel, J. (2000). The courage to hear: African American women's memories of racial trauma. In B. Green and L.C. Jacson (Eds.), *Interventions with African American Women: Innovations in Psychodynamic Perspectives and Practice* ( pp. 126 – 144). New York: Guilford Press.
- Liem, R. (2007). Silencing historical trauma: The politics and psychology of memory and voice. *Peace and Conflict: Journal of Peace Psychology*, 13, 153-174.
- Morgan, R. & Freeman, L. (2009). The healing of our people: Substance abuse and historical trauma. *Substance Use & Misuse*, 44, 84-98.

- Nagata, D.K. (1990). The Japanese American Internment: Exploring the transgenerational consequences of traumatic stress. *Journal of Traumatic Stress, 3*, 47-69.
- Segal, J., Hunter, E.D., & Segal, Z. (1976). Universal consequences of captivity: Stress reactions among divergent populations of prisoners of war and their families. *International Journal of Social Sciences, 28*, 593-609.
- Sourcebook of Criminal Justice Statistics (1998). Retrieved from [http://www.prisonpolicy.org/factsheets.html#Racial\\_Disparities](http://www.prisonpolicy.org/factsheets.html#Racial_Disparities)
- Statistical Abstract of the United States (1999). Retrieved from [http://www.prisonpolicy.org/factsheets.html#Racial\\_Disparities](http://www.prisonpolicy.org/factsheets.html#Racial_Disparities)
- Willmon-Haque, S. & Subia BigFoot, D. (2008). Violence and the effects of trauma on American Indian and Alaska Native populations. *Journal of Emotional Abuse, 8*, 51-66.

Prepared by Jennifer Schwartz, Psy.D., Fellow  
Trauma Action Group, CHLA



# The **ARC** Framework

For Runaway and Homeless Youth Serving Agencies

(Attachment, Self-Regulation, Competency)



Angel's Flight



Children's Hospital Los Angeles  
International Leader in Pediatrics



Covenant House  
Opening Doors for Homeless Youth



Gay & Lesbian Center



my friend's place



The Sabien Free Clinic  
A Free Health Care Center



L.A. Youth Center



The Salvation Army  
The Way In

HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

## Handout 3.4 The ARC Framework

### The ARC Framework

**ARC<sup>1</sup>, Attachment, Self-Regulation, and Competency**, provides a conceptual framework and core principles of intervention for working with youth who have experienced multiple and/or prolonged traumas, a key characteristic of many youth experiencing homelessness. The Hollywood Homeless Youth Partnership (HHYP), a collaboration of 8 agencies, selected this framework from available trauma treatment approaches because it provides a flexible model of intervention that is developmentally appropriate and relevant for addressing a continuum of trauma exposures. The ARC framework has been a useful tool to understand homeless youth, guide our interventions, and inform agency policies and practices.

Below is a brief description of the three main components of the ARC framework, followed by questions that highlight the ways in which the core concepts can help further our understanding of youth experiencing homelessness. This framework can be used for clinical work with youth, as well as incorporated in team meetings to generate new understandings and creative approaches to work with homeless youth.

#### **Attachment:**

The capacity to form and maintain a healthy emotional bond with another person or persons which is a source of mutual comfort, safety, and caring.

#### **Attachment Questions:**

- What do we know about the quality and consistency of this youth's early care-giver child experiences (with parents, guardians or other care-givers)?
- What quality of relationship does this youth form with his/her peers?
- How does this youth relate to adults, program staff and authority figures?

#### **Self-Regulation:**

Developing and maintaining the ability to notice and control feelings such as frustration, anger, and fear.

#### **Self-Regulation Questions:**

- What does it look like when this youth is experiencing unpleasant feelings?
- How often does this occur?
- How intense is their response to unpleasant feelings?
- How quickly do they recover?
- What kinds of situations trigger these unpleasant feelings?
- What methods does the youth use to calm down?

<sup>1</sup> Kinniburgh, K. & Blaustein, M. (2005). Attachment, Self-Regulation, and Competency: A comprehensive framework for intervention with complexly traumatized youth. *A Treatment manual*. Boston

## The ARC Framework

### **Developmental skill competency:**

Mastering the developmental tasks of adolescence and developing the ability to plan and organize for the future.

### **Areas of Competency include some of the following:**

- Judgment
- Impulse control
- Planning
- Prioritizing tasks
- Organizing
- Insight
- Empathy
- Decision making

### **Competency can also include specific skills that the individual needs to manage in his or her environment, such as:**

- Interviewing for a job
- Literacy
- Hygiene
- Budgeting and Banking
- Shopping and cooking
- Transportation
- Completing job applications
- Safety Planning
- Constructive use of free time
- Time Management
- Ability to comfort self and others
- Ability to be assertive

### **Competency Questions:**

- How clear is this youth's thinking?
- Does this youth accurately assess their reality and their relationship with their environment?
- Is this youth able to think about their past, present and future?
- Is this youth able to "problem solve," organize and prioritize their time, or plan ahead?
- Does the youth exhibit sound judgment?
- What specific skills does this youth possess?
- What skills does this youth still need to acquire?

**Several agencies have begun to use the ARC Framework in their case conferences and care planning efforts.**

*continued*





### The ARC Framework

#### Viewing Agency Policies and Procedures through ARC

One of the powerful aspects of the ARC framework is that it can be used as a tool to review agency policies and procedures and their impact on attachment, self-regulation and competencies for the youth that the agency serves.

The following questions designed to generate dialogue around the impact of the agency environment on a youth's growth in the areas of attachment, self-regulation and skill competencies.

#### Attachment

How do agency policies, procedures, and culture support a youth's positive self regard, attachment to the program, their peers, staff, family, and community?

#### Self-Regulation

How do the agency policies, procedures, and culture support the youth's ability to learn and practice appropriate self-regulation skills?

#### Competencies

How do the agency policies, procedures, and culture support the youth's development of new competencies and skills?

After reviewing an agency's strengths and weaknesses in each of the areas, staff can engage in a meaningful discussion about how to improve the agency's support in the three key areas. Often time, small, low or no cost efforts can make significant improvements in creating a healing environment for youth.

#### Examples include:

- Create a structured and predictable environment by establishing rituals and routines (Attachment)
- Show unconditional respect and acceptance (Attachment)
- Train staff to manage intense affect (Attachment/self regulation)
- Train staff to help youth accurately identify their own feelings (Self-Regulation)
- Create a safe space for youth that are experiencing intense emotions (Self Regulation)
- Create opportunities for youth to positively engage with peers, adults, and community members (Competency)

For more information, please visit [www.hhyp.org](http://www.hhyp.org)



## Module #4 What does complex trauma look like?

### Activities

1. Introduction
2. Creating case studies using the 3 areas of impact
3. Discussion
4. Summary

### Handouts/Supplies

- Handout 4.1 Areas of Impact Worksheet

### Objectives

- 
- Participants will be able to make a connection between what they learned through the didactic presentation on trauma and PTSD and the youth that they see every day.
  - Participants will be able to begin the process of reframing challenging behavior observed in homeless youth as part of the trauma response

### Introduction

---

In the last session, we talked about how trauma, particularly complex trauma impacts on attachment, self regulation, and skill competency. Today, we are going to take that knowledge and use it to create mock case studies.

### Content-Creating Case Studies

---

***Review briefly the 3 areas of impact identified in Module #3. Divide the group into small groups of 3 – 5 people. Each group is assigned 3 areas of impact as listed below***

#### Group 1:

Problems with boundaries (Attachment)  
Intense affect, easily triggered (Self Regulation)  
Substance abuse (Self Regulation)

#### Group 2:

Social isolation, problems relating to others (Attachment)  
Hypersensitivity to physical contact (Self Regulation)  
Low self –esteem (Competency)

#### Group 3:

Difficulty reading social cues (Attachment)  
Aggression towards others (Self Regulation)  
Foreshortened future, hopeless, pessimistic (Competency)

---

---

Group 4:

Revictimization by others (Attachment)  
Difficulty communicating wishes and desires (Competency)  
Excessive compliance (Self Regulation)

Group 5:

Difficulties in attention and organization (Self Regulation)  
Feeling permanently damaged (Competency)  
Excessive risk taking or self destructive acts (Self Regulation)

Each group will be asked to create a vignette illustrating the 3 areas of impact that the group is assigned using the worksheet (Handout 4.1). The vignette should include a brief trauma history and what the youth stated as their primary needs/goals when they entered the agency. The vignette should also demonstrate how these areas of impact might affect their relationships with peers, service providers, and their ability to follow a case plan. A sample vignette is on the back of the worksheet.

Once the vignette is created, each group should talk about what they would find challenging about working with this young person and what the agency would find challenging about this young person.

**Discussion Questions**

---

***Each group presents their vignette and summarizes their small group discussion.***

1. What part of this exercise did you find most challenging?
2. Did the case vignette that you prepared or that you heard from others include any unexpected characteristics that you don't normally associate with trauma?
3. When you created your vignette, were you thinking about a particular young person that you knew or did you rely more on a composite of many youth?
4. After working in the field for a while, many of us begin to categorize youth into different "types" based on their pathway to the street, their behavior, or their dress and presentation. What are the dangers of this?
5. How do you avoid work to avoid this pitfall?

**Summary**

---

The purpose of today's activity was to allow us to see the impact of trauma using the ARC framework and to prepare you to see the impact of trauma in the behaviors and attitudes of the youth that you really work with.

---

## Handout 4.1

### What does Complex Trauma look like? Worksheet

#### Three Areas of Impact:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Demographic Characteristics:

- Do you want your vignette to be about a young man, young woman, or transgender youth?
- What age do you want your young person to be?
- What race/ethnicity? What sexual orientation?
- Give this young person a name.

#### Trauma History:

What types of life experience may lead to this type of impact? (This is only conjecture on your part. There is no right answer.) Consider the following:

- What type of family experiences did this young person have?
- Why did he/she leave home?
- Did this young person experience trauma at home, in foster care, in the juvenile justice system, in the community, or on the streets?
- What did this young person learn about the world through these traumatic experiences?
- Does he/she have any contact with family members currently?

#### Presenting Needs:

Why would this young person come to your agency? What might his/her presenting need be? Is this young person a big user of services or does this person only access services when in crisis?

#### Trauma Impact:

Keeping in mind the 3 key areas of impact for this young person (of course, there could be more):

- **Describe the types of relationships this young person has with his or her peers.** What kind of support system does this young person have?
- **Describe how this young person relates to staff at your agency.** Does this individual want to engage with staff or do they want to be left alone?
- **Describe the challenges that this young person might experience in developing or following a case plan.** (Also consider what this young person's strengths might be.) Are they easily engaged in planning for the future or somewhat resistant? Are they able to follow up on referrals alone or do they need lots of support?

**What makes this young person an appealing person to work with?**

**What makes this young person a challenging person to work with?**

Sample Vignette:

*Joe is a 17-year-old who has been living on the streets for 3 months. Joe was removed from his home when he was about 5 years old because his mother had a significant substance abuse problem and he had been physically abused by several of her boyfriends. Joe has lived in various foster care settings and group homes but he got into fights with his peers and transferred frequently due to “anger management problems.” Joe has also had several CPS case workers because they find him too intense and demanding. Joe drinks and uses drugs whenever he has the opportunity but he doesn’t think that he has a substance abuse problem. Although Joe hasn’t had any contact with his mom in years, he dreams of finding his mom and returning to live with her.*

## Module #5 Trauma and Brain Development

### Activities

1. Introduction
2. DVD -Connect with Kids: The Teenage Brain
3. Discussion
4. Summary

### Handouts/Supplies

- Connect with Kids: The Teenage Brain
- DVD Player/Computer, Projector, Screen, Speakers
- Handout 5.1 Brain Terms and the Neurobiology of Trauma

### Objectives

- 
- Participants will learn about normal adolescent brain development
  - Participants will identify the impact of chronic stress on brain development
  - Participants will connect brain development issues to adolescent behavior

### Note to Trainers

---

*In our experience, direct care staff are very interested in the way that trauma can impact on the physiology of the brain. Be prepared for questions that you may be unable to answer. Identify resources that can be used to help individuals find the answers to their questions.*

### Introduction

---

This is not a training on neuroscience but we thought it was important to introduce key concepts about normal adolescent brain development and how this is correlated with normal adolescent behavior. In addition, we wanted to provide an overview of what we know about the impact of chronic stress and trauma on brain development and how this may also impact on behavior. Our experience has been that staff have found this information very useful because it de-personalizes behavior that the youth may be directing at us.

### Content-Video

---

*Show the video: Connect with Kids – The Teenage Brain*  
(Available for purchase from  
<http://www.connectwithkids.com/specials/060522/>)

### Discussion

- 
1. What types of hyperarousal do you see in young people? Any examples or stories?
  2. What information from the DVD was surprising or new?
  3. How does this information change your understanding of adolescent behavior?
  4. How will this information change the way that you interact with young people in your work environment?

---

*Review handout on brain terms and neurobiology, the impact of cortisol on the brain, and the plasticity of the brain.*

## Handout 5.1

### Brain Terms and Neurobiology of Trauma

Moises Rodriguez, PhD  
Daniel Ballin, LCSW  
Trauma Action  
Group, CHLA

## Neurobiology of Trauma

**Objective:** Introductory overview of the impact of trauma on brain functioning.

### **Overview of the Brain (Central Nervous System)**

- Our brain manages our cognitive (thinking), emotional, behavioral and physical functioning---from breathing to reflecting on our lives.
- *How is it organized?*
- 1. **Neurons** (over 100 billion of them!): They are designed to react to, change and re-format themselves in responding to our experiences which allows the information to be stored for future use.
- 2. **Networks**: These can be considered “groups” of neurons that work together. The more a group of neurons is activated (reacting to experience) the stronger the information absorbed. For example, a classically trained pianist can move his or her fingers with much more accuracy and speed than the average person.
- 3. **Systems**: The brain is made up of several interconnecting systems that go from least complex (brainstem: mediates our breathing/heart rate) to most complex (cortex: behind our forehead, the CEO of the brain; main decision-maker).
- 4. **Function**: Our primary function (humans) is SURVIVAL. This can be managed in the brain from basic functions (keeping our heart going) to higher functions (abstract thinking).
  - *How does it all work?*  
Neurons change (chemically/structurally) in response to signals from the environment (sounds, temperature, etc) and create memories (all kinds---from riding a bike to remembering old boyfriends/girlfriends)

### **Brain Development/Neurodevelopment**

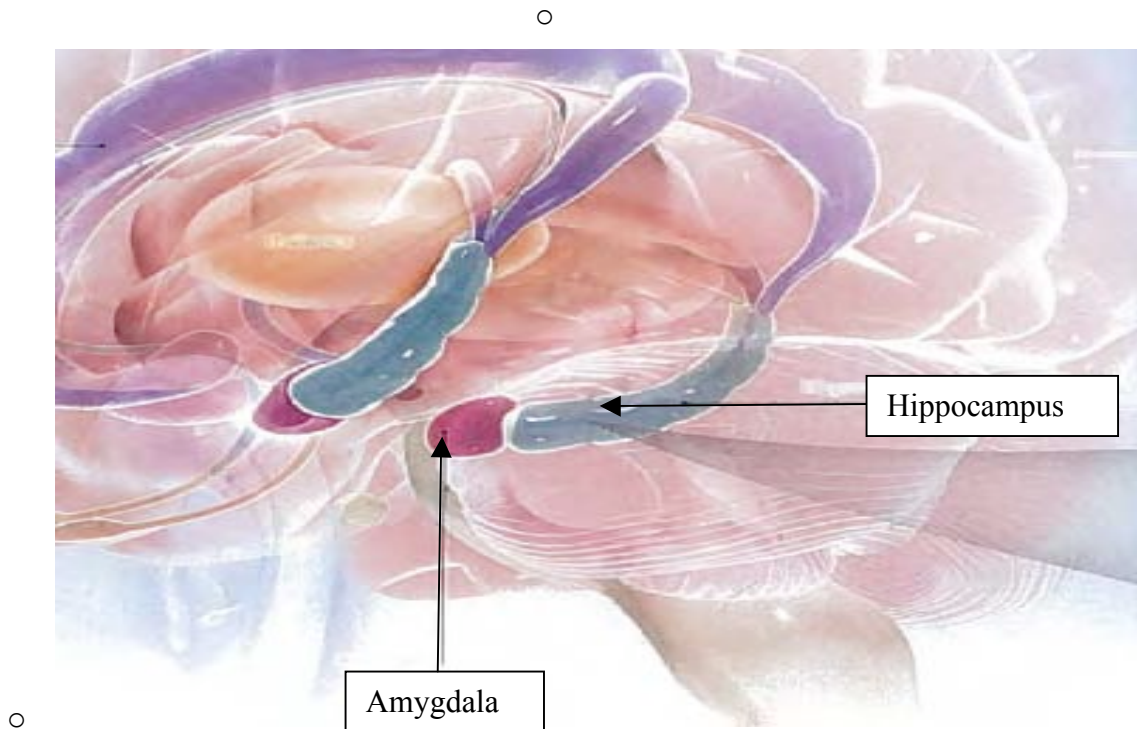
- Experiences during our lives impact the organization and functioning of the brain.
- The most vulnerable time is during infancy/childhood (especially first 2 years!). These are called *critical* and *sensitive* periods or windows of time when the brain needs or is extra sensitive to certain experiences/stimulation (for example, learning a new language).
- These changes are called “pruning” of the neurons (kind of like getting a nice haircut).

- **ATTACHMENT:** Probably the most important early experiences are feeling safe with a caregiver. An infant needs external regulation (someone else) to help them learn to trust, be emotionally connected, regulate emotions, and develop higher-level skills.

### Impact of Trauma on the Brain

- There are different types of trauma (emotional/physical abuse, assault, accidents, etc.) that elicit some of the stress/threat responses.
- The different effects are related to whether an event is isolated (car accident) or ongoing (chronic).
- Neurodevelopment is affected by the nature of the trauma as well as unique characteristics of the individual (social support, intelligence, coping skills).
- Chronic trauma experiences have a significant effect on certain developing structures/systems of the brain (NEUROBIOLOGY). Of particular concern are the following areas:

### Affected Areas of the Brain

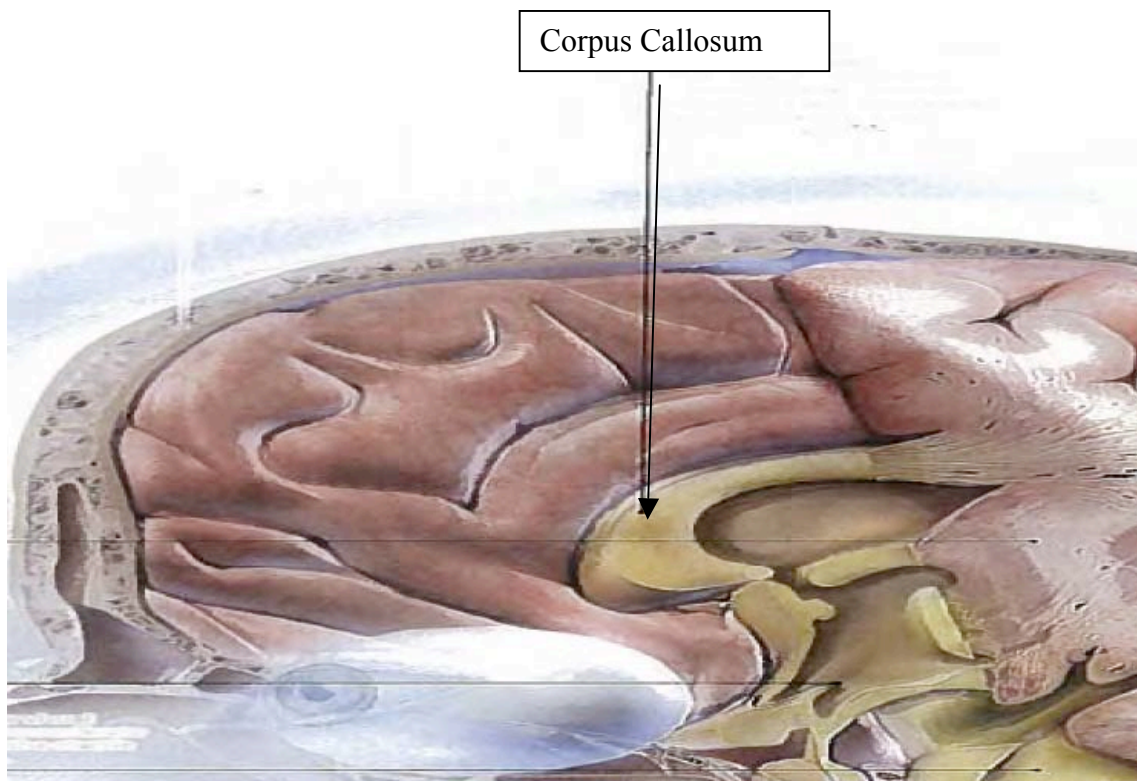


The *hippocampus* manages learning and memory, plays a crucial role in responding to fear and stress in that the hippocampus interprets the warning signals from the *amygdala*. The amygdala sends out the initial danger signals to the brain via the hippocampus.



Chronic stress or trauma may result in the decreased volume or size of the hippocampus. This limits its ability to accurately interpret warning signals from the amygdala. The “smell of burnt toast becomes a major fire.” Relationships are especially affected by this process. As the person experiences changes in the closeness of a relationship, intense anxiety and fear may be triggered by feelings of intimacy, or by perceived rejection by a loved one.

### ***The Corpus Callosum***



The **corpus callosum** carries messages between the two halves of the brain. Severe trauma results in the reduction in size of the corpus callosum, which causes a decrease in the communication between the two sides of the cerebral cortex.

The decrease in communication between the right and left hemispheres of the brain results in traumatic memories being “stuck” in the right or “emotional” side of the brain. The person cannot access safe relational images or thoughts from the left or “rational” side of the brain.

The result is that the memory of the car accident, or the memory of the angry interaction with the family member, becomes enduring and intense memories. The individual is unable to view these incidents in a broader, more logical context. These traumatic memories become more impactful on the individual’s daily functioning and social interactions. The memory remains fresh, intense, and prominent. The individual is stuck in this memory and cannot move forward.

***What behavior can be observed as a result?***

### ***Encoding of traumatic memories***

The *right side of the brain* operates more “creative and emotional” functions, such as insight, art awareness, imagination, music, and operates the left hand. The *left side of the brain* operates more “logical” functions, such as number skills, written language, reasoning, spoken language, scientific reasoning, and operates the right hand.

Neutral memories come from the left side of the brain, whereas stressful memories come from the right side of the brain. Normally, the individual will access “safe relational images” from the left side of the brain, to balance the stressful memory from the right side of the brain. This allows the individual to view the trauma in a larger more rational context. For instance, a car accident is viewed as the exception to driving since the person can normally recall many driving experiences in which there was no accident. Or an angry interaction with a family member can be viewed in a context of many positive interactions with that same family member.

### ***What does it look like in the youth we work with?***

- Poor self-regulation (problems sleeping, day dreaming, running away)
- Social problems: withdrawn, aggressive, lacking empathy
- Learning/Memory difficulties: short attention span, hypervigilant (extra aware), impulsive.

### ***What can be done when neurodevelopment is impacted by trauma?***

- Understand the concept of “plasticity” which means that the brain has the capacity for flexible growth and can find creative ways to adapt to trauma (posttraumatic growth).
- Try to never give up on the young person who is experiencing difficulties because patience, praise, and recognition (positive reinforcement) of their efforts promotes continued use of the adaptive coping skills identified.
- Help the youth “make meaning” of their trauma so that they can continue to move forward. The brain is responsive to trying to cope with and/or heal past wounds with goal directed behavior.
- Engage youth in enjoyable activities. The brain, especially that of a young person who has experienced numerous traumas in their life is susceptible to “burnout” and could benefit from self-soothing/distracting activities and rest.

## Module # 6 Trauma and Attachment

### Activities

1. Introduction
2. Discussion of Attachment and Normative Abuse
3. Viewing the Strange Situation video
4. Activity – Connections or Deprivation of Assets
5. Discussion
6. Summary

### Handouts/Supplies

- Handout 6.1: Attachment Style
- Handout 6.2: Care-giver qualities
- Handout 6.3: Attachment Informed Interventions
- Youtube video – The Strange Situation <http://www.youtube.com/watch?v=QTsewNrHUUU> (or search for Strange Situation on Youtube)
- DVD Player/Computer, Projector, Screen, Speakers
- Yarn and scissors for connections activity or “Post-It Notes” for deprivation of assets activity.

### Objectives

- 
- Participants will be able to identify the hallmarks of secure and insecure attachment
  - Participants will be able to identify core actions that can help youth develop positive attachments

### Introduction

---

Many experts in the field of attachment and complex trauma agree that people exposed to such traumatic experiences have problems with:

- 1) Depression and self-hatred,
- 2) Ability to experience pleasure and contentment from activities which previously were the source of such feelings,
- 3) Aggression against self and others,
- 4) Problems of intimacy and trust, and,
- 5) In severe instances, problems with experiencing reality.

Many of the youth that struggle most in these areas are the youth who never experienced unconditional love and support from their parents or caregivers.

### Content- Attachment Styles

---

*Distribute the handouts and compare the qualities of the different attachment styles, and contrast them against the parenting style that produces each one of them.*

*Show the “Strange Situation” clip, if possible. Discuss how youth with attachment problems present behaviorally.* (Most youth with

---

---

attachment problems are hyper-vigilant, observing almost everything you do and they tend to call you on your behavior. Some are very clingy and they tend to split staff, some are withdrawn and refuse to participate in activities, and others disregard house rules and tend to bully and manipulate other youth and staff.)

***Introduce the concept of Normative Abuse.*** Normative abuse is considered to be any type of mistreatment that is sanctioned by the community in which the individual resides. Normative abuse could be applied to communities that accept severe spanking as a punishment for children. In the homeless youth services world, normative abuse could apply when one blindly consequences a youth without using critical thinking and investigating the reason as to why a rule was broken by the youth. The following is an example of "institutional" normative abuse: A youth is late for their curfew and the staff at the agency refer this youth out of the program without inquiring as to why they are late. Later it was found that the youth was assisting his ailing grandmother when the paramedics arrived to take her to the hospital.

This is obviously an extreme example. Can you think of a different example of normative abuse that you have heard or seen or even participated in? Of course, none of us wants to think that we have participated in abuse of any kind. However, new staff may rigidly follow rules and not using critical thinking.

***Finally, discuss the handout on attachment informed interventions.*** In drop in and residential programs, we can help youth create positive attachments with us and their peers. This includes creating routines and rituals that create feelings of safety and security and involving youth in case planning so that they feel like a partner in their care rather than just a recipient. Take a look at this list. Which of these things do you already do and where do you think that you or your agency could improve?

---

### **Activities**

***Lead the group in one of the following interactive activities:***

First Option: "Connections Activity"

Purpose: To illustrate the impact on youth of many severed relationships.

Length of activity: 20 - 30 minutes depending on the discussion generated.

Materials: Yarn and scissors.

Volunteers: Utilizes 8 volunteers besides Karina (Mom, Dad, 2 grandparents, at least one friend, therapist, aunt and Teri)

---

---

Instructions: Ask the 8 volunteers to come up to the front of the room. Select someone to be Karina and cut yarn so that each person holds a piece of yarn that is connected to Karina (like spokes in a wheel). The instructor reads the story. Each time a person becomes detached from Karina (marked with a ✂) cut the yarn that connected that person to Karina. At the end of the story, Karina will be left holding cut pieces of yarn.

This is the Story of Karina

Karina was born 14 years ago to her 17 year old mother and mom's 25 year old boyfriend.

Father disappeared shortly after birth saying he didn't sign on for "this hassle" ✂

Mom tried to take care of Karina but shortly after giving birth,

Mom was arrested for methamphetamine production and distribution and sentenced to 12 years in prison. ✂

Mom's parents raised Karina until age 11 when Karina reported being molested by an uncle during a family gathering. The grandparents did not believe Karina and requested that DCS remove Karina from the home. ✂

Karina was placed in a group home where Karina made friends and became close with the assigned therapist, Jo. Karina felt Jo understood the situation and was the only one to offer support. Jo was funded by a Federal grant that was discontinued and, as a result, Jo was forced to take another job. ✂

When Karina was 12, Karina went to live with an aunt who agreed to assume custody. Karina's aunt relied on Karina to take care of 3 younger children and to help around the house. Although the aunt took care of Karina's physical needs, she wasn't able to establish a close relationship with Karina because of the allegations Karina had made years ago. Karina lived with the aunt until Karina turned 14 and Karina ran away with a friend named Teri. ✂

Karina and Teri lived with friends and strangers for 6 months until Teri disappeared after agreeing to engage in sex with an older man for money for food. ✂

---

---

Karina stands alone wondering what will happen next. Thank all of the volunteers.

What happens next is Karina has come to one of your programs

Q) Karina - How do you feel at this point in your life?  
What are your concerns about asking for assistance?

Q) Group – What thoughts might Karina have about you and your program?  
What emotions are we likely to see from Karina?  
What behaviors might be seen?  
What needs might Karina have that have not been addressed or addressed in unhealthy ways?  
What concerns do you have for Karina?

Q) Karina - Has the group missed anything that you have been thinking about?  
What would you suggest as “the first step” to making a connection with you?

Q) Group – What does Karina’s story have in common with other stories of youth who come through our doors?  
How do current organizational stressors affect our ability to respond to Karina?  
What dangers of continued disconnections exist for Karina?  
What would be some ways to limit this risk?

Session Notes:

- Make sure to tell volunteers that they are only representing others in form – not philosophy.
- The rotation of questions between Karina and the group maintains connection. Karina can be sitting down during the questions.
- Prioritize questions based on time allowed.

### Second Option. “Deprivation of Assets”

Purpose: To illustrate with concrete examples how abuse robs the individual of essential assets needed for “normal” development. To bring into light how traumatized individuals are “handicapped” by abuse, as they are forced to accept a different sense of self and self representation.

---

---

Length of activity: 30 minutes or longer depending on the discussion generated.

Materials: Pencil, paper, and a small container to collect the pieces of paper.

Steps:

1. Ask participants to tear the paper in seven pieces. Each participant is asked to think of seven notable things about themselves and write one on each piece of paper. These are things they value about themselves and they think are very important in future goal attainment. When finished ask participants to display them in front of them “face down,” so the writing is not visible to anyone.
2. As a group leader you go around and randomly take one of the pieces of paper from them. This signifies “normal” losses.
3. Ask the group to brainstorm and identify the three most significant types of abuse that they hear about from the youth that the work with. Use a flip chart to list the ideas and then reduce the list to three.
4. The leader goes around again and collects three more pieces of paper.
5. At the completion of this step ask participants to look at the remaining pieces of paper they have in front of them and ask them to: (1) describe how they felt about having someone deprive them of their qualities/values against their will, and (2), how ready they feel to face the future with what they are left with. Finally, ask participants how they might go about reclaiming their original list of assets.

### **Summary**

---

By now you have been exposed to attachment theory, care-giver qualities that promote either healthy or pathological attachment styles, the latest writings on trauma and the means to change. Let’s see if we can review. Referring to the video clip, which young person would you like to work with, the young person who is protesting all the time, or the one who is quiet and compliant? Which presentation is psychologically healthier? How do we work with our staff to understand that the youth who are acting out the most may be the youth that are most able and willing to accept help? How do we counter the natural aversion that most of us have to youth with high affect? How do we avoid compassion fatigue? Are you aware of any elements to barriers to change your agency or you may subscribe to?

---

## Handout 6.1

### Attachment

Bowlby describes attachment as the special bond that evolves between the infant and the care-giver. It is the capacity to form and maintain a healthy emotional bond with another person(s) which is a source of mutual comfort, safety, and caring.

Attachment behavior can be best explained as a continuum of behaviors with the primary aim the maintenance of proximity to a care-giver.

When all of the conditions of proximity, responsiveness, mirroring, and warmth are met then secure attachment emerges out of this experience.

**Secure Attachment:** Young children who are securely attached may experience significant distress when separated from their parents, but the return of the parent is met with positive feelings. When scared these children do seek out parents for comfort, and they seem to prefer parents to strangers.

**Insecure Attachment:** There are three types of insecure attachment:

1. **Insecure Ambivalent:** Young children with this type of attachment pattern tend to be very suspicious of strangers. When separated from care-givers they appear very distressed, but do not seem comforted by the return of the care-giver. In some cases the child may inertly reject the care-givers attempts for comfort. Cassidy and Berlin report that this is relatively uncommon pattern (7% to 15% of infants are reported to display this pattern). These people are fearful and reluctant to become close to others, and often worry that their partners do not reciprocate their feelings. They do become extremely distressed when a relationship ends, and they are described as clingy and overly dependent.
2. **Insecure Avoidant:** Children who are Avoidant do not show any observable discomfort upon separation from the care-giver, and they do not seek them out for comfort. No preference between a stranger and a care-giver. Avoidant people show difficulties with intimacy and close relationships, and inability to share feelings and thoughts. They are seen as unable to offer support when they are called upon to do so. They do not appear to be distressed when a relationship ends.
3. **Insecure Disorganized:** This pattern was described by Main and Solomon in 1986. There are no clear signs of being in distress or being content in the presence or of a care-giver, but rather they show confusion about the care-givers presence. This is the result of a care-giver who is both comforting and frightening to the child.



### Characteristics of Secure Attachment

As Children	As Adults
<ul style="list-style-type: none"><li>• Able to separate from caregiver</li></ul>	<ul style="list-style-type: none"><li>• Have trusting, lasting relationships</li></ul>
<ul style="list-style-type: none"><li>• Seek comfort from caregiver when frightened</li></ul>	<ul style="list-style-type: none"><li>• Tend to have good self esteem.</li></ul>
<ul style="list-style-type: none"><li>• Return of caregiver is met with positive emotions</li></ul>	<ul style="list-style-type: none"><li>• Comfortable sharing feelings with friends and partners.</li></ul>
<ul style="list-style-type: none"><li>• Prefers caregiver to strangers.</li></ul>	<ul style="list-style-type: none"><li>• Seek out social support</li></ul>

Adapted from Kendra Van Wagner at  
[http://psychology.about.com/od/loveandattraction/ss/attachmentstyle\\_4.htm](http://psychology.about.com/od/loveandattraction/ss/attachmentstyle_4.htm)

### Characteristics of Avoidant Attachment

As Children	As Adults
<ul style="list-style-type: none"><li>• May avoid caregiver</li></ul>	<ul style="list-style-type: none"><li>• May have problems with intimacy</li></ul>
<ul style="list-style-type: none"><li>• Does not seek comfort or contact from caregivers</li></ul>	<ul style="list-style-type: none"><li>• Invest little emotion in social or romantic relationships</li></ul>
<ul style="list-style-type: none"><li>• Shows little or no preference between caregivers or strangers</li></ul>	<ul style="list-style-type: none"><li>• Unable or unwilling to share thoughts or feelings with others</li></ul>

Adapted from Main & Cassidy 1988

## Handout 6.2

### Care-giver Qualities/Parenting Styles Worksheet

Care-giving qualities of a securely attached child:	Care-giving qualities of an insecurely attached child:	Implications for Adolescents in Drop in or Residential Programs
Acceptance of the child as s/he is, and give much praise and affection	Persistent unresponsiveness to the child's care-eliciting behaviors, and active rejection by one or both parents/care givers	
Relations between parents/care-givers is congenial and compatible	Threats by parents/care-givers to abandon family used as a method to discipline the child or coercing the spouse	
Parents/care-givers <b>DO NOT</b> omit, suppress or falsify information	Discontinuity of parenting/care-giving	
There is consistency in family life/milieu	Persistent threats by parents/care-givers not to love the child as a way of controlling child's behavior	
There is regularity of daily routines	Threats by one parent/care-giver to kill the other, or commit suicide	
There is predictability and fairness in the nature and timing of discipline	Induction of guilt that the child or his/her behavior is responsible for the parent's/care-giver's illness or death	
Frequent participation in shared activities by parents/care-givers	Parents/care-givers do not participate in shared activities, often forgetting that they promised to do so	
Encouraging child to make friends and making friends welcome	The child is coerced to become the care-giver of the parent/care-giver. The child is ashamed or punished for bringing friends home	
Parents/care-givers encourage child to discuss issues with parents without judgment	Parents/care-givers forbid the child to discuss issues. Negative judgment for child's discussion of issues	
Parents/care-givers trust the child's judgment and do not insist on close supervision as they get older	Parents/care-givers do not trust the child's judgment and they are very intrusive in child's life	

Adapted from Bowlby, 1973

## Handout 6.3

### Attachment Informed Interventions:

- a. Become familiar with the relevant literature on trauma and attachment. Become familiar with the ARC model (Attachment, self Regulation and Competency).
- b. Build routines and rituals (R&R) and predictability in the daily life of the youth, such as meal times together, outings, and freetime. Do not keep the “Us” and “Them” mentality by hiding behind an office door all the time.
- c. Be consistent, available and warm. Greet youth when you see them, look at them when you talk with them. It is not what you say, but how you say it that matters. This creates a safe place or secure base for traumatized adolescents to explore thoughts, feelings and experiences regarding self and attachment figures.
- d. Make the young person a partner in their case planning. Time spent initially building secure bonds pays off later in terms of reducing acting out behaviors.
- e. Pay attention to verbal as well as non-verbal communication. No behavior occurs in a vacuum. Youth tend to communicate in ways they have learned from “home,” and they tend to repeat behaviors that were rewarded in a positive or negative way. Remember, negative attention is often preferred to no attention at all.
- f. Allow for expression of feelings. You may have to identify and label feelings and connect feelings to events.
- g. Help youth reflect upon the feelings they are experiencing.
- h. Find ways of building on competences, (What are they good at?) This is feasible when you take the time to learn about the youths’ personal and historical context.
- i. Before you react, take into account how past trauma may be influencing a young person’s current behavior.
- j. Learn ways to control/cope with your own feelings. Learn ways to self-soothe and engage in self-care activities. It is easy to become stressed and overwhelmed when working with traumatized people. In order to reduce compassion fatigue take time to replenish your emotional reservoir and explore self-care options to avoid *MUPS* (things that **M**ess you **U**P).

## Module #7 Self Regulation and MUPs

### Activities

1. Introduction
2. Brainstorm of coping strategies
3. Discussion
4. Summary

### Handouts/Supplies

- Flip Chart and Markers

---

### Objectives

- Participants will identify positive and negative coping strategies used by homeless youth
- Participants will reframe challenging youth behaviors as MUPS, mal-adaptive coping strategies for dealing with trauma and stress

---

### Introduction

When people are in pain (physical or emotional pain) they will try to find a way to relieve this pain. Some of these strategies help individuals cope productively with the pain; other strategies may make you feel better in the moment but cause other problems. We want to brainstorm about the positive and negative coping strategies that you have seen homeless youth use to deal with their trauma and stress

---

### Content-Coping Strategies Brainstorm

*Lead the group in a brainstorm of coping strategies used by homeless youth. Write all the suggestions on a flip chart in front of the room.*

---

### Discussion

In SPARCS (a trauma intervention designed for youth), they call the things that make you feel better in the moment but that cause other problems - MUPs– things that **Mess you UP.**<sup>1</sup>

- 1) Which of the items on the list are possibly coping strategies gone wrong, or MUPs? *Mark or circle the MUPS on the brainstorm list the group just generated.*
- 2) Which of the coping strategies on this list are positive and productive?
- 3) Which of the coping strategies on our list can be both positive and negative? Sometimes it depends on whether we are doing something to the extreme. Also, eating a quart of ice cream or smoking a cigarette could be positive if the youth's normal coping strategy is doing something much more damaging like injecting drugs, using crystal, or acting aggressively towards a peer or staff.
- 4) Which of these MUPS are common for staff as well as youth?

---

<sup>1</sup> MUPS was adapted from “SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress – Group Trauma Treatment Curriculum (2006). Ruth DeRosa, Mandy Habib, David Pelcovitz, et al.”

## ***Summary***

---

We all know that the work that we do is very challenging. One of the goals that we hope to accomplish through this training is for all of us to reframe or understand the actions and behaviors of homeless youth from a context of trauma. This isn't to say that these behaviors are OK or acceptable but to gain some new ways to understand these behaviors in an effort to figure out how to more effectively respond to these behaviors.

We have found that naming these behaviors "MUPs" can be very helpful for youth. It normalizes the very human effort to reduce pain and stress in any way possible. It also, in a non-judgmental way, helps youth identify that some of their coping strategies don't work very well, at least not in the long term.

---

## Handout 11.2 Continuum of Use

Most individuals do not go from zero use to addiction overnight. It is a process that involves several factors including the addictive qualities of the substance and method of use.

---

□	□	□	□	□	□
Zero Use	Experimentation	Social/Recreational Use	Misuse	Abuse	Dependence
Zero Use:	Youth who do not use.				
Experimentation:	Experimentation with drugs and alcohol is common among adolescents.				
Recreational Use:	Youth who use at a party, on occasion, not in excess, nor is there a pattern or misuse.				
Misuse:	Beginning to use to manage negative thoughts and/or feelings, using to replace boredom.				
Abuse:	<p><b>A pattern emerges</b> that leads to impairment or distress as seen by <b>at least 1 of the following</b></p> <ul style="list-style-type: none"> <li>• Failure to meet important obligations such as school or work, starts getting suspended or doesn't do homework;</li> <li>• Legal problems - caught using, possession, uses in situations that are hazardous – drinking and driving; put on probation</li> <li>• Continues to use in spite of regular social or personal problems related to use (e.g. frequent fights with family)</li> </ul>				
Dependence:	<p>Leads to impairment or distress as seen by <b>at least 3 of the following</b>:</p> <ul style="list-style-type: none"> <li>• Tolerance (needs more to get the same effect);</li> <li>• Withdrawal (symptoms when one doesn't have the substance);</li> <li>• Is taken over longer periods of time or in larger amounts than intended;</li> <li>• Has tried but not been able to quit or cut down;</li> <li>• Spends a great deal of time getting the substance, using the substance, and recovering from</li> <li>• Important social, occupation, or recreational activities are given up because of the use</li> </ul> <p>The substance is used in spite of the knowledge that the use is a problem</p>				

## **Handout 11.3- Stages of Change Model by Prochaska and DiClemente**

The idea behind the SCM is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Each person progresses through the stages at his/her own rate.

**Stage 1: Pre-contemplation.** No intention to change. Often unaware of the problem.

**Stage 2: Contemplation.** Aware the problem exists and serious evaluation of options but not committed to taking action.

**Stage 3: Preparation.** Intends to take action and makes small changes; needs to set goals and priorities.

**Stage 4: Action.** Dedicates considerable time and energy; makes overt and viable changes; develops strategies to deal with barriers.

**Stage 5: Adaptation/Maintenance.** Works to adapt and adjust to facilitate maintenance of change.

**Relapse:** Returning to older behaviors and abandoning the new changes.

## **Handout 11.4**

### **Adolescents and Substance Abuse: What Works and Why?**

Charlotte Chapman, M.S., LPC, NCC

Laurie Rokutani, Ed.S, M.Ed, NCC

The nature of adolescent development poses unique issues for counselors when providing substance abuse services to this client population. Some of these issues are: rapid growth of the brain and body during adolescent years, emotional and social influences on adolescent behavior, impact on normal development due to substance abuse, identity and self-esteem development, and family dynamics. In addition, today's adolescents are living in a culture where they are exposed to more information about drugs and easier access to drugs, such as the internet. National surveys continue to show that the majority of adolescents believe that their use of alcohol and drugs is "normal". (SAMHSA, 2001) These factors increase the challenge for counselors when trying to intervene either through prevention or treatment.

The developmental tasks of adolescence are different than the tasks of adulthood. (Huebner, 2000; Steinberg, 1999; Erikson, 1968) This is one of the reasons that adult substance abuse treatment models need to be evaluated and re-designed to be effective as a model for adolescent clients. This article offers a brief overview of adolescent developmental tasks, patterns of substance abuse that are different from adult patterns, and suggestions for effective interventions. Some evidence-based approaches are discussed in terms of how they relate to developmental needs of adolescents and how they may be used as early intervention and treatment models.

#### **Developmental tasks of adolescence**

Adolescence is typically described as 12 – 18 years of age. Erickson discussed the tasks as identity vs. role confusion with a move away from parents and towards answering the question "who am I." More recently, other authors have expanded the age range and the tasks. Havinghurst (1999) suggests there are three stages of development within this time span where some tasks are emphasized more than others. These stages are: early adolescence (11-15), middle adolescence (15-18), late adolescence/young adulthood (18-early 20s).

The developmental issues for early adolescence are rapid physical growth, self-image focused on appearance, and intense conformity to peers in order to gain acceptance. It makes sense that if an adolescent is experiencing rapid changes in his/her body, there would be an increase in preoccupation about appearance and also a sense of being out of control with what may happen next. Added to that, every adolescent develops physically at different times and in different ways, so at the same time they are trying to be accepted and look like their peers, their bodies may be very different. Part of this rapid growth involves secondary sexual characteristics which raises questions about sexual identity and behaviors. If an adolescent has developed ahead of his/her peer group with these characteristics, for example, for a female, developing breasts, she could be ridiculed by peers and feel a need to associate with older adolescents who look more



like her. However, emotionally and socially the early adolescent female will not be prepared for relationships with these older peers.

Tasks for middle adolescence are new thinking skills, transition towards being self-directed, peer issues focused on gender attracted to, psychological independence from parents, beginning to learn consequences of behavior and start controlling impulses. This implies that adolescents need environments where they are allowed to test out their new thinking skills, receive non-threatening feedback and appropriate consequences, and practice new behaviors. If they are in a system, such as educational, treatment or family, where these new skills and tasks are suppressed the development of the middle-age adolescent will be impacted.

In late adolescence, the tasks are final preparation for adult roles, a sense of personal identity, a focus on vocational goals, and independence from parents. Use of substances at this stage can prevent the ability to pursue these goals. For example, with vocational goals, having a hangover would make the adolescent late for work which could have the consequence of job loss. Without income separate from parents, this late stage adolescent would have difficulty establishing independence. Also, forming a sense of a positive personal identity is difficult if the adolescent is part of the drug culture.

These stages are important to consider for many reasons but specifically, in trying to address substance abuse issues, interventions will be more effective if they correspond to these stages and tasks. For example, providing an educational or treatment group with 12 years olds and 18 years olds together would not be desirable because of the difference in their developmental needs. An 18 year old will be discussing goals towards independence whereas a 12 year old will be focused on getting peer approval.

### **Patterns of use and abuse**

Nowinski (1999) suggests the following stages of use/abuse/addiction for adolescents: Experimental Use, Social Use, Instrumental, Habitual, and Compulsive.

The Experimental Use Stage involves curiosity and risk-taking. The primary focus is rites of passage with peers. The goal is to have an “adventure” and not necessarily to alter moods. Use is occasional with no regular pattern and no consequences. The Social Use Stage has the primary focus of social acceptance and the pattern will depend on the peer group’s patterns. This could range from drinking games to binge drinking to no drinking with only pot use. The adolescent experiences mood swings, probably an occasional hangover, but returns to normal functioning. He/she might suffer a consequence, such as driving under the influence when leaving a social event.

Once an adolescent moves into the Instrumental stage, the motives change from peers to self. Substances are used to manipulate emotions, either enhancing or suppressing them. The effects are to obtain the high either for pleasure or for coping with emotional problems, such as anxiety or depression. It is important to ascertain which motive the adolescent is focused on, as each requires a different type of intervention.

In the Habitual Stage the adolescent is seeking the drug out of a need to alter moods. Frequency of use increases and his/her lifestyle becomes focused on how to obtain substances. After use, there is not a return to normal feelings and often the adolescent appears irritable, restless, or depressed. School and job performance is impacted and appearance changes are noticeable.

The final Compulsive Stage occurs when the adolescent is addicted. He/she can no longer control behaviors. There is total preoccupation with drug-using, shame, despair, suicidal thoughts, and no interest in other activities. There is no return to normal functioning after use.

### **Substance Abuse and the Impact on Developmental Tasks**

In the early stages of use, the developmental tasks match the patterns of use in that they are peer focused. Therefore, interventions should be peer-focused, such as student assistance programs. This also implies that monitoring the use patterns of peer groups is an essential aspect of prevention for families and for educational systems. Another important consideration is screening adolescents carefully so that an early stage user is not in a group with later stage users and, because of peer approval needs, adopts their behaviors.

In the later stages of use, the following developmental issues need to be considered in planning for prevention and treatment.

***Social:*** One of the consequences of moving from social use to habitual use is that the adolescent moves out of the mainstream peer culture and into the drug-using subculture. Instead of moving through the normal, social stages of adolescent development, the teen develops an immature, self-centeredness reinforced by a subculture which is characterized by immediate gratification, impulsivity and hedonistic behaviors. Relationships are formed with others in this subculture so the peer group does not confront inappropriate, anti-social behaviors. The normal social developmental tasks, such as dating and learning empathy for others, are not completed. The adolescent becomes identified as part of this subculture and then ostracized/stigmatized by the mainstream culture. This alienation by others then impacts self-esteem and identity. Effective prevention and treatment programs must educate staff about this different “culture” which would include learning the language and rituals to be able to engage with adolescent clients.

***Identity:*** Another consequence of substance use is that the adolescent developmental process of forming an identity becomes centered on a drug-using identity. Moral development, self-esteem, self-control and other behaviors that adolescents need to learn in order to form a positive self-identity are damaged because of the drug-using focus and the effects of the subculture. The adolescent’s identity is primarily attached to the drug and the subculture. This prevents exploration of new ideas, new behaviors, and new activities, a critical process in adolescent identity development. Experimentation, one of the ways adolescents learn about themselves and their environment, is focused on alcohol/drugs to the exclusion of healthier outlets. Interventions that start with telling the adolescent he/she can never use drugs again may not be effective because their identity and autonomy is thereby threatened. A slower, gentler exploration of values and beliefs, introducing the adolescent to other meanings for identity, and discussing choices will probably be more successful.

**Learning:** learning is also impacted by the consequences to cognitive development and coping skills. Substances impact the ability to concentrate, to remember, and to be motivated to learn. One of the major tasks of adolescence is to develop expanded cognitive abilities, such as abstract reasoning, problem-solving, and goal setting. Substance use disorders interfere with all of these abilities. For example, the adolescent uses alcohol to cope with a problem. The alcohol provides emotional relief. The next time he/she has a problem, alcohol is used again. This pattern leads to a dependency on using alcohol as a coping skill vs. developing other coping skills. Interventions aimed at building skills that are action oriented, practical, and provide immediate success are most helpful with adolescents.

**Emotional:** Numerous stressors are associated with moving through the developmental tasks of adolescence. Physical changes, new experiences, social and family factors all contribute to the mood swings of adolescents. In addition, research has identified that the adolescent brain is functioning in a different way. The Amygdala, a section of the brain that generates emotions, increases in size and activity during adolescence. In addition, serotonin, which regulates moods and controls impulse, fluctuates more in adolescents than adults (Giedd, 1998). Adding mood altering substances to these normal, developmental factors impacts the emotional well-being of the adolescent in many ways: intensifying mood swings, increasing impulsivity and self-destructive behaviors, depending on substances to manage stressors. Adolescents need safe environments and relationships where they can ventilate these emotions, feel validated, and then be given skills for managing their behavior.

### **Motivational Interviewing**

Motivational Interviewing is defined as “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (Miller and Rollnick, 2002). A number of research studies have adapted Motivational Interviewing to different settings and different client populations. Many of the studies were based on one to four sessions and the outcomes were positive in terms of reducing or stopping substance use (Miller and Rollnick, 2002). Fewer studies have applied Motivational Interviewing to adolescent clients and again, most of them used an adaptation. The largest clinical trial, conducted with adolescent cannabis users, showed promising results with five sessions of motivational interviewing (two individual sessions) combined with cognitive-behavioral therapy (three group sessions) (Dennis, 2000).

The specific principles and practices of Motivational Interviewing are also compatible with the developmental tasks previously discussed for adolescents. These principles are to express empathy, develop discrepancy, roll with resistance, and support self-efficacy. Typically an adolescent is told to attend a prevention program or a treatment program. Adults in their environment are often telling them what to do, expecting them to act differently than they are, and are judging or criticizing, all in the name of trying to help. However, in light of the developmental needs of an adolescent to establish their own identity, these types of behaviors by adults often are ineffective. An adult who expresses understanding of the adolescents’ world view (empathy) is going to be more effective. An adult using the motivational interviewing approach will listen rather than lecture, reflect the adolescent’s thoughts and feelings rather than criticize, and stress that the adolescent has choices with whatever issue they are discussing.

If the adult wants to provide some feedback or direction, he/she asks for permission to do so and shares this in an empathetic, non-judgmental manner. An example might be a young man who states he wants to get his drivers' license but he is not willing to quit drinking. The adult could say, "It is certainly your decision and I will not tell you what to do. I was wondering if it would be okay if I shared some concerns with you about this decision?" Another way to use motivational interviewing in this scenario is to reflect back to the adolescent "You have an important goal of getting your drivers' license. You also say that you do not plan to quit drinking. What are the pros and cons of continuing to drink once you have your license?" Again, this type of intervention supports the developmental process of the adolescent by allowing him to develop thinking skills, be self-directed, think through consequences, and assert his own identity. Developing the discrepancy between the goal he wants (the license) and the behavior he wants to continue (drinking) is a process that can help the adolescent clarify what he *wants* to do without being *told* what to do.

### **Brief Therapy**

Monti et al (2001) also discusses the effectiveness of brief therapy with adolescent clients. Brief therapy is compatible with adolescents especially in the early stages of use and abuse. This approach avoids labeling clients with a diagnosis which fits with the issues of identity an adolescent is trying to resolve. Many professionals have spent frustrating sessions trying to convince an adolescent he/she is an addict or other diagnoses. Brief therapy focuses instead on identifying and utilizing the strengths of the adolescent client, providing non-judgmental feedback, and problem-solving in a collaborative manner.

### **Conclusion**

This article attempts to review the developmental tasks of adolescents, provide an overview of the patterns and stages of adolescent substance use, abuse, and addiction, and discuss how these processes are interwoven. Based on these observations, approaches for effective adolescent substance use disorder prevention, intervention, and treatment are recommended.

Reprinted from *Vistas: Compelling perspectives on counseling 2005*, 51–54. © 2005. The American Counseling Association. Reprinted with permission. No further reproduction authorized without written permission from the American Counseling Association.

## Handout 11.5 Adult vs. Adolescent Substance Use



Have used longer  
Medical Complications  
More wreckage



Briefer History  
Fewer consequences  
Confrontation less useful  
May grow out of it

## Module # 8 Competencies

### **Activities**

1. Introduction
2. Presentation of core developmental competencies of adolescence
3. Activity
4. Summary

### **Handouts/Supplies**

- PPT Presentation #3
- Computer, Projector, Screen
- List of challenges on Post-It notes
- Prepared Flip Chart with domains of competencies

### **Objectives**

- 
- Participants will be able to identify the core developmental competencies for adolescents
  - Participants will be able to identify how homeless youth may be challenged to develop these core competencies due to the circumstances in which they grew up or the demands of street environment where they live
  - Participants will examine how their agency could better assist youth in achieving these core competencies

### **Preparation**

---

***Copy the list of challenges that can impede developmental competencies onto individual "Post It Notes" for distribution to participants after the didactic portion of the exercise.*** This list includes the following:

- Inadequate nutrition
  - History of victimization such as child abuse
  - Engaged in survival sex
  - No health insurance
  - Distrust/fear of medical providers
  - Poor hygiene
  - Illiteracy
  - History of school failure
  - No work history
  - Focused on immediate needs
  - Belief in early death
  - Victim of hate crime
  - Strong connection to street culture and economy
  - Social acceptance of the use of violence to resolve conflicts
  - Absence of positive role model
  - Distrust of care providers
  - History of multiple placements
  - Over-reliance on peers
  - History of incarceration
  - Unemployment
  - Isolation
-

- 
- Homophobic/transphobic family and community
  - Immigration history/undocumented
  - Lack of exposure to diverse people/communities/religions
  - Never had an allowance
  - Family moved frequently
  - Witnessed domestic violence at home
  - Health problems
  - Developmental delays
  - Hopelessness
  - Lack of social skills
  - Feeling that he/she doesn't fit in

***Prepare a flip chart for each domain of developmental competencies*** – (i.e. one for Physical Development, one for Intellectual Development, one for Psychological/Emotional Development, and one for Social Development. Post these pages around the room.

---

### ***Introduction***

Adolescence is the time between childhood and adulthood. During this transitional time period of life, adolescents and young adults are expected to develop the necessary skills, attitudes, competencies, and values that are needed to become self-sufficient, stable, and successful adults. Unfortunately, due to past traumatic experiences and life on the street, many homeless youth reach young adulthood without gaining the necessary competency with these skills.

---

### ***Content- Developmental Competencies PPT #3***

***Review the four core domains of developmental competencies (Physical Development, Intellectual Development, Psychological/Emotional Development, and Social Development) using the PowerPoint Presentation or the handouts from the PPT presentation. Make sure that you identify examples in each of these domains.***

---

### ***Activity***

***Provide each participant with one or two Post-It notes that you have prepared. Ask each participant to stick their Post-It note to the flip chart with the domain that they think is most impacted. When all the participants have returned to their seats, engage them in a discussion about the placement and their reasoning.***

---

### ***Discussion***

Questions:

1. Was it difficult to match your challenge to a developmental domain on the flip chart?
  2. Did you think that the challenge only fit in one domain or did you have to decide between multiple domains?
-

- 
3. Can someone pick a challenge that they think impacted multiple domains? Describe how it does and talk about the significance of this interplay.
  4. What is the intersection between these challenges, strengths and resiliency?
  5. Knowing that homeless youth are challenged in achieving their age appropriate developmental competencies, how does your agency help youth “catch up?”
  6. Can anyone provide an example when they realized that a young person didn’t know how to do something that they assumed that they could? Please describe. How did this impact your on-going work with this youth?
  7. Often there is tension at agencies between not wanting to coddle youth (and do everything for them), and recognizing that they may never have learned to do basic chores, for example. How do your programs manage this tension?
  8. Given this information, how do we establish appropriate expectations of what these youth need to achieve to establish stability and self sufficiency?

***Summary***

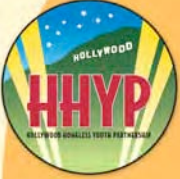


---




Often times we look at the youth that we work with and expect them to have the same knowledge, skills, and competencies as their peers who haven’t been homeless. We may even get angry and annoyed when they claim that they don’t know how to sweep the floor, clean a bathroom, or resolve conflicts with their peers. We always have to remember that some of these youth never had the opportunity to learn or practice these skills in the environments that they grew up. Even more so, we need to think about how to teach these skills in a way that isn’t patronizing or demeaning for these young people.

---



**PPT # 3**

 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h2>Competency</h2>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h3>Physical Development</h3> <ul style="list-style-type: none"><li>• Healthy habits (nutrition, exercise)</li><li>• Good hygiene</li><li>• Regular check ups (medical, dental)</li><li>• Risk management skills (seat belts, condoms)</li></ul>	<p>During adolescence, youth develop competencies in four key areas: Physical development, intellectual development, psychological/emotional development, and social development. In the area of physical development, the competencies include health habits, hygiene, health care, and risk management skills</p>
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <h3>Intellectual Development</h3> <ul style="list-style-type: none"><li>• Knowledge of essential life skills</li><li>• Knowledge of essential vocational skills</li><li>• Critical thinking and reasoning</li><li>• Knowledge of more than one culture</li><li>• Decision-making skills</li><li>• Planning for the future</li></ul>	

 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <p>Psychological/Emotional Development</p> <ul style="list-style-type: none"> <li>• Positive self regard</li> <li>• Conflict resolution skills</li> <li>• Sense of autonomy</li> <li>• Optimism coupled with realism</li> <li>• Recognition of right and wrong and impact of actions</li> <li>• Self regulation skills</li> <li>• Positive coping skills</li> </ul>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <p>Social Development</p> <ul style="list-style-type: none"> <li>• Connectedness with parents, peers, and other adults</li> <li>• Sense of belonging to society</li> <li>• Attachment to pro-social institutions (school, church, etc)</li> <li>• Ability to navigate in multiple cultural contexts</li> <li>• Commitment to civic engagement</li> </ul>	
 <p>HOLLYWOOD HOMELESS YOUTH PARTNERSHIP</p> <p>Competency Challenges for Homeless Youth</p>	<p>The developmental competencies that we have described are very appropriate for youth that have grown up in reasonably stable families with reasonably good access to health care, educational resources, supportive adults, and a community. What happens to youth that don't have access to these sorts of resources?</p>

## Module #9 Self Care

### **Activities**

1. Introduction
2. Self-Care Assessment Form completion
3. Discussion
4. Self Care Planning Tool
5. Discussion
6. Summary

### **Handouts/Supplies**

- Flip chart and markers
- Handout 9.1 – Self Care Assessment Tool
- Handout 9.2 – Self Care Planning Sheet

### **Objectives**

- 
- Participants will recognize the importance of self care for individuals that are working in highly demanding environments with youth exposed to complex trauma
  - Participants will complete a self assessment regarding self care behaviors and a self care plan
  - Participants will realize that self care doesn't have to be expensive, complicated, or take a lot of time

### **Introduction**

---

We talked about the importance of self-regulation for youth. However, we need to acknowledge that working from a trauma informed perspective requires more of you as a staff person. You work in a wonderful and intensely challenging work environment. We wanted to talk about how you take care of yourself and to explore ideas about how you might need to spend more time and focus replenishing your energy.

### **Content** (worksheet)

---

***Ask participants to complete the self care assessment sheet.***

### **Discussion**

---

What did you notice about when you completed this worksheet? Thoughts? Comments?

1. What happens when you don't find the time to take care of yourself? ***Brainstorm ideas and write list on flipchart.*** (Ideas may include: feeling depleted/compassion fatigue, no energy for the youth, no tolerance/no patience, feeling the need to look for other work that is less personally demanding)
  2. What kinds of non-productive coping strategies do you think are common among staff at youth agencies (not looking for self disclosure but could include drinking, avoidance, calling in sick, etc)
-

- 
3. What should a staff member do when they realize that they are using non-productive coping strategies that can cause long term harm? (Seek counseling through EAP or support from supervisor)

We would like you to think about what you could do to take care of yourself better and how your agency can help you. Look at the self care planning tool and try to identify things you can do now to take better care of yourself. Since we aren't working in isolation, think about someone that you can partner with to hold each other accountable to your commitment regarding self care.

***Summary***

---

Working with homeless youth can be highly rewarding and highly challenging work. Staff that don't make an effort to take care of themselves can end of feeling used, abused, and unhappy. It is important for each of us to think daily, weekly, monthly about how to take better care of ourselves.

---

## Handout 9.1

### Self-Assessment Tool: Self-Care

How often do you do the following? (Rate, using the scale below):

- 5 = Frequently
- 4 = Sometimes
- 3 = Rarely
- 2 = Never
- 1 = It never even occurred to me

#### Physical Self Care

- Eat regularly (e.g. breakfast & lunch)
- Eat healthfully
- Exercise, or go to the gym
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Take time to be sexual
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips, or mini-vacations
- Get away from stressful technology such as pagers, faxes, telephones, e-mail
- Other:

#### Psychological Self Care

- Make time for self-reflection
- Go to see a psychotherapist or counselor for yourself
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Notice your inner experience - your dreams, thoughts, imagery, feelings
- Let others know different aspects of you
- Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Spend time outdoors
- Other:

*Continued on next page.*

### Emotional Self Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books, review favorite movies
- Identify and seek out comforting activities, objects, people, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

### Spiritual Self Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, to not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Have awe-full experiences
- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other:

### Workplace/Professional Self Care

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your caseload so no one day is "too much!"
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs
- Have a peer support group
- Other:

*Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff, Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.*

## Handout 9.2

### Self Care Planning Sheet

Based on my self-care assessment, I think that I

- Take very good care of myself
- Take good care of myself
- Take adequate care of myself
- Don't take care of myself very well
- Neglect my own needs most of the time

I can commit to doing the following 3-5 things over the next 6 months to take better care of myself:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The primary challenges that I expect to run into as I try to keep this commitment are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This is my plan to overcome these challenges:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In order to help me keep this commitment, I plan to share it with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If I succeed in keeping this commitment, I expect to reap the following benefits:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Module #10 – Psychological First Aid for Youth Experiencing Homelessness

### **Activities**

1. Introduction
2. Brainstorming – First contact
3. Review of PFA 10 steps
4. Self Care Planning Tool
5. Discussion
6. Summary

### **Handouts/Supplies**

- Paper and pencils/pens
- Flip chart and markers
- Psychological First Aid for Youth Experiencing Homelessness (from [www.hhyp.org](http://www.hhyp.org))

---

### **Objectives**

- To help participants understand how traumatic responses may interfere with homeless youth’s ability to engage in available services.
- To provide clear steps for engaging homeless youth in services

---

### **Introduction**

Psychological First Aid for Youth Experiencing Homelessness is designed to provide a framework and a model for intervention to help direct care staff working in drop in centers, emergency and transitional shelters, and group homes to understand and address the needs of this population which is often impacted by trauma.

---

### **Content-Brainstorm about first contact**

*Ask each participant to create a list the things that they need to accomplish during the first substantive contact with a new youth at their agency. After giving each person a few moments to create their list, ask each person to share their list and add them to a flip chart.*

---

### **Content – PFA 10 Steps**

Now we are going to compare our list to the 10 steps from.

*Review the PFA steps using the following discussion questions/activities:*

Step 1: Contact and Engagement

I would like someone to volunteer to act out the “wrong” way to greet a new person to the agency. What makes it the wrong way? What do you do to help youth new to their agency feel safe, welcome, important, and worthy? *Compare their answers to the list in PFA.*

Step 2: Safety & Comfort

What might make a young person feel unsafe at your agency? What rules or structure is already in place to increase youth feelings of safety and comfort?



---

### Step 3: Calm & Orient Youth

How do you typically react to a youth that is upset or agitated?

### Step 4: Information Gathering

What often goes wrong when we are trying to collect information from youth during an initial contact? (Examples: youth feel interrogated, youth feel like they are only a number, youth believe that we aren't really interested in helping them with their immediate problems).

What can you do to make our questions less disruptive to developing a relationship?

### Step 5: Practical Assistance

What gets in the way of youth accessing the services that are available? (Examples: youth don't know how to ask for help, youth are given too many resources and become overwhelmed, resources don't match the needs that the youth has expressed but instead meet the needs of the agency or staff member).

Can anyone share some of the skills that they have learned to help link youth more effectively?

### Step 6. Connect with Social Support

Youth who are connected to some type of positive social support system are better able to tolerate the stresses and trauma of living on the street. How we can help youth on the street connect with social support? What are some of the challenges that get in the way?

### Step 7: Information on Coping

Why do you think it is important to provide youth with information on coping? (So youth understand that the way that they may be feeling is normal for someone that has had a traumatic experience.)

What are the positive coping strategies that you suggest to youth on the street who are dealing with trauma and stress?

### Step 8: Link with collaborative services

Can someone act out giving a referral the "wrong" way? What was wrong? What are the core components of an effective linked referral?

---

Step 9: Patience

The last two steps are different from the first 8. These last two steps are about what staff need to do on their own and not what they are doing with the youth that they are working with. Why do you believe patience is important for this work?

Step 10: Manage Personal and Professional Stress

What are some positive ways of coping with work stress?

***Summary***

---

The first time a young person comes to our agency for assistance, they are likely to be feeling highly stressed and anxious. Often, at drop in centers and shelters, staff are also busy balancing the needs of multiple youth. PFA for Youth Experiencing Homelessness is a reminder that our approach to young people in crisis (even if it isn't the first time they are using our services) is critically important. We hope that the review of PFA has helped you think about how to work with these youth more effectively.

---

## Module #11      Trauma and Substance Use

### **Activities**

1. Introduction
2. Content- Personal Substance Abuse Philosophies
3. Content- Substance abuse and homeless youth
4. Summary

### **Handouts/Supplies**

- Handout 11.1 -Abuse versus Dependence
- Handout 11.2 - Continuum of Use
- Handout 11.3 – Stages of Change
- Handout 11.4 - Adolescents and Substance Abuse: What Works and Why?
- Handout 11.5 - Adolescents versus Adults (graphic)

---

### **Objectives**

- Explore /challenge personal beliefs about substance use and addiction
- Demonstrate how personal beliefs influence our interactions with youth who use substances
- Develop a framework for understanding the link between substance use and trauma
- Identify where youth may be on the continuum of use and at what stage of change or readiness for interventions

---

### **Introduction**

Youth who have experienced traumatic events are at higher risk for developing a substance abuse problem and youth who abuse substances are more likely to experience traumatic events. Understanding the link between trauma and substance abuse, understanding the continuum of use, and determining a young person's readiness to change can help us determine the most effective approach to take.

---

### **Content – Examining our Personal Substance Abuse Attitudes and Philosophies**

Our personal beliefs and experiences with substance abuse and addiction can greatly influence how we interact with youth who use alcohol and drugs. Before we dive into homeless youth and substance abuse, we thought it would be useful to explore our own beliefs and opinions.

1. Is there a difference between “abuse” and “dependence”?
  2. Is dependence/addiction a “disease”, a “coping strategy”, or just plain irresponsible behavior?
  3. Can individuals who are addicted stop if they really wanted to? Why don't they?
  4. Where do we get our beliefs about addiction? How do our own personal histories of substance use experimentation or
-

---

abuse, or family histories impact the way we interpret substance use in the youth that we serve?

5. Do we minimize the impact of substances on youth? Do we over-respond to their use?
6. How do we, as direct care providers, recognize the impact of our own experiences and respond effectively? What tricks have you learned to do this?

---

**Content-Substance use**

A lot of providers believe that many of homeless youth are “self-medicating” anxiety, depression, or other mental health issues. While this can be true, ongoing use prevents youth from developing distress tolerance and emotional regulation skills and can also lead to abuse and dependence.

*Review the handouts about abuse vs. dependence, the continuum of use, and the stages of change.*

I am going to share a vignette about a young person, George, a 20 y/o gay male lives in transitional housing. I want you to apply some of your new (or old) knowledge about substance use.

George was kicked out of his house six months ago when he told his mom and stepfather that he was gay. He admits to smoking marijuana since age 11, “once in awhile”, and drinking alcohol “occasionally”. He has a history of severe physical abuse. He struggles with depression, low self-esteem, and anxiety and is finding it difficult to look for a job. Staff notices that he looks high daily, although he denies it. He has come home intoxicated for the past two weekends but says he’ll stop when his case manager threatens that he may be exited from the program. It happens a third time this weekend when he comes home smelling of alcohol and marijuana. He is tearful and says he didn’t intend to use.

- What might be the reasons this youth is using?
- Where might he be on the continuum of use and how would you know?
- Should he be accountable for the “rules”?
- What stage of change is he most likely at?
- How would you deal with this situation?

**Summary**

---

It is often very challenging for staff to work with youth that are actively involved with substances and to determine what constitutes normal experimentation and what constitutes abuse or dependence. It can be particularly frustrating to work with a young person who doesn't believe that they have a problem. The continuum of use graphic and the stages of change can be useful tools for staff and youth to gain a better understand about substance use.

**Resources**

---

E-Learning Module - Adolescent Risk Behaviors- Substance Abuse at <http://hhyp.elearning.networkofcare.org>

---

## Handout 11.1

### Substance **Abuse** versus Substance **Dependence**

The term *substance* can refer to a drug of abuse, a medication, or a toxin. “Toxins” are heavy metals, pesticides, antifreeze, and carbon monoxide. The term toxin is used if exposure is accidental. “Inhalants” are used to describe volatile substances that are used on purpose to get high.

The DSM IV-TR groups substances into 11 classes (alcohol; amphetamines; caffeine; etc.)

Substance-Related Disorders are divided into two groups:

1. Substance Use Disorders
2. Substance-Induced Disorders

---

### **Substance Dependence** (3 or more in a 12 month period)

1. Tolerance
2. Withdrawal
3. Larger amount or longer period than intended
4. Unsuccessful effort to cut down
5. Great deal of time trying to obtain, use, or recover
6. Social, occupational activities are given up or reduced
7. Continued despite problems related to use

Note: must specify with or without physiological dependence (evidence of tolerance or withdrawal)

### Criteria for DEPENDENCE

**Early Full Remission:** at least 1 month, but **less than 12 months** – **NO Criteria** met

**Early Partial Remission:** at least 1 month, but **less than 12** – **one or more criteria**

**Sustained Full Remission:** **12 months or longer**, no criteria

**Sustained Partial:** 12 months or longer, one or more but not all criteria met

---

### **Substance Abuse** (one or more in a 12 month period) a pattern of use with consequences

1. Recurrent use results in failure to meet obligations
2. Recurrent use in hazardous situations (driving while intoxicated)
3. Related legal problems
4. Persistent or recurrent social or interpersonal problems.

Note: **Symptoms have never met criteria for dependence.**

## Module #12 Mindfulness and SOS

### **Activities**

1. Introduction
2. Content- Mindfulness definition and practice
3. Discussion
4. Content – SOS
5. Discussion
6. Summary

### **Handouts/Supplies**

- Bag of individually wrapped candy or chocolate
- Handout 12.1 Mindfulness Handouts – What and How skills
- Handout 12.2 SOS Thermometer
- Handout 12.3 Mindfulness exercises

---

### **Objectives**

- Participants learn about the core elements of mindfulness and how mindfulness practice can help homeless youth
- Participants learn how to use SOS with homeless youth

---

### **Introduction**

Today we are going to introduce two skill sets that can be helpful to teach youth and that staff might find helpful too. These two skills are Mindfulness and SOS. Mindfulness is a concept that goes back to Buddhism and is part of several therapeutic treatments for trauma. Mindfulness is about paying attention in a particular way. Mindfulness is a mental state, characterized by concentrated awareness of one's thoughts, actions or motivations. We believe that by building mindfulness skills in homeless youth (or in youth in general), we can help them be less reactive to their environment, build more positive decision-making skills, and become more aware of some of the negative judgments and thoughts that pass through their mind.

---

### **Content- Mindfulness skills and practice**

There are two core skills in mindfulness, the “what skills” and the “how skills”. The what skills include:

- Observe
- Describe
- Participate

The how skills include:

- Refrain from judgment
- Stay focused
- Do what works
- 

Instead of trying to explain this further, we are going to give you a chance to practice mindfulness yourself. We are passing out candy. Pick one that appeals to you but don't open it or start eating it yet.

We want you to experience this candy in a way that you have never experienced it before. When we have finished providing all the instructions, we are going to have you examine the candy and use all of your senses- touch, smell, sight, taste, and hearing. Even if you have eaten this candy dozens or hundreds of times before, see if you can observe something that you don't ever remember noticing.

It is normal and expected to be distracted while you are learning mindfulness. If you find that you have strayed, don't judge yourself, just try to refocus on the experience. We will spend about 2 minutes enjoying our candy and then we will ask if folks are willing to share their experiences.

---

**Discussion**

(note to facilitator- facilitator always shares their experience first)

---

What did you notice about yourself during this exercise?

Could you imagine doing something like this with the youth that you work with?

How do you think that mindfulness skills could help homeless youth?

Did you notice self-judgments during this exercise? Were you aware of how frequently we judge ourselves?

---

**Content- SOS<sup>1</sup>**

(Handout – again facilitator shares first)

---

SOS is a tool that we have borrowed from the SPARCS curriculum. It stands for Slow Down, Orient, and Self Check and it is designed to help youth learn how to slow down and think about their current situation. We have just talked about a lot of significant issues and we thought it would be a good idea for us to do an SOS to check in with you and see how you are feeling.

---

**Activity**

***Pass out the SOS worksheet and go around the room asking each person to share their scores*** (the first number for how personal distress they are experiencing right now and the second number for how much personal control they feel they have right now).

---

**Discussion**

Discussion Questions:

1. Why do you think that this tool might be useful for homeless youth who are under a lot of stress?  
(It also helps them gain the knowledge that an individual can feel very stressed out but still be in control)
  2. Can you imagine how you might be able to use the SOS in your work with youth?
  3. What kinds of situations seem like a good fit for an SOS?
- 

<sup>1</sup> These activities and handouts were adapted from “SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress –Group Trauma Treatment Curriculum (2006). Ruth DeRosa, Mandy Habib, David Pelcovitz, et al.”



## ***Summary***

---

As I mentioned in the beginning of this module, we have found mindfulness and SOS to be very useful skills to use and practice with youth. Engaging youth in a mindfulness or SOS exercise at the beginning of group or individual session can help them become more focused on the moment. For staff that are feeling stressed, mindfulness exercises can provide a brief respite. You can also use SOS to check in with your co-workers on a tough day.

---

## Mindfulness "How" Skills

### Don't Judge



See without evaluating  
Acknowledge, but don't judge it-  
for example, replace: "You're a jerk" with  
"You took my stuff"  
Don't judge your judging

### Stay Focused



Do ONE thing at a time!  
Let go of distractions  
Throw yourself in the current moment, the now  
Concentrate your mind

### Do What Works



Focus on what's going to help  
Do what you need to do to achieve your goals  
Play by the rules  
Act as skillfully as you can  
Let go of feelings that hurt you & hurt others

Adapted from Rathus, Miller & Landsman (1995), adapted from Linehan (1993)

## Mindfulness “What” Skills

### Observe

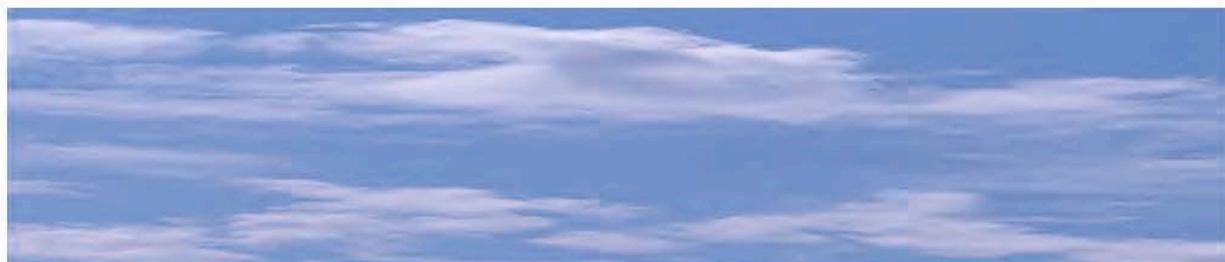
Just notice  
Don't push away your thoughts and feelings  
Don't hold on to them  
Use your 5 senses- sight, sound, taste, touch, smell  
Watch your thoughts, feelings come & go like clouds in the sky

### Describe

Put words on the experience-  
    “My stomach muscles are tightening”  
Name your feelings-  
    “I'm so mad I could scream”  
Label thoughts as thoughts not facts-  
    *Thinking you're dumb doesn't mean you are dumb*  
Name thoughts, feelings, and sensations separately

### Participate

Become one with your experience  
    Like riding a bike, playing sports or an instrument  
Throw yourself into what you do- really get into it  
Without being self-conscious, without fear  
Practice, practice, practice



Adapted from Rathus, Miller & Landsman (1995).  
adapted from Linehan (1993)

## Handout 12.2

H 1.2

SPARCS<sup>SM</sup> (V16)

Session 1, Handout 2: SOS: Slow down, Orient, Self-Check

# SOS

## SLOW DOWN    ORIENT    SELF-CHECK

What is the situation? What is going on? \_\_\_\_\_

Practice steps 1, 2, & 3. Circle ratings for step 3.

### Step 1: **S**LOW DOWN

- Pause, take a time out, calm your body, relax
- Take a deep breath- feel the air, listen to your heart, notice your chest
- One thought at a time

### Step 2: **O**RIENT YOURSELF

- Bring your mind & body back to the present time/place
- Look around- notice where you are, who you're with, what you're doing
- Feel yourself in the chair, feel your feet touching the floor

### Step 3: **S**ELF CHECK

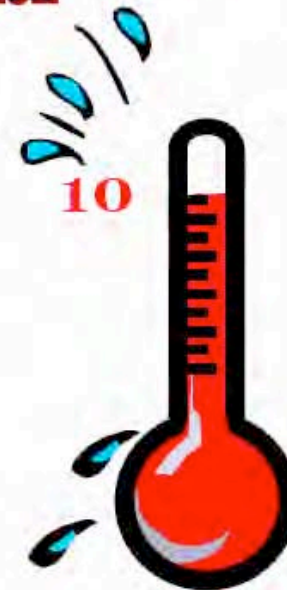
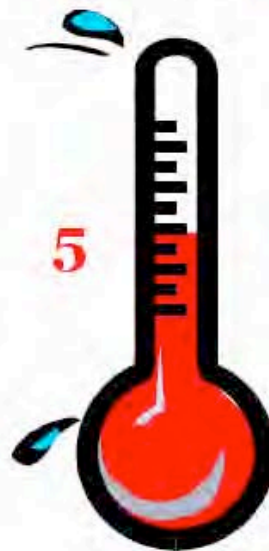
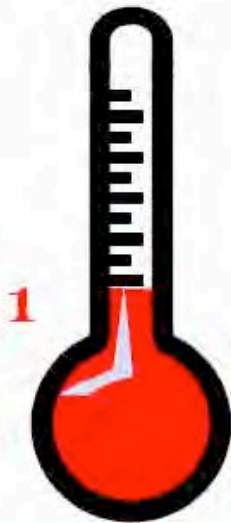
- Personal Distress    Right now I feel . . .  
Completely Calm    1 2 3 4 5 6 7 8 9 10    Most Distressed Ever
- Personal Control    Right now I am . . .  
Completely In Control    1 2 3 4 5 6 7 8 9 10    Totally Out of Control

Adapted from  
Ford et al. (2004)

# SOS THERMOMETER

**SLOW DOWN    ORIENT    SELF-CHECK**

10 high



1 low

**Personal Distress**

Right now I feel ...

Completely Calm

1   2   3   4   5   6   7   8   9   10

Most Distressed Ever

**Personal Control**

Right now I am ...

Completely in Control

1   2   3   4   5   6   7   8   9   10

Totally Out of Control

Ford et al. (2004)

## Handout 12.3 Mindfulness Exercises

1. Blowing Bubbles
2. What's Different?
3. Check the Chip
4. Thumpeta - Thump Heart Rate
5. Not Being Mindful
6. Observe Thoughts
7. "Snap-Crackle-Pop"
8. Observe Your Emotions
9. Mindful to Music
10. Guess What it is: Observe & Describe an Object
11. Observe & Describe Object
12. Balance
13. Mindful Eating
14. Observe the Urge
15. Focus on Your Face
16. Finding Humor When It Happens
17. Sound Ball
18. Breathe
19. Listening Mindfully
20. Minding Personal Space
21. Let's Dance
22. Sandpaper and Softness

## **1. Mindfulness Exercise: Blowing Bubbles**

- Distribute bubble liquid and wands
- Group leaders should model 3 tasks during mindfulness exercises;
  - Fully participate in the moment
  - Observe their experience
  - Describe their own experience to participants before asking participants to describe theirs
- Mindfulness is hard: by modeling it for members, leaders show that the act of becoming mindful is a process and takes practice
- Blow bubbles for 2-3 minutes- give the following instructions:
  - Practice focusing on your bubbles
  - Where they go
  - What they look like
  - Size, shape, number, color
  - OK if distracted by someone else's bubbles
    - don't judge yourself if you get distracted
    - bring yourself back to the task- mindfully blowing own bubbles
- Stop after about 2-3 minutes
  - Describe your experience as group leader to the group
  - **Ask:** Did you throw yourself into blowing bubbles?
  - **Ask:** Were you focused on other people? Their bubbles?
  - **Ask:** Were you able to bring yourself back to the bubbles when you got distracted? What was it like trying to bring yourself back?
  - **Ask:** Did you find yourself judging (your distraction, your bubbles, other people's bubbles, etc.)?
- **Rationale:**
  - Focusing: staying focused even with distractions, is good practice for figuring out options in tough situations- helps get what you want and need in the moment
  - Redirecting; distractions are everywhere, getting distracted is a part of life - when that happens, just bring yourself back to the task at hand
  - Doing things non-judgmentally: notice when you judge, don't judge your judging
  - Judging is more likely to put us in emotion mind

## **1. Mindfulness Exercise: What's Different?**

- Ask for two volunteers. Ask them to stand and tell the group to take a good look at them, to be observant. Next, one of the group leaders and the two volunteers leave the room. The 2 group members change 2-4 things about their appearance. ( switch shoes, take out shoelaces, remove a watch, switch or take off a piece of jewelry, roll up a sleeve, etc). They return to the group and group members try to guess what is different.

- **Rationale:**
  - It is easier to recognize the things that stress us out if we notice details about what we are thinking and feeling inside of us as well as things that are happening outside of us.
  - If we recognize what the triggers are, then we can deal with them more effectively. That's what this mindfulness exercise is about—noticing, being aware or mindful.

## **2. Mindfulness Exercise: Check the Chip**

- Give each group member one potato chip and instruct them to NOT eat the chip
  - Instruct them to look at it carefully and mindfully
- What does it look like? Notice details
- Smell like?
- Feel like?
  - Allow 1-2 minutes for them to examine the chip
- Ask group members to describe what they noticed as they were fully participating in the moment
- **Rationale:** Paying attention to information, what's going on around you, can help you cope better with stressful situations. The more information you have, the better you can problem-solve. You get more information when mindful of what's going on around you.

## **3. Mindfulness Exercise: Thumpeta -Thump Heart Rate**

- Heart is more than just a pump, it communicates all kinds of information to the brain
- Quiet yourself, find your pulse (either at their wrists or neck),
- Be sure all members have located their pulse before continuing.
- Pay attention mindfully to your pulse, feel it beating, pay attention to the beat
- **Ask:** Is it even? Is it strong? Are the beats the same length? Is the time between the beats the same?
- Allow 1-2 minutes
- Members share observations
- **Rationale:**
  - Paying attention to your body's reaction, like your heart rate, can give you important information. It can give you clues about what might be triggering/stressing you, This information can help you cope more effectively when your body's alarm system is on all the time.
  - When you pay attention to your pulse, you are focusing all of your energy on it. You can focus in on your life the same way. You can direct your life by directing how you think. This makes you more able to cope and handle life.



#### **4. Mindfulness Exercise: Not Being Mindful**

- Group participants pair up for this exercise
  - Speaker talks about neutral topic (1-2 minutes) –For example, how their day was at school/work, dinner last night, news about a friend, etc. Don't select a heated topic or raise a current conflict.
  - The listener acts distracted, insensitive, not mindful. Look around the room, write, whistle, etc.
  - Switch roles- the listener becomes the speaker (1-2 minutes)
  - The listener is again distracted and not mindful of the speaker
- **Ask:** What is it like to talk to someone who is not being mindful?
- **Ask:** If we look like we're not paying close attention to what the other person is saying are we more or less likely to get what we want?
- **Rationale:** If the other person understands that you are listening, s/he is more likely to listen to you when you talk or ask for something. You have been a great listener if the other person knows that you were listening and knows that you understand his/her point of view. This is important, both in close relationships and even casual ones.

#### **5. Mindfulness Exercise: Observe Your Thoughts**

- Instruct members to notice thoughts as if ...
  - Scrolling by on a lighted sign/message board
  - Floating by like clouds or
  - Moving across a conveyer belt & landing in a box for you to examine later
- Notice them without judging or getting caught up in them, believing them or reacting to them
- Notice them without holding on to the thought, without pushing away
- When you become distracted, bring yourself back to the next thought
- **Rationale:**
  - It is easier to recognize the things that stress us out if we notice details about what we are thinking and feeling
  - If we pay attention to what we are thinking and what is bothering us, without judgment and without acting impulsively, then we can deal with it more effectively.

## **6. Mindfulness Exercise: "Snap-Crackle-Pop"**

- Group members stand and form a circle
  - Identify the starter
  - Starter points over his/her head to person to the left or right and
- says "SNAP"
  - Recipient points to someone across his/her own chest (to the left or right) and
- says "CRACKLE"
  - Second recipient points straight at anyone in the circle and
- says "POP"
  - "POPPed" person starts the cycle again with SNAP
  - Each person has 3 seconds to respond (or they are out)
- Members who mis-gesture, use the wrong word, or take too long to respond, leave the circle and distract remaining players: by doing things like. by yelling "snap, crackle, pop", clapping, singing, gesturing, making noises, etc.
- Play for 3-5 minutes nonstop or until only two players are left
- Ask for volunteers to share thoughts, feelings, or observations
- **Ask:** Did you ever have a fight with someone when s/he kept bringing up other things? Maybe other things they were angry about or other things you did in the past (not related to current conversation)?
- **Ask:** Generally, does that make things worse or help resolve things?
  - E.g. Maria asks her sister if she can borrow her sweater. Her sister immediately yells and reminds Maria how she spilled soda on the pants she borrowed last week. Instead of getting caught up in her sister's insults, Maria remains focused and proceeds with MAKE A LINK. She is successful because she is able to stay in the present moment (instead of fighting about what happened last week), and she is able to let go of distractions (e.g. like bringing up all the things her sister has done wrong too).
  - There are many distractions that can come up when people try to "MAKE a LINK." e.g. changing the subject, bringing up previous conflicts, saying things that make you feel bad, interrupting, attacking, criticizing
- **Rationale:**
  - The more mindful you were during "snap, crackle, pop" the more likely you were to stay in the circle. Being mindful means being present in the moment and letting go of distractions. The more mindful you are when talking to people and trying to MAKE a LINK, the more likely it is that you will be successful.
  - One of the core skills of mindfulness is being able to fully participate in the moment. This means not thinking about the next move (e.g. should you snap or crackle?). It means just participating. Mindfulness takes practice. Don't get discouraged. The more practice you get, the easier it is.

- When we first learn to ride a bike, play an instrument or learn a dance it's difficult and we have to think about each little step. Later, we can fully participate without feeling as self-conscious and the skills flow without much thought.

## **7. Mindfulness Exercise: Observe Your Emotions**

- Notice emotions you are having for next 2 minutes
- Label emotions to yourself as you notice them
- Describe to yourself where emotion is felt
  - E.g. I have a knot in my stomach, my head is starting to pound and I'd label this as feeling anxious.
- After 2 minutes (or less if needed), leaders model describing their experience. Participants who are comfortable volunteering explain what they noticed.
- **Rationale:** Observing, describing emotions that you feel is an important step for getting into wise mind.

## **8. Mindfulness Exercise: Mindful to Music**

- Play musical selection
  - Ask the group to notice:
    - Urges to move
    - Thoughts and associations
    - Feelings
  - Try not to judge the music as good or bad
- After 2-3 minutes, discuss observations of and thoughts and feelings about the exercise
- **Rationale:**
  - To get into wise mind, let go of judgment
  - Judging makes people feel more emotional (i.e., notice the difference between saying, "she's a \*#@," or saying, "she didn't answer when I said hello.")

## **9. Mindfulness Exercise: Guess What it Is: Observe & Describe an Object**

- Prior to start of session, leaders fill paper bag with small objects
  - Items may be those commonly found in the room (e.g. pencil, keys, eraser, water bottle)
  - Can also use items from elsewhere (e.g. batteries, sponge, bag of rice)
- Provide instructions:
  - Group members take turns reaching into the paper bag without removing the item they've chosen.

- Ask for 2-3 volunteers to take turns
- Time allowing, have each member take a turn
- They are going to give the group clues
  - Do NOT tell members what the object is
  - Do NOT tell members what the object is used for
  - Pretend you are describing it to someone who can't hear or can't see.
  - How would you describe it to someone so they could draw it?
- Once the item has been guessed (or if enough time has passed), take it out of the bag. If unable to guess, leader can help by modeling "describe").
- Instruct members to observe what they are holding Describe it to the other group members. Leaders assist by asking questions:
  - Notice the texture:
- Is it soft? Hard? Squishy? Rough? Smooth? Fluffy?
  - Notice the size:
- Is it large? Small?
  - Notice the weight:
- Light or heavy?
  - Notice the shape:
- Is it round? Oval? Square? Triangular? A combination of different shapes? Does it have clearly defined edges? Etc.
- Once members have gone, ask them to share observations
  - Point out how much information they were able to get and provide without even being able to see the object
  - Imagine how much more information they would have had using all 5 of their senses. They got a lot of information by really paying attention.
  - It's not that easy to observe and then describe something. Observing and describing might sound simple, but it takes practice.
- **Rationale:**
  - A lot of times we have more information around us than we realize. We just need practice in *noticing* it. By practicing how to observe what is around us, we will get more information and learn more about a situation.
  - With more information, we may be able to deal with a situation better; we may have more choices and therefore may be more likely to get what we want Observing will help you get the information you need.
  - Describing helps you organize the information you get. It helps you think clearly, It leads you into Wise Mind.

## **10. Mindfulness Exercise: Observe & Describe Object**

- Instruct group to observe and describe something outside of them
- Members choose an item in the room to observe and describe
  - Item can be something they can hold (e.g. pencil, keys, eraser, water bottle)
  - Item can be something they can't hold (e.g. picture on the wall, the blackboard, window, tree outside the window)
- Provide following instructions:
  - Observe the object. As appropriate, what does it feel like? Smell, sound, taste, and look like?
- Describe the object. Use words.
  - Pretend you are describing it to someone who can't hear or can't see.
  - How would you describe it to someone so they could draw it?
- Don't use words that judge:
  - Avoid words like "pretty", "ugly", "good", and "bad"
- Allow 1 minute of observing and describing (to themselves)
- Members share observations
  
- **Rationale:** In order to make a decision, you need as much information as you can get. Observing will help you get that information. Describing helps you organize the information you get. It helps you think clearly. Leads you into Wise Mind

## **11. Mindfulness Exercise: Balance**

- Ask group members to stand up behind their chairs and try to balance on one foot. (If they need to, they can touch the back of the chair in front of them momentarily.)
- Mindfully focus on standing up straight and tall and holding your balance
  - Notice what it feels like when you have obtained balance.
  - Notice what it feels like when you feel yourself tipping to one side or the other and what it feels like to right yourself.
  - Even if you keep tipping, try not to judge yourself and continually try to bring yourself to a balanced position in the center.
  
- **Rationale:**
  - This activity represents a metaphor of getting into wise mind—maintaining a balance between emotion and reasonable mind.
  - Balancing takes practice—on your feet or in wise mind The more you do it, the easier it gets
  - Try not to judge; makes it more difficult

## **12. Mindfulness Exercise: Mindful eating**

- Distribute different types of food (e.g. candy, fruit, snacks) (see list of materials for examples)
- **Ask:** Has anyone ever devoured a whole bag of potato chips or a meal without really stopping to appreciate it?
- Instruct everyone to pick 1-2 items. Members should:
  - eat the item mindfully
  - pay attention to each of your 5 senses- not just taste
  - ask yourself "what does it smell like? Feel like? Sound like? Look like? And taste like?"
- Group shares observations
- **Ask:** what was that experience like? What did you notice?
  
- **Rationale:**
  - Turn off "automatic pilot"- You get more from a situation when you stop and focus on the experience. Usually we go through life on "automatic pilot"- we do things automatically, without thinking. When we do that, we miss out on a lot. We don't notice things (good or bad) and we don't appreciate things as much. By doing something- just one thing (like eating)- mindfully, you notice a lot more than if you do it automatically.
  - You learn more and get more information when you do things mindfully

## **13. Mindfulness Exercise: Observe the Urge**

- Sit straight-up in chair, shoulders back, arms in lap or folded
- Notice urges to move (e.g. to stretch, change position, scratch)
- Resist urges to move
  - **Say:** "Notice where you feel the urge, observe what it feels like"
- Does it tickle or feel tight
- Is it intense?
- How long does it last?
  - **Say:** "Resist the urge and instead describe it silently to yourself in words"
  - Urges may come, go, like waves
- Share observations, thoughts, feelings about exercise after 2-3 minutes
  
- **Rationale:** We often act on urges to do, say things that make situations worse
  - Practice noticing urges
  - Demonstrates that one can have urges without acting on them, even if uncomfortable. You can observe without acting, and eventually it goes away.

#### **14. Mindfulness Exercise: Focus on Your Face**

- Ask group participants to focus on their faces and their facial expressions
  - Notice without action:
- Forehead
- Eyebrows
- Nose
- Cheeks
- Mouth
- Chin
  - Identify tension and other physical sensations in each part
  - Try to notice each part without changing one's expression
  
- **Rationale:**
  - We all guess what other people are thinking and feeling by the looks on their faces
  - We may have expressions on our faces that we are not aware of but that people are interpreting
  - Paying attention to one's own face will provide information about one's thoughts and feelings
  - Becoming aware of one's face is a step toward Wise Mind

#### **15. Mindfulness Exercise: Finding Humor When It Happens**

- Complete self-check
- Show 8-10 minute funny video clip
  - Mindfully practice noticing the experience of watching the clip
- Do another self-check
- Discuss the emotions that group members felt during the film clip
  - Ask group member's to label their emotions (refer to Handout 4.2, "Emotional Vocabulary")
- Discuss the experiences the group members had
  - **Ask:** Did you enjoy the video clip more while being mindful?
  
- **Rationale:**
  - Sometimes people engage in pleasant activities on automatic pilot—to live "in the now, be aware of experiences as they occur.
  - This exercise is helpful to those who sometimes do fun things without being mindful as well as to those who tend to withdraw

## **16. Mindfulness Exercise: Sound Ball**

- This activity involves the "how" skill of "don't judge". Leaders should be very familiar with the rationale prior to beginning exercises-
- Leaders should be very familiar with the rationale prior to beginning exercises-
  - Leader should model the use of the "what" and "how" skills throughout the activity
- Observe and note judgments by the group as they occur (do so in a non-judgmental manner)
- Verbalize own judgments - "this is hard", "I feel silly but I'm trying not to judge", "I'm having a hard time with what to do next", etc.
- Remind members to stay focused
- Remind members to fully participate - "the more you do it, the easier it gets, don't have to think about it as much"
- Instruct: Practice what and how skills together
  - What: try and "fully participate" in this activity
  - How: "stay focused"- don't think about anything else, e.g. what happened yesterday, what you're doing after group, what's for dinner, etc.
  - How: "stay focused" - don't get distracted by someone else
  - How: "don't judge" - don't judge yourself, don't judge others. If you find yourself judging, just notice it - don't judge it- and move on
- Instruct participants to stand in a circle
- One person throws a pretend, or real ball to someone else in the circle while making a noise or a nonsense word (e.g. gersnibble). Leaders demonstrate.
  - catcher makes same sound, then
  - throws to someone else, making a different sound
  - catcher repeats sound, then throws to someone else, repeating the cycle
- Stop after 1 minute and ask:
  - How was it? What was it like? Some people were smiling, giggling. What were you thinking?
- Did anyone think "I'm not doing this right", "I look stupid", etc.?
- When we are worried about how to do something or what we look like is it easier or harder to fully participate?
- Repeat Sound Ball (2 minutes):
  - **Instruct:** Let's try again, but really get into it, fully participating
  - **Instruct:** Throw yourself into it, without fear, without feeling self-conscious.
- Members share observations
  - **Discuss:** contrast between the first and second time, A what they observed, described, judgments, etc.



- **Rationale: for group members**

- It's hard not to judge - it takes practice. When you don't judge, you feel better about yourself. Have more fun.
- It's hard to stay focused - when you are thinking about other things or other people, it's easy to get distracted- you're not fully participating in the experience and you miss a lot of information
- People can enjoy things more when they are fully present and in the moment, fully participating in what is going on. If you're trying to get something done, or cope with lots of stuff, you will be more successful, if you can fully participate in the moment
- 

- **Rationale: for leaders**

- These exercises involve the "how" skill of "don't judge"-
- In order to fully participate (a "what" skill)- you have to be able to let go of judgments
- People will often feel self-conscious making funny sounds in front of others
- The experience of self-consciousness occurs when you judge yourself (e.g. "I look silly", "I'm no good at this")
- These judgments frequently stop us from acting in a particular way- they inhibit us. Prevent us from the "what" skill of fully participating.
- Judgments make us feel badly about ourselves or others- throw us into Emotion Mind
- Judgments can keep us from fully enjoying the moment
- Life can be less restrictive and more rewarding if we let go of judgments
- This exercise also involves the "how" skill of "stay focused"-
- In order to fully participate (a "what" skill)- you have to be able to stay focused
- It is difficult to do either of these activities well while doing or thinking about something else- in order to fully participate, you have to concentrate entirely on the exercise at hand
- If you are able to focus all of your attention on one thing only, you will become better at it

## **17. Mindfulness Exercise: Breathe**

- Ask participants to practice focusing on just the present moment, the here-and-now by noticing:
  - Each breath as it goes in and out
  - Their lungs expanding
  - What it feels like to exhale
- Remind them that thoughts may drift to what happened at school or at home or what might be for dinner tonight. That's okay and to be expected- just bring yourself back to the present and back to your breath.
- **Ask** volunteers to describe their observations after 1-2 minutes.

- **Rationale:**

- Being mindful, aware of what is going on right now without judging is the path to wise mind.
- Being able to stop and focus on the present moment, on what's happening right now, is essential for figuring out what you are feeling and what's needed in the moment.

## **18. Mindfulness Exercise: Listening Mindfully**

- Group participants pair up for this exercise
  - Speaker talks to the listener about an upsetting situation
  - Listener is mindful and focuses on the speaker and what he/she is saying
  - Remind listeners to have good eye contact, notice speaker's face and tone of voice.
  - Let speaker know you understand his/her point of view
- After 1-2 minutes, ask: What is it like to talk to someone who is listening mindfully? How is it different from the exercise we did a while back when the listener wasn't mindful?
- **Ask:** If you are communicating and paying close attention and focusing on what the other person is saying, are you more or less likely to establish or improve a relationship?
  
- **Rationale:** If the other person understands that you are listening mindfully to him/her, s/he is more likely to listen to you. You have been a great listener if the other person knows that you understood his/her point of view. Mindful listening improves relationships, both close relationships and those that are not so close.

## **19. Mindfulness Exercise: Minding Personal Space**

- Separate participants into two groups (A and B) and ask them to line up on opposite sides of the room
- Assign a partner from Group B to each member of Group A (preferably the person standing directly opposite him or her)
- Instruct Group B members to pay mindful attention to their comfort levels during the following exercise:
  - Group A members walk slowly toward their partners
  - Group B members say "Stop!" when their partners are too close
- Group members then exchange roles and repeat the exercise
- Ask/discuss the following:
  - What was it like when your partner got too close to you?
  - How did you know when you started to feel uncomfortable?
  - Discuss that people have the right to maintain comfortable boundaries
  
- **Rationale:** By paying attention to your reactions in the moment, your wise mind can give you important information about your boundaries and what you are comfortable with and not comfortable with. Don't forget to listen to your intuition.

## **20. Mindfulness Exercise: Let's Dance**

- This activity is recommended because participants often feel self-conscious. Therefore it provides an opportunity to practice the "how" skill of "don't judge" as well as the "what" skill of "participate"
- Leaders should be very familiar with the rationale prior to beginning exercises-
  - Leader should model the use of the "what" and "how" skills throughout the activity
- Observe and note judgments by the group as they occur (do so in a non-judgmental manner)

- Verbalize own judgments - "this is hard", "I feel silly but I'm trying not to judge", "I keep forgetting where to step next", etc.
- Remind members to stay focused
- Remind members to fully participate - "the more you do it, the easier it gets, don't have to think about it 05 much"
- Instruct: Practice what and how skills together
  - What: try and "fully participate" in this activity
  - How: "stay focused"- don't think about anything else, e.g. what happened yesterday, what you're doing after group, what's for dinner, etc.
  - How: "stay focused" - don't get distracted by someone else
  - "How: "don't judge" - don't judge yourself, don't judge others. If you find yourself judging, just notice it - don't judge it- and move on
- "Sequenced Dance" (4 min.)
  - Instruct members to stand in a circle
  - Members can keep hands at their sides, or place hands on shoulder of person on either side. (Some groups may not feel comfortable with any physical contact).
  - Practice first: Go through sequence twice (1-2 minutes).
  - Give instructions
- Tap right foot:
  - in front of you to beat of 1-2-3-4
  - to the side to beat of 1-2-3-4.
  - behind you...1-2-3-4
  - Bring right foot back in place. Feet together
- Repeat sequence with left foot. Tap left foot:
  - in front of you to beat of 1-2-3-4
  - to the side to beat of 1-2-3-4.  
behind you...1-2-3-4
  - Bring left foot back in place, feet together.
- Take two steps to the right
- Step to the right with right foot.
- Follow with left. Feet together.
- Step to the right
- Feet together
- Repeat sequence from beginning- tap right foot in front, to side, in back, back in place, feet together
  - Begin activity with music (2 minutes).
- Use music with rhythmic beat- e.g. Irish march

- **Ask** (after 2-3 minutes): How was it? What was it like?
  - **Comment:** some people were smiling, giggling. What were you thinking?
- **Ask:** Did anyone think "I'm not doing this right", "I look stupid", etc.?
- **Ask:** When you are worried about how to do something or judging what you look like are you fully participating?
- **Ask:** When you worry about looking silly, do you feel more or less self-conscious? How do judgments make you feel about yourself? Do these judgments keep you from having fun?
- When you are judging yourself or others you are concentrating on what you look like and not on what you are doing. This means you are not staying focused and not fully participating
  
- Repeat (2 mins):
  - **Instruct:** this time, let's try again, but let's fully participate
  - **Instruct:** really throw yourself into it, without fear, without feeling self-conscious.
  
- Members share observations
  - **Discuss:** contrast between the first and second time, what they observed, described, judgments, etc.
  
- **Rationale: for group members**
  - It's hard not to judge - it takes practice. When you don't judge, you feel better about yourself. Have more fun.
  - It's hard to stay focused. When you are thinking about other things or other people, it's easy to get distracted- and you're not fully participating in the experience. As a result you miss a lot of information
  - If you are able to focus all of your attention to one thing only, you will become better at it
  - The more you practice something, the better you get at it. Pretty soon, you don't have to think about it as much, you just do it. Let's Dance is like learning to ride a bike - at first you have to concentrate on the steps, but eventually with practice, it becomes automatic. That's what mindfulness is like.
  - People can enjoy things more when they are fully present and in the moment, fully participating in what is going on. If you're trying to get something done, or cope with lots of stuff, you will be more successful if you can fully participate in the moment
  
- **Rationale: for leaders**
  - Practice "what" and "how" skills together
  - This exercise involves the "what" skill of "participate"-
  - At first you have to really concentrate, however, the more you do it, the better you get at it.
  - The goal is to experience the activity fully- really get into it.
  - The more you practice, the less you have to think about it, and the more you can become one with it and experience it fully (e.g. like learning to ride a bike)
  - This exercise involves the "how" skill of "don't judge"-

- In order to fully participate (a "what" skill)- you have to be able to let go of judgments
- People often feel self-conscious doing a new dance in front of others or making funny sounds
- The experience of self-consciousness occurs when you judge yourself (e.g. "I look silly", "I'm no good at this")
- These judgments frequently stop us from acting in a particular way and they inhibit us. These judgments prevent us from the "what" skill of fully participating,
- Judgments make us feel badly about ourselves or others. They throw us into Emotion Mind
- Judgments can keep us from fully enjoying the moment
- Life can be less restrictive and more rewarding, if we let go of judgments
- This exercise involves the "how" skill of "stay focused."
- In order to fully participate (a "what" skill), you have to be able to stay focused.
- It is difficult to do either of these activities well while doing or thinking about something else. In order to fully participate, you have to concentrate entirely on the exercise at hand
- If you are able to focus all of your attention to one thing only, you will become better at it

## **21. Mindfulness Exercise: Sandpaper & Softness**

- Hand out small pieces of sandpaper and instruct to mindfully touch the sandpaper:
- Observe and describe quietly for approximately one minute
- Share observations:
- What do you notice about the sandpaper? What was it like touching it?
- Did you notice anything else? Did it affect the way it made you feel? How?
- Hand out small pieces of soft fabric and instruct to mindfully touch the fabric: -
- Observe and describe quietly for approximately one minute
- Share observations:
- What do you notice about the fabric? What was it like touching it?
- Did you notice anything else? Did it affect the way it made you feel? How?
- **Rationale:**
- Focusing and being mindful can enhance experiences and highlight differences. Notice how different tactile experiences can affect how you feel.
- The more information you have about what you notice and how you react, the more choices you'll have for how to cope.
- Touching the soft fabric can also be a way to use touch to self-soothe.

## Module #13 Trauma Informed Consequences (TICs)

### **Activities**

1. Introduction
2. Content- Trauma Informed Consequences
3. Activity
4. Discussion
5. Summary

### **Handouts/Supplies**

- Handout 13.1 Trauma Informed Consequences
- Handout 13.2 Trauma Informed Consequences- Putting Theory into Practice

### **Objectives**

- 
- Participants will understand the difference between punishment and consequences
  - Participants will identify barriers for implementing trauma-informed consequences at their agency
  - Participants will understand the role of critical thinking in the implementation of TICs

### **Introduction**

---

In our work, we have to respond in the moment to all sorts of challenging situations. We want to spend some time thinking together about how our improved understanding of trauma and its impact on human behavior influences the way that we consequence youth when they don't follow rules.

### **Content**

PPT #4

---

PowerPoint presentation based on the Trauma Informed Consequences Document

### **Activity**

---

***Break up the group, if more than 6 to 8 individuals.***

We are going to challenge you to think creatively about consequences for common challenging behaviors at homeless youth serving agencies. Each group is going to get one or two challenging behaviors to work with.

- Resident curses at staff
- Youth caught writing racist graffiti on the bathroom wall
- Youth has a crush on his/her case manager and follows them around
- Youth acts out in group and storms out
- Youth enters agency clearly drunk or high

Your job is to identify a punishment for each of these behaviors (using the definition of punishment that we reviewed) and the thinking behind the punishment. After you think of a punishment, we would like you to think about a trauma-informed consequence and the thinking behind the consequence. After you are finished, we are going to ask the groups to report back and share what you came up with.

---

---

**Discussion Questions**

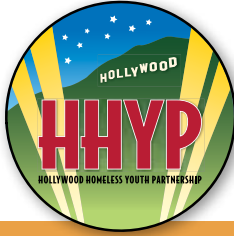
1. What was harder, coming up with a punishment or a trauma informed consequence?
  2. How did you determine if a response was a punishment or not?
  3. What was the most challenging part of this exercise?
  4. What challenging behaviors are particular triggers for you or your agency? Why do you think that is so?
  5. Are there some behaviors (against the rules) that you routinely ignore or overlook? What is that about?
  6. How do agency policies impact on your ability to implement trauma informed consequences?
- 

**Summary**

All of us are working to create order out of the chaos in our work environment. We have to remember, however, that it is a normal part of adolescence to test limits. In addition, many of the youth that we see do not have the self-regulation skills necessary to control their impulses and stay out of trouble. Our job is to help youth acquire the skills to regulate their behaviors and learn how to be successful in our agencies.

---

## Handout 13.1 Trauma Informed Consequences



HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

# Trauma Informed Consequences for Homeless Youth

*Prepared by the Hollywood Homeless Youth Partnership*

Homeless youth-serving agencies including drop-in centers, emergency shelters, transitional living, and supportive housing programs work hard to maintain safe and supportive environments for young people. While safety is always a primary concern, rules and consequences must take into account the following factors: normal adolescent development, the impact of trauma on development and behavior; the realities of homelessness, and the unique histories of each young person we encounter. In our efforts to make agency rules and consequences more trauma-informed, we have found it useful to clearly understand the differences between punishment and consequences and acknowledge the tension between maintaining consistency and providing individualized, trauma-informed responses.



### What is the difference between punishment and consequences?

#### Punishment

- Punishment is used to enforce obedience to a specific authority.
- Punishment is usually used to assert power and control and often leaves a young person feeling helpless, powerless, and shamed.

#### Consequences

- Consequences are intentionally designed to teach, change, or shape behavior.
- Logical consequences are clearly connected to the behavior; given with empathy and in a respectful tone, and are reasonable based on the behavior.

### What is the tension between consistency and individualized responses?

#### Consistency

- We want to create rules and consequences that apply to everyone, understanding that predictability and consistency can help a youth feel safe.

#### Individualized Response

- We recognize that some youth are more highly impacted by past traumatic experiences and there may be compelling reasons to tailor consequences for the individual. We must make sure that our consequences are consistent with the needs and level of functioning of youth, while also holding them accountable for their actions.

### What do we know about adolescent development and homeless youth that supports trauma-informed consequences?

- The adolescent brain is acutely sensitive to positive reward and relatively insensitive to negative consequences<sup>1</sup>.
- Disrupting service delivery (exiting youth from programs or restricting participation) as a consequence may lead to more negative outcomes than positive.

*continued*



## Handout 13.1 Trauma Informed Consequences



### Trauma Informed Consequences for Homeless Youth

- If concerns about safety requires us to ask a youth to leave our agency or restrict their access to specific services, maintaining contact with that individual can “open the door” to important learning opportunities and engagement.
- Some youth will repeatedly test limits and challenge staff with their behaviors until they feel more connected and trusting of staff.

#### Characteristics of Trauma Informed Consequences

- Trauma informed consequences (TICs) slowly shape youths' behavior by helping them recognize the impact of their behaviors on themselves and their community.
- TICs build youth's capacity to manage strong emotions, and increase their confidence in what they are able to do or accomplish.
- TICs minimize disruptions to attachment (i.e. connections to caring adults).
- TICs attempt to retain youth in services, in spite of problematic behavior.
- TICs support youths' access to basic services, such as housing and food.
- TICs take into account the severity of the infraction and respond with thoughtful and appropriate actions that help the youth with their specific needs.
- TICs consider the function of the problematic behavior and help youth develop more effective strategies for getting their needs met.
- TICs take into account trauma triggers and past traumatic experiences.
- TICs take the long view and understand that change is slow and incremental.
- TICs invest great energy, creativity, and resources upfront in order to support long term success in helping youth.

#### What are the challenges of implementing trauma-informed consequences?

- TICs may require a paradigm shift in the way staff understand and respond to challenging, negative, and disruptive behavior.
- TICs require more planning, patience, and creativity by service providers.
- TICs are best implemented in a calm and thoughtful manner, and so require time for discussion and processing with youth and staff members.
- Changing agency policy and practice to incorporate TICs is challenging for staff and supervisors.
- Providers must balance what is best for the individual young person with the needs of other youth and the agency as a whole.
- Agencies must provide adequate supervision and support to staff learning and implementing TICs.

**In summary, following the ARC model<sup>2</sup>, when imposing a consequence we can ask ourselves how this consequence *and the way in which it is discussed with the youth* enhance the following:**

- a) The youth's attachment or relationship with me, the team, and the entire program;
- b) The youth's ability to self-regulate, i.e. practice self-control, self-restraint, or self-discipline in the future; and
- c) The youth's internal competencies such as judgment, decision-making, insight, reality testing and problem solving.

**For more information,  
contact Arlene Schneir MPH  
at [aschneir@chla.usc.edu](mailto:aschneir@chla.usc.edu) or 323-361-3901**

Written by: Arlene Schneir, MPH, Daniel Ballin, LCSW, Heather Carmichael, LCSW, Nikolaos Stefanidis, PhD, Lisa Phillips, MFT, Coreena Hendrickson, LCSW, & Lisa de Gyarfas, MA

The Community Trauma Treatment Center for Runaway and Homeless Youth  
An Initiative of the Hollywood Homeless Youth Partnership

SAMHSA Grant #SM57247

© 2009

<sup>1</sup>Casey, B.J., Jones, R.M., & Hare, T.A. (2008). The Adolescent Brain. *Ann. N.Y. Acad. Sci.* 1124: 111–126.

<sup>2</sup>Kinniburgh, K., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2005). Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, 35(5), 424 - 430.

## Handout 13.2 Trauma Informed Consequences — Putting Theory into Practice



HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

### Trauma Informed Consequences (TICs) for Youth Experiencing Homelessness:

#### *Putting Theory into Practice*

Agencies serving youth that are experiencing homelessness work hard to maintain safe and supportive environments for young people. Young people seeking services frequently present with multiple problems, including relationship difficulties, a lack of sense of self, memory impairment, lack of emotional control, intellectual challenges, and low self esteem. Often these problems are a result of earlier traumatic experiences suffered as children at home or in institutional settings. In dealing with traumatized children, the best practice is to use an individualized approach. Consequences for challenging behavior must address the needs of the individual. Being flexible and using critical thinking is essential in working with traumatized individuals. Careful observation of youth's behavior is necessary in order to understand what is motivating the behavior. Putting the behavior in context and factoring in the young person's trauma history before judging and reacting to the youth and the behavior ensures that your response is trauma-informed.

**Staff working with youth should ask themselves the following questions as they try to respond to challenging behaviors with trauma-informed consequences:**

1. What is the purpose of enforcing the rules? Is it to discipline/teach the youth how to manage emotions, or to enforce the rules for the "rule's sake?"
2. Is this youth intentionally pushing my buttons? Why would he/she want this type of attention from me? Keep in mind that for many youth negative attention is preferable to no attention at all.
3. How much of my response is because I feel personally hurt, offended, disrespected, helpless and frightened, or need to prove that I am in control?



4. What assumptions am I making about this young person's behavior? Could there be another explanation?
5. What options do I have to respond to this behavior? How does the young person expect me to respond?
6. Which option most closely fits my intent to maintain safety while building the young person's capacity to manage intense emotions and learn more effective behavior? Which option is least disruptive to service delivery?

#### FAQs about TICs

**Why does it seem like some youth are asking to be discharged from services by repeatedly breaking the rules even when they know the consequences?**

Many youth come to us with multiple experiences of rejection and abandonment by family and other caregivers. Due to these past experiences, they come to us with the expectation that we will also reject them and, in turn, abandon them. In order to protect themselves, consciously or not, they act provocatively to speed up the rejection that they are convinced is coming anyway.

## Handout 13.2 Trauma Informed Consequences — Putting Theory into Practice

### **If we don't exit/punish youth when they break the rules, aren't we enabling them?**

No. When we exit a youth that is highly impacted by past trauma, what are we really teaching them? Although we may believe that we are teaching them that they can't write on walls or they can't treat us with disrespect, mostly we are just confirming a young person's belief that they are unlovable and undeserving of our attention and support. We are not suggesting that agencies and staff ignore inappropriate behavior. Instead, we are asking staff to work with young people to identify the behavior that was problematic, put it in the context of trauma, and to help the young person find different ways to express their anger, frustration, or sadness. We want youth to know that we can see far beyond the problem behavior, and see the youth's capabilities and potential.



### **Punishment vs. Trauma-Informed Consequences**

The examples below are representative of how to view an incident from both a punishment and a consequence/trauma-informed perspective, and are designed to assist staff and program managers recognize how staff interpretation of youth behavior strongly influences responses.

#### **Punishment**

- Punishment is used to enforce obedience to a specific authority and it uses words that escalate conflict.
- Punishment is usually used to assert power and control and often leaves a young person feeling helpless, powerless, and ashamed.
- Punishment is for the benefit of the punisher and not for the individual whose behavior needs to be corrected.

#### **Trauma-Informed Consequences (TICs)**

- TICs are intentionally designed to teach, change or shape behavior, and offer options within firm limits.
- TICs are logical consequences that are clearly connected to the behavior, given with empathy and in a respectful tone.
- TICs are reasonable, and use words that encourage thinking, and preserve connections between people.

#### **Incident #1**

**Youth is verbally aggressive towards a staff member.**

#### **Punishment**

**Staff Interpretation:** Youth is being disrespectful. Youth doesn't appreciate the services we are offering. I need to set a firm example that we don't allow this type of verbal abuse.

**Reaction:** Staff threatens to exit youth if behavior continues.

#### **Consequences (TICs)**

**Staff Reflection and Interpretation:** What is going on in the environment that is setting this youth off? I need to let this youth know it is inappropriate to verbally abuse staff and, at the same time, help him develop more constructive self-regulation skills.

**Response:** Youth is asked to cool off in a safe place. Staff person processes the experience with the young person when it is deemed appropriate (it would not be wise to press the issue if the youth is still visibly agitated). Staff person shares with youth their observation regarding the interaction and asks for feedback. Staff explores with youth alternative/pro-social ways of communicating feelings.

## Handout 13.2 Trauma Informed Consequences — Putting Theory into Practice

### Incident #2

**Youth comes to agency but doesn't do anything, just sits on the couch and dozes.**

#### Punishment

**Staff Interpretation:** This guy is lazy and is taking advantage of services. He should be working on his GED or looking for a job. We're here to help youth, not just let them sit around and do nothing.

**Reaction:** Staff members don't invest time in this young person.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** This young man is very tired. I know we told him about the services that we have here. What could be interfering with his ability to focus? Lots of youth are worried about failing so they don't even want to try. How can we engage him?

**Response:** Staff member approaches the youth and asks if he needs anything. Staff member tries to engage youth in pro-social activity (game, group) to try to further engage him in services. Even if the youth is generally unresponsive, the staff member gently continues to try to engage him periodically and spends time sitting with him as much as the youth can tolerate.

### Incident #3

**Youth has a crush on his/her case manager and follows this staff member around.**

#### Punishment

**Staff Interpretation:** This is very awkward. I don't want to hurt this young person's feeling but I don't want to give them the wrong idea. It is probably better if he works with someone else.

**Reaction:** Youth is given a new case manager.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** This young person is trying to connect with me. I might be one of few people in his life who sincerely tried to help him. This is very awkward but with some supervision and support, I think I can help this young person.

**Response:** Case manager gets supervision and support in talking to the youth about the crush and working to reinforce appropriate boundaries and expectations.

### Incident #4

**Youth acts out in group and storms out.**

#### Punishment

**Staff Interpretation:** This young person is disrespecting the group and disrespecting me. I can't create a cohesive group when she feels free to leave whenever she feels like it. It's not fair to the other group members.

**Reaction:** Youth receives a warning that he will be discharged from the group if she does that ever again.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** Did something in the group trigger this young woman or bring up uncomfortable feelings or memories? What else I could do to help her feel safe in group?

**Response:** If two staff members are leading the group, one of the staff members leaves the group to check in with the young person and see if it is possible for her to rejoin the group. If this is not possible, the group leader talks to the youth after the group to find out what happened. He lets the youth know that she can leave the group if she is feeling upset or anxious but she is always welcome to rejoin the group. The staff member asks the youth if she wants to talk to someone about any feelings she might be experiencing in the group.

### Incident #5

**Youth caught writing racist graffiti on the bathroom wall.**

#### Punishment

**Staff Interpretation:** Youth is defacing our property. If we don't come down hard on this youth, other youth will think that it is OK to use racist language and to destroy agency property.

**Reaction:** Youth is immediately exited.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** I need to explore why this young person was writing racist graffiti on the walls. Was he reacting to something? What kind of attention is he seeking?

**Response:** A staff member talks to the young person about the incident, explaining the rules about graffiti and "hate" language and explores why the youth wrote on the wall. The young person is assigned to clean or repaint the wall. Staff helps him/her explore alternative ways to express his feelings.

## Handout 13.2 Trauma Informed Consequences — Putting Theory into Practice

### Incident #6

**Youth enters agency clearly drunk or high.**

#### Punishment

**Staff Interpretation:** This young person knows that she is not allowed to come to the agency under the influence. This is totally disruptive to youth and staff. She needs to learn that this is just not allowed.

**Reaction:** Youth is exited from program and referred to detox.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** This is disruptive to other youth and staff. However, if I send her back outside, she is really vulnerable to being victimized. We need to find a safe place for this young person to sober up. She needs further assessment regarding her substance use.

**Response:** Youth is asked to move to safe place within the agency where she can sober up and be safe. When she is more coherent, a staff person talks to her about the circumstances of her using. The youth is reminded that we are concerned about keeping her safe and the agency's policies about being drunk or high. The youth is encouraged to speak to a substance abuse counselor who can talk to her about substance use.

### Incident #7

**A room search at the shelter leads to the discovery of a knife under a youth's mattress.**

#### Punishment

**Staff Interpretation:** This youth is dangerous. She knows weapons are not allowed. This isn't safe for the other youth at the shelter.

**Reaction:** Youth is exited immediately.

#### Consequences (TICs)

**Staff Reflection and Interpretation:** It isn't safe to have knives at the shelter. Why does she feel that she needs a knife even though she knows she could get exited from the program? Do we have enough staff at night to make sure that she feels safe here?

**Response:** A staff person pulls the young woman aside and tells her that they found the knife under her mattress. They ask her if anything has happened that has made her feel unsafe in the shelter, at school, or in the neighborhood. They let her know that she can't have a knife at the shelter and that they have confiscated it but they want to help her feel safe. They help her identify ways that they could help her feel more safe.

## SUMMARY

Working from a trauma informed perspective and implementing TICs demands much thought, patience and perseverance on our part. The youth entrusted in our care deserve this best practice care. We have the responsibility to create environments that afford these youth both opportunities and options to heal from past traumas and learn more effective and pro-social coping styles in order to become successful and productive members of our society.



Written by: Nikolaos Stefanidis, PhD, Arlene Schneur, MPH, Daniel Ballin, LCSW, Heather Carmichael, LCSW, Paul Gore, PhD, Lisa de Gyrafas, MA, Coreena Hendrickson, LCSW, Erin Hubbard, PsyD, Jim McGaffey, PsyD, Lisa Phillips, MFT, Moises Rodriguez, PhD, and Jennifer Schwartz, PsyD

The Community Trauma Treatment Center for Runaway and Homeless Youth SAMHSA Grant #SM57247

©Hollywood Homeless Youth Partnership, 2010

4650 Sunset Boulevard, MS #2, Los Angeles, CA 90027 323-361-2112 www.hhyp.org

## Module # 14      Helping or Harming

### **Activities**

1. Introduction
2. Content- Trauma Informed Consequences
3. Activity-Role Play
4. Discussion
5. Summary

### **Handouts/Supplies**

- Flip chart prepared in advance with characteristics of abusive relationships
- Handout 14.1 Helping or Harming Worksheet

### **Objectives**

- Participants will understand the importance of creating and sustaining a trusting relationship between youth and providers
- Participants will identify the key characteristics of abusive relationships and how some of these characteristics can be present at service agencies
- Participants will be introduced to the concept of normative abuse

### **Introduction**

*This session is designed to include a role play. For the best results, try to identify 2 staff in advance that are willing and able to role play and provide them with the basic scenario.*

As we increase our awareness about the impact of trauma and abuse on the lives of runaway and homeless youth, it is important for us to examine how we approach our relationships with young people. Developing positive supportive relationships with homeless youth is the key to helping youth off the streets. Unfortunately, sometimes in our best efforts to provide support and help, we inadvertently mimic the characteristics of abusive relationships.

### **Content- Characteristics of Abusive Relationships<sup>2</sup>**

On the flip chart (or in your handout) are key characteristics of abusive relationships. Let us review each of these to make sure that they make sense to you.

- Betrayal occurs at the hands of a trusted caregiver or supporter
- Hierarchical boundaries are violated and then re-imposed at the whim of the person with more control/power
- Secret knowledge, secret information, and secret relationships are maintained and even encouraged
- The voice of the youth is unheard, denied, or invalidated

---

<sup>2</sup> Adapted from "Using Trauma Theory to Design Service Systems, Maxine Harris", Roger D Fallot Editors

- 
- The young person feels powerless to alter or leave the relationship
  - Reality is reconstructed to represent the values and beliefs of the person with more control/power. Events are reinterpreted and renamed to protect the guilty
- 

### ***Activity-Role Play***

I have asked a couple of people to illustrate how these issues could get played out at homeless youth agencies. However, instead of asking these individuals to play their thoughtful, responsible, highly trained selves, we have asked them to do it “wrong.” During the role plays, I want you to think about what is going on in between the staff person and the young person and identify which of these issues is playing out.

---

### **Scenario**

#### **Shelter: youth advocate and youth**

You are a youth advocate at a shelter and you strongly suspect that one of your residents used substances today. He/she has already received two warnings about substance use and was told that he/she would be sanctioned (exited, put on probation, terminated, depending on the agency) if he/she came in drunk or high again. This youth has a terrible trauma history but is really a good kid. The youth knows you suspect something and comes to you and tells you that he/she will be honest with you if you promise not to sanction him/her.

---

### ***Discussion Questions***

#### **Role Play Debriefing Questions**

- Which of the characteristics of abusive relationships did you observe in this role play?
- Did the way the role-play unfold feel realistic? What felt real, what didn't?
- Have you ever witnessed or experienced a similar situation (even if you handled it differently)? What was challenging for you to figure out?

#### **General Questions**

- How might these characteristics of abusive relationships come up in environments that are designed to help youth?
    - Betrayal occurs at the hands of a trusted caregiver (child abuse report)
    - Hierarchical boundaries are violated and then re-imposed (provide youth with your cell phone number)
    - Secret knowledge, secret information, and secret
-

---

relationships are maintained and even encouraged  
(ask youth not to tell anyone that they have your  
personal cell phone number)

- The voice of the youth is unheard, denied, or  
invalidated (youth input isn't solicited)
- The young person feels powerless to alter or leave the  
relationship (If a youth doesn't like his/her case  
manager, they can't switch)
- Reality is reconstructed to represent the values and  
beliefs of the person with more control/power. (staff  
never admit that they made a mistake)

**Summary**

- What protections do we have in place to protect youth and staff?

---

Relationships with positive and caring adults are critically important  
to youth. We need to be very careful that in our efforts to support a  
young person, we aren't mimicking any of the characteristics of  
abusive relationships.

---



## Handout 14.1 Helping or Harming

### Examining Relationship Dynamics from a Trauma Informed Perspective

<b>Characteristics of Abusive Relationships</b>	<b>Helping Relationships Gone Awry</b>
Betrayal occurs at the hands of a trusted caregiver or supporter	Youth feel betrayed by the organization, program or staff member
Hierarchical boundaries are violated and then reimposed at the whim of the abuser	Professional relationships that are inconsistent, unclear, or confusing
Secret knowledge, secret information, and secret relationships are maintained and even encouraged	Creating relationships that allow for and maintain secrets
The voice of the victim is unheard, denied, or invalidated	Youth feel there is no opportunity to be heard nor are their perspectives taken into account
The victim feels powerless to alter or leave the relationship	Youth feel powerless to alter or leave the relationship/the agency
Reality is reconstructed to represent the values and beliefs of the abuser. Events are reinterpreted and renamed to protect the guilty	Reconstructing reality to match the needs and values of the provider

## Module #15

## Promoting Resilience and Post Traumatic Growth

### **Activities**

1. Introduction
2. Content- Resiliency
3. Activity-Work Sheet
4. Content – Post Traumatic Growth
5. Discussion
6. Summary

### **Handouts/Supplies**

- Handout 15.1 Resilience in Me, Resilience in Youth Worksheet

---

### **Objectives**

- Participants will understand the framework of Resiliency and Posttraumatic Growth
- Participants will identify ways to foster resiliency and posttraumatic growth in their work with youth.

---

### **Introduction**

As we learn more about trauma, it is important to realize that many of us make positive changes in our lives after a traumatic experience. We wanted to introduce you to the term post-traumatic growth and talk about ways to build resilience in the young people that we work with.

---

### **Content- Resiliency**

In past modules, we have been discussing trauma and the impact of trauma as well as what makes the youth we work with especially vulnerable to trauma. While we can't always protect youth from traumatic experiences, we can promote resilience. Resilience is the positive capacity of people to cope with stress and negative life events. This is not to say that resilience makes an individual invulnerable to stress and trauma; instead, it is made up of factors that help youth become "resistant" to the draining effects of stress and enables young people to thrive in the face of adversity. Examples of resilience features could include personality traits, social skills, and coping responses. Factors can be internal characteristics such as individual talents, energies strengths, constructive interests; or external influences like family support, adult role models outside the family, high expectations within the community, and the availability of creative activities.

Research has identified strategies to help develop positive and resilient traits in youth, including:

- Establishing supportive relationships with young people and encouraging positive peer relationships.
  - Promoting competencies, encouraging mastery of skills.
-

- Supporting appropriate interpersonal skills.
- Promoting affect regulation and helping youth practice coping skills such as self-soothing or distraction.
- Supporting autonomous decision-making and independent functioning.
- Fostering spirituality, exploring beliefs, attitudes and faith communities.
- Emphasizing youth’s ability to make changes in their own lives.
- Nurturing a clear and positive identity, encouraging exploration of identity and assist in integrating different parts of self.
- Fostering belief in the future, setting goals and envisioning future plans.
- Recognizing positive behavior, praising healthy behavioral changes.
- Providing opportunities for pro-social involvement, creating time or space where youth can positively interact, support community, or improve the environment.
- Establishing pro-social norms, not tolerating destructive behavior and engaging youth to normalize positive interactions and healthy coping.

**Activity**

---

Many people (though certainly not all) that choose to do youth work have also experienced challenges in their lives. Many of us had someone (parent, teacher, relative, or counselor) or some institution (school, church, or park) in our life that helped build resilience in us. Please take a few moments to look at the worksheet and think about who or what promoted resilience in you. At the same time, please think about how you promote resilience in these areas with the young people that you work with.

**Discussion**

- 
1. What was your experience in completing this worksheet?
  2. Did anyone think of a person or an institution that helped you that you hadn’t recognized? Or, someone that stood in your way?
  3. Did anyone think of new ideas for promoting resiliency in the youth that you work with? What ideas did you have?

**Content- Post Traumatic Growth**

---

No matter how resilient we are and how many skills we have, we can still be impacted by traumatic events. While many of the aftereffects of trauma are negative (PTSD, etc), researchers have found that between 30%-90% of people affected by a serious crisis describe some type of posttraumatic growth. Posttraumatic growth includes changes in one’s perception of self, the improvement and

---

deepening of one's relationships with others, a heightened compassion for others, and an increased ability for expressing emotions. This doesn't mean that the pain and/or fear from the trauma go away. However, it does mean that individuals are able to find meaning in the trauma or to learn more about themselves,

Since the youth that we work with are so highly impacted by trauma, it seems like we should know how to help youth use their traumatic experiences to grow.

Does anyone have any thoughts about how we help young people to do this? (Provide time for folks to give some thought and share their ideas.)

Of course, we can't make someone use their past traumatic experiences in a positive way. However, we do have some ideas about how to help young people gain perspective on their experiences.

1. **Creating a safe environment:** Since feelings of extreme danger and vulnerability are intrinsic to most traumatic experiences, helping youth feel safe is necessary before they can begin to process the experience.
2. **Listening, Without Trying to Solve:** There is always the urge to say something to make things "better;" try not to give in to such a temptation. Youth many need to feel angry or scared and express a variety of emotions before they can begin to make sense of an experience. Sometimes, our efforts to make youth feel better come from our own need to make these intense feelings more tolerable for us.
3. **Recognizing and highlighting growth or changed perspective when you see it:** As you listen to a young person talk about their experiences, you may notice the development of insight. Take a moment to comment on the change to the young person.
4. **Referring youth to counseling staff, if appropriate:** Many youth don't want to take advantage of mental health services but it can be useful for youth in making sense out of their life experiences.

There is a tendency for individuals to say that a bad experience caused the growth. It may be more helpful to reframe and say that the bad experience or trauma didn't cause the growth but created the opportunity.

---

---

**Discussion Questions**

1. What examples of post-traumatic growth have you seen or heard about? (having cancer/HIV etc was the best thing that ever happened to me).
2. How do you or your agency provide a sense of safety for your clients?
3. What do you do to focus on *listening* instead of intervening right away?

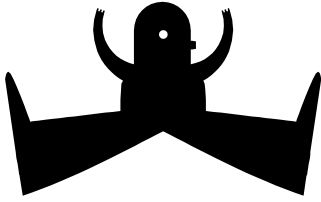
---

**Summary**

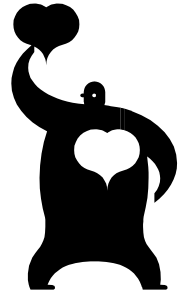
A long time ago, some service providers would refer to the homeless youth that they worked with as “train wrecks”. By this, they were referring to youth that had been so highly impacted by trauma that service providers were limited to picking up the pieces. More and more we are trying to recognize that we can build resilience and support post-traumatic growth even in youth that have experienced early and ongoing traumatic events.

---

Handout 15.1



## Resiliency in ME, Resiliency in YOU!



Instructions: Under “Self”, write down a person, place, event, or activity that helped you achieve these skills. Under “Others”, write down how you support youth in this area. If you can’t think of anything, please leave it blank.

- Promoting bonding, establishing supportive relationships and encouraging positive peer relationships.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Promoting competencies, encouraging mastery of skills and development of hobbies or activities.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Promoting affect regulation, practice of coping skills such as self-soothing or distraction.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Encouraging self-determination, supporting autonomous decision-making and independent functioning.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Nurturing a clear and positive identity, encouraging exploration of identity and assist in integrating different parts of self.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Fostering belief in the future, setting goals and envisioning future plans.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Recognizing positive behavior, praising healthy behavioral changes.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

- Providing opportunities for pro-social involvement, creating time or space where youth can positive interact, support community, or improve environment.

Self: \_\_\_\_\_ Others: \_\_\_\_\_

## References and Resources

10 Reasons for Integrating Trauma-Informed Approaches in Programs for Runaway and Homeless Youth ([www.hhyp.org](http://www.hhyp.org))

The ARC Framework for Runaway and Homeless Youth Serving Agencies ([www.hhyp.org](http://www.hhyp.org))

Attachment, Self-Regulation, and Competency: A comprehensive framework for intervention with complexly traumatized youth. *A Treatment manual*. Kinniburgh, K. & Blaustein, M. ([www.traumacenter.org/products/prod\\_overview.php](http://www.traumacenter.org/products/prod_overview.php))

Calhoun, L. G., Tedeschi, R. G. (1999). *Facilitating Post Traumatic Growth. A Clinician's Guide*. Mahwah, NJ: Lawrence Erlbaum Associates

Calhoun, L. G., Tedeschi, R. G., Editors (2006). *Handbook of Posttraumatic Growth. Research and Practice*. New York: Lawrence Erlbaum Associates

Complex Trauma in Children and Adolescents: White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force ([http://www.nctsnet.org/nctsn\\_assets/pdfs/edu\\_materials/ComplexTrauma\\_All.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf))

Connect with Kids: The Teenage Brain-DVD (<http://www.connectwithkids.com/products/teenagebrain.shtml>)

E-Learning Modules for Direct Care Staff Working with Homeless Youth ([www.hhyp.elearning.networkofcare.org](http://www.hhyp.elearning.networkofcare.org))

NCTSN Culture and Trauma Brief: Trauma among Homeless Youth ([www.hhyp.org](http://www.hhyp.org))

NCTSN Culture and Trauma Brief: Trauma among Gay, Lesbian, Bisexual, Transgender, and Questioning Youth ([http://www.nctsnet.org/nctsn\\_assets/pdfs/culture\\_and\\_trauma\\_brief\\_LGBTQ\\_youth.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/culture_and_trauma_brief_LGBTQ_youth.pdf))

NCTSN.org

Psychological First Aid for Youth Experiencing Homelessness ([www.hhyp.org](http://www.hhyp.org))

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress –Group Trauma Treatment Curriculum (Mandy Habib, Psy.D. [mhabib@nshs.edu](mailto:mhabib@nshs.edu))

Trauma Informed Consequences for Homeless Youth ([www.hhyp.org](http://www.hhyp.org))

Trauma Informed Consequences for Homeless Youth – Putting Theory into Practice ([www.hhyp.org](http://www.hhyp.org))

Using Trauma Theory to Design Service Systems, Maxine Harris, Roger D Fallot Editors (Amazon)