



## Trauma, Attachment, & Chronic Homelessness

Stop outsourcing the problem & handle it yourself

# Introduction

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- ▶ Program Supervisor @ the Bridges Program – a supportive housing program which is part of NSO's Homeless Services Unit in Detroit, Michigan.
- ▶ Trained as a psychologist (trained & worked in urban settings in Chicago & Detroit):
  - ▶ 15 years working w/at-risk and foster care teens
  - ▶ 5 years working in community-based substance abuse treatment
  - ▶ 4 years working w/in the shelter system and supportive housing programming
  - ▶ 3 years with chronically mentally ill adults
- ▶ Mostly outpatient but some inpatient care
- ▶ Dissertation topic on Treatment of Survivors of Political Torture

# “The Takeaway” (for the overly intellectualized)

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Substance use and mental illness are only the fuel that ignites and/or sustain homelessness - poor connections with others is the true foundation of homelessness and without addressing it, we doom the client to future housing loss.

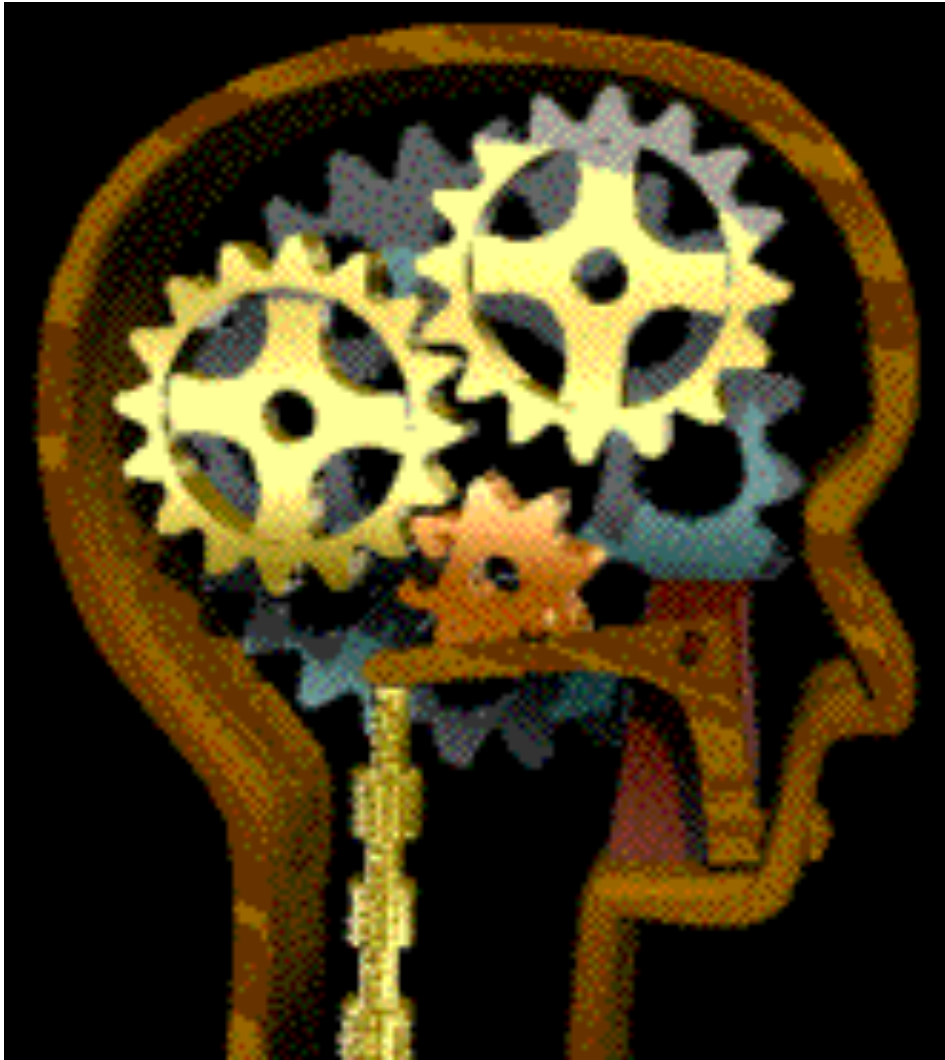
# Learning Objectives

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- ▶ To identify how poor attachment and underdeveloped trusting skills impairs a client's effective functioning in the community
- ▶ The connection to homelessness and other negative outcomes
- ▶ To learn how to use techniques adapted from PCT, DBT and MI to prompt clients towards pro-social activities through improved emotional regulation.
- ▶ To infuse trauma-informed care into effective care coordination and team-based care management

# KEEP IN MIND.....

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Perry, B.D. Integrating Principles of Neurodevelopment into Clinical Practice Introduction to the Neurosequential Model of Therapeutics (NMT). The Child Trauma Academy. PowerPoint Presentation. 2011; Perry, B.D. & Hambrick, E.P. The Neurosequential Model of Therapeutics. Reclaiming Children and Youth [www.reclaiming.com]. Fall 2008, vol 17, #3

# Definitions and Functional Concepts

## *Attachment*

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- ▶ “Attachment is a deep and enduring emotional bond that connects one person to another across time and space” (Ainsworth, 1973; Bowlby, 1969)
- ▶ John Bowlby’s (1907-1990) attachment bond theory
- ▶ Attachments are most likely to form with those who responded accurately to the baby's signals, not the person they spent most time with. Schaffer and Emerson (2012) called this sensitive responsiveness

(McLeod, S.A. (2009). Attachment Theory. Retrieved from <http://www.simplypsychology.org/attachment.html>)

# Definitions and Functional Concepts

## *Attachment*

- ▶ Relationship between infants and primary caretakers is responsible for:
  - ▶ The shaping all of our future relationships
  - ▶ The strengthening or damaging our abilities to focus, be conscious of our feelings, and calm ourselves
  - ▶ The ability to bounce back from misfortune



# Definitions and Functional Concepts

## *Attachment*

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- ▶ Therefore, child to parent interactions that result in a successful, secure attachment, are those where both parent and child can sense the other's feelings and emotions
- ▶ The adult must stay attuned through the child's developmental adjustments, conscious of how everything from hormones to peers impact those feelings and shift appropriately because...

sending virtual hug



loading...



chibird



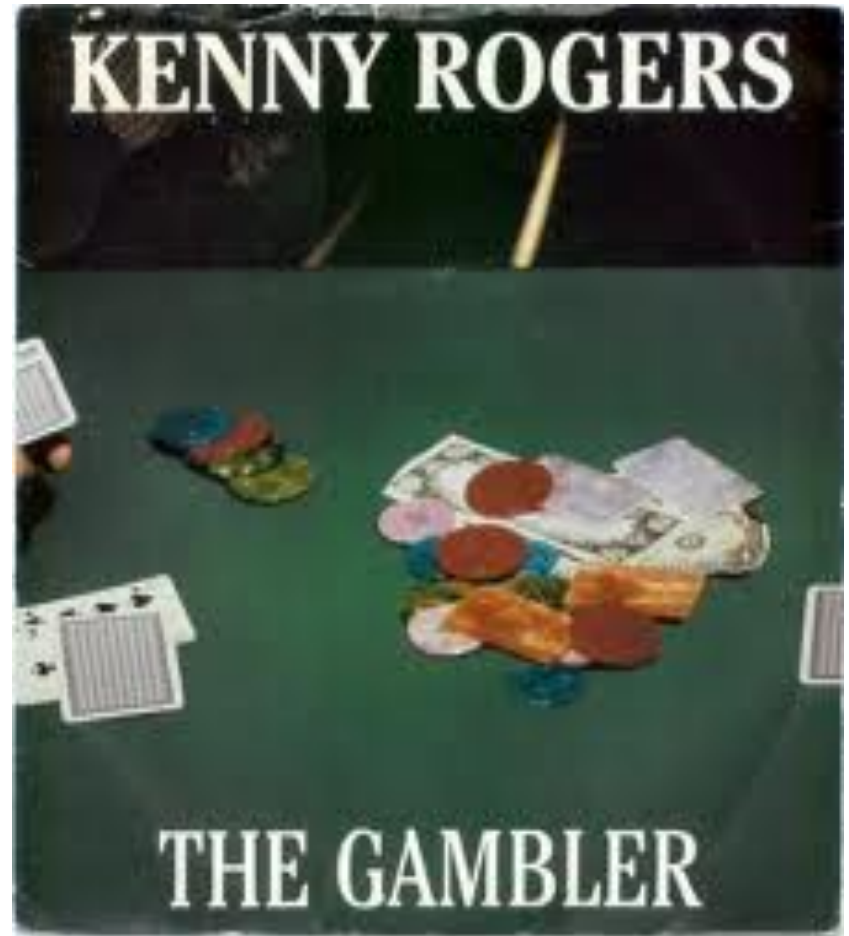
# Definitions and Functional Concepts

## *Attachment*

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Why is this important?

- ▶ **Early attachment creates the ability to:**
  - ▶ manage stress
  - ▶ stay “tuned in” with emotions, yours and others
  - ▶ use communicative body language & read it
  - ▶ be playful in a mutually engaging manner
  - ▶ be readily forgiving, relinquishing grudges



# Definitions and Functional Concepts

## *Trauma*

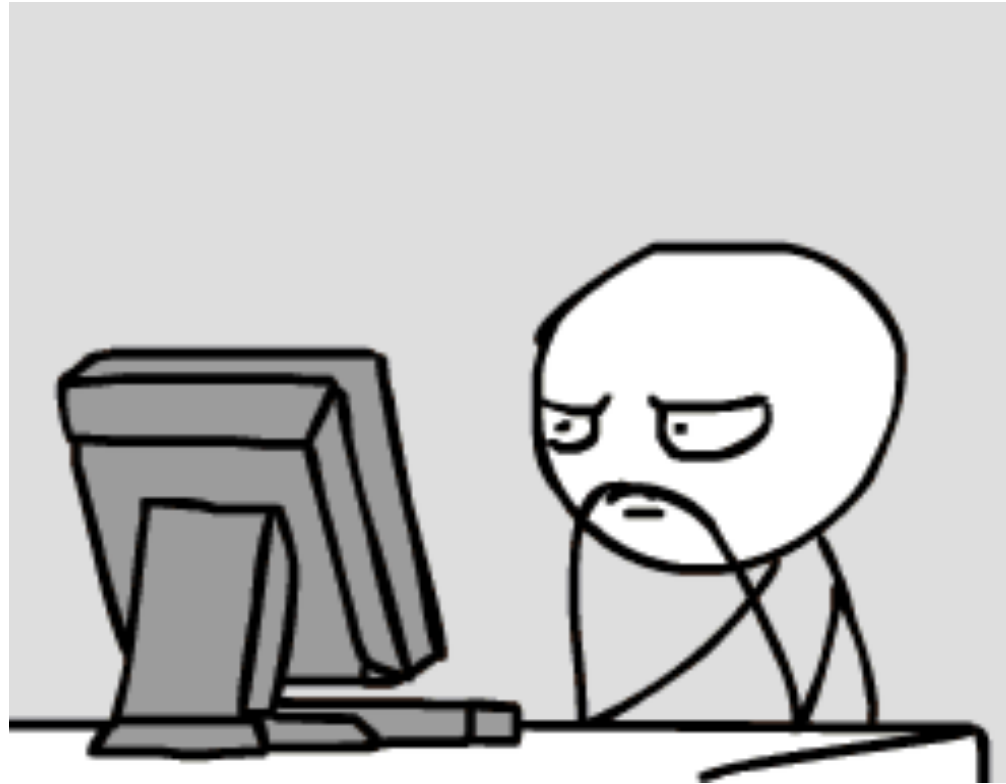
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### “The Human Factor”

- ▶ Trauma is any stressor that occurs in a sudden and forceful way and is experienced as overwhelming. However, trauma and stress are not the same thing.
- ▶ The symptoms of trauma must be addressed differently because it has a deeper and more far-reaching impact.
- ▶ People who have experienced traumatic events describe feelings of intense fear, helplessness, or horror and later in life and left untreated can become PTSD.
- ▶ These are normal reactions to abnormal or extreme situations.

# (Often) My staff's definition of trauma....

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# Definitions and Functional Concepts

## *Trauma*

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- ▶ Most trauma is not a singular occurrence and its impact is cumulative
- ▶ Trauma is either replicated or denied/ ignored in the person's community

Dear life,  
When I asked if my day could  
get worse, it was a  
rhetorical question not a  
challenge.



your  cards  
someecards.com

# Different Types of Trauma

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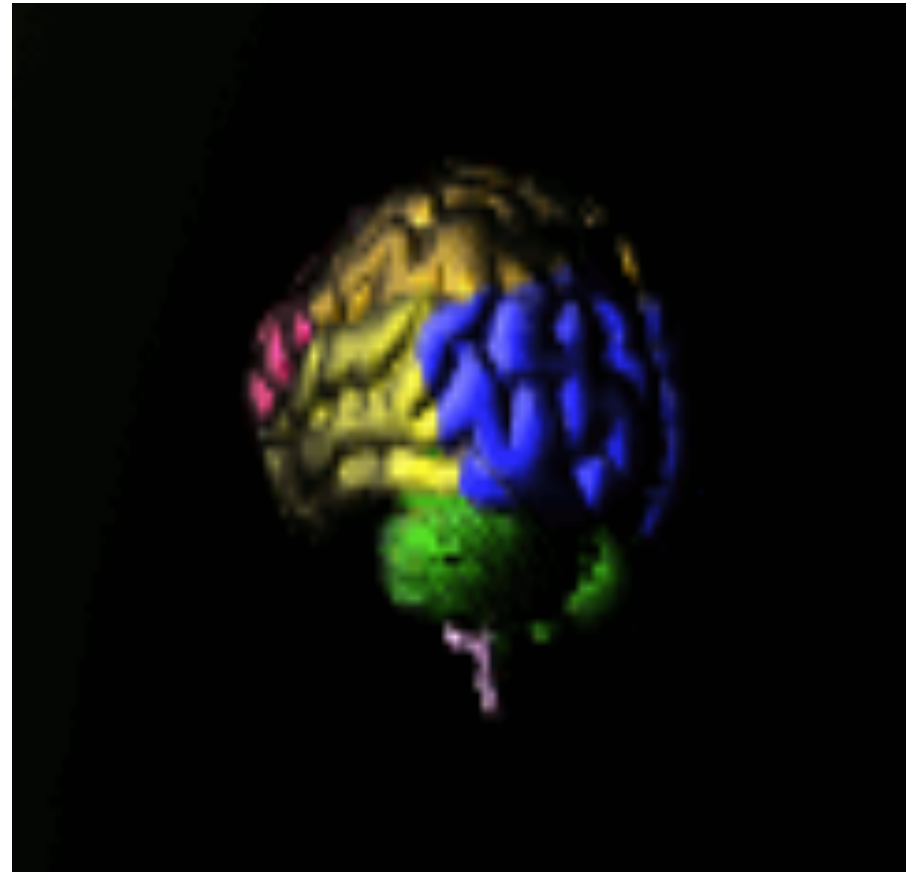
- ▶ Emotional, sexual, or physical abuse
- ▶ Extremely painful and frightening medical procedures
- ▶ Catastrophic injuries and illnesses
- ▶ Rape, assault or muggings
- ▶ Domestic violence
- ▶ Imprisonment (even if it is justified under the law)
- ▶ Burglary
- ▶ Witnessing a murder
- ▶ Auto accidents
- ▶ Abandonment
- ▶ Culturally bound, intergenerational violence
- ▶ Natural disasters
- ▶ Loss of a loved one and severe bereavements
- ▶ Combat/war
- ▶ Torture, kidnapping
- ▶ Stigmatization

# Definitions and Functional Concepts

## *Trauma*

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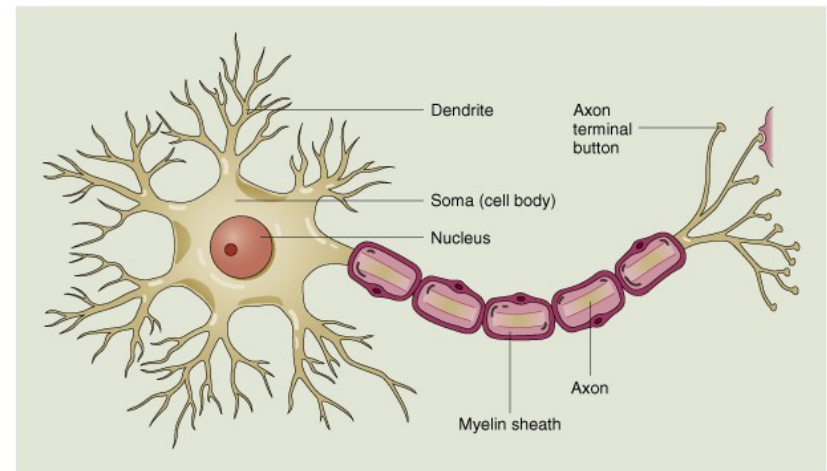
- ▶ The brain develops primarily from the bottom to the top from infancy until the early 20s.
- ▶ The process is influenced by a host of neurotransmitters, neurohormones, and neuromodulator signals.



# Definitions and Functional Concepts

## *Trauma*

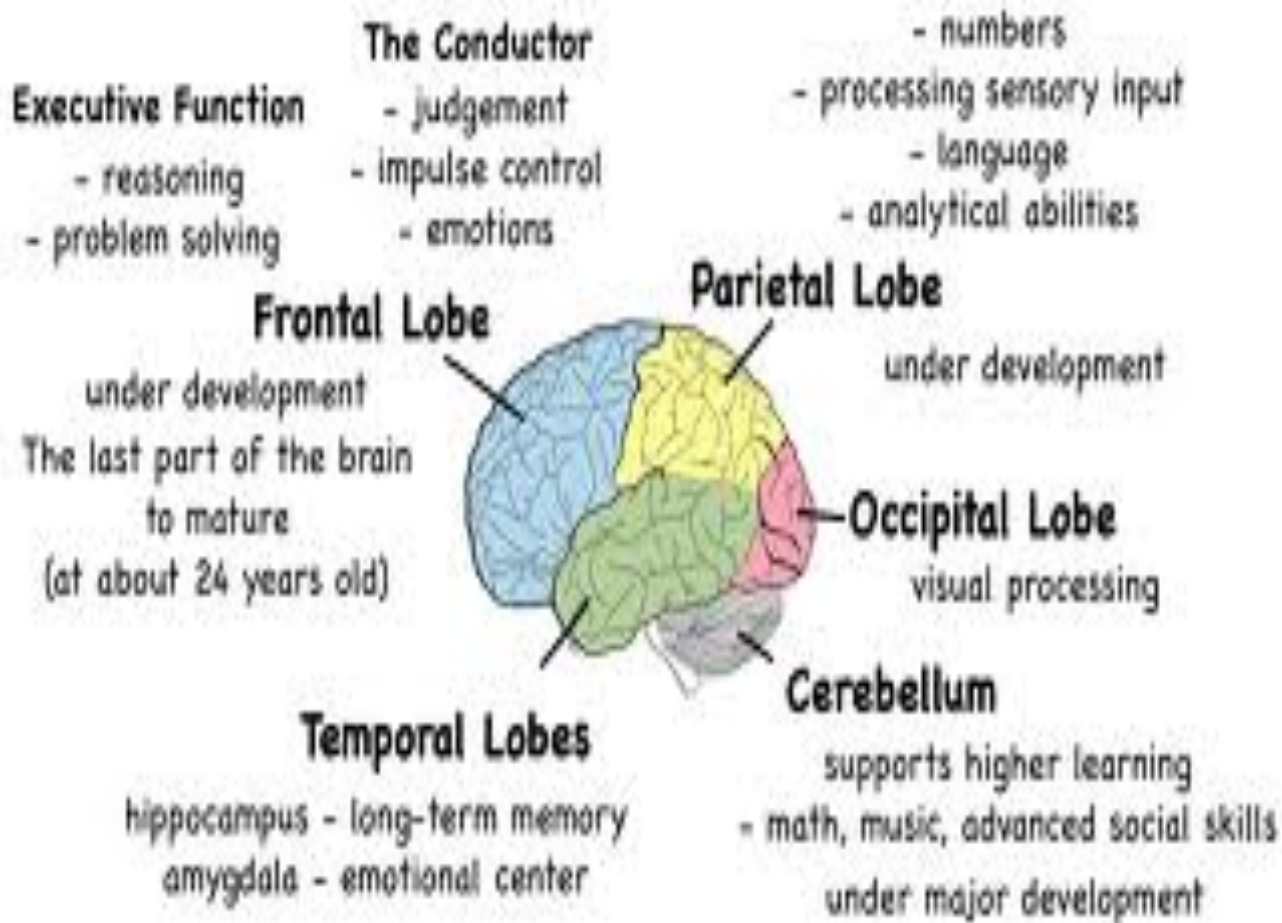
- ▶ Neural systems (i.e., norepinephrine, dopamine, and serotonin) communicate info thru brain cells.
- ▶ Sets of widely distributed neural networks originate in the lower brain areas and project upper levels of the brain.
- ▶ Upper & lower connections are critical.



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# Definitions and Functional Concepts

## *Trauma*



(Perry, B.D. Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14:240–255, 2009.)



# Definitions and Functional Concepts

## *Trauma*

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- ▶ ‘Fight or flight’ responses are normal, survival reactions that prepare us to survive possible or actual fearful or anxiety provoking situations and are attempts to save our minds and/or our bodies from harm. There are two particular types:
  - ▶ Hyperarousal
  - ▶ Dissociation



# Definitions and Functional Concepts

## *Trauma*

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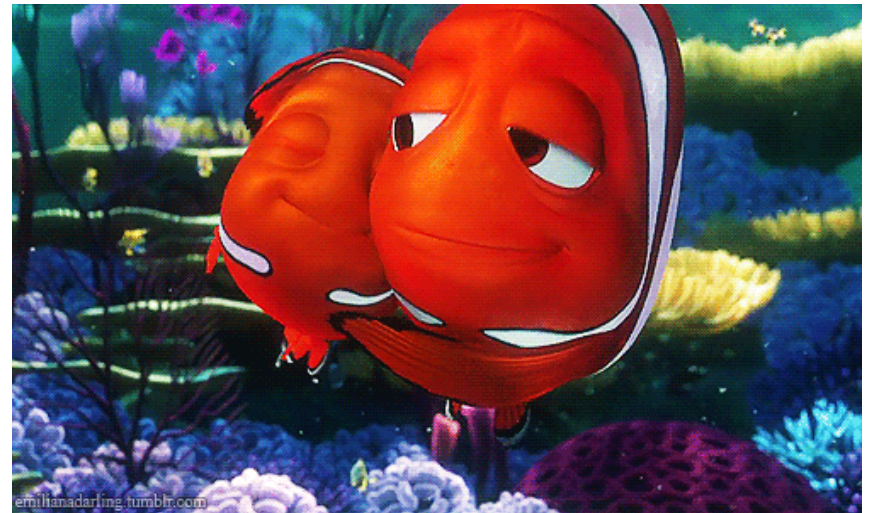
- ▶ ‘Fight or flight’ reactions become toxic when the stressors are overwhelming, ongoing, and/or the victim is isolated from help.
- ▶ Trauma also increases the likelihood of physical health problems due to active (smoking, drug use, poor eating habits) and passive (missed follow up appointments, repeated injuries to the same body area, poor nutrition) abuse of the body
  - ▶ ACE Study

# Definitions and Functional Concepts

## *Trauma*

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- ▶ We are neurologically wired to have empathic relationships however it is easily overridden by fear, jealousy, and greed.
- ▶ We have the neurological “equipment” to effectively manage trauma but, particularly as children, need external support to do it.



# Definitions and Functional Concepts

## *Trauma*

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- ▶ Individuals who have few positive relational interactions (e.g., a child without a healthy family and clan) during or after trauma have a much more difficult time decreasing the trauma-induced activation of the stress response systems and therefore will be much more likely to have ongoing symptoms

(Perry, B.D. Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14:240–255, 2009.)

# Definitions and Functional Concepts

## *Trauma*

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- ▶ The “clan” or community’s response cannot be one of shame or pity, both are disempowering.
  - ▶ Empathy is critical - Empathy is defined as seeing someone’s picture of their world (not “walking in their shoes”).
  - ▶ Empathy is a partnership – the focus should be on understanding the pain of the person and not fixing it then using one’s conscious mind (the frontal lobes) to regulate one’s emotional reaction (limbic system) to the picture one sees.
  - ▶ The community must keep in mind that every traumatized victim wants justice.

# Definitions and Functional Concepts

## *Behavioral Health*

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- ▶ Mental Illness and Substance Abuse are just as likely residual effects or accompanying factors to trauma as they could be risk factors for abuse.
- ▶ Substances produce a “reward” reaction in the brain similar “to the extreme” of that which comes naturally
- ▶ Many people with a psychotic diagnosis report that the voices they hear are those of their abuser
- ▶ Those who grow up in homes where substance abuse and physical violence are paired are at risk from traumatic head injuries due to untreated concussions

# Definitions and Functional Concepts

## *Behavioral Health*

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- ▶ The malleability of the brain shifts during development, and therefore the timing and specific “pattern” of (the abuse or) neglect influence the final functional outcome
- ▶ There is little more than acknowledgement of a connection between the child’s negative behaviors and the toxic stress in their lives
- ▶ Previous exposure has sensitized the child, making him or her more vulnerable to future events.

# Definitions and Functional Concepts

## *Behavioral Health*

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- ▶ If the child's brain is stuck in 'fight and flight', s/he has no time for learning only to worry and protect him/herself from the next assault.
- ▶ The overanxious, impulsive, dysregulated child will have a difficult time participating in, and benefiting from, services targeting social skills, self-esteem, and reading, for example.

(Perry, B.D. Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14:240–255, 2009.)



# Definitions and Functional Concepts

## *Behavioral Health*

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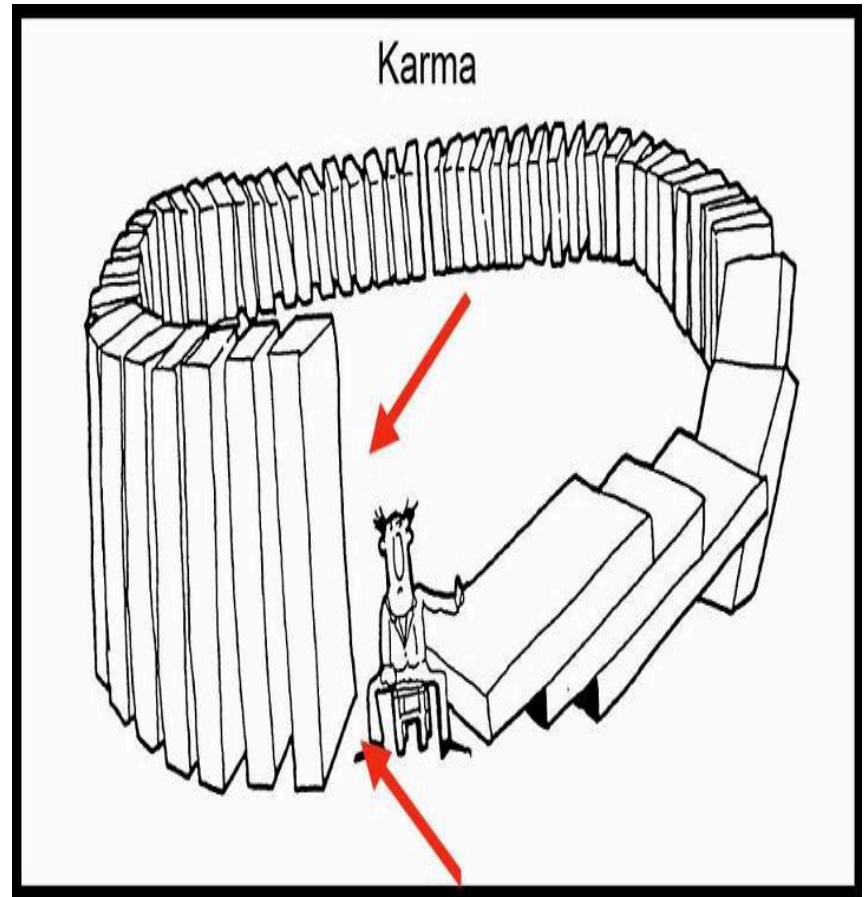
- ▶ Impulsivity is enhanced by the drugs taken and the drama-laden lifestyles surrounding the drug using community where they socialize.



# Definitions and Functional Concepts

## *Behavioral Health*

- ▶ Impulsive control is learned and does not happen magically
- ▶ Impulse control is as much about (re)training the brain as it is about stilling the body
- ▶ Impulse control is about recircuiting the brain, away from an automatic “fight or flight” spiral through safe attachments with others



# Definitions and Functional Concepts

## *Behavioral Health*

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**Recovery cannot occur in isolation. It can take place only within the context of relationships .....  
(Herman, 1992).**

# Trauma and Homelessness

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- ▶ Relationship between the two is bidirectional
- ▶ Being homeless is traumatic
- ▶ Being homeless increases the likelihood of re-traumatization and re-exposure to violence and sexual assault/exploitation for both men and women

## Stuff that will start to help.....

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- ▶ Trauma, MI, & SA should be addressed simultaneously but not necessarily in equal measure.
- ▶ Sending someone or making a referral “to treatment” is not a good initial response because it sends a message of rejection.
- ▶ Ideally, address the “low hanging fruit” first with “rounds of applause” for the smallest of successes

## Stuff that will start to help.....

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- ▶ Mental health issues with more complex treatment needs may not be responsive to behavioral methods (Mee-Lee, D. Tips and Topics. February 2013).
- ▶ Assume trauma existed (if from nothing else but the time of homelessness) and look for signs of other traumas in behaviors that arise from the client's ongoing behaviors

## Stuff that will start to help.....

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- ▶ Assume that negative behaviors will escalate once the person is housed
- ▶ When asking clients about trauma history don't forget to check into head injuries, fights, concussions, broken bones, and resulting trips to the ER due to them to determine the possible presence of a TBI

# Stuff that will start to help.....

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- ▶ Teach clients how substances and trauma have hijacked their brain and kept them in addiction and tied to a CMH – they still think their use is about a lack of self-control
- ▶ Help them label the trauma in their lives – they think it is either their fault or that it is normal
- ▶ Stay hopeful particularly when they are not



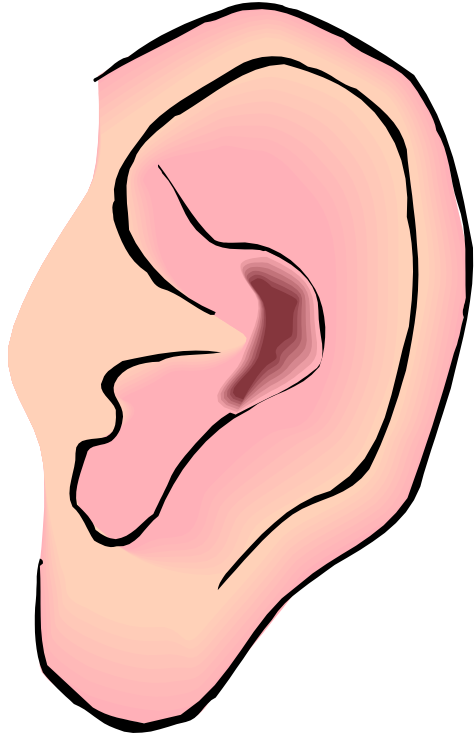
# The Hard Stuff.....

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- ▶ Spend more time building rapport and trust with the client and postpone completing tasks for as long as you can
- ▶ Improve your skills instead of the number of trainings you go to
- ▶ Why doesn't this happen already?
  - ▶ It is expensive
  - ▶ People entering the industry are not well advised as to the amount of time and energy really required to do this work right
  - ▶ Providers do not have the flexibility of time or dollars to support the attendance to such trainings

# What skills need constant attention?

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- ▶ Listening
- ▶ Empathic  
Conceptualization
- ▶ Targeting Timely,  
Appropriate Change  
Strategies

## The Ear

# person-centered therapy, motivational interviewing, and dialectical behavioral therapy

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- ▶ They force the care provider to shut up and not do anything at least in the beginning
- ▶ They remind us of the boundary between our care and the client's change process (and the penalties for crossing that line)
- ▶ They respect the brain science and use it to inform practice

## Brief Overview: Person-Centered Therapy

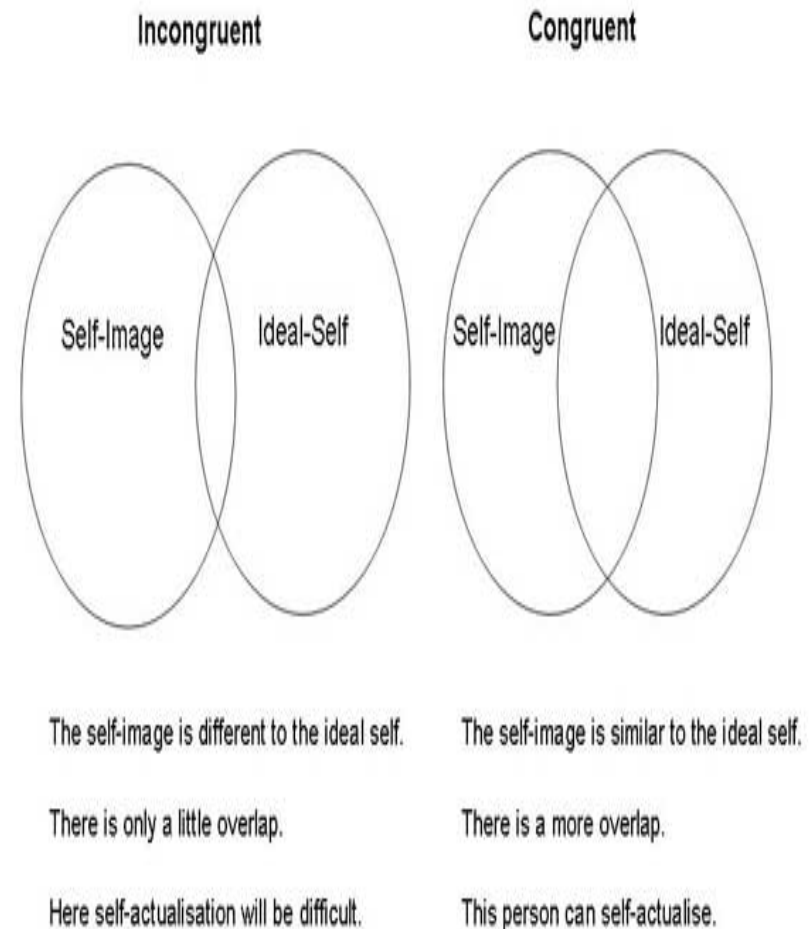
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- ▶ Created by Carl Rogers (1902-1987) who had the belief that there is a core “inner self” that seeks harmony; this inner self will therefore motivate a client to change.
- ▶ It's main technique is a fierce adherence to and the creation of a non-judgmental environment in the therapy process by which the psychotherapist gradually helps the client to find a solution for his/her problem by him/herself.

For information on trainings in your area,  
contact:

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- ▶ The New Center
- ▶ 3166 N. Lincoln Ave. Suite #325
- ▶ Chicago, IL 60657
- ▶ 773-405-3541 Phone
- ▶ <http://www.thenewcenterchicago.com>



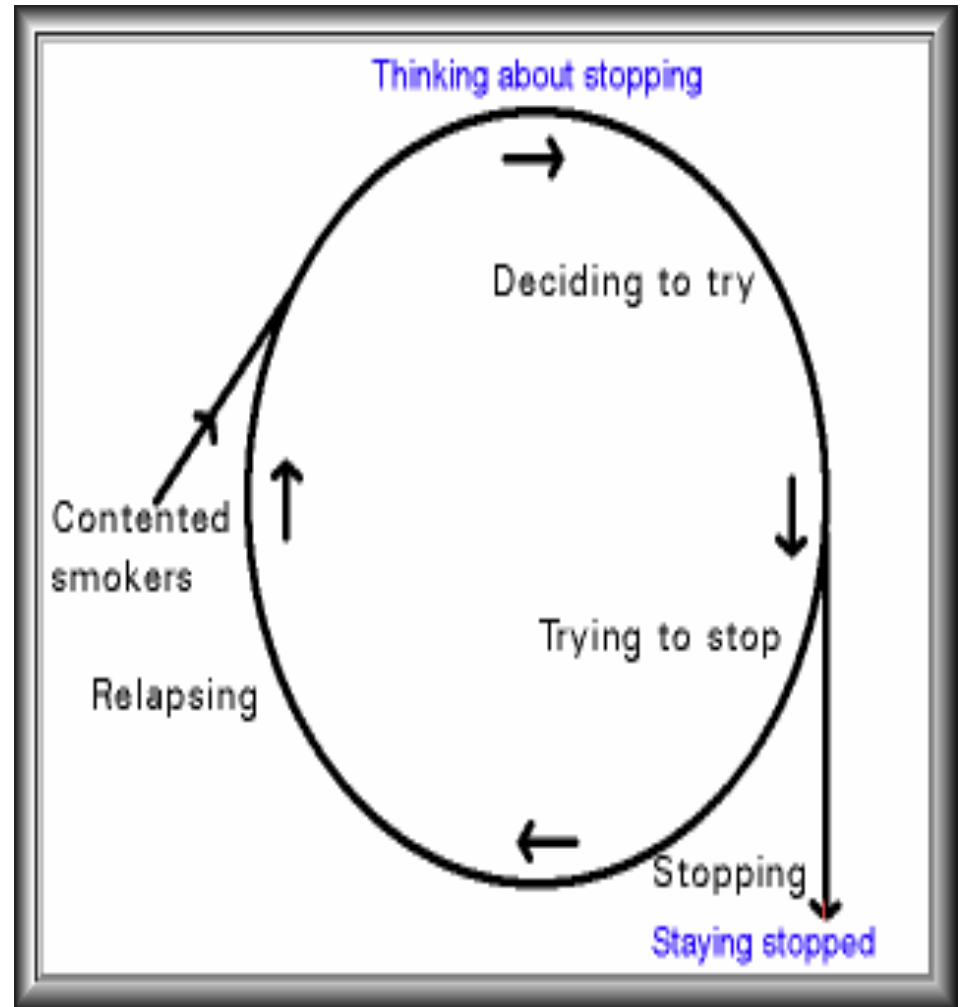
# Brief Overview: Motivational Interviewing

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- ▶ Ambivalence about and change is normal and constitutes an important motivational obstacle in recovery.
- ▶ Ambivalence can be resolved by working with your client's intrinsic motivations and values
- ▶ The alliance between you and your client is a collaborative partnership to which you each bring important expertise.
- ▶ An empathic, supportive, yet directive counseling style provides conditions under which change can occur

# For information on trainings

- ▶ The Motivational Interviewing Network of Trainers (MINT) is an organization established by the developers of MI, William R. Miller and Stephen Rollnick – they offer a variety of training options: <http://www.motivationalinterviewing.org>



# Brief Overview: Dialectical Behavioral Therapy

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- ▶ Uses a biosocial theory to explain negative behaviors
- ▶ Points to the biological dysfunction of the emotional regulation system which interacts with an invalidating, chaotic or perfectionistic environment further combined with fears of being abandoned
- ▶ There are assumptions that these clients are:
  - ▶ Doing the best they can
  - ▶ Want to improve and get better
  - ▶ But are plagued by feelings of emptiness
  - ▶ And need to learn new behaviors in all relevant context



# Contact information for trainings

- ▶ Behavioral Tech, LLC, founded by Dr. Marsha Linehan, trains mental health care providers and treatment teams who work with complex and severely disordered populations to use compassionate, scientifically valid treatments and to implement and evaluate these treatments in their practice setting. <http://behavioraltech.org>

DBT is drawn from



Zen Buddhism/  
Mindfulness  
Techniques

**ACCEPTANCE**



Cognitive  
Behavioral  
Therapy

**CHANGE**

© Kiera Van Gelder, Middle Path, Inc 2007

# Summary of Concepts

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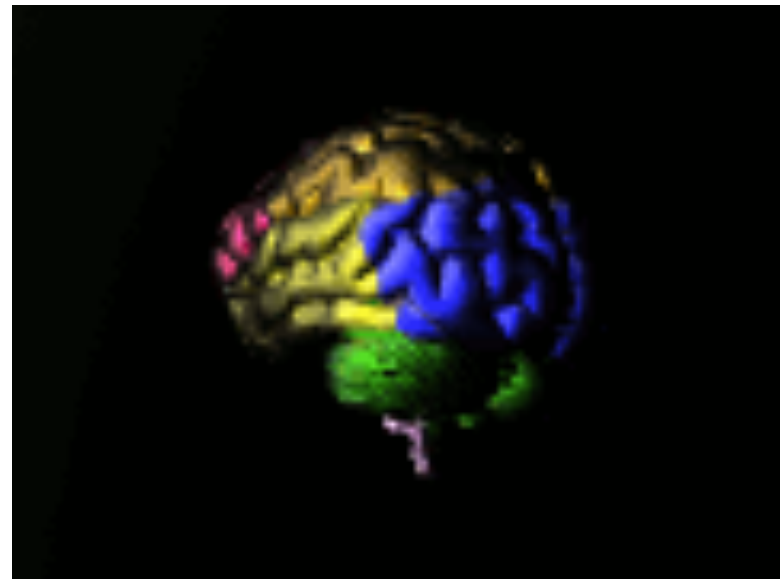
- ▶ Our clients are not mentally ill addicts who have no place to live but humans whose souls have been shattered and they keep trying to put the pieces together.
- ▶ We “throw” services at clients to prove to funders that we are doing something and out of fear that anything we do won't work.



# Summary of Concepts

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Although we have a lot left to learn, we know more than ever how the brain works in the face of trauma – we need to use this knowledge to guide our treatment



# Summary of Concepts

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- ▶ **Attachment, trauma, and behavioral health (mental illness and substance use) are intertwined, so picking them apart is a waste of time.**
  - ▶ We are born to bond with others. That bond helps us manage passing, intermittent stressors.
- ▶ When the stressors overwhelm us or the “clan” fails to effectively support us and the stressors continue to explode the brain gets stuck in a “fight or flight” mode of functioning
- ▶ When the stressors overwhelm us or the “clan” fails to effectively support us and the stressors continue to explode the brain gets stuck in a “fight or flight” mode of functioning.

# Summary of Concepts

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- ▶ Being stuck there makes us vulnerable to other traumas, health problems, inhibits learning, and lends us toward behavioral patterns that alienate us from potential supports as well as the larger community.
- ▶ Long-term living in a “fight or flight” world, will drive mental illness – substances are that temporary escape that more often than not “fuels the fire”

# Summary of Concepts

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- ▶ Rebuilding attachment (“establishing trust and rapport”) needs more time than we currently give to it if we hope to increase the client’s likelihood of success – overlaying numerous services just fragments an already fragmented person.
- ▶ The worker’s engagement skills are critical and must be constantly nurtured, typically outside of the traditional education environment and more extensively than what one gets in typical workshops or trainings.
- ▶ However, there are some simple, client engagement activities anyone can do within any environment without training or “changing the system”.
- ▶ The principles and approach of three therapy models PCT, MI, & DBT, seem to have the foundation for the development of a more effective approach for the highly traumatized homeless population.

# Questions? Thoughts?

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# Thank you for your time & attention

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- ▶ To contact me:
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  - ▶ Bridges Supportive Housing
  - ▶ NEIGHBORHOOD SERVICE ORGANIZATION
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  - ▶ [shirsch@nso-mi.org](mailto:shirsch@nso-mi.org)

