# MVP, SURROGATE PARENT, AND MENTOR:

## THE PIVOTAL ROLE OF DIRECT CARE WORKERS IN TRAUMA-INFORMED RESIDENTIAL SERVICES FOR YOUTH

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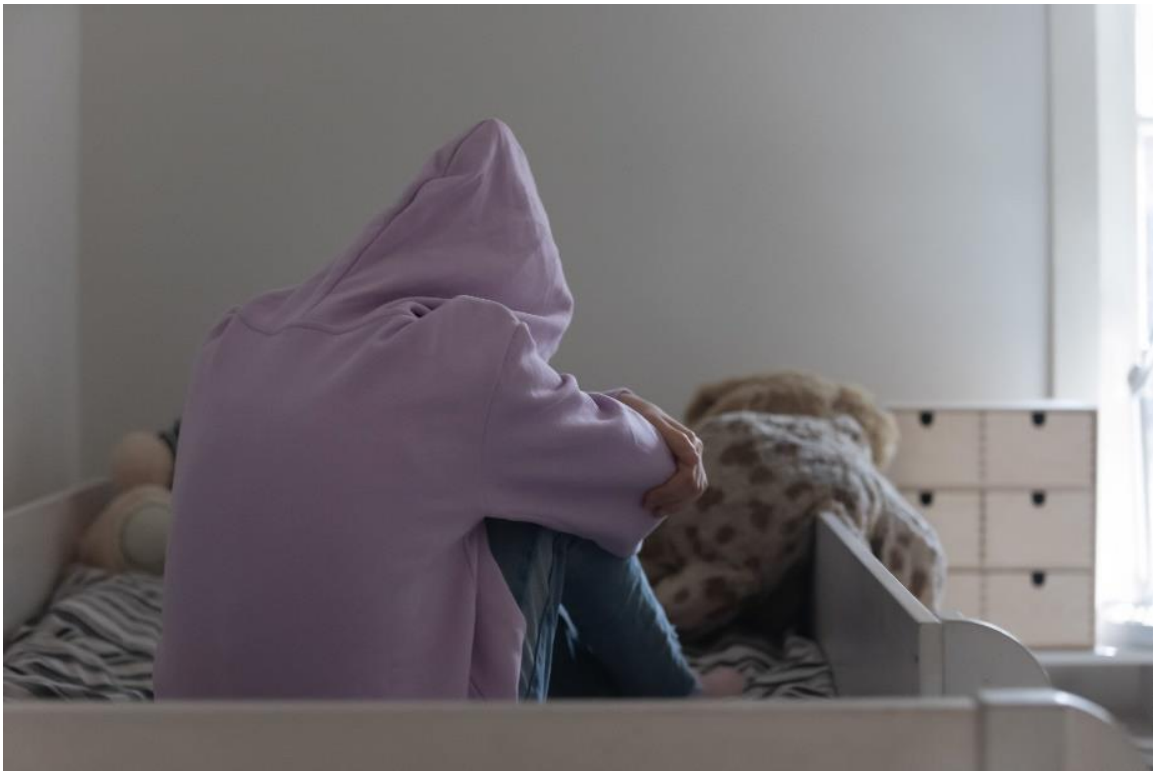
## ADDRESSING THE UNIQUE MENTAL HEALTH AND BEHAVIORAL CHALLENGES OF YOUTH IN RESIDENTIAL TREATMENT SETTINGS

Youth in residential treatment settings present with a higher severity of mental health and behavioral challenges and have more extensive trauma histories, when compared to trauma-exposed youth in outpatient treatment. Rarely are youth referred to residential treatment to address symptoms of trauma alone or solely due to a history of extensive trauma.



Modern residential treatment for youth is primarily focused on helping children and adolescents to build capacity to manage severe difficulties with emotions, behavior and functioning, and to support youth and their caregiving systems to transfer these gains back to home, school, and community. Accordingly, trauma-informed care for youth in residential treatment extends well beyond addressing specific symptoms of traumatic stress through weekly individual or group therapy. It requires continuous attentiveness and effort on the part of multidisciplinary providers who are actively partnering with youth to ameliorate trauma-related developmental deficits and to cultivate and practice a wide range of self-management and relational skills that are essential to daily living.

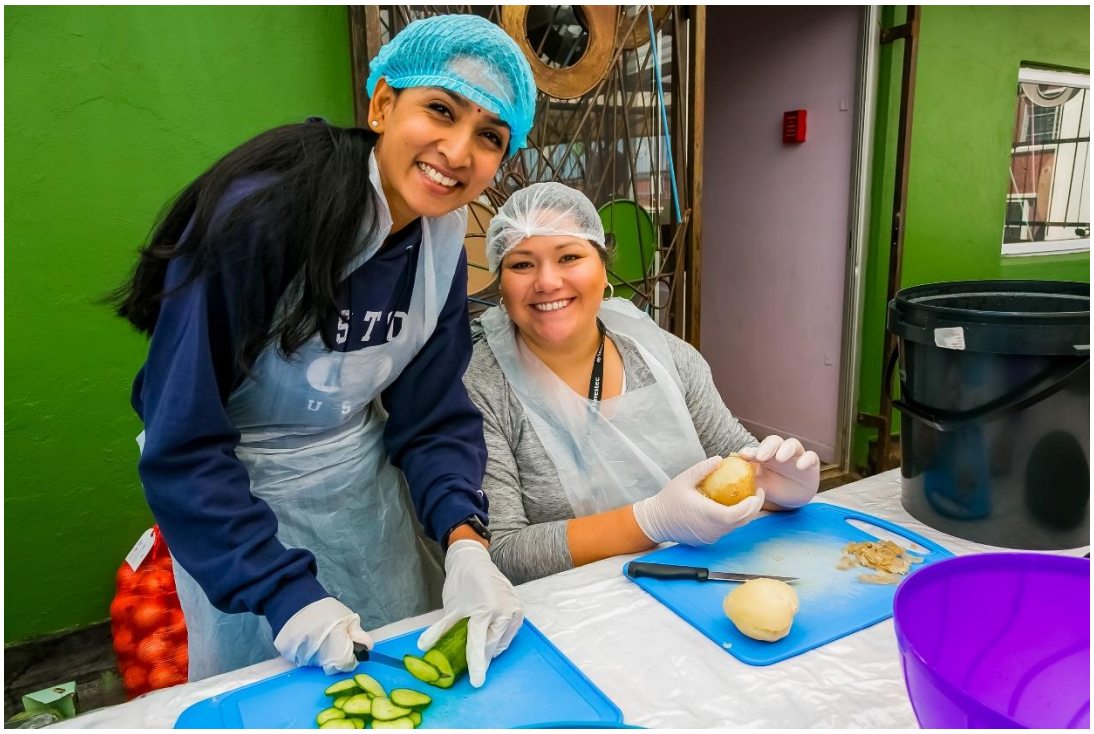
Explains Dawn Besemer, Psy.D., Vice Presidentof Behavior Health Services for Mercy, a New York-based nonprofit organization serving over 3,000 children and families per year across the care continuum in Brooklyn, Queens, Nassau, and Suffolk counties:

> *"The youth entering residential systems today often experience multiple types of abuse. Physical, sexual, and emotional abuse are identified in their developmental histories from early ages and for chronically extensive periods of their lives. Many of these children have "grown up" in the foster care system, with little to no parental involvement and with several moves between foster homes and psychiatric and/or residential institutions.*
>
> *Moreover, we are seeing newer trends with children having been commercially and sexually exploited. Traditional PTSD-related treatments are seemingly not mitigating the full array of trauma-related symptoms exhibited by these youth, which often include difficulty with attention/concentration, impulsivity, poor relationships, negative perceptions about themselves, dismal views of their futures, and challenges with regulating their emotions (also known as symptoms associated with complex trauma, or early developmental trauma).*
>
> *Our approach has shifted to an attachment-based philosophy, in that we enhance our ability to connect with them through mutuality, validation, limit-setting, and support. Strengthening our work to be more inclusive of helping our frontline staff respond in a trauma-informed manner is paramount to minimizing the aforementioned struggles of youth with complex trauma. Integral to this practice is understanding our own biases in doing this work and learning to manage our own responses when dealing with children who often have limited or no foundational experiences with trust or compassion for others given their complexly traumatic histories."*

These realities underpin what we refer to as **complex trauma-informed residential services**. Trauma-Informed Care, in any service setting, involves awareness of the pervasiveness of traumatic events in modern society; basic understanding of the potential effects of trauma on exposed individuals; sensitivity to not inadvertently retraumatize individuals in our care; and promotion of client safety, choice, and collaboration. Complex Trauma-Informed Care takes this a step further, recognizing that for individuals with chronic childhood adversity – as well as for people afflicted by intergenerational, ancestral, or structural violence and oppression – trauma can profoundly shape body, mind, behaviors, and beliefs. Consequently, complex-trauma informed service reframes maladaptive and risk behaviors from the vantage-point of survival-based coping adaptations; recognizes the building of internal capacities and relational skills as the key to symptom reduction; and in residential and other milieu settings in particular, expands treatment beyond traditional psychotherapy to incorporate a far more integrated and holistic approach to intervention.

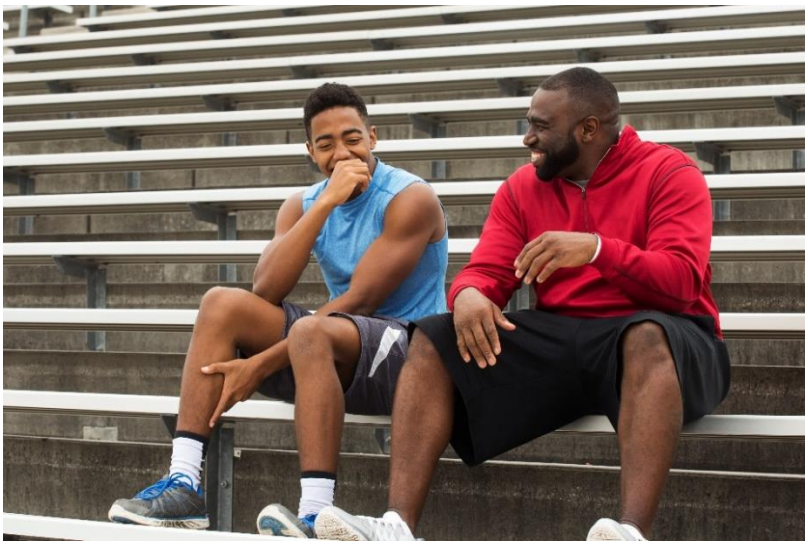
## THE IMPORTANCE OF A COHESIVE INTERVENTION TEAM

Through his extensive work within and consulting to residential treatment facilities for trauma-impacted youth and adults, Dr. Joseph Spinazzola has identified twelve central tenets of complex trauma-informed residential services. Among these, one crucial tenet the concept of the **interventionist**: the importance of a singular, cohesive intervention team comprised of *all* members of a residential service setting, encompassing clinical, milieu, educational, and care coordination divisions and including personnel traditionally viewed as ancillary to clinical and psychosocial services such as overnight, kitchen, maintenance, and administrative staff. Implicit in this perspective is the recognition that "ancillary" staff are in fact *essential* to the treatment team.



Foremost among these are the frontline workers, often referred to as milieu counselors, youth support workers, or residential staff and supervisors. These personnel are the MVP's of a complex-trauma informed residential system. They invariably have the most direct contact with youth in residential treatment settings, the highest degree of spontaneous, organic interaction most akin to "real life" interaction between youth and adults, and the greatest, if not exclusive, contact with youth during what are often the most difficult periods in a youth's week: weekends, late night, early morning, and transition time between structured activities to unstructured time. Frontline workers often share similarities with youth and their worlds; they may be closer in age and often more similar to youth clients in cultural, ethnic, racial, and socioeconomic background than clients' assigned therapists.

## LEVERAGING STAFF CONNECTIONS TO YOUTH



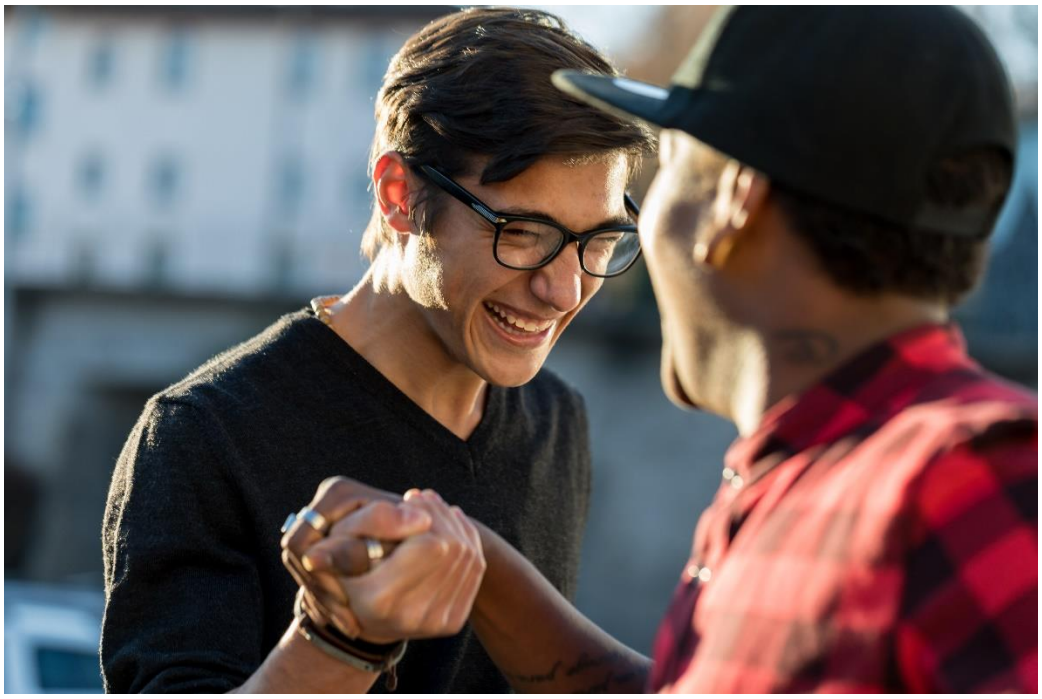
In order to truly create unified complex-trauma informed residential services, it is critical that all team members play an active, ongoing, and evolving role in the implementation of treatment plans. Clinical goals and objectives should be incorporated into structured milieu activities that are engaging and fun but not therapy per-se. Staff members' strengths and interests should be supported and capitalized upon as they are guided in the use of coping tools that youth prefer so that they themselves can serve as skills-coaches as they work to help co-regulate highly dysregulated youth in the moment. Frontline staff should be encouraged to view themselves as mentors and to incorporate a sense of intentionality as they role model healthy communication and emotion management. Residential personnel should be encouraged to observe and communicate the successes and failures of interventions, and be consulted about methods of incorporating the preferred activities, interests, and cultural or spiritual perspectives of youth clients and frontline staff into treatment.

In turn, it is vital that clinicians recognize and rely upon on-the-ground observations from residential staff members, who:

- Have a more immediate vantage point to identify triggers, precipitants, and nonverbal signs of dysregulation of youth in residential treatment settings;
- Can more organically enrich a treatment plan by incorporating regulation tools and other coping skills that may not emerge in the context of structured therapy sessions but that materialize for particular youth in the context of milieu activities, routines, and transitions, such as meals, chores, leisure, transition, and quiet time; and
- Have greater access and opportunity to initiate spontaneous therapeutic interactions with youth in residential treatment settings that build upon and advance the clinical objectives of their treatment plan in a natural, authentic manner

Dr. Besemer elaborates:

> *"Our frontline staff are essentially acting as stand-in parents in their role with the children. Their perspective and own well-being are an essential component to the psychological healing of the youth. We therefore do not view treatment in a residential center as strictly confined to sessions between a therapist and a youth. Rather, we believe treatment is ubiquitously facilitated by every staff member working with the youth.*
>
> *Direct-line staff are the constant presence for the children, making their interactions integral to the psychic development of these youth. Treatment thereby extends to their attachments, interactions, and interventions, helping to cultivate a feeling of emotional and relational safety for the youth. Empowering direct-line staff to understand the necessary components of working with complexly traumatized individuals becomes the focus of milieu-based residential treatment, acknowledging they are catalysts of change equivalent to that of a parent or therapist."*



## COMPLEX TRAUMA INTERVENTION MODELS TO EMPOWER PERSONNEL

Several **complex trauma intervention models** exist that support the cultivation of an integrated intervention team and elevate the role of frontline workers in the residential treatment process.

- Trauma-informed systems models like **Sanctuary** provide residential treatment facility personnel a trauma-informed frame, sensitivity, and common language.
- Intervention frameworks like **ARC** (Attachment, Regulation & Competency) provide comprehensive strategies to help frontline workers to understand, attune and effectively respond to complexly traumatized youth.
- Specific complex trauma treatments like **SPARCS** (Structured Psychotherapy for Adolescents Responding to Chronic Stress) offer an array of practical tools and coping skills that therapists can teach to residential staff so that they in turn can take a lead role in daily coaching, implementation, and practice with youth.

The difficulties inherent in achieving and sustaining effective residential treatment of trauma-exposed youth inspire us to reflect upon a saying of the Jita people of Africa:

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"Omwana ni wa bhone"

*("regardless of a child's biological parents, its upbringing belongs to the community")*

-Jita Proverb

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We would like to close by extrapolating from this incisive and timeless statement to offer our viewpoint that the critically important mission of complex trauma-informed residential services for vulnerable youth cannot be effectively undertaken by a clinician, parent, caregiver, teacher, case manager, mentor, or any one individual or entity alone. It takes a whole-hearted partnership – and one that is characterized by mutual respect and ongoing reciprocal learning – between all members and facets of a unified intervention team.

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*Downloadable copies of many of these articles as well as more in-depth information and resources about the topics and treatment approaches referenced in this document can be found throughout this website:* www.complextrauma.org

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