



# Creating Positive Communities

## *Strategies for Self Regulation and Healing the Healers*

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# Stress/Trauma Lives in the Body

- A chronic overreaction to stress overloads the brain with powerful hormones that are intended only for short-term duty in emergency situations.
- Serum cortisol levels
- Chronic hyperarousal – nervous system does an amazing job of preparing the individual to deal with the stress but:

- ❑ Growth, reproduction and immune system all go on hold
- ❑ Leads to sexual dysfunction
- ❑ Increases chances of getting sick
- ❑ Often manifests as skin ailments
  
- Increases permeability of the blood brain barrier
- Dr. Robert Sapolsky: “Why Zebras Don’t Get Ulcers” – study on salmon

# Self- Regulation

- The challenge is to not let the nervous system stay chronically aroused
- Have a plan to deal with triggers/arousal
- Practice, practice, practice

# What is a Crisis Prevention Plan?

- An individualized plan developed proactively by consumer and staff *before* a crisis occurs
  - A therapeutic process
  - A task that is trauma sensitive
  - A partnership of safety planning
  - A consumer-owned plan written in easy to understand language

# Why Are They Used?

- To help consumers during the earliest stages of escalation before a crisis erupts
- To help consumers identify coping strategies before they are needed
- To help staff plan ahead and know what to do with each person if a problem arises
- To help staff use interventions that reduce risk and trauma to individuals

# Essential Components

- Triggers
- Early Warning Signs
- Strategies

# First, Identify Triggers

# These Triggers

- A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation)
- Also referred to as a “threat cue” such as:
  - bedtime
  - room checks
  - large men
  - yelling
  - people too close

## ***More Triggers: What makes you feel scared or upset or angry and could cause you to go into crisis?***

- Not being listened to
- Lack of privacy
- Feeling lonely
- Darkness
- Being teased or picked on
- Feeling pressured
- People yelling
- Arguments
- Being isolated
- Being touched
- Loud noises
- Not having control
- Being stared at
- Room checks
- Contact w/family

# More Triggers:

- Particular time of day/night
- Particular time of year
- Contact with family
- Other\*

\* Consumers have unique histories with uniquely specific triggers - essential to ask & incorporate

BEING TOUCHED

YELLING

A CERTAIN TIME OF DAY

BEDROOM DOOR OPEN

You may not know unless you ask me.

LOUD NOISE

BEING ISOLATED

NO INPUT

UNIFORMS



**Second, Identify Early  
Warning Signs**

# Early Warning Signs

- A signal of distress that is a physical precursor and/or manifestation of upset. Some signals are not observable, but some are, such as:
  - restlessness
  - agitation
  - pacing
  - shortness of breath
  - sensation of a tightness in the chest
  - sweating

## Early Warning Signs

What might you or others notice or what you might feel just before losing control?

- Clenching teeth
- Wringing hands
- Bouncing legs
- Shaking
- Crying
- Giggling
- Heart Pounding
- Singing inappropriately
- Pacing
- Eating more
- Breathing hard
- Shortness of breath
- Clenching fists
- Loud voice
- Rocking
- Can't sit still
- Swearing
- Restlessness
- Other \_\_\_\_\_

# Third, Identify Strategies

# Strategies

➤ Strategies are individually-specific calming mechanisms to manage and minimize stress, such as:

- time away from a stressful situation
- going for a walk
- talking to someone who will listen
- working out
- lying down
- listening to peaceful music

## Strategies:

*What are some things that help you calm down when you start to get upset?*

- Reading a book
- Pacing
- Coloring
- Hugging a stuffed animal
- Taking a hot shower
- Deep breathing
- Being left alone
- Talking to peers

- Therapeutic Touch, describe \_\_\_\_\_
- Exercising
- Eating
- Writing in a journal
- Taking a cold shower
- Listening to music
- Molding clay
- Calling friends or family (who?)

# More Strategies

- Blanket wraps
- Using cold face cloth
- Deep breathing exercises
- Getting a hug
- Running cold water on hands
- Ripping paper
- Using ice
- Having your hand held
- Snapping bubble wrap
- Bouncing ball in quiet room
- Using the gym

# Even More Strategies

- Male staff support
- Female staff support
- Jokes
- Screaming into a pillow
- Punching a pillow
- Crying
- *Spiritual Practices:* prayer, meditation, religious reflection
- Touching preferences
- Speaking with therapist
- Being read a story
- Using Sensory Room
- Using Comfort Room
- Other

If a person is getting agitated, don't forget to use **HALT**.

**ARE THEY...**

**H**ungry?

**A**ngry?

**L**onely?

**T**ired?

If it prevents  
one person from  
getting hurt or one  
person from relapse,  
It is worth it!

*Noble Hospital, Westfield, Ma  
Screensaver – staff reminder*

# What Does Not Help When you are Upset?

- Being alone
- Not being listened to
- Being told to stay in my room
- Loud tone of voice
- Peers teasing
- Humor
- Being ignored
- Having many people around me
- Having space invaded
- Staff not taking me seriously

*"If I'm told in a mean way that I can't do something ... I lose it."*

*-- Natasha, 18 years old*

# What makes you feel upset?

(Circle all that make you feel sad, mad, scared or other feelings)

Being touched



Too many people



Darkness  
bedroom



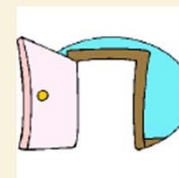
Certain time of year



Certain time of  
day/night



Having my  
door open



Loud noises



Yelling



Thunderstorms



*MA DMH, Manual,  
Promoting  
Strength-Based  
Care, 2006*

# How do I know I am angry, scared or upset?

(Circle all that apply)

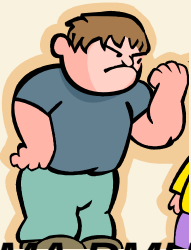
Cry



Being mean or rude



Clenched fists



Clench teeth



Swearing



Tantrums



Loud voice



Racing heart



Rocking



Red/hot face



Breathing hard



Hyper



Laughing/giggling



Wringing hands



Pacing



# Making the Plans Client-Centered

- Post on doors, bedrooms or bulletin boards
- Review in groups
- Create a “pocket” version for consumers – laminated card
- Develop a computer version to email

# Crisis Plan

## Additional Guidelines for Use

- Revise and re-tool after escalation using all de-briefing information
- Help consumers “practice” strategies before they become upset
- Teach about the impact of external and internal triggers and stressors & learn new skills to manage reaction
- Support in “coping skills” group

*What do consumers say  
they need in crisis planning?*

# What do Consumers Find Helpful?

- MA DMH conducted a point in time survey:  
(*MA DMH, 2003*)
  - 185 adolescents participated (average age = 16)
  - 19 hospitals (acute & continuing care)
- Response to the question: *“What could staff do differently to avoid using restraint and seclusion?”*
  - Talk to me 80
  - Leave me alone 75
  - Distract me 54

# Healing Bench



# Current Research Secondary Traumatic Stress (STS)

There is some evidence that STS is not simply a function of secondary exposure to trauma, but also related to a lack of access to appropriate supports and resources.

Rural workers are more at risk than those in urban areas

There is some evidence that STS is linked to organizational climate: role ambiguity & role complexity (Rothschild, 2006)

# Sensory Issues

Sensory Connection

Tina Champagne

[www.sensoryconnectionprogram.com](http://www.sensoryconnectionprogram.com)

# Secondary Trauma Organizational Prevention

- Organizations' core values reflect respect for the human dignity of all employees.
- This respect for and value of the employee is conveyed in tangible and intangible ways.
- Leadership leads by example

(Indart, 2006)



# 2009 GALLUP POLL

## EMPLOYEE ENGAGEMENT INDEX



- 33% - Engaged in their jobs
- 49% - Are not Engaged
- 18% - Actively Disengaged



# Training

- Training needs to be viewed within an organizational context
- Training for knowledge acquisition vs. as catalyst for change
- Training organizations under stress
- Although "selling" positive visions is an essential element for successful change, focusing on it solely may lead an organization to ignore those who are "broken" from the changes and in need of healing.

(De Klerk, 2007)

# Barriers to Training Implementation

- Parallel Process – People served, staff and administration
- Training occurs in the absence of a clear organizational vision/ framework
- Failure to develop/implement infrastructures for transforming training into practice
- Leadership failure to market training
- Organizational Stress as Barrier to Trauma Sensitive Change

*(Bloom, 2006)*

# Staff Healing

- Staff Appreciation – reinforce the belief that one is cared for and valued
- Staff Empowerment – having choices and control of one's life promotes self-determination
- Focus on wellness
  - Health Integration
  - Healthy opportunities in the workplace
  - Utilize consumer/ peer strengths
  - Community
  - Rituals [almazarconsulting.com](http://almazarconsulting.com)

- Help staff find hope and meaning in their work
- Ignite the passion!
- Trauma-informed for everyone
- Develop a coherent and cohesive treatment model
- Physical, psychological, moral, social safety

(Bloom)

# Secondary Trauma Organizational Prevention

## Organizational Practices:

- ✓ De-stigmatize secondary trauma through organizational recognition and acknowledgement
- ✓ Establish policies
- ✓ Professional consultation, training, and counseling

## Self-care Practices:

- ✓ Resiliency
- ✓ Emotional competence
- ✓ Regular self-care practices
- ✓ Compassion for self

# Resilience

Resilience is the ability to adapt well to stress, adversity, trauma or tragedy. It means that, overall, you remain stable and maintain healthy levels of psychological and physical functioning in the face of disruption or chaos

The key is to not try to avoid stress altogether, but to manage the stress in our lives in such a way that we avoid the negative consequences of stress!

Accept the fact that there will be certain levels of stress in your life, and work to manage it in a way that you avoid or minimize the negative consequences of the stress

(Daniel, 2007)

# Strategies for Building Resilience to Stress

1. Maintain flexibility and balance in your life as you deal with stressful circumstances and traumatic events
2. Let yourself experience strong emotions, and also realize when you may need to avoid experiencing them at times in order to continue functioning
3. Step forward to take action, and also step back to rest yourself
4. Rely on others, and also rely on yourself

(Daniel, 2007)

# Ten Strategies for Building Resilience

1. Make connections-- Family, friends, civic groups, faith-based organizations, other local groups
2. Avoid seeing crises as insurmountable problems. You can change how you interpret and respond to stressful events
3. Accept that change is a part of living. The only thing that is constant in life is change
4. Do something regularly, even if it seems small, which enables you to move toward your goals

(Daniel, 2007)

# Ten Strategies for Building Resilience

5. Take decisive actions rather than detaching completely and wishing problems and stresses would go away
6. Look for opportunities for self-discovery. People often grow in some respect as a result of their struggle with loss
7. Nurture a positive view of yourself. Develop confidence in your ability to solve problems; trust your instincts
8. Keep things in perspective. Keep a long-term perspective-- avoid blowing things out of proportion

(Daniel, 2007)

# Ten Strategies for Building Resilience

9. Maintain a hopeful outlook. Expect that good things will happen in your life; visualize what you want rather than worrying about what you fear
  10. Take care of yourself. Pay attention to your own needs and feelings. Engage in activities you enjoy and find relaxing
- (Daniel, 2007)



# Effective Stress Management Strategies

*Must help you FEEL better*

*Must help you FUNCTION better*

**Take action. Don't just wish your problems would go away or try to ignore them.**

**Instead, figure out what needs to be done,  
make a plan to do it,  
and then take action**



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