



Practice Self-Regulation

A Trauma-Informed Approach for Health and Well Being

Addressing Problem Sexual Behavior in Youth

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The capacity for self-regulation
is probably
the single most important contributor
to
achievement, mental health,
and social success...

It is the central task of adolescence

Lawrence Steinberg

Affect Regulation is a person's ability to manage emotions without causing harm to self or others

Shore, 2003

Key elements of affect regulation are:
thoughts, feelings, physiological reactions, behavior, and outcomes

Self-Regulation is the capacity to formulate a plan of one's own and implement behavior to carry it out.

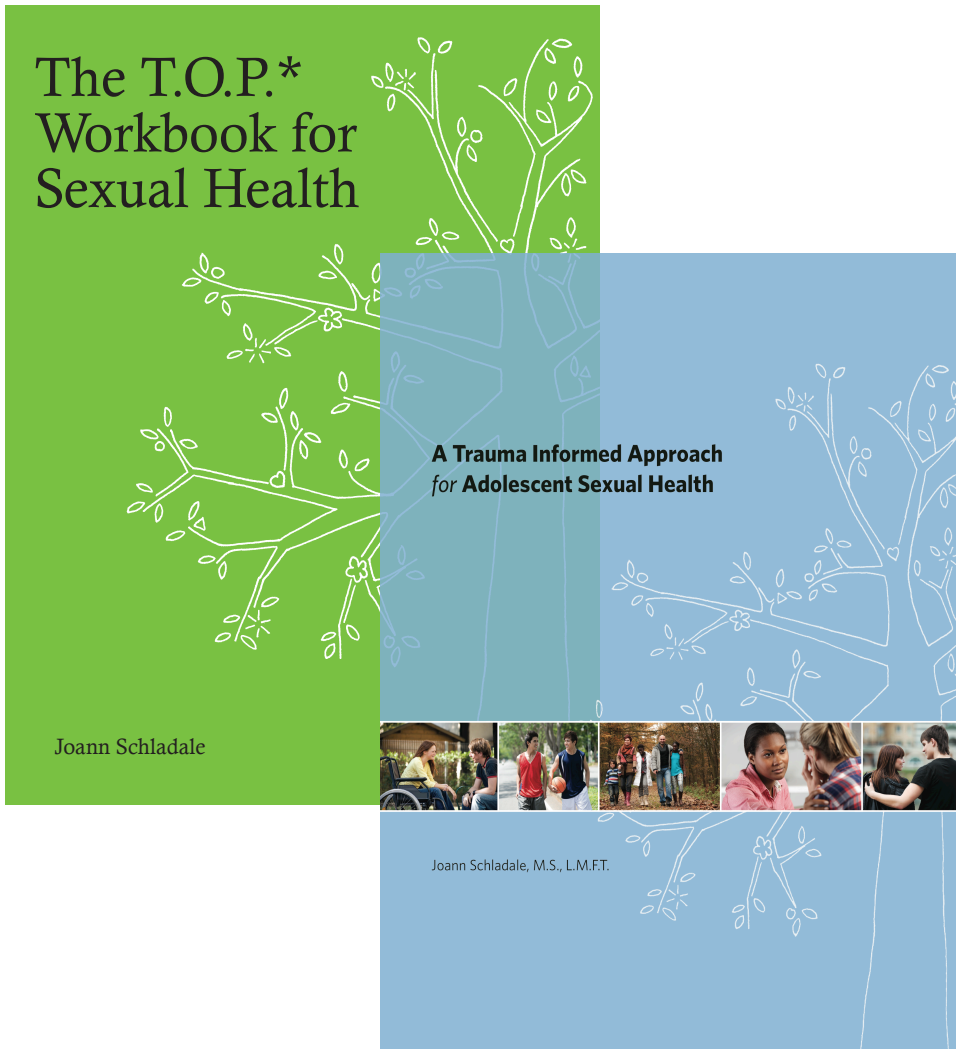
Miller & Rollnick, 2013

Key Factors for Affect Regulation

Stien & Kendall, 2004

- Safety and stabilization
- Multi-sensory activities to reduce dysregulation: exercise and body movement, healing touch, expression through art, drama, dance and music, and narrative trauma scripting (TF-CBT)
- Development skill building (competency development)

How it all began...



A Trauma Informed Approach for Adolescent Sexual Health involves...

- Sex education
- Contraceptives and contraceptive services
- Trauma resources
- Trauma therapy when indicated

So what's this all about?

PS-R and e-PS-R are promising innovative practices funded by Health and Human Services, Office of Adolescent Health (OAH) and the Family and Youth Services Bureau (FYSB) to study it's effectiveness through random controlled studies of youth aged 14-19 with adverse childhood experiences

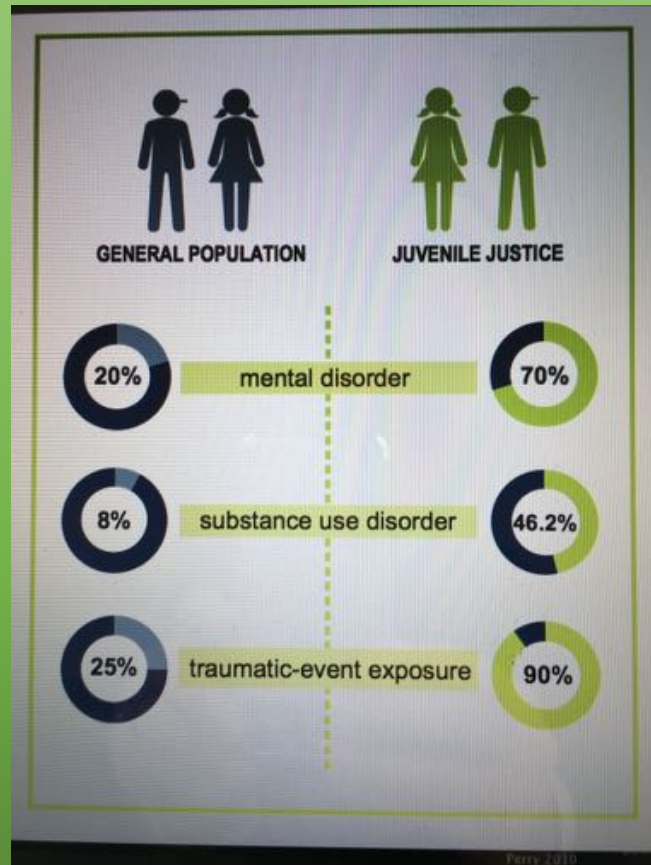
Practice Self-Regulation™ Overview

- **Purpose:** To increase affect regulation and self-regulation that promote optimum sexual decision making
- **Implementation structure:** (PS-R) 10 sessions implemented over 18 weeks (one session per week with extra weeks to allow for missed appointments or other issues) facilitated by a licensed qualified mental health professional (QMHP).
(e-PS-R) 8 on-line sessions in an e-learning platform with 4 face-to-face meetings facilitated by a Bachelor's level professional.

A six-week school based model is in development.

Adapted ACE Score Calculator

Finkelhor, et. al., 2015



Multiple Domains of Impairment

3 or more ACE's

- **Neuro-Processing:** cognition, attachment, anxiety, self-regulation, self-concept, social helplessness, aggression
- **Physiological:** cardiovascular, metabolic, and immunological disorders; addiction, eating disorders, and sexual disorders

Trauma can influence ...

- Deficits in executive functioning (*working memory, analysis and synthesis, organizational skills, internal speech, emotional and behavioral regulation*)
- Dysregulated arousal
- Maladaptive procedural learning
- Impaired sensory processing
- Impulsivity
- Harm to self and/or others
- Problem sexual behavior



Life Experiences Influence Brain Development

- **Arousal:** To evoke or awaken a feeling, emotion, or response
- **Disturbance of Arousal:** An experience that tests a person's ability to manage their feelings without causing harm
- **Dysregulation:** Managing emotions in ways that cause harm to self, others, or both

The following slides come from:

The Body Keeps the Score

(van der Kolk, 2014)

Trauma produces actual physiological changes
including a recalibration of the brain's alarm system,
an increase in stress hormone activity,
and alterations in the systems
that filter relevant information from irrelevant.

This is why people become hypervigilant to threat ...
and why they so often keep repeating the same problems
and have such trouble learning from experience

The **solution** is to gain control
over the residue of past trauma
in order to
experience mastery and autonomy

We do this by...

- Allowing the body to have experiences that **deeply and viscerally contradict the helplessness, rage, or collapse** that result from trauma, which involve movement, breathing, and touch (**bottom up**)
- Talking, connecting with others, and mindfully observing internal experience while processing memories of trauma which involves cognitive restructuring (**top down**)



Trauma almost always
makes it difficult
to engage in intimate relationships



Agonizing shame
about actions one took to survive
can cause
confusion about whether one was
a victim or willing participant...

This in turn can lead to
**bewilderment about the difference
between love and terror,
pain and pleasure**

When our emotional and rational brains are in conflict,
as when we're enraged with someone we love,
frightened by someone we depend on,
or lust after someone who is off limits,
a tug of war ensues

Conventional talk therapy is virtually useless
when nearly every part of a brain tunes out
and

people obviously cannot think, feel deeply, remember,
or
make sense out of what is going on

It's not important
for us to know every detail of a patient's
trauma.

*What is critical
is that the client learns to tolerate
feeling what they feel
and knowing what they know*

The following slides come from:
Age of Opportunity: The New Science on Adolescence
Steinberg, 2014

- The brain has three systems: reward, relationship, and regulation
- Peers, drugs, sex, food, and money all light up the same reward systems. The more these centers are activated the more risks adolescents take
- The more aroused they are the more their judgment deteriorates
- A super sensitivity to rewards make adolescents naturally more attentive to the good things that might arise from their risk taking

Self control requires us to be calm, competent, and confident

Developing self-control involves 3 factors:

- enough emotional security to move from external control to self-management (finding ways to become calm and focused)
- enough behavior skill (competence) to know how to act when they are on their own and learning to maintain that calm in response to images, thoughts, sounds, or physical sensations that remind you of past trauma
- enough self-assurance to take responsibility for their own behavior (confidence)

The most promising efforts to develop self-regulation are activities that improve executive functioning, require intense concentration and mindfulness, exercise, and strategies that boost self-control and strengthen the ability to delay gratification

Effective programs include activities that are:

- Sequenced
- Active
- Focused
- Stimulating
- Scaffolded (demanding, but not so much that they overwhelm capability)
- Sustained through practice

Youth thrive in settings that...

- Promote optimal child development
- Are calm and soothing
- Provide a variety of stimulating, engaging, and increasingly challenging experiences
- Respond to youth's needs with flexibility
- Allow for mistakes and poor judgment to be self-corrected with adult support and encouragement

Introduction to the Session Plans



Session 1: Celebrating Sexuality!

T.O.P.* Workbook Introduction



Introductory Definitions

Sexual health is your physical, emotional, mental, and social well-being in relation to sexuality.

It requires a positive, respectful and safe approach to sexual relationships.

For sexual health to be attained and maintained. Everyone's sexual rights should be respected, protected, and fulfilled

Optimal sexual decisionmaking is a thoughtful and planned approach to behaving sexually that promotes the health and well being of anyone involved

When you understand what people value
you have a key to what motivates them

Miller & Rollnick, 2013

Motivational Interviewing
Personal Values Card Sort

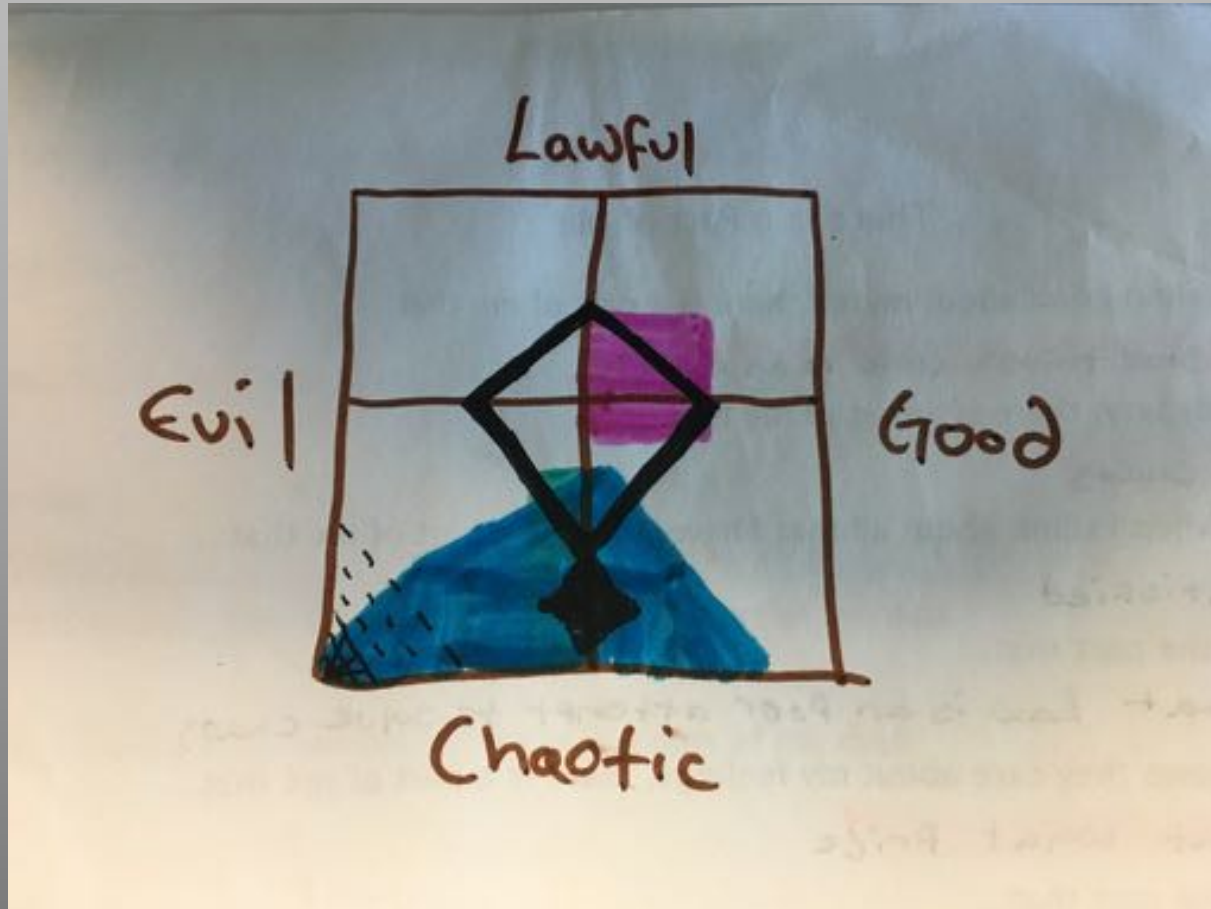
Expert Tips for Resilience

Charney & Southwick, 2012

- Develop a core set of beliefs that nothing can shake
- Try to find meaning in whatever trauma has happened
- Try to maintain a positive outlook
- Take cues from someone who is especially resilient
- Don't run from things that scare you: face them
- Be quick to reach out for support when things go haywire
- Learn new things as often as you can
- Find an exercise workout you'll stick to
- Don't beat yourself up or dwell on the past
- Recognize what makes you uniquely strong-and own it

Session 2: So Many Choices

T.O.P.* Workbook Chapter 1




Session 3: Your Life Experiences

T.O.P.* Workbook Chapter 2

The Gender Unicorn

Graphic by **TSER**



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Sexually Attracted To

- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan

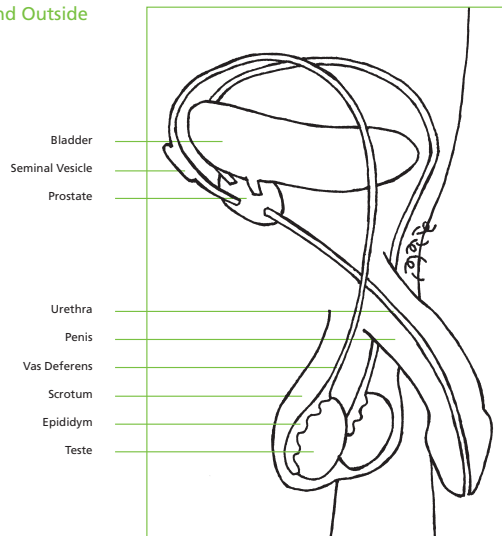
Identifying a Calm and Soothing Place



Medically Accurate Sexual Health Information

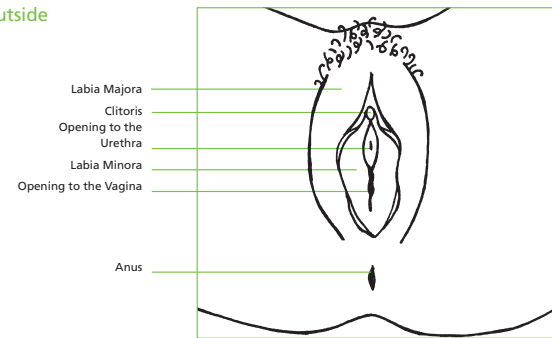
Male Anatomy

Inside and Outside

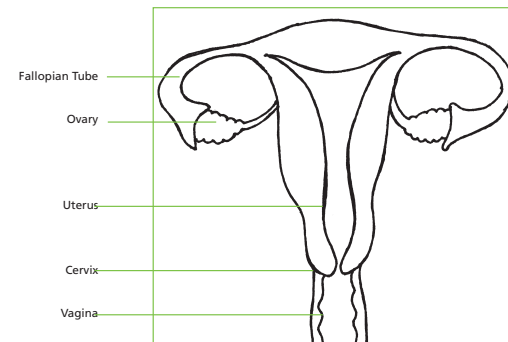


Female Anatomy

Outside



Inside



Session 4: Bad Things that Happen in Life

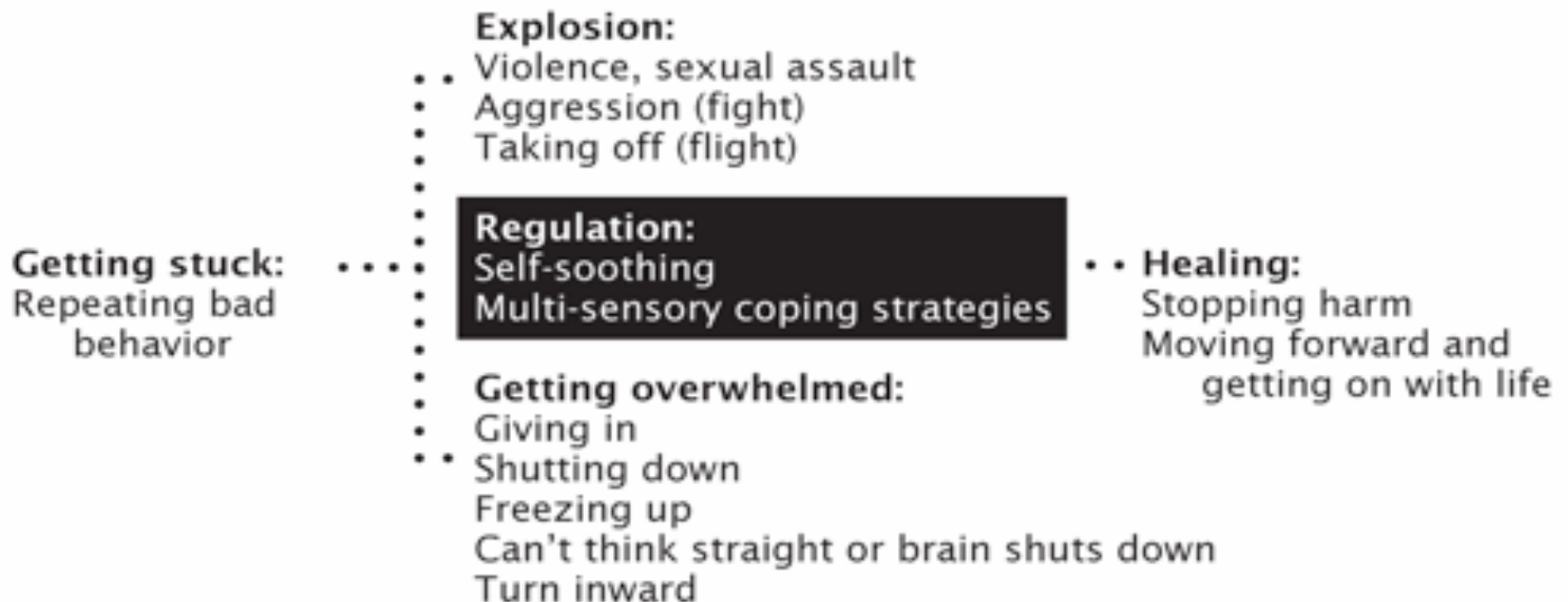
T.O.P.* Workbook Chapter 3



Session 5: Looking for Love in All the Wrong Places

T.O.P.* Workbook Chapter 4

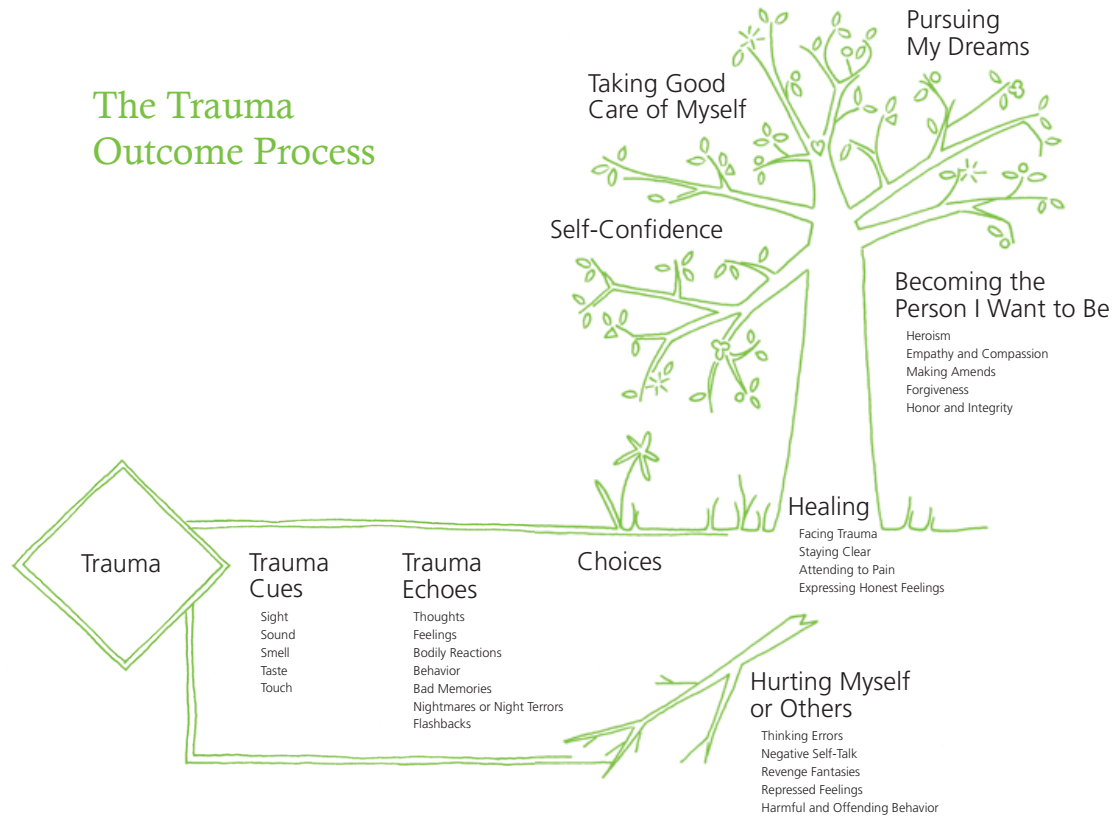
Getting Upset and Feeling Out of Control



Session 6: The Trauma Outcome Process

T.O.P.* Workbook Chapter 5

Your trauma outcome process is the way you choose to deal with very bad things that happened to you



Session 7: Taking Good Care of Yourself

T.O.P.* Workbook Chapter 6

Consistent and Correct Condom Use

To achieve maximum protection by using condoms, they must be used consistently and correctly.

The failure of condoms to protect against STD/HIV transmission usually results from inconsistent or incorrect use, rather than product failure.

- **Inconsistent or nonuse** can lead to STD acquisition because transmission can occur with a single sex act with an infected partner.
- **Incorrect use** diminishes the protective effect of condoms by leading to condom breakage, slippage, or leakage. Incorrect use more commonly entails a failure to use condoms throughout the entire sex act, from start (of sexual contact) to finish (after ejaculation).



How to Use a Condom Consistently and Correctly:



- Use a new condom for every act of vaginal, anal and oral sex—throughout the entire sex act (from start to finish). Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out.
- Wrap the condom in a tissue and throw it in the trash where others won't handle it.
- If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.
- Ensure that adequate lubrication is used during vaginal and anal sex, which might require water-based lubricants. Oil-based lubricants (e.g., petroleum jelly, shortening, mineral oil, massage oils, body lotions, and cooking oil) should not be used because they can weaken latex, causing breakage.



Sources are available at: www.cdc.gov/condomeffectiveness/brief.html



Session 8: Becoming the Person You Want to Be

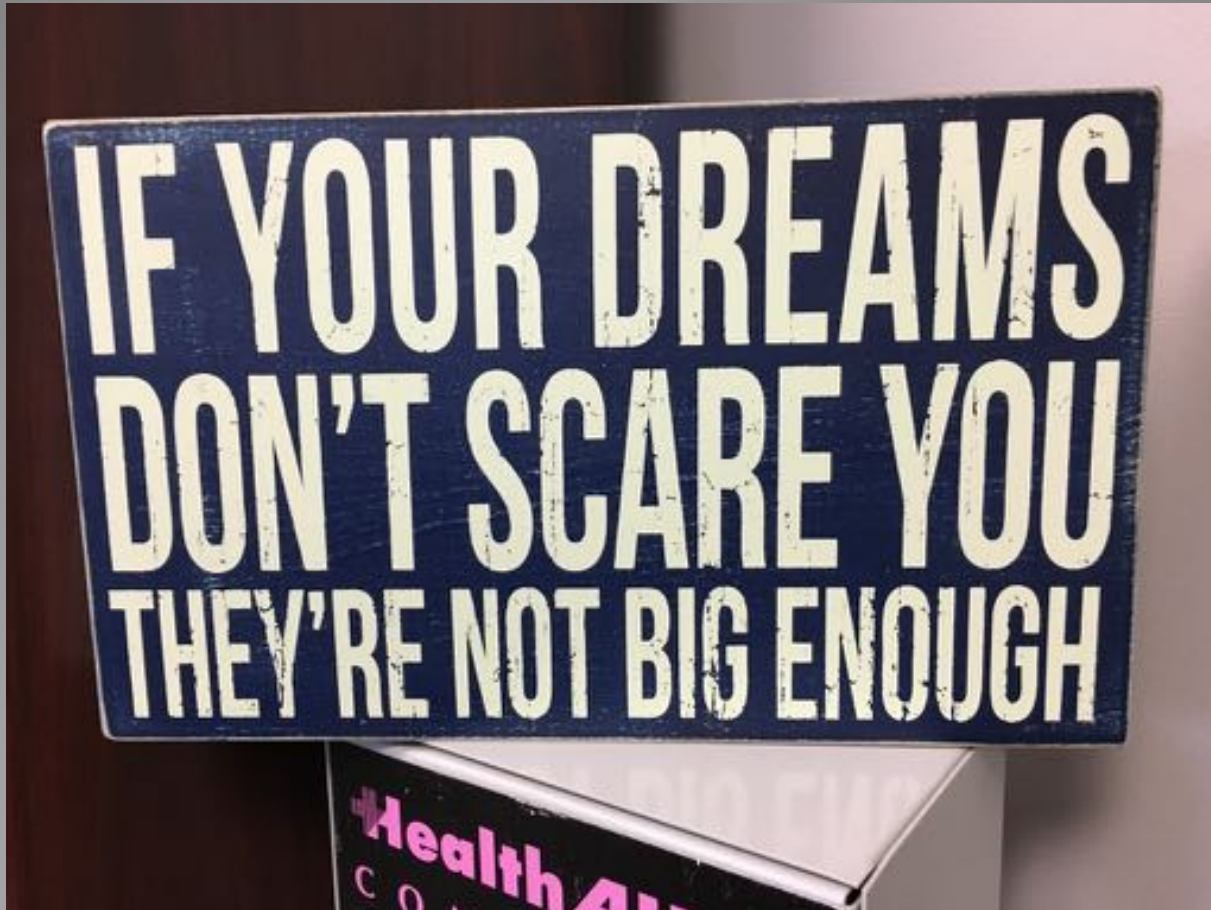
T.O.P.* Workbook Chapter 7



What's the best thing that might happen
when you decide
to take good care of yourself sexually?

Session 9: Pursuing Your Dreams

T.O.P.* Workbook Chapter 8



Session 10: Creating a Vision for Optimum Sexual Decision Making

