



AIM Forward



A Trauma Informed Model for Collaborative Therapeutic Care

Phase Oriented Treatment Approach

Over the last 10 years research from a variety of entities, including the Center for Disease Control, recognizes adverse childhood experiences (ACEs) as being very common across all populations and the basis for many of the common public health and social problems adults, children and families face (Anda & Felitti, 2011). In some cases (e.g. interpersonal violence, child abuse/neglect, military service, etc.), ACEs can result in traumatic memories and responses that become barriers to health, well-being and functioning. Trauma informed models of care are critical in addressing biological alterations, arousal functioning, and relational impairments that can arise as a result of singular or chronic forms of trauma.

Research suggests that phase modeled programs are the standard of care (Foa, Keane, & Friedman, 2009). Trauma informed phase oriented models of care focus on clients' treatment motivation and their progression through the phases based on clients' readiness for each stage of change. These models often incorporate three phases of treatment focused on: Safety and Stabilization, Reprocessing of Traumatic Memories, and Reintegration (Herman 1992, Janet, 1889).

Using evidence informed interventions throughout each phase of AIM Forward, clients are encouraged to accept the impact adverse childhood experiences have had on their functioning; develop skills in achieving physical and emotional safety; become educated on techniques to reduce the physiological impact of past trauma; are offered opportunities to process their trauma; and are empowered to harness their strengths to move beyond the barriers their past trauma has created.

Phase 1: Acceptance

The first phase of treatment focuses on assessment, building of therapeutic rapport, establishing physical and emotional safety, clarification of therapeutic process and roles, identification of motivation for change, development of clear goals to achieve identified changes, enhancement of social support systems, and daily practicing of healthy coping skills which improve overall well-being. During Acceptance Phase the focus is on stabilization, safety, and clarification of goals and expectations. A major component of stabilization is the identification and initial practicing of healthy coping skills that lower stress and allow the client to stop, step back, and process barriers to change that were impeding their abilities and functioning.



PHASE 1: Acceptance

Specific Areas of Focus

- *Assess presenting problem (dominant story), meaning of behaviors and presence of adverse childhood experiences (ACEs)*
- *Explore client's current resources and strengths*
- *Co-develop a safety plan & actively use the safety plan to promote physical and emotional safety*
- *Establish therapeutic relationship which will promote a secure foundation for change*
- *Connect client and families to support systems that can help to facilitate positive change*
- *Create a collaborative treatment plan for short & long term goals and brainstorm solutions*
- *Clarify expectations and roles for clients and professionals throughout the treatment process*
- *Educate client and stakeholders in effective interventions*
- *Identify healthy coping skills that will reduce stress and physiological dysregulation*
- *Begin education and practice of skills that will enhance self-regulation and co-regulation*

Phase Two: Integration

Upon entrance into this second phase of treatment, the client has created a full array of healthy coping skills that are at their disposal daily during times of stress. In the Integration phase, the client develops a problem solving model they can apply to multiple life challenges. Using their selected coping skills and identified strengths, they will actively practice problem resolution skills in meeting the identified goals of their treatment plan. They will integrate the use of their coping skills and strength based problem solving process into life domain areas that brought them to treatment.

For clients who have experienced more chronic forms of trauma, this phase begins by gathering a full trauma narrative and processing select traumatic memories that may be preventing the client's self regulation and their active engagement in solution focused problem solving. Trauma re-processing has been shown to increase client's feelings of self- control, sense of self esteem, and internal and external resources (Courtois, Ford, Cloitre, 2009). Utilizing evidence informed methods of practice; professionals will support clients in re-processing traumatic memories and in moving forward in the treatment process.

Specific Areas of Focus

- *Identify potential barriers to integrating new coping skills*
- *Educate client in the problem solving model*
- *Bolster client strengths, support systems and expanded resources (alternate story) to enhance client's problem solving abilities and the achievement of targeted goals*
- *Incorporate new skills into client's autobiographical narrative to enhance self esteem and create an optimistic perspective on client's own ability to solve problems*
- *When needed, reprocess traumatic memories to enhance self-regulation and improve ability to engage in present focused problem solving strategies*



Phase Three: Moving Forward

The final phase of treatment focuses on supporting the client in mastering skills learned in the other two phases, addressing unhealthy coping behaviors when they occur, solidifying successes in achieving treatment goals, amplifying new skills in other life domain areas and creating a future life plan that includes ongoing skill practice and development as new life challenges occur (relapse prevention).

Specific Areas of Focus

- *Incorporate new skills into daily living practices to enhance quality of life*
- *Enhance awareness of potential risk factors that may arise in the future and practice applying skills to solve new life challenges*
- *Amplify strengths and coping solutions into multiple life domain areas to improve overall well-being and exemplify how future life challenges can be approached using similar coping skills and problem solving approaches*
- *Create a future life plan that focuses on the client's ongoing goals for well-being including physical and mental health*

Additional Evidence-based Therapeutic Treatment Factors

Over the last few decades, clinical research has identified important therapeutic treatment factors that enhance clinical outcomes across client groups. These key factors are the foundation of AIM Forward's approach to treatment and life planning.

Common Factors

It has become widely accepted that there exists certain trans-diagnostic common factors in the therapeutic process. These common factors relate to the impact of client and clinician characteristics, relationship factors, motivation, clarity of expectations of treatment and other ingredients of the therapeutic process that are common to any psychotherapy, regardless of treatment modality or model. Successful treatment models embrace these factors and incorporate them as part of their foundation.

Therapeutic Alliance

The quality of a client/clinician relationship is one of the best predictors of mental health outcomes. The most widely accepted conceptualization of therapeutic alliance holds that there are three components critical to establishing a strong therapeutic relationship: the emotional bond the client develops towards the clinician; the agreement between the two parties on therapeutic tasks; and the agreement on the goals and expectations of therapy (Bordin, 1976). Four skills which assist in enhancing the therapeutic relationship are: attending, empathy, genuineness, and active listening. Regular practicing of these skills and being attune to the client's motivation and connection to the treatment process as well as the client's disengagement or avoidance of the treatment process is critical to managing therapeutic ruptures and/or client leaving treatment prior to achieving all his/her identified treatment goals.



Collaborative Approaches to Treatment Planning and Shared Vision of Goals

Collaborative treatment planning is the process by which client and counselor work together to identify and clarify goals and strategies that are congruent with the client's aspirations. Goals and strategies are negotiated and agreed upon by the client, caregivers and counselor and shared together rather than imposed by professionals. Plans are regularly reviewed and revised as goals develop, are achieved, or as strategies change. Actively engaging the client and family in the treatment planning process has been linked to improved treatment outcomes (Bohart & Tallman, 2010). Additionally, this active collaborative approach:

- Provides a purposeful and systematic approach to working with clients and caregivers
- Promotes a strengths-based approach to collaboration between counselor, client, and caregiver
- Establishes how counseling will proceed, which contributes to building a positive therapeutic alliance

Treatment Motivation

Motivation has been identified as a predictor of seeking and staying in services (DeLeon, Melnick, Kressel, & Jainchill, 1994; Ryan, Plant, & O'Malley, 1995; Prochaska, DiClemente, & Norcross, 1992; and Simpson, 2001), as well as better treatment outcomes in the field of adolescent substance abuse (Breda & Heflinger, 2004), with equal promise in the field of child and adolescent mental health. Conceptualizations of motivation often identify two broad components: extrinsic and intrinsic motivation. External sources of motivation can come from parents or legal authorities who exert pressure on the individual to seek or stay in treatment. Intrinsic motivation reflects the respondent's own problem recognition, desire for help, and treatment readiness, dimensions that have been found to be important for treatment involvement and outcome (Simpson, 2001).

AIM Forward incorporates common factors in the professional development of their staff as well as utilizes them in each phase of treatment with the client.

Resiliency: Bolstering Strengths & Resilience

One's ability to use individual, familial and community strengths to effectively cope with stressors and rise above adversity is a powerful determinant to move through challenges and ultimately thrive. Resiliency research demonstrates that life challenges and trauma present both risks and growth opportunities for clients and families. Five individualized strengths that a traumatized person can develop overtime include their ability to: recognize new opportunities and possibilities; engage more fully in relationships; increase their level of empathy for others; gain a heightened awareness of their ability to meet future adversities; gain a deeper appreciation of life, and an expanded understanding of spirituality.

AIM Forward harnesses evidence-informed practices from resiliency and strength-based theories throughout the assessment and treatment process including identifying clients' strengths through assessment, increasing clients' awareness of their strengths through practice, and directly increasing their utilization of strengths in the problem solving process helps to support them in achieving their goals.



Valuing the Importance of Feedback

Feedback helps everyone get a better picture of where they are and where they are going. Regular feedback assures that clients and their support systems are truly heard throughout the therapeutic process. Feedback allows clients, their support systems, and professional(s) to evaluate changes in client progress, strengthen therapeutic alliance, provide more accurate case conceptualizations, and facilitate a deepening in treatment planning discussions (Hatfield & Ogles, 2006).

Aim Forward incorporates feedback into the assessment and treatment planning process at the beginning and ending of treatment sessions, and in the evaluation of discharge planning... Key areas for feedback include motivation for treatment, life satisfaction, and therapeutic alliance. Additional opportunities for feedback are incorporated into the treatment process based on case specific needs.

