“We must move from viewing the individual as failing if s/he does not do well in a program to viewing the program as not providing what the individual needs in order to succeed.”

Dubovsky, 2000
I'm not a politician, or a president, or an actor, or a famous business owner. I'm just an ordinary person. But I'm also proof that there's no such thing as an ordinary person.
I hope you’ll always stand up and I hope you’ll remember that we’re all in this together.
“It may be when we no longer know what to do, we come to our real work, and when we no longer know which way to go, we have begun our real journey.” (Wendell Berry)
Traditional Paradigm

- Event/Diagnostic - Focused
- Willful Behavior
- Service - Driven

Trauma-Informed

- Impact-Focused
- Brain-Behavior based
- Resiliency-focused Worker Resiliency
"Whenever I walk in a room, everyone ignores me."
What does our work do to us?
LASSIE! GET HELP!!
Secondary Traumatic Stress

• “The natural and consequent behaviors and emotions resulting from knowing about a painful event from a significant other, the stress from helping or wanting to help a stressed person especially a child.” (Figley, 1995; Henry, 2012)
## Impact of STS on Staff

<table>
<thead>
<tr>
<th>Cognitive effects</th>
<th>Social impact</th>
<th>Emotional impact</th>
<th>Physical impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Negative bias, pessimism</td>
<td>• Reduction in collaboration</td>
<td>• Helplessness</td>
<td>• Headaches</td>
</tr>
<tr>
<td>• All-or-nothing thinking</td>
<td>• Withdrawal and loss of social support</td>
<td>• Hopelessness</td>
<td>• Tense muscles</td>
</tr>
<tr>
<td>• Loss of perspective and critical thinking skills</td>
<td>• Factionalism</td>
<td>• Feeling overwhelmed</td>
<td>• Stomachaches</td>
</tr>
<tr>
<td>• Threat focus – see clients, peers, supervisor as enemy</td>
<td></td>
<td></td>
<td>• Fatigue/sleep difficulties</td>
</tr>
<tr>
<td>• Decreased self-monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To Name it is To Tame It!
(Siegel, 2010)
Resiliency strategies

- We embrace that we each have STS
- We are intentional in moving from anger to personal reflection naming what is
- We do small actions to minimize stress
- We think of one positive a day.
- We remind ourselves of why we do this work.” (finding meaning)

•
What is Trauma?

• **Overwhelming** event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

• **Internalization** of the experience that continues to impact perception of self, others, world, and development.
AT A YOUNG AGE, I WAS RAPED BY A BOY ON THE BACK OF A SCHOOL BUS.

SINCE THEN, I SIT AS CLOSE TO THE FRONT AS I CAN GET.
Event → Traumatic Impact
Traumatic Stress

- **Stress and the tiger**
  - Our bodies are designed to respond to stress
  - Adrenalin and cortisol help us *run* from tiger or *hide*
  - Threat of short duration
BUT...when the tiger lives in *your* home, neighborhood, or life...
# Symptoms that Overlap with Child Trauma and Mental Illness

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>Overlapping Symptoms</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit/ Hyperactivity Disorder</td>
<td>Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>A predominance of angry outbursts and irritability</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Anxiety Disorder (incl. Social Anxiety, Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, or phobia)</td>
<td>Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction</td>
<td>Child Trauma</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties</td>
<td>Child Trauma</td>
</tr>
</tbody>
</table>

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel, 2012)

November 30, 2012 Initiative to Improve Access Kickoff
The Overlap of Trauma and Mental Health Symptoms

Trauma and Mental Health Systems by Age for Children Entering Care, IL

- BOTH Trauma and Mental Health Symptoms
- Mental Health Symptoms Only
- Trauma Symptoms Only
- NO Symptoms

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel, 2012)
Makin it Real

- “All of a sudden there is a volcano inside me.”
- “When I get upset, my brain is paralyzed.”

(Prince-Embry, 2008)
“Think of the ‘learning brain’ as the rider, and the ‘survival brain’ as the horse,” says Joyce Dorado, director of HEARTS. “When a student is triggered into survival mode by a trauma reminder, the ‘learning brain’ largely goes offline. The rider’s off the horse, and you’re just dealing with a really terrified horse.”
SYMPTOMS OF CHILD ABUSE

LOSS OF MEMORY

BLOCKAGE

LIPS ARE SEALED

HELPLESS

PENT UP ANGER

DEAD ZONE

LOSS OF MOBILITY
It's all my fault
I should have
If only I had
I did it
I could have
I'm bad
I deserved
to be beaten
I let them
rape me
Guilt
Urgency of Screening and Assessment
A trauma-informed professional:

• Understands the impact of trauma on a child or adult’s behavior, development, relationships, and survival strategies;

• Can integrate that understanding into planning for the child, adult, and family; and

• Understands his or her role in responding to child traumatic stress and one’s own personal STS.

_NCTSN Child Welfare Trauma Training Toolkit, 2008_
A trauma-informed professional:

- Understands the impact of trauma on a child or adult’s behavior, development, relationships, and survival strategies;

- Can integrate that understanding into planning for the child, adult, and family; and

- Understands his or her role in responding to child traumatic stress.
What screening communicates to the child and family

1. That you see them as unique individuals
2. That you see their needs as important
3. That you are interested in promoting the child’s health and resilience
4. That what they might be experiencing are common and normal reactions
The value of screening

• Identification of potential traumatic events
• Creates connection between trauma and functioning
• Provides a threshold for the need for trauma assessment
• Provides information about the child to families, resource parents, court, school
• Progress monitoring
Number of Traumas experienced (0-5) N=317 (6-18) N=709
Most Common Trauma Exposures

- Placement Outside of Home: 30% (0-5), 36% (6-18)
- Parental Substance Abuse: 48% (0-5), 50% (6-18)
- Domestic Violence: 46% (0-5), 46% (6-18)
- Neglect: 42% (0-5), 52% (6-18)
Most Common Behaviors 6-18 (when a behavioral issue is reported)

- Oppositional / Defiant Behavior: 41%
- Hyperactivity: 47%
- Explosive Behavior: 26%
- Aggression Towards Others: 24%
Most Common School Issues 6-18 (when school issue is reported)

- Difficulty with Authority: 49%
- Attention/Memory Problems: 34%
- Low/Failing Grades: 46%
Most Common Relational Issues 0-5 (when relational issue is reported)

- Difficulty in Preschool / Daycare: 25.0%
- Overly Friendly with Strangers: 41.7%
- Lack of Eye Contact: 20.8%
Do we REALLY understand our kids?
Trauma-Informed Assessment

Professional belief and experiences that MH assessments were not capturing what was actually occurring for our children.
Trauma-Informed Assessment

• Trauma has the ability to alter children’s perceptions of self, others, and their development

• Their perception is their reality
Who Am I really?
We don't want you!
Your bad!
If you wanted to stay, you should have behaved!
You don't belong here!
"It is all my fault."

"No one wants me."

"The world would be better without me."

"Nothing has ever turned out right for me."

Thoughts to Feelings:

- Helpless
- Sad
- Loneliness
- Shame
- Hopeless

"I am hopeless."
Trauma-Informed Assessment

• **Ultimate goal**: to implement research findings re the neurodevelopmental impact of trauma (Perry, 1997, 1999) on children.

• Provides a more in-depth understanding of the **impact of trauma** to children/teens.
Trauma-Informed Assessment

• Child-Centered: Need to create a *safe place* where children can communicate how they have *made meaning* of their experiences which then help explain the subsequent direct effects to their *behaviors*.

• Assessment Integration: Importance of a writing a report that *integrates* standardized testing with what has *previously happened* to the child and their current caregiving system.
Trauma-Informed Assessment

- Ecological view: *Caregiver* (biological, adoptive, foster, kinship) *perceptions* of children is essential in understanding the child’s perception of the him/herself, the world, and their development.

- Belief that the *behaviors* of traumatized children reveal the *physiological impact* of trauma to the brain.
“Well, I guess that explains the abdominal pains.”
Trauma-Informed Assessment

- **Attachment:** Assessing children’s *attachment* is an essential component to understanding the child’s relational, emotional, and behavioral *functioning* and must be included in the trauma assessment.

- **Complex Trauma:** Children in the child welfare system have experienced *complex traumatization* with the average number of potential familial maltreatments being *five*.
Trauma-Informed Assessment

• Changing Paradigms: Trauma assessment not only drives treatment ... but also creates an alternative understanding to resource parents and teachers of WHY children behave in the way that they do.
Trauma assessments: What have we learned?

• Integrating standardized testing, the caregivers perceptions, the child’s perceptions, and the potential past traumatic experiences of the child is extremely challenging for professionals because:
Trauma Assessment:
Lessons learned: Development of New Skills

1. Not trained in school to do this
2. Demands a thorough knowledge of trauma, brain, neurodevelopment, resiliency
3. Requires tremendous critical analysis skills
4. Requires ability to **actually listen** to another perspective and **suspend our own biases**
5. Summation skills: the ability to utilize written language to communicate complex ideas
• Trauma assessment interviewing is a different skill than treatment interviewing (and therapists frequently struggle with this)
Resiliency contextualizes a child’s strengths (individual, familial, community) against her/his adverse experiences (Zolkoski & Bullock, 2012)
Traumatic Event/Events → Resiliency Factors → Traumatic Impact
Traumatic Event/Events → Resiliency Factors → Traumatic Impact
Resiliency Factors (Masten, 2014; Southwick & Charney, 2012)

- Effective caregiving and parenting quality
- Close relationships with other capable adults
- Close friends and romantic partners
- Intelligence and problem solving skills
- Self control, emotional regulation, planfulness
- Motivation to succeed
- Self Efficacy
- Faith, hope, belief that life has meaning
Adverse Child Experiences and traumatic reactions

Resiliency opportunities decrease as adverse experiences increase

Difficulty in building resiliency
Building Resiliency Protection

Maintaining your shields (when the going gets tough)
Resiliency: A parallel process

- Child:
- Caregivers
- Workforce
• The tremendous importance of resiliency is that everyone is responsible to develop resiliency in children:
  – Caseworker
  – Teacher
  – Therapist
  – Caregivers
  – Court
Resiliency

Relatedness

STOP

Adverse Child Experience
Sense of Relatedness

• Relationships with others and sense of relatedness serves as a **protective factor** against stress.

(Maston, 2011; Prince-Embary, 2008)
Rescuing Hug

This is a picture from an article called "The Rescuing Hug". The article details the first week of life of a set of twins. Apparently, each were in their respective incubators, and one was not expected to live. A hospital nurse fought against the hospital rules and placed the babies in one incubator. When they were placed together, the healthier of the two threw an arm over her sister in an endearing embrace. The smaller baby’s heart rate stabilized and her temperature rose to normal.

Let us not forget to embrace those whom we love.
Psychological Safety is NOT trust, but it is a start
[One day] my rabbit died. I started to cry. That rabbit was so small and defenseless. It needed me and I let it die. Then [my foster mother] hugged me. "If that happened to my cat . . . I would feel the same way that you do," she said. She wanted my rabbit to be buried and offered to buy me another one. That's how I realized she wasn't a fake.

I felt different at that moment. It was like she felt the anger that I had inside of me, and was saying that it was OK to feel that way. That it was OK to be sad and for me to let my guard down . . . That it was OK to let someone into my world and let them help me.

Aquellah

Empowering Providers and Caregivers

- Everyone has the opportunity to create comfort and safety for our children, which is the foundation of relatedness.

- Appreciate that relatedness is the most vulnerable to long term harm. (Therefore do not expect too much too quickly!!)
REMEMBER!!!

The five to one ratio
How about Caregivers' capacity for Relatedness?
And WHAT about relatedness for the workforce?
Resiliency

Mastery/Efficacy

• Intelligence
• Sports
• Art
• Music

Adverse Child Experience
Sense of Mastery

- Optimism, self-efficacy and adaptability increases the likelihood that the individual will be able to cope with adverse circumstances.

(Maston, 2011; Prince-Embury, 2008)
Shifting from victim to being empowered
“If I think about my life, it would drive me crazy. I consider treatment as a punishment and distrust others because they have not been honest with me.”
Efficacy Interventions

- Recognizing the seed of efficacy
- Avoid setting the bar too high to reduce discouragement and a return to victimization
Makin it real!

• Frame failure as *universal* (batting example)

• In times of failure be accessible: building relatedness

• Praise the *process* not the content
What about mastery/efficacy capacities within the parents?
Resiliency

Affect/Regulation

- Ability to calm
- Ability to regulate
- Ability to contain affect

Adverse Child Experience
Be an “Emotional Container”
Emotional Reactivity

- The primary impact of exposure to trauma is “emotional dysregulation.” (van der Kolk, 2009)

- An inability of the left side of the brain to talk to the right side of the brain.
Makin it Real

- “All of a sudden there is a volcano inside me.”
- “When I get upset, my brain is paralyzed.”

(Prince-Embory, 2008)
Regulation Interventions: Rewiring the Brain

• Framing regulation as a skill and brain based for parents and children

• Building skills demands practice and repetition

• Integrating the left and right hemispheres of the brain
normal stress
The Brain & Body Working Together

the brain
-宾客
-脊髓
-神经

the nervous system

Alarm System (amygdala)
Filing Center (hippocampus)
Thinking Center (prefrontal cortex)
Extreme stress / trauma
The Alarm Takes Control

The brain

The nervous system

Alarm System (amygdala)
Filing Center (hippocampus)
Thinking Center (prefrontal cortex)
SOS: Three Steps to Focusing

Step #1: SLOW DOWN
Take a time out; sit comfortably; allow one thought at a time; pay attention to the natural rhythm of your breathing.

Step #2: ORIENT YOUR SELF
Notice your surroundings – where you are and who is with you; Focus on something of interest that you can see or hear.

Step #3: SELF - CHECK
How much stress? How much control?

Stress Level: Low Stress 1 2 3 4 5 6 7 8 9 10 High Stress

Personal Control: No Control 1 2 3 4 5 6 7 8 9 10 Complete Control
Kid Profile

- Relatedness
  - Strong
  - Good enough
  - Some
  - None

- Mastery
  - Strong
  - Good enough
  - Some
  - None

- Affect Regulation
  - Strong
  - Good enough
  - Some
  - None
Kid Profile

Relatedness
- Strong
- Good enough
- Some
- None

Mastery

Affect Regulation
Kid Profile

Relatedness
- Strong
- Good enough
- Some
- None

Mastery
- Strong
- Good enough
- Some
- None

Affect Regulation
- Strong
- Good enough
- Some
- None
Workforce Profile

- Relatedness
  - Strong
  - Good enough
  - Some
  - None

- Mastery
  - Strong
  - Good enough
  - Some
  - None

- Affect Regulation
  - Strong
  - Good enough
  - Some
  - None
Social Problems

Rejection
Alienation

PEERS

Willfully Disobedient
Could if wanted too

Survival Behavior
Spontaneous Fight or Flight

Power Struggles

Caregiver/Teacher

Caregiver/Teacher Response

Caregiver/Teacher

Increase Frustration

Enforcing More Rules

Cycle of Conflict Reinforced

More Resistant
Oppositional Behaviors Increase
Social Problems
Rejection Alienation

PEERS

Framework for Intervention
AGGRESSION

TENSION

More Rules
Framework for Intervention
AGGRESSION

Willfully Disobedient
Could if wanted too

Survival Behavior
Spontaneous Fight or Flight

Developing Personal Safety Through Prevention & Skill Building

Reduce Frustration
Provide Appropriate Expression
Recognize Child’s Limitations
Cycle of Conflict Reduced

Affirm Feelings
Create Awareness
Recognition of Fears
Alternative Language/Behavior Expression
Social Problems

Rejection

Alienation

PEERS

Willfully Disobedient

Could if wanted too

Survival Behavior

Spontaneous Fight or Flight

Power Struggles

Increase Frustration

Enforcing More Rules

Cycle of Conflict Reinforced

Caregiver/Teacher

Caregiver/Teacher Response

Caregiver/Teacher

Child

More Resistive

Oppositional Behaviors Increase

Social Problems

Rejection

Alienation

PEERS

Reduce Frustration

Provide Appropriate Expression

Recognize Child’s Limitations

Cycle of Conflict Reduced

Alternative Language/Behavior Expression

Recognize of Fears

Create Awareness

Affirm Feelings

TENSION

Framework for Intervention

AGGRESSION

Developing Personal Safety Through Prevention & Skill Building
Intense Negative Emotions
Emotional Regulation Skills to enhance Emotional Regulation
Complexity of Traumatic Experience(s)
Making Sense of Traumatic Experience(s)
Trauma Narrative Skills
Trauma Reminders
Manage Ecology & Reactivity to Reminders
Interpersonal Estrangements
Bridging/Tolerating Estrangements
Skills to address Estrangement
Skills to manage Reminders
Nature of the Child’s Experience
NCCTS Treatment & Intervention Development Program
THE HERO'S CHALLENGE

It's hard to face traumatic stress. In many ways, it may seem easier to stay feeling trapped or stuck, not daring to change. Heroes muster the courage to heal from their wounds and use what they learn to help other people who have to face tough times.
DEVELOPMENTAL PROGRESS; A JOURNEY FOR CARING AND ADULTS AND CHILDREN

Rebuilding Attachments

Building Personal Power

Reducing Traumatic Stress
If I could design a superhero Band-Aid, I would put in pictures and names of my most important heroes and heroines. {Draw them in below.}

The great thing about this Band-Aid would be it's power to heal any cut or wound. You could simply put the Band-Aid on a cut or wound, and then: {fill in what would happen}
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Cohen, Mannirino, Deblinger, 2006)

- An empirically supported intervention based on learning and cognitive theories
- Designed to reduce children’s negative emotional and behavioral responses, and to correct maladaptive beliefs and attributions related to the traumatic experiences

• Aims to provide support and skills to help non-offending parents cope effectively with their own emotional distress and to respond optimally to their traumatized child
TF-CBT Therapist

• Is able to inhabit the role of teacher in session
• Is able to be directive in session
• Has child AND adult psychotherapy skills
A TF-CBT therapist...

• Has resolved his/her own trauma issues

• Is able to resist the chasing of COWs
• Can tolerate hearing the intimate details of a child’s trauma
• Guards against colluding with avoidance
• Regularly seeks out consultation with someone experienced in the use of TF-CBT
PRACTICE components

P = Psychoeducation & Parenting skills
R = Relaxation
A = Affect regulation
C = Cognitive coping
T = Trauma Narrative developed & processed
I = In-vivo exposure
C = Conjoint session(s)
E = Enhancing safety & social skills
TAKE IT EASY BUDDY
WE'RE ALL IN THIS TOGETHER
Total Traumas vs. Total Number of Problems (49 Respondents; Averaged)

Note: There was insufficient data for 8+ trauma counts to be considered.
Child Well Being:

- Sustaining “Positive” Personal Relationships
- Self Efficacy Developing Competencies
- Managing Emotions & Regaining Equilibrium When Upset
- Positive Self Image