Southwest Michigan Children's Trauma Assessment Center

Office of Juvenile Justice and Delinquency Prevention

Serving Children, Families, and Communities

A PARTNER IN

NCTSN

The National Child Traumatic Stress Network

"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 thi*
as an ordinary person.

I hope you'll always stand up :
and I hope you'll remember tha
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
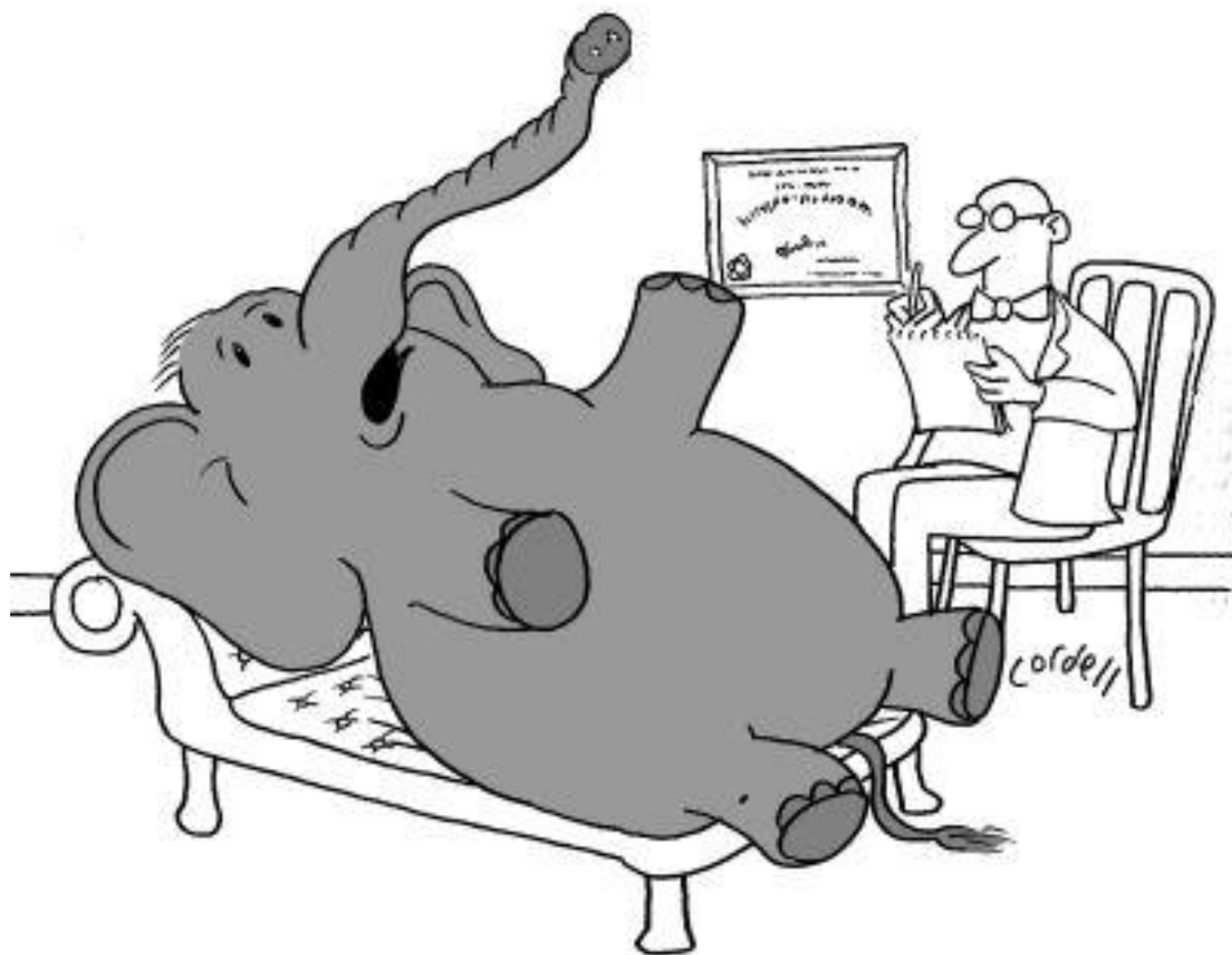
Trauma-Informed

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?

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

Cognitive effects	Social impact	Emotional impact	Physical impact
• Negative bias, pessimism • All-or-nothing thinking • Loss of perspective and critical thinking skills • Threat focus – see clients, peers, supervisor as enemy • Decreased self-monitoring	• Reduction in collaboration • Withdrawal and loss of social support • Factionalism	• Helplessness • Hopelessness • Feeling overwhelmed	• Headaches • Tense muscles • Stomachaches • Fatigue/sleep difficulties

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.
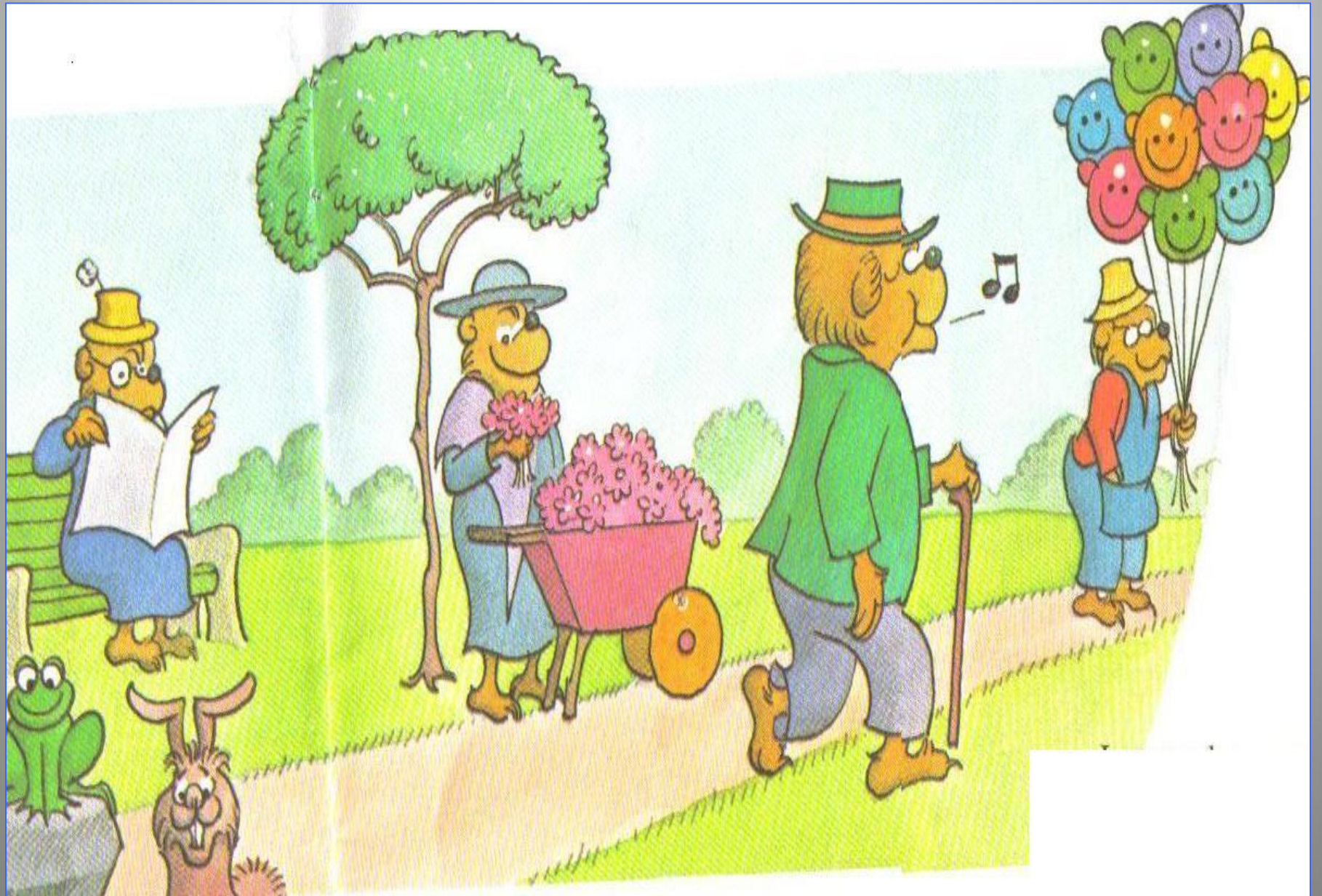- We remind ourselves of why we do this work." (finding meaning)
-

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.

THE INCREDIBLE HULK

BY PJBoy

MARVEL.CO.UK

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.
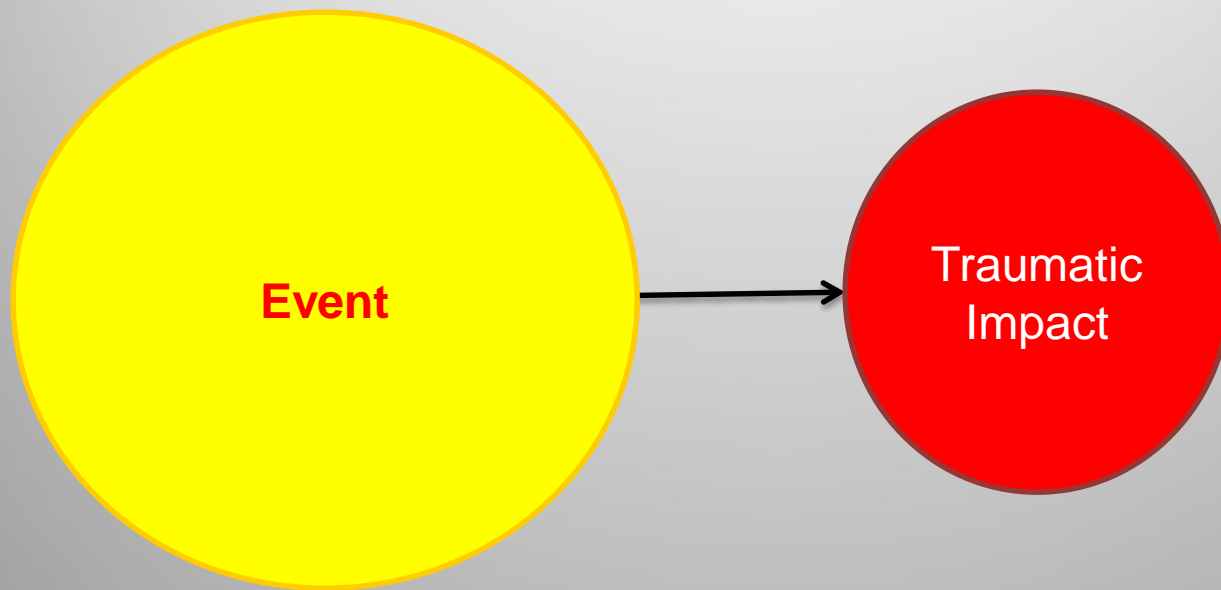
Traumatic Stress

- Stress and the tiger
  - Our bodies are designed to respond to stress
  - Adrenalin and cortisol help us *run* from tiger or *hide*
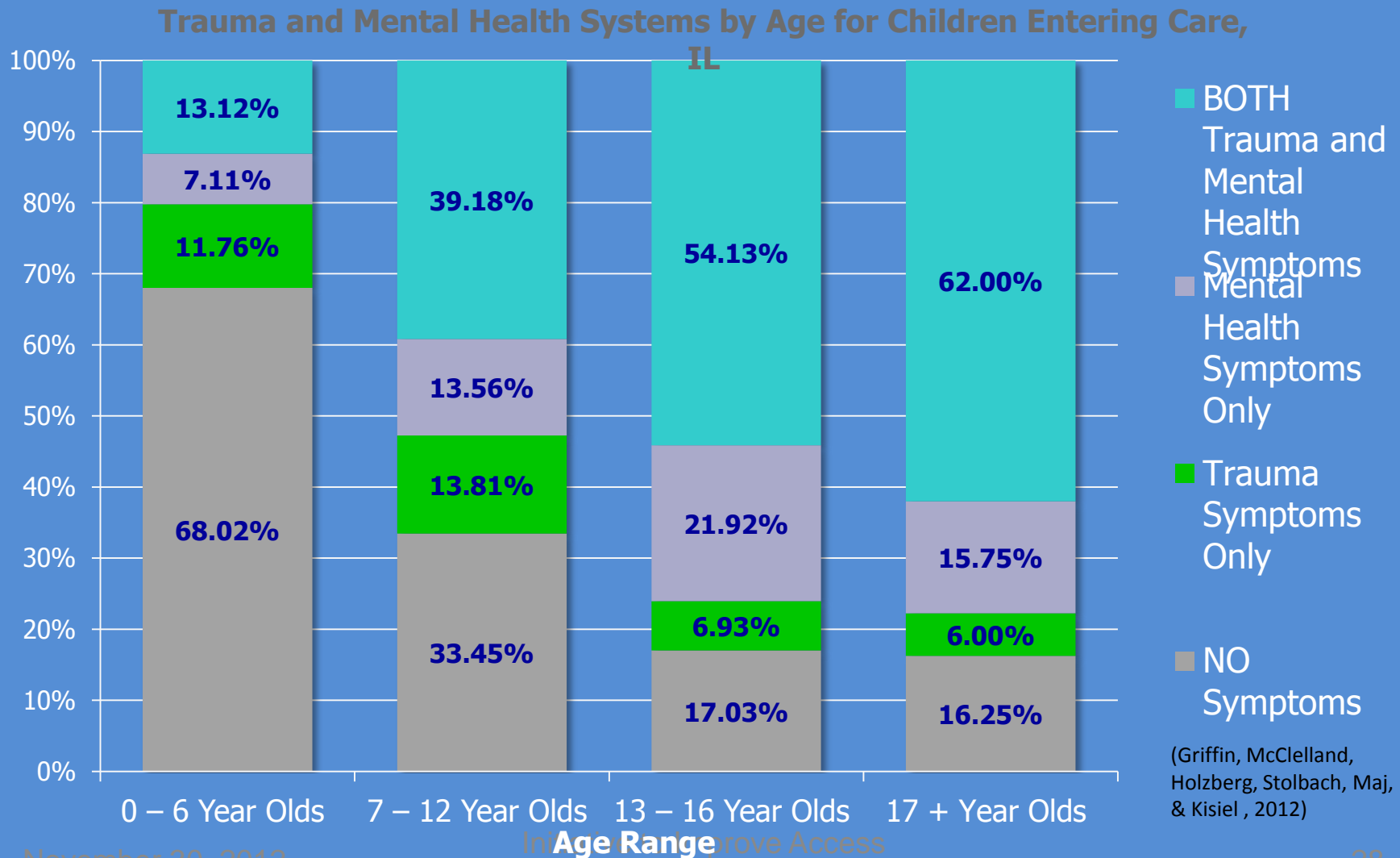 - Threat of short duration

BUT...when the tiger lives in *your* home, neighborhood, or life...

Symptoms that Overlap with Child Trauma and Mental Illness

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

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

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

Makin it Real

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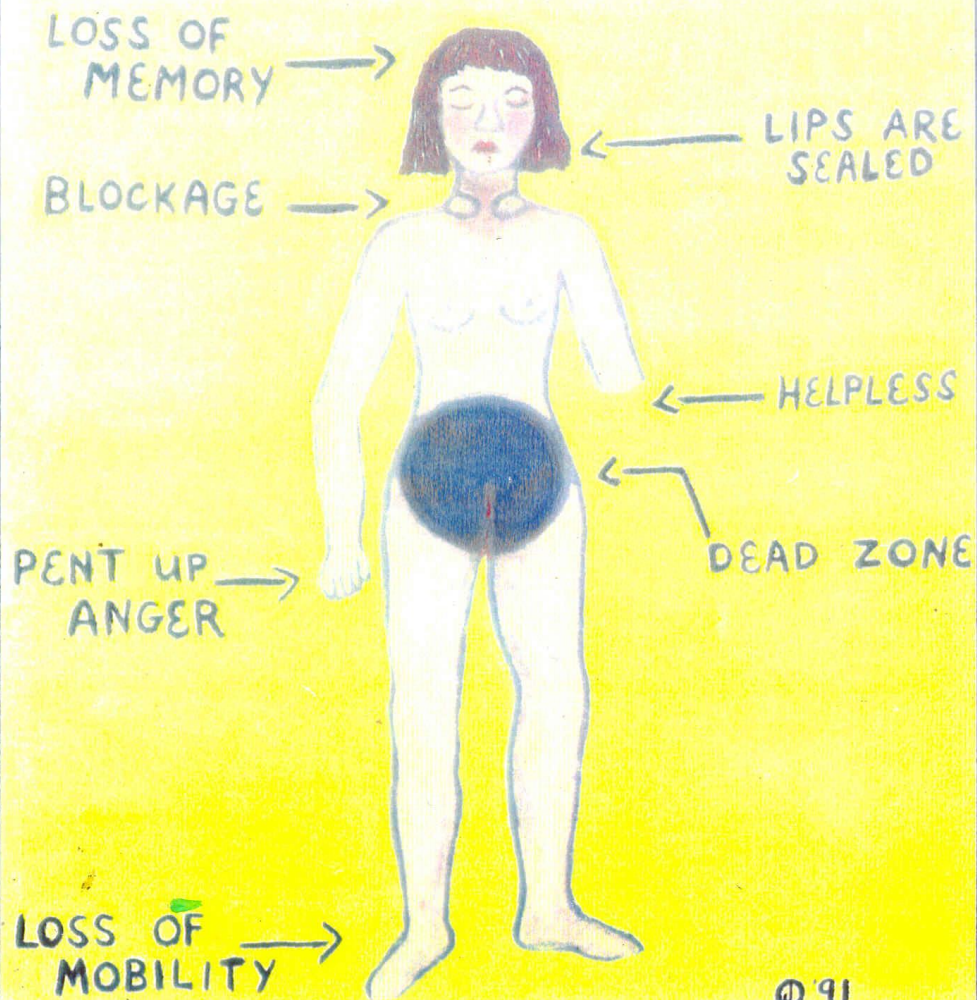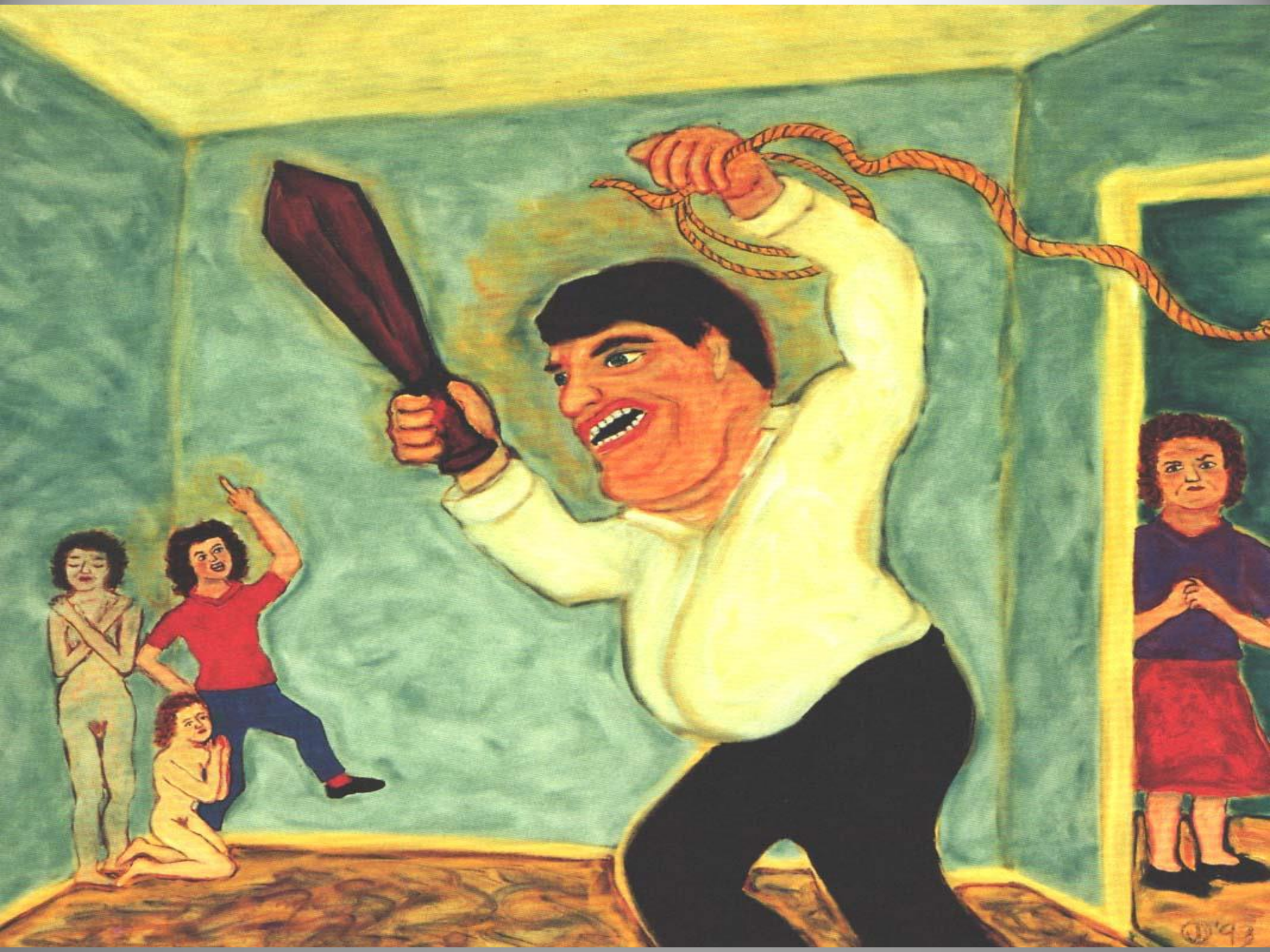- **"When I get upset, my brain is paralyzed."**

(Prince-Embury, 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."
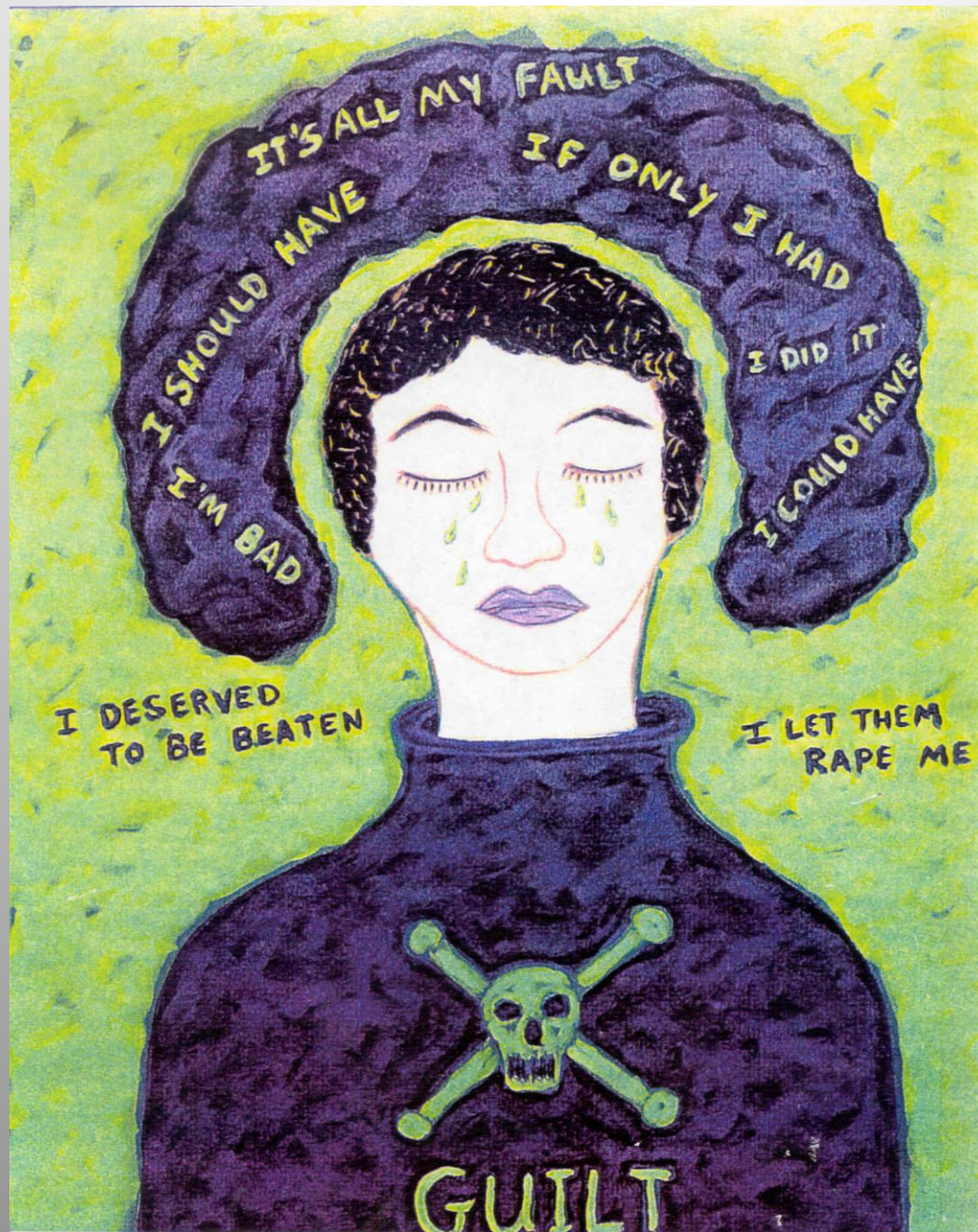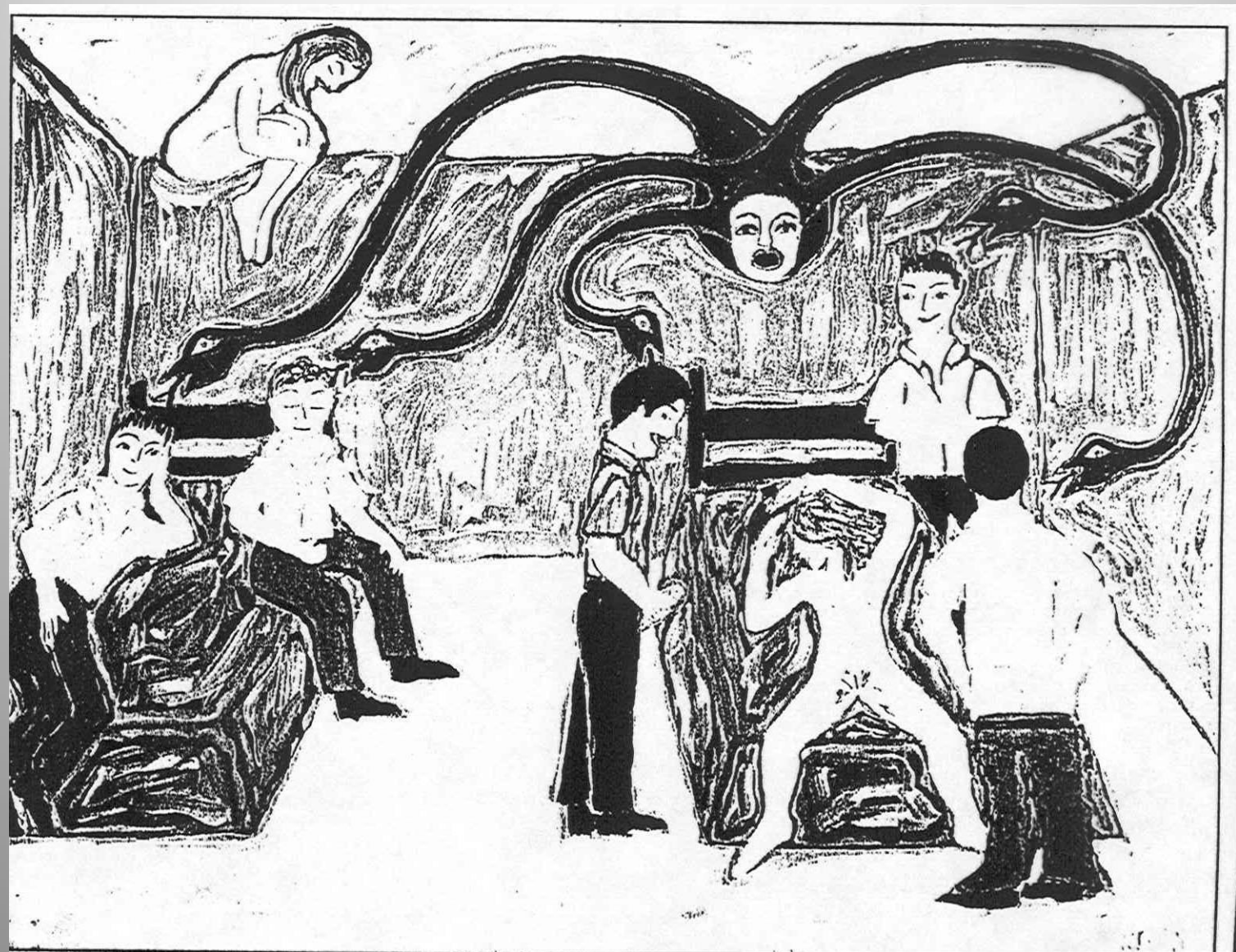
Urgency of Screening and Assessment

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

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NCTSN Child Welfare Trauma Training Toolkit, 2008

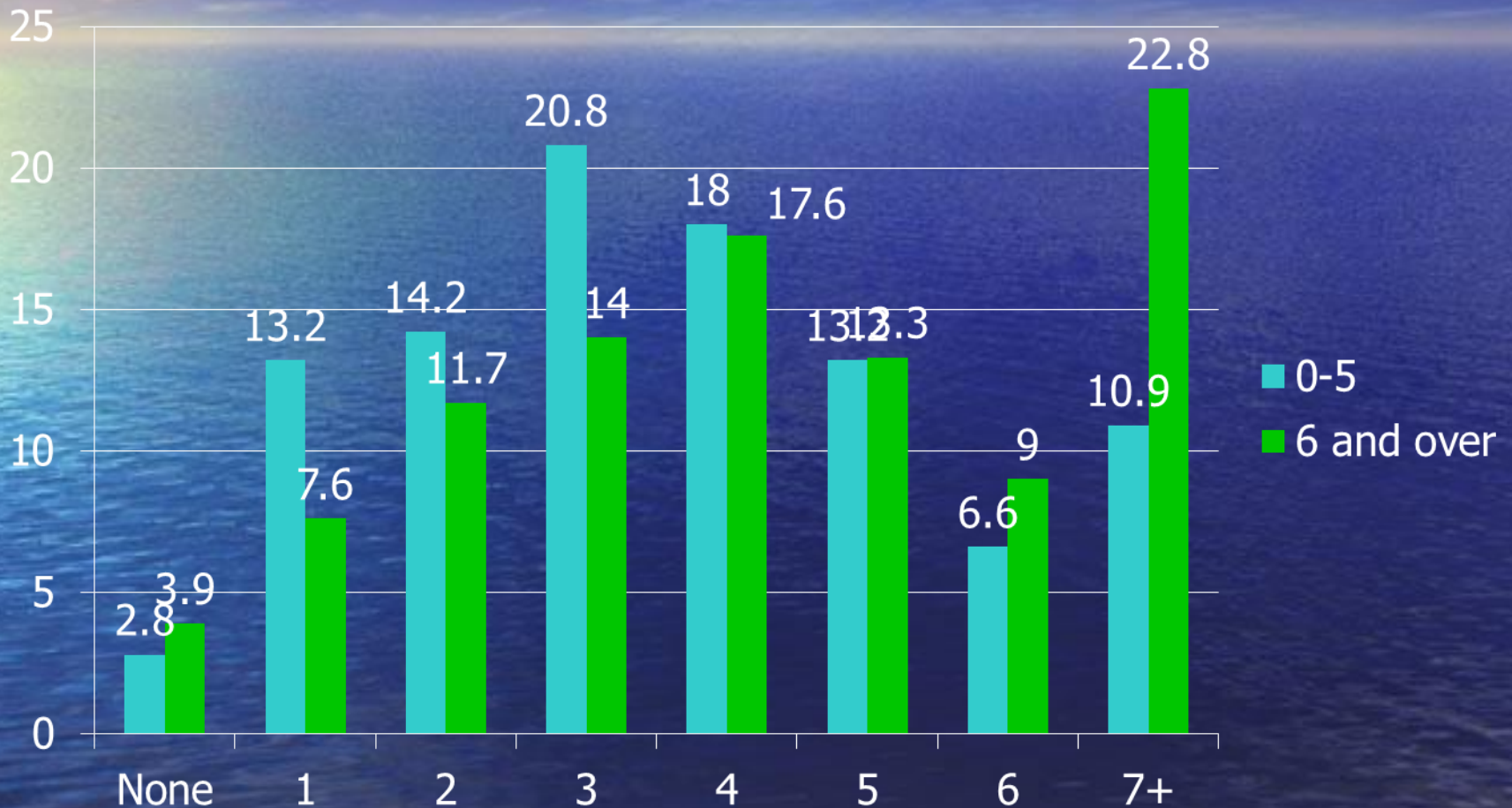# What screening communicates to the child and family

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
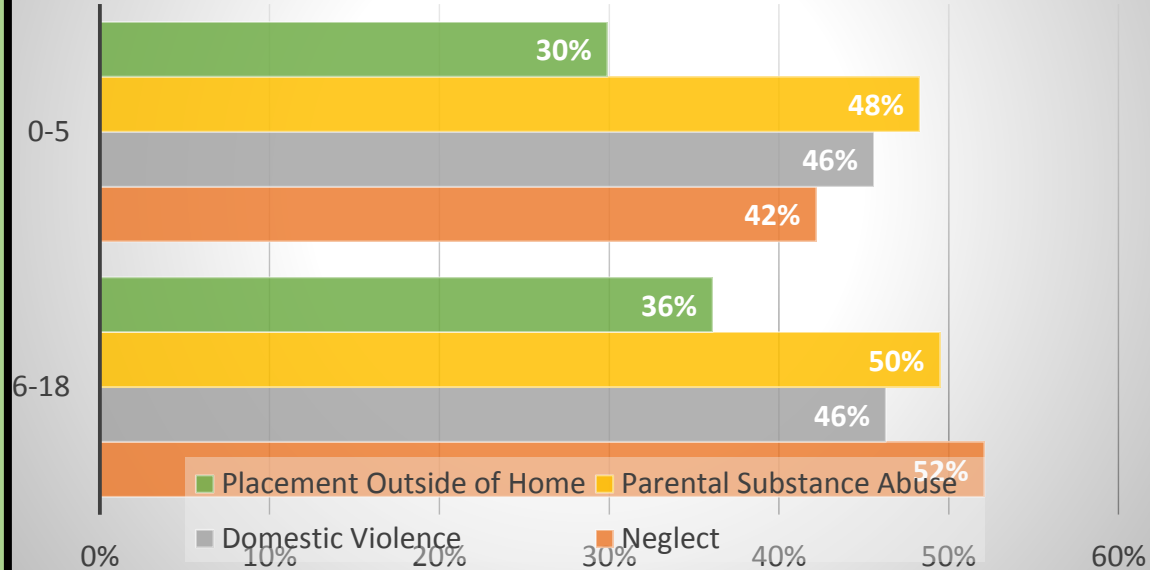
The value of screening

- 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
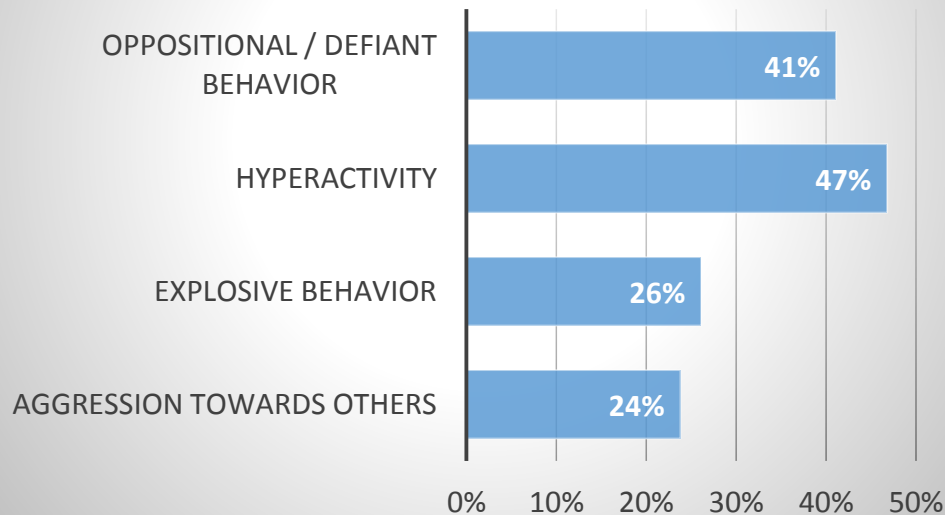## (0-5) N=317   (6-18) N=709

Most Common Behaviors 6-18
(when a behavioral issue is reported)

- OPPOSITIONAL / DEFIANT BEHAVIOR — 41%
- HYPERACTIVITY — 47%
- EXPLOSIVE BEHAVIOR — 26%
- AGGRESSION TOWARDS OTHERS — 24%
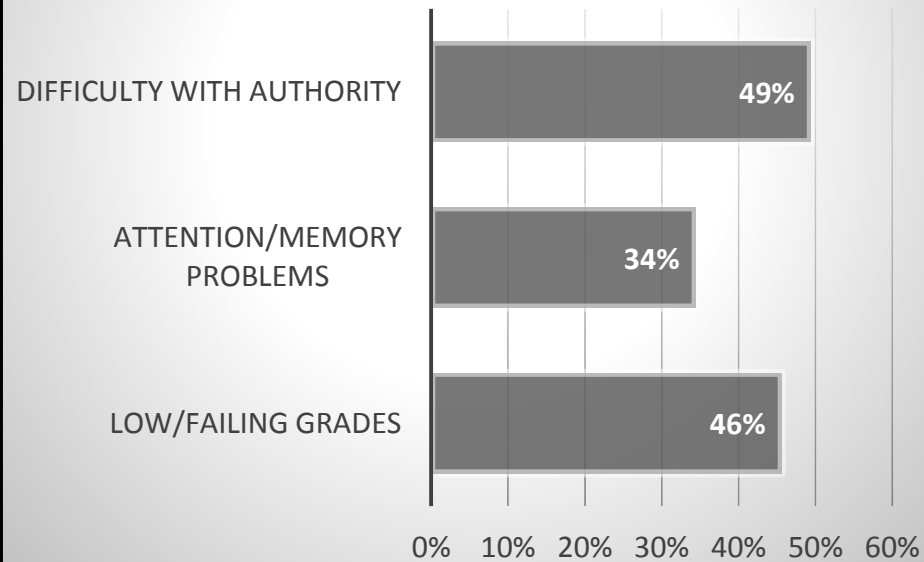
Most Common Relational Issues 0-5 (when relational issue is reported)
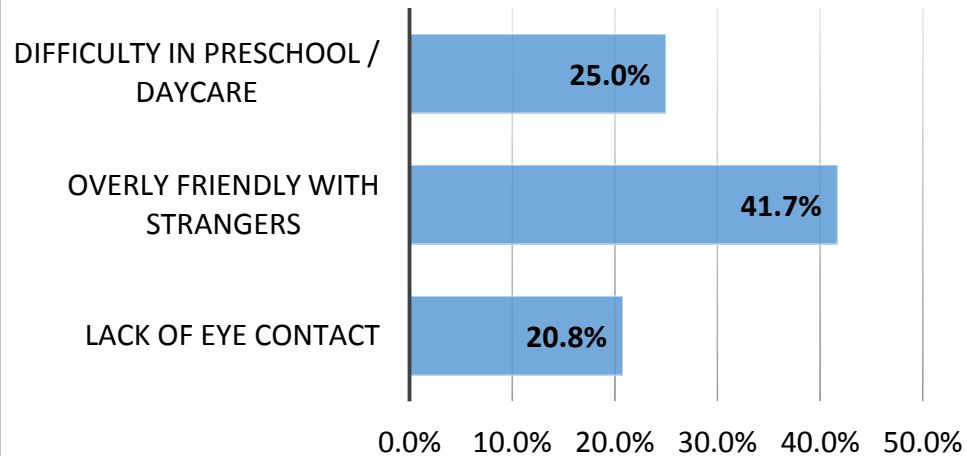
Do we REALLY understand our kids?

Trauma-Informed Assessment

Professional belief and experiences that MH assessments were ***not capturing*** what was actually occurring for our children

Trauma-Informed Assessment

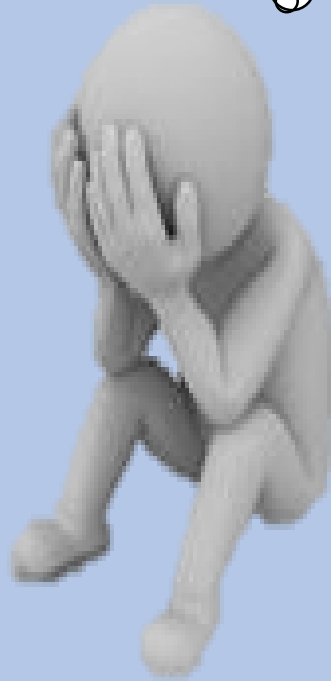- Trauma has the ability to *alter children's perceptions* of self, others, and their development

- Their perception is their reality

Thoughts to Feelings

"It is all my fault."

"I am hopeles
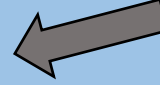
Helpless

Sad

Loneliness

Shame

Hopeless

"No one wants me

*"The world would be b
without me."*

"Nothing has ever turned out right for me."

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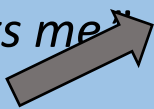
- Assessment Integration: Importance of a writing a report that *integrates* standardized testing with what has *previously happened* to the child and their current caregiving system

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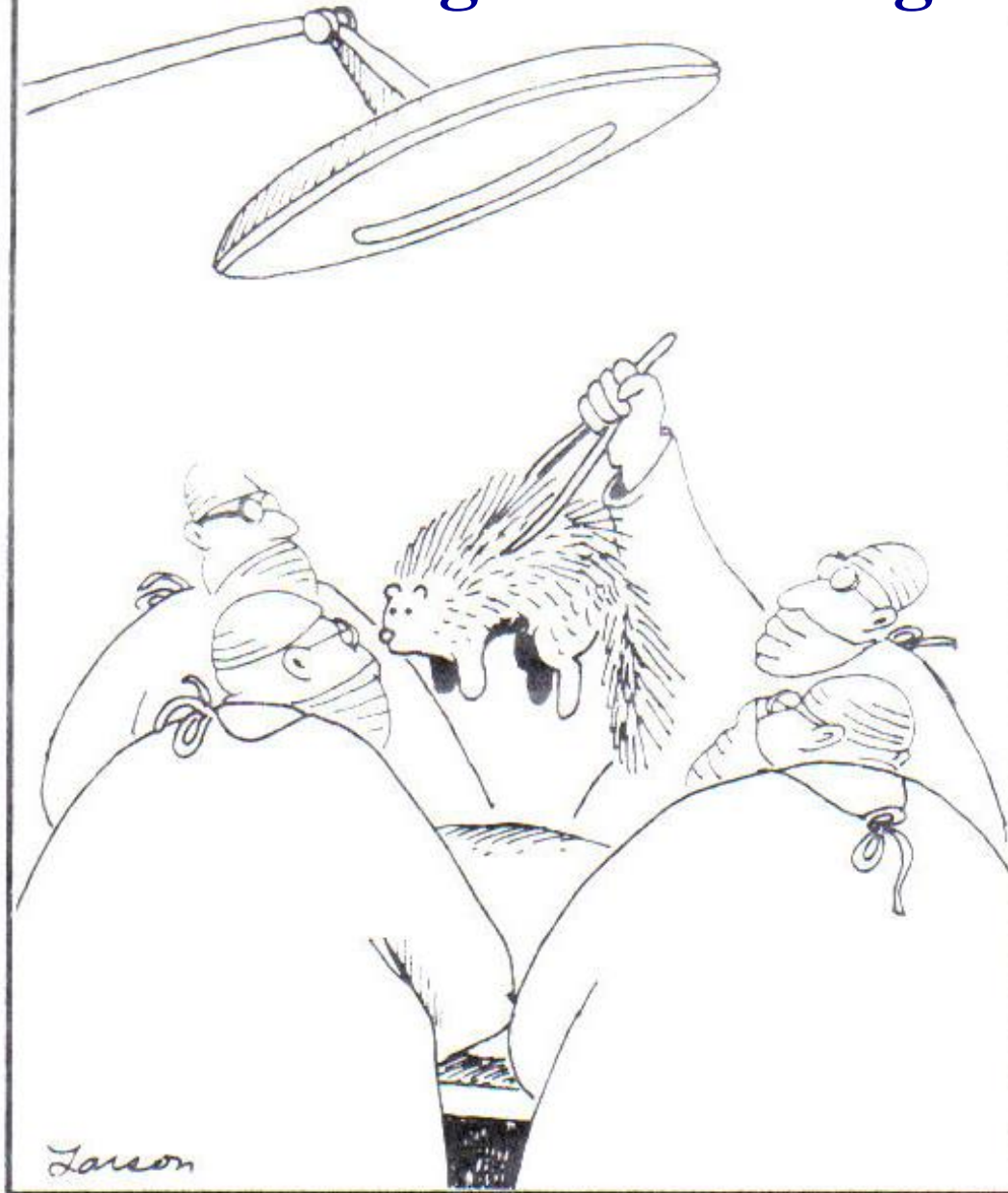
- Ecological view: *Caregiver* (biological, adoptive, foster, kinship) *perceptions* of children is essential in understanding the child's perception of the him/herself, the world, and their development

- Belief that the *behaviors* of traumatized children reveal the *physiological impact* of trauma to the brain

Searching for Meaning

"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

Resiliency ***contextualizes*** a child's strengths (individual, familial, community) against her/his adverse experiences (Zolkoski & Bullock, 2012)

Resiliency
Factors

Traumatic
Event/Events

Traumatic Impact
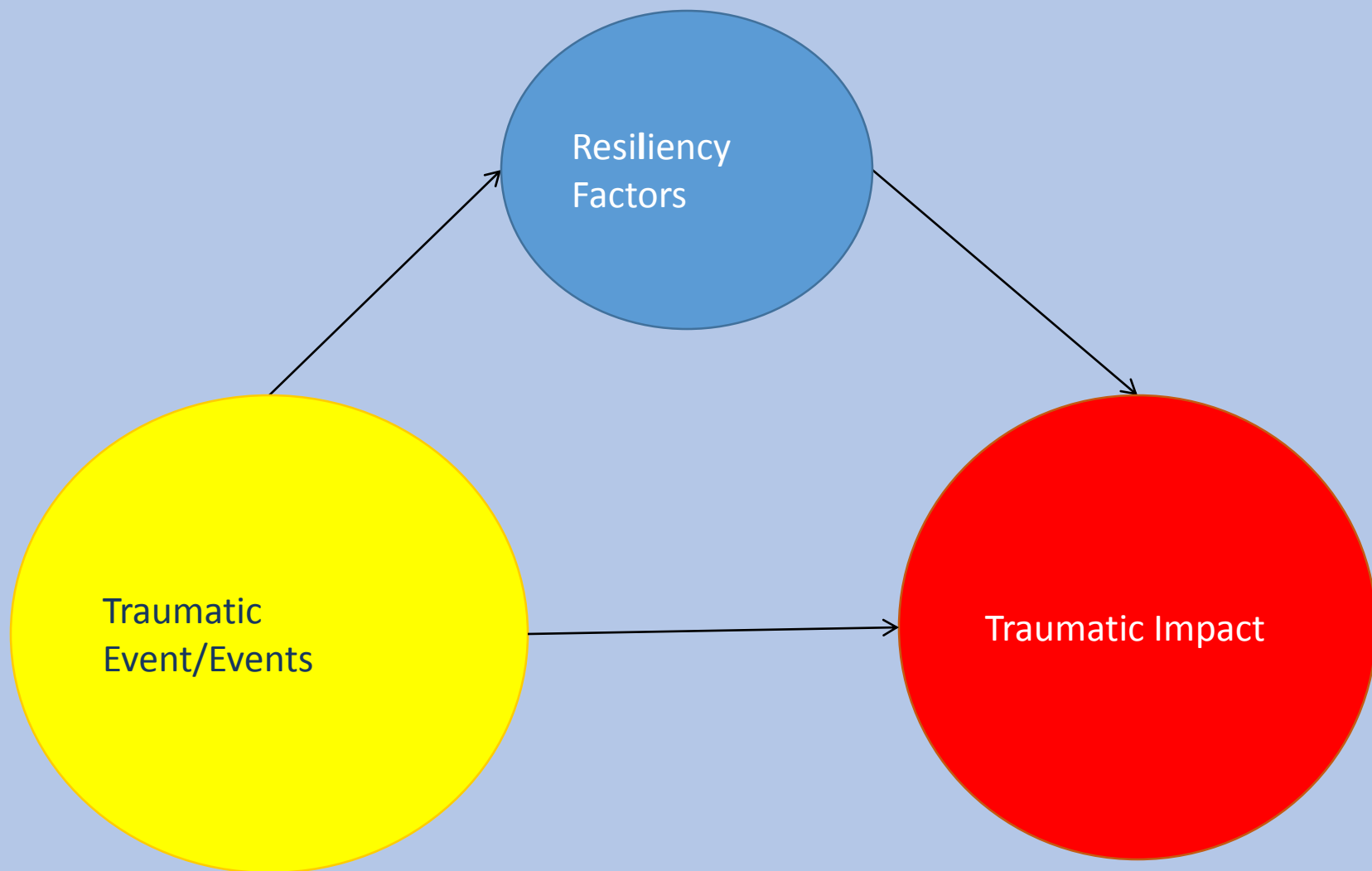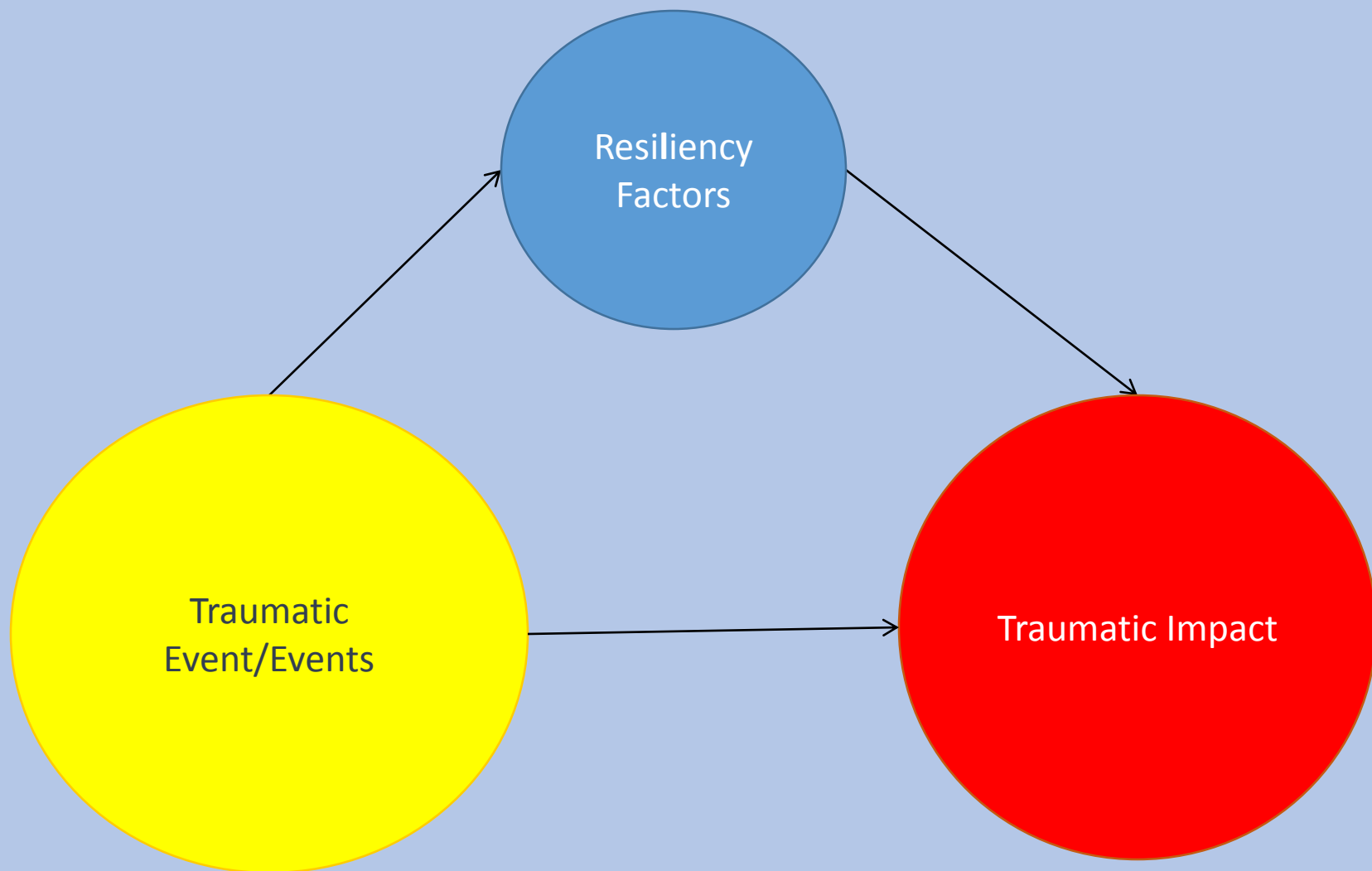
Relatedness

Affect/Regulation

Resiliency

Mastery/Efficacy

Self Esteem

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

Resiliency opportunities decrease as adverse experiences increase

Adverse Child Experiences and traumatic reactions

Diffculty in building resiliency
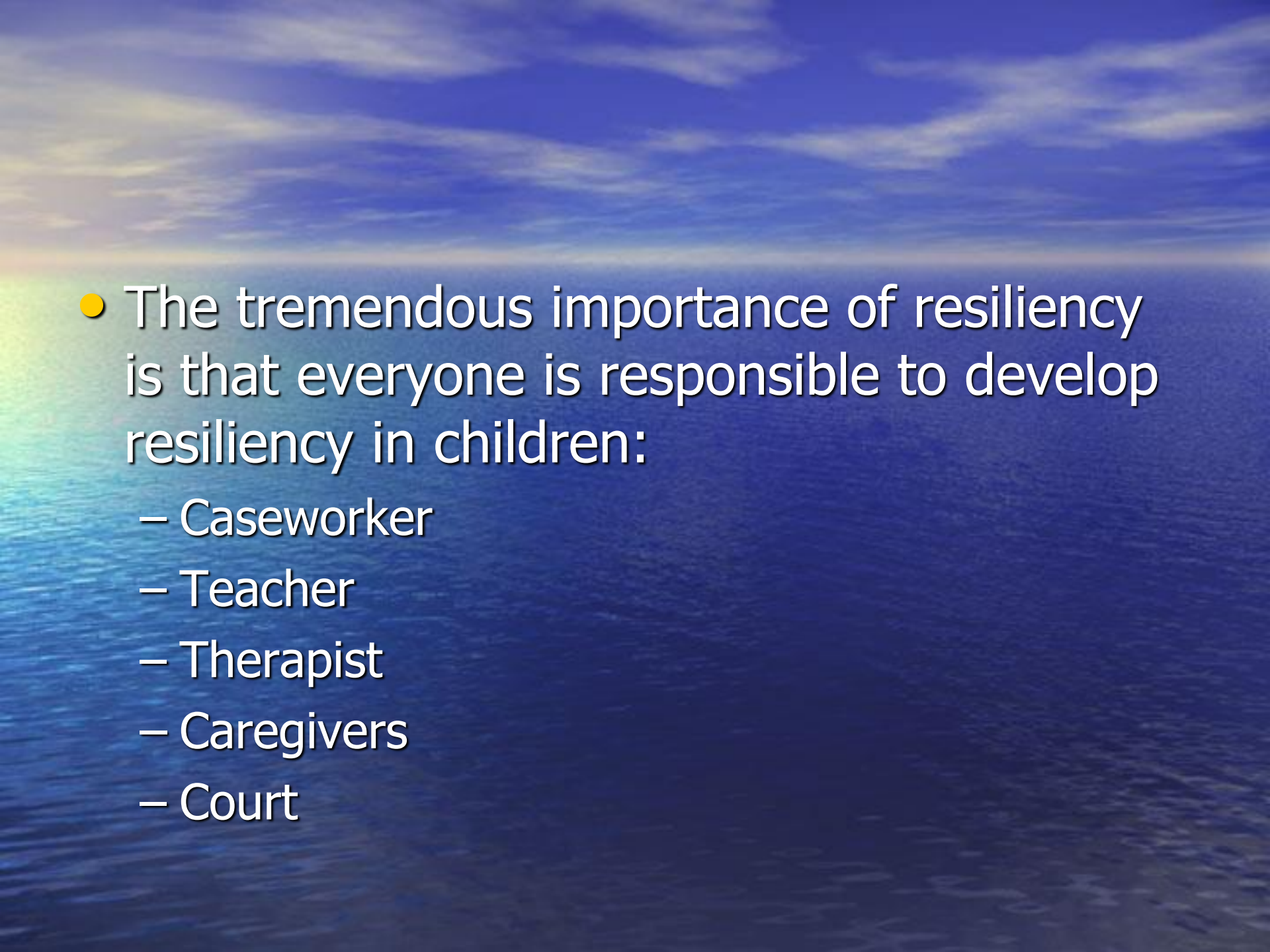
Building Resiliency Protection

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-Embury, 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

Mahdi, A. (2006) Am I too angry to love? *Represent*. July/Aug. Available at http://www.youthcomm.org/FCYU-Features/JulyAug2006/2006-07-04b.htm

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

STOP

- 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.
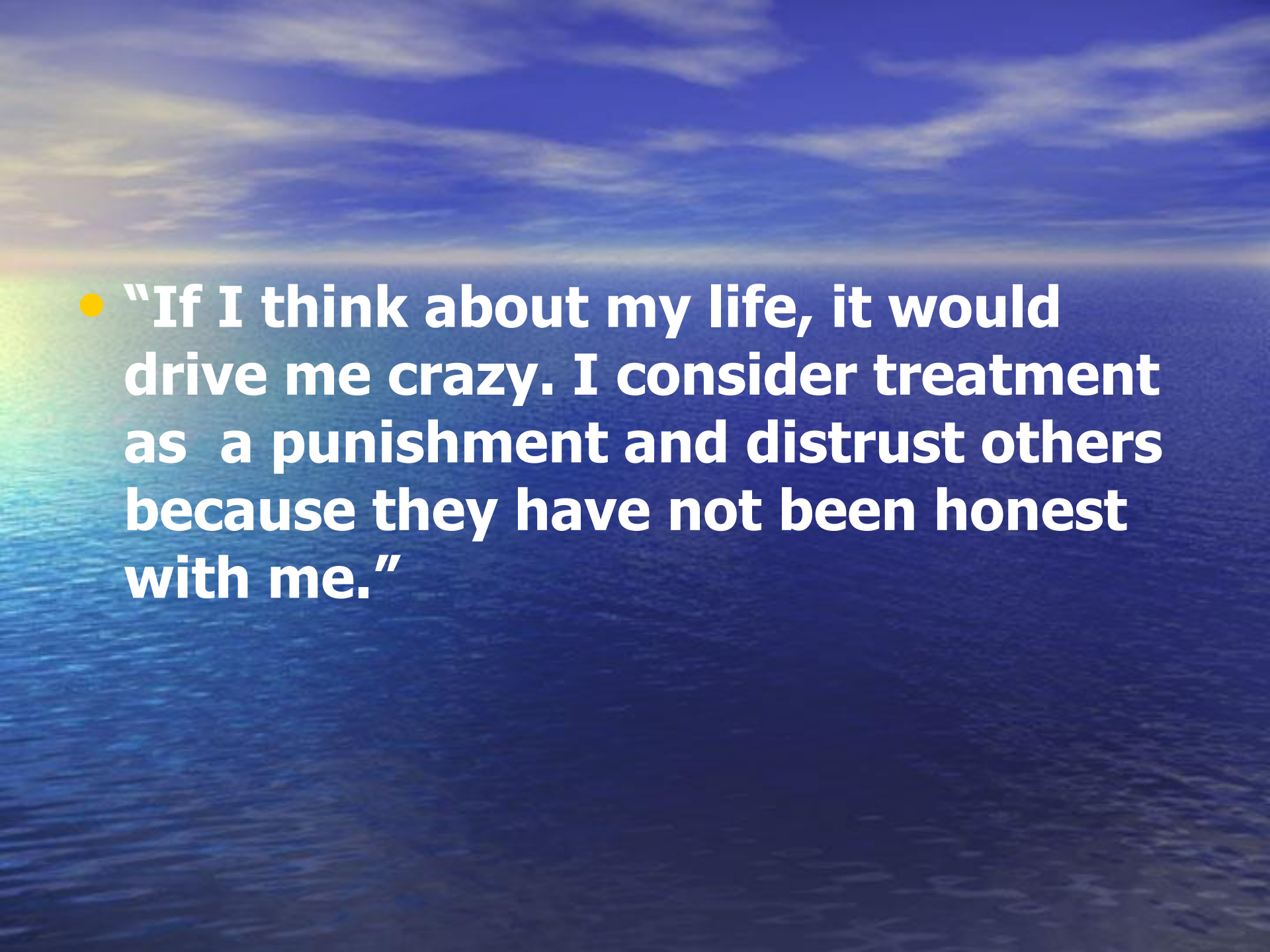
(Maston, 2011; **Prince-Embury, 2008)**

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

STOP

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

Adverse
Child
Experience

Be an "Emotional Container"
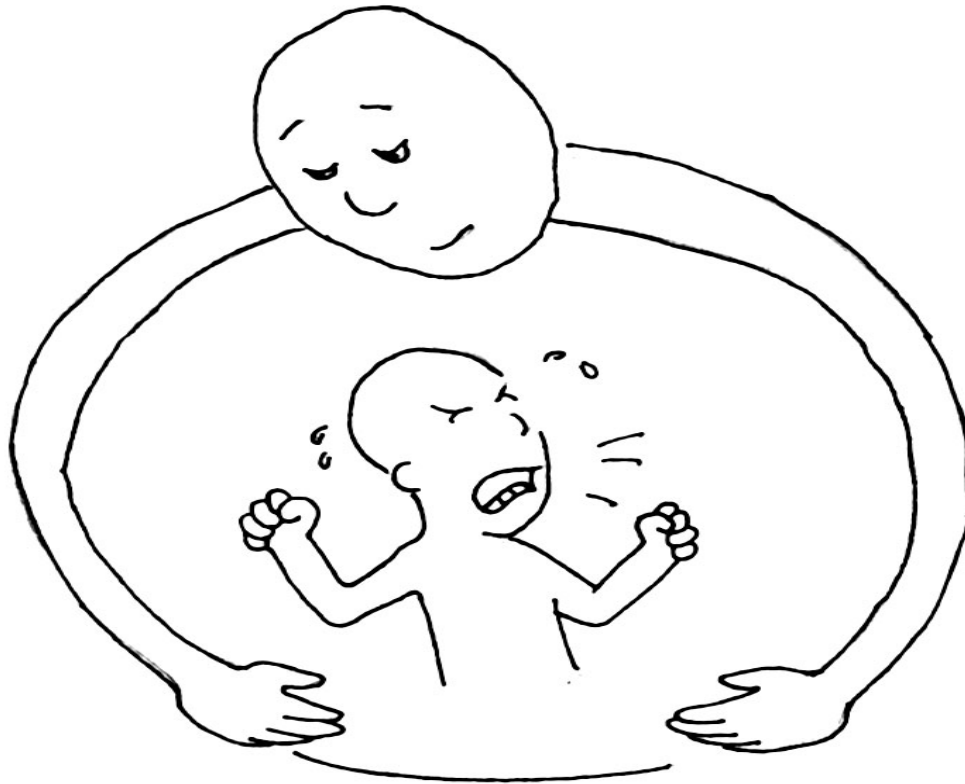
Emotional Reactivity

- 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-Embury, 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

brain

spinal cord

nerves

the nervous system

Alarm System
(amygdala)

Filing Center
(hippocampus)

Thinking Center
(prefrontal cortex)
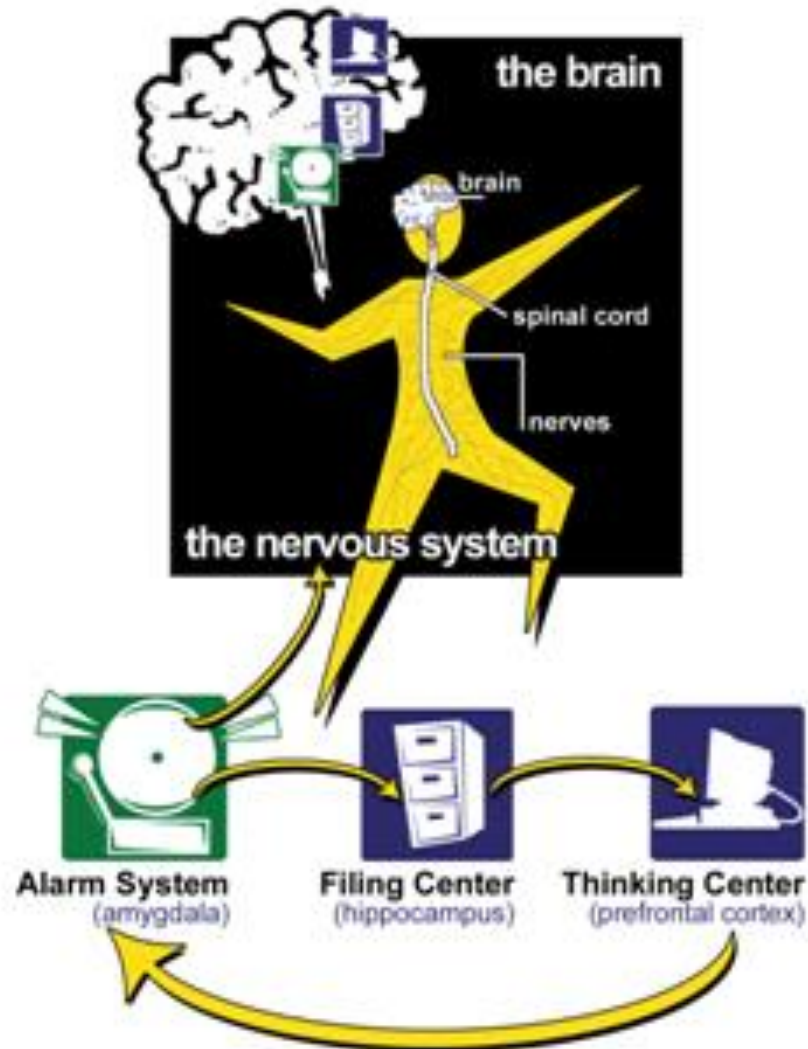
extreme stress / trauma
The Alarm Takes Control

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

Mastery

Affect Regulation

Strong

Good enough Some

None

Kid Profile

Relatedness

Mastery

Affect Regulation

Strong

Good enough Some

None

Kid Profile

Relatedness   Mastery   Affect Regulation

Strong

Good enough Some

None

Caregiver Profile

Relatedness

Mastery

Affect
Regulation

Strong

Good
enough
Some
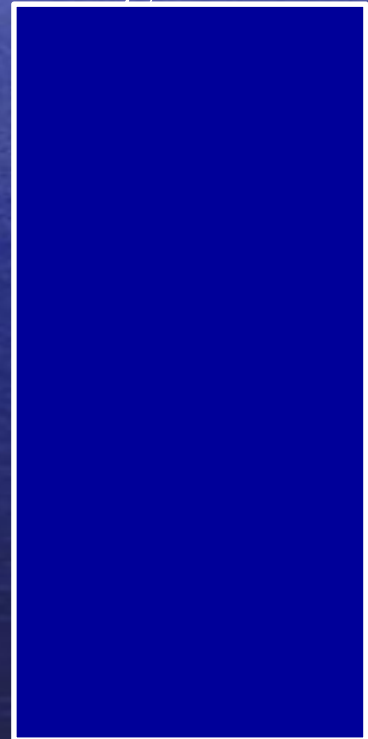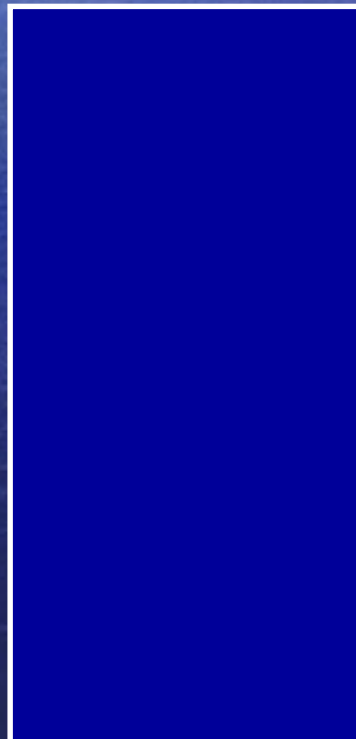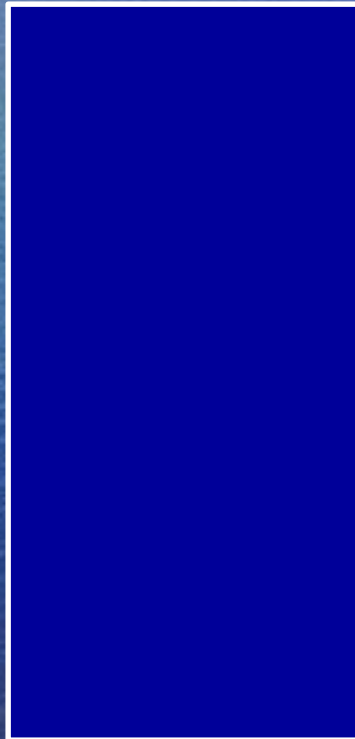
None

Workforce Profile

Framework for Intervention
AGGRESSION

Caregiver/ Teacher

Caregiver/Teacher Response

Willfully Disobedient

Could if wanted too

Survival Behavior

Spontaneous Fight or Flight

TENSION

Power Struggles

Caregiver/ Teacher

Child

Increase Frustration

More Resistive

Enforcing More Rules

Oppositional Behaviors Increase

Social Problems

Rejection Alienation

PEERS

Cycle of Conflict Reinforced

Framework for Intervention
AGGRESSION

Caregiver/Teacher

Caregiver/Teacher Response

Willfully Disobedient

Could if wanted too

Survival Behavior

Spontaneous Fight or Flight

TENSION

Developing Personal Safety
Through Prevention & Skill Building

Caregiver/ Teacher

Child

Reduce Frustration

Affirm Feelings

Provide Appropriate Expression

Create Awareness

Recognize Child's Limitations

Recognition of Fears

Alternative Language/Behavior Expression

Cycle of Conflict Reduced

Framework for Intervention
AGGRESSION

Caregiver/ Teacher

Caregiver/Teacher Response

TENSION

Willfully Disobedient
Could if wanted too

Survival Behavior
Spontaneous Fight or Flight

Power Struggles

Developing Personal Safety
Through Prevention & Skill Building

Caregiver/ Teacher

Child

Caregiver/ Teacher

Child

Increase
Frustration

More
Resistive

Reduce Frustration

Affirm Feelings

Enforcing
More Rules

Oppositional
Behaviors Increase

Provide Appropriate
Expression

Create Awareness

Recognize Child's
Limitations

Recognition of Fears

Social Problems
Rejection
Alienation }   PEERS

Alternative
Language/Behavior
Expression

Cycle of Conflict
Reinforced

Cycle of Conflict
Reduced

Skills

Components

Concepts

Skills to address Estrangement

Skills to enhance Emotional Regulation

Bridging/Tolerating Estrangements

Emotional Regulation

Interpersonal Estrangements

Intense Negative Emotions

Nature of the Chil`d's Experience

Complexity of Traumatic Experience(s)

Trauma Reminders

Making Sense of Traumatic Experience(s)

Manage Ecology & Reactivity to Reminders

Skills to manage Reminders

Trauma Narrative Skills

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

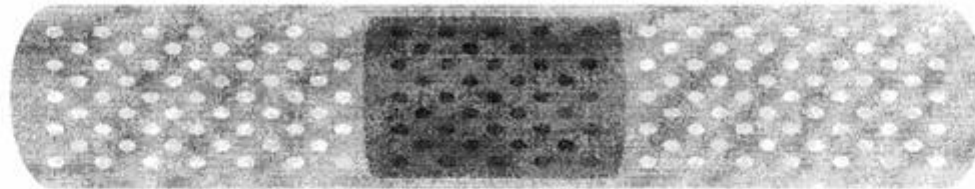**Building Personal Power**

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

Cohen, et al. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford Press.

- 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 = Psychoeduction & Parenting skills

R = Relaxation

A = Affect regulation

C = Cognitive coping

T = Trauma Narrative developed & processed

I = In-vivo exposure
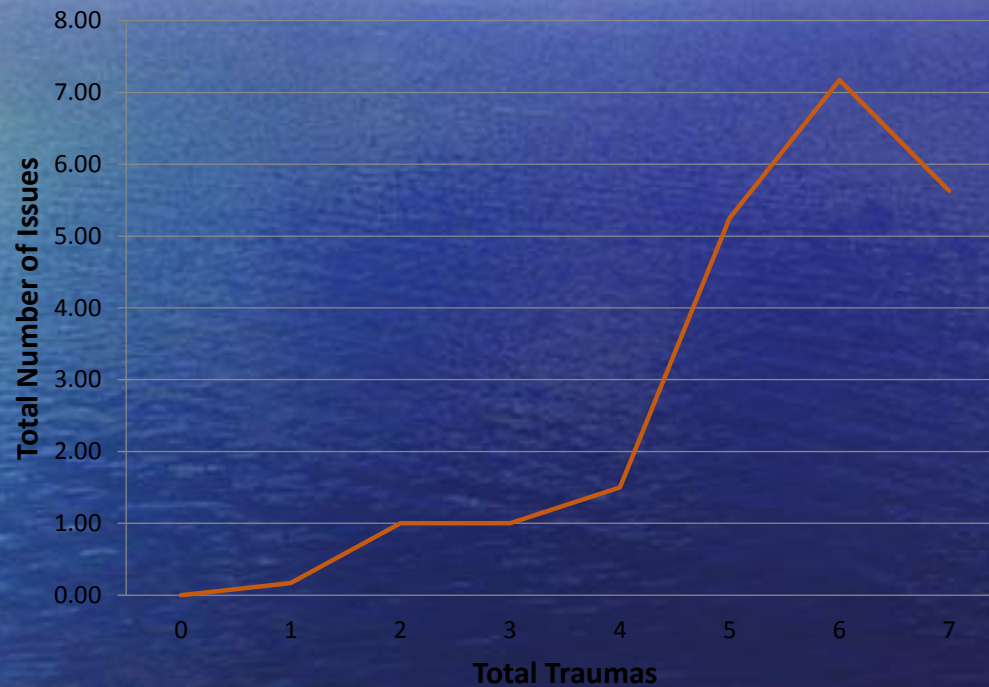
C = Conjoint session(s)

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.