

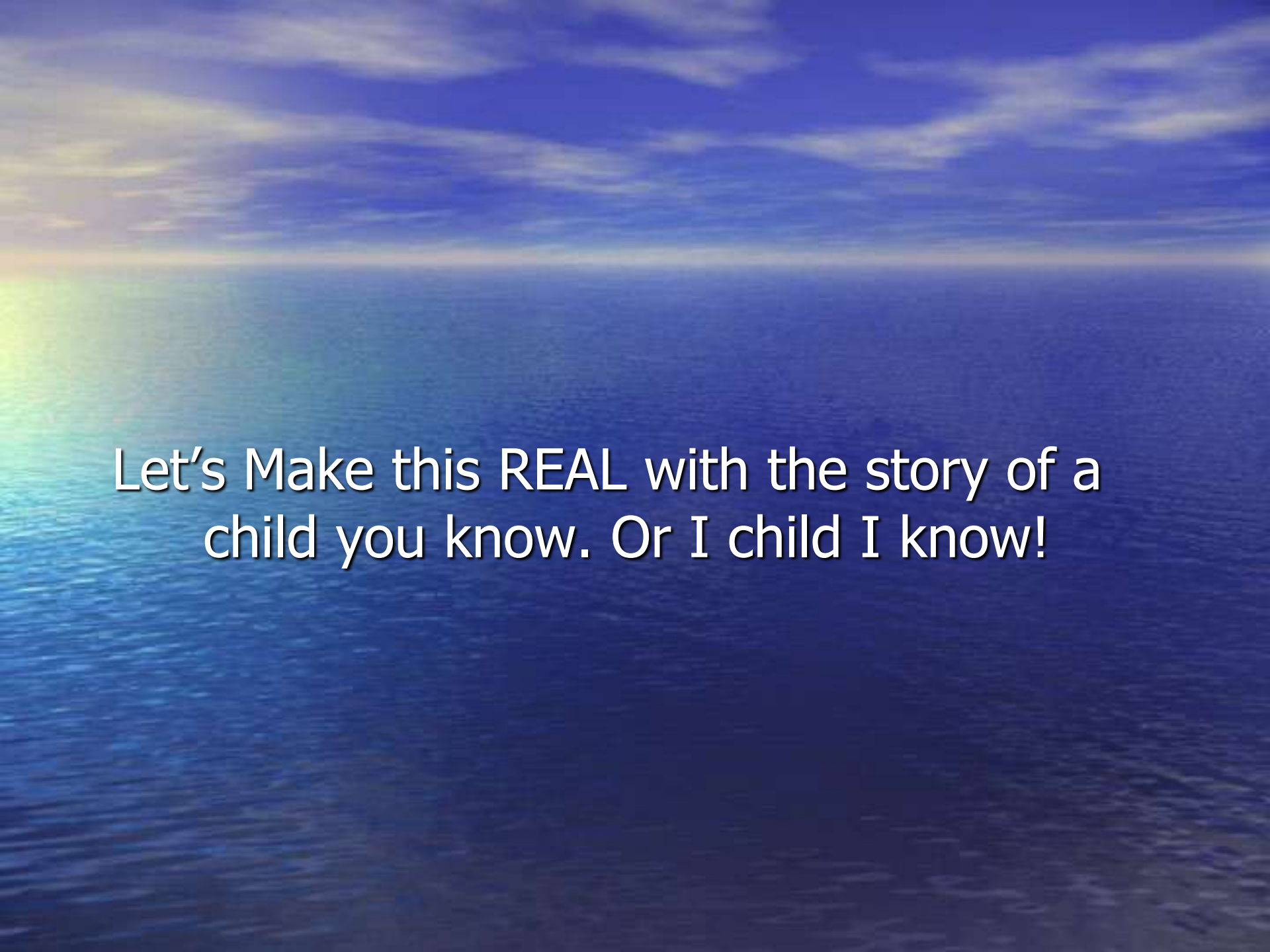
The Power of Creative Collaboration

Using trauma-informed / brain-based
resiliency to transform child welfare &
mental health

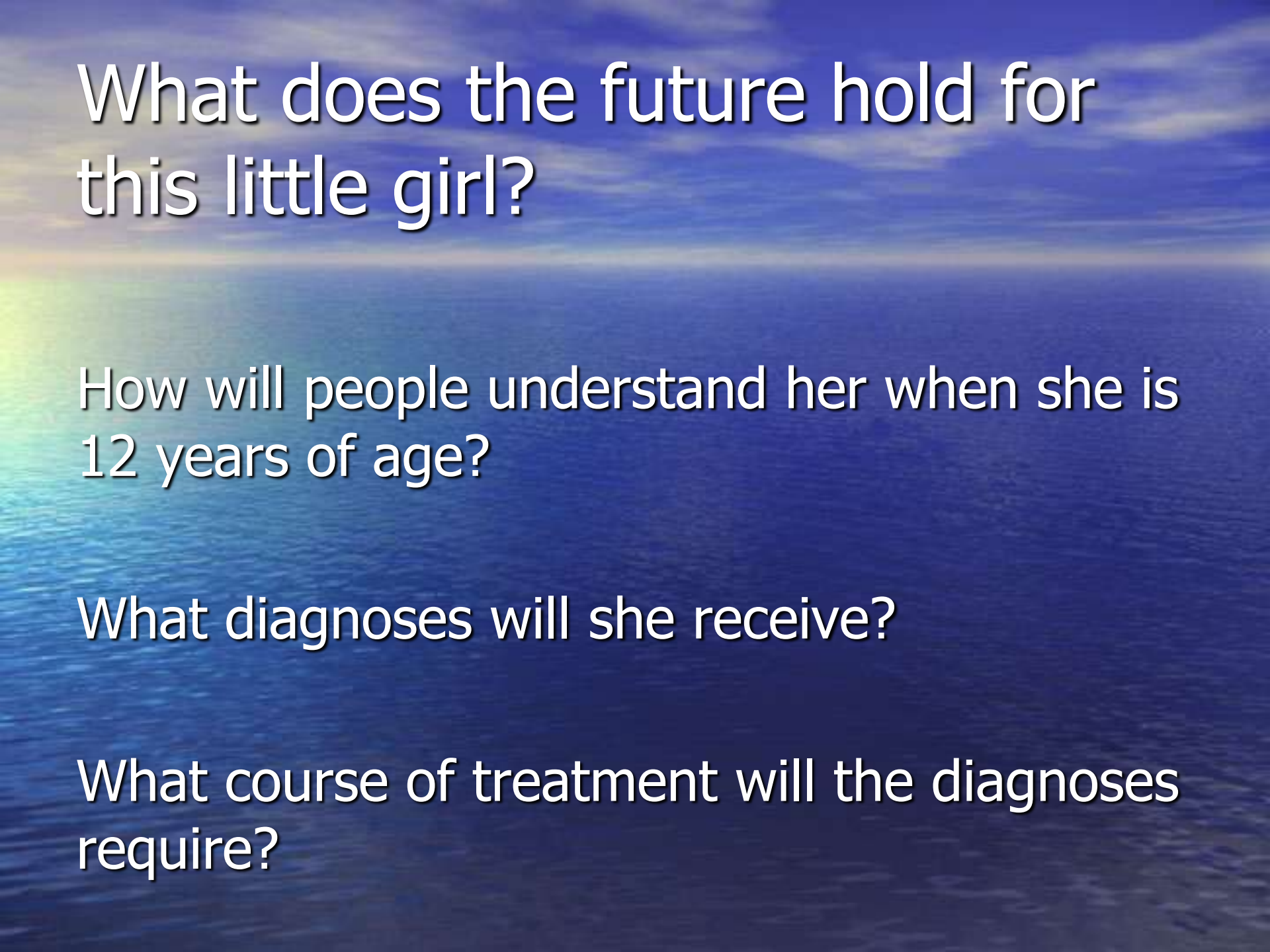
Jim Henry

WMU Children's Trauma Assessment Center

Kalamazoo, MI



Let's Make this REAL with the story of a
child you know. Or I child I know!



What does the future hold for
this little girl?

How will people understand her when she is
12 years of age?

What diagnoses will she receive?

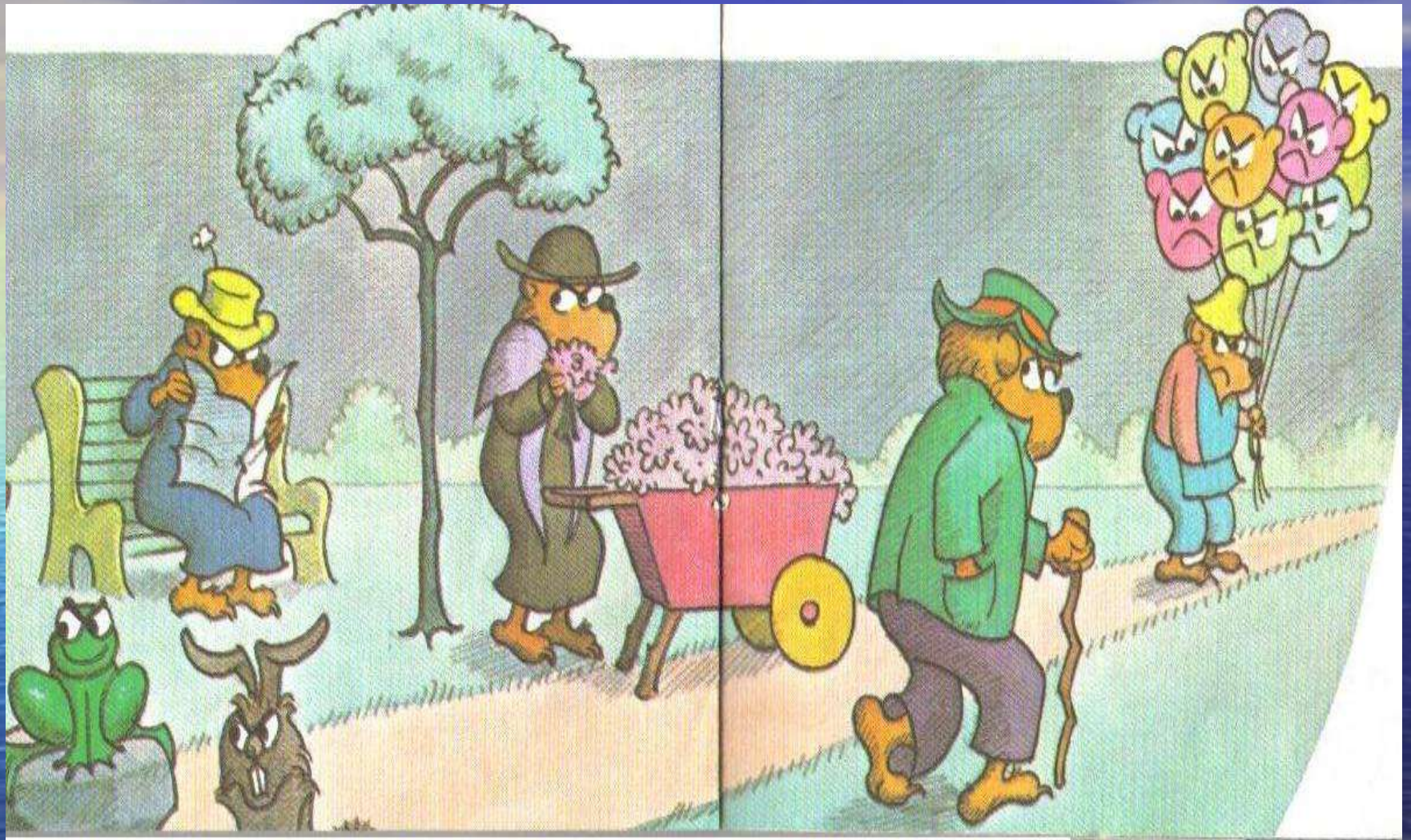
What course of treatment will the diagnoses
require?



What is trauma?

- A. Overwhelming event or events that render a child helpless, powerless, creating a threat of harm and/or loss.
- B. Internalization of the experience that continues to impact perception of self, others, world, and development.





Are you willing to consider the following ?

“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

The Challenge of Caring for Difficult Children and Adolescents

"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)

Our Challenges in Changing to be Trauma-Informed

- What we experience ourselves!!!!!!!!!!!!!!



- 
- Organizational Stress!!!!!!!!!!!!!!

IT'S OUR LATEST CASELOAD
MANAGEMENT SYSTEM, WE JUST
KEEP ADDING FILES UNTIL HE
FALLS OVER!



© Original Artist
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www.CartoonStock.com

The challenges of shifting our perceptions of children

- For child welfare organizations!!!!!!!1

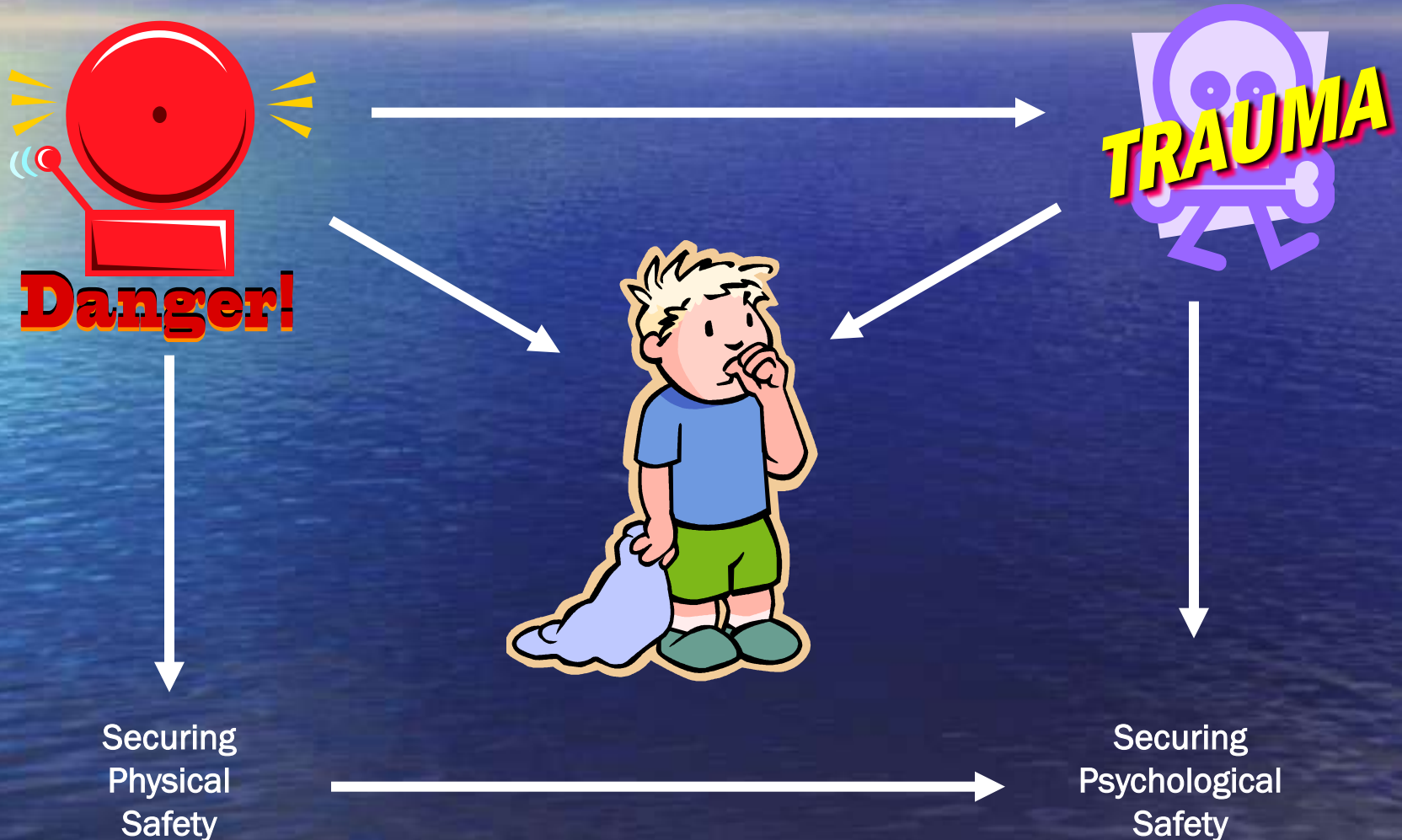
Inside the mind of a child welfare worker



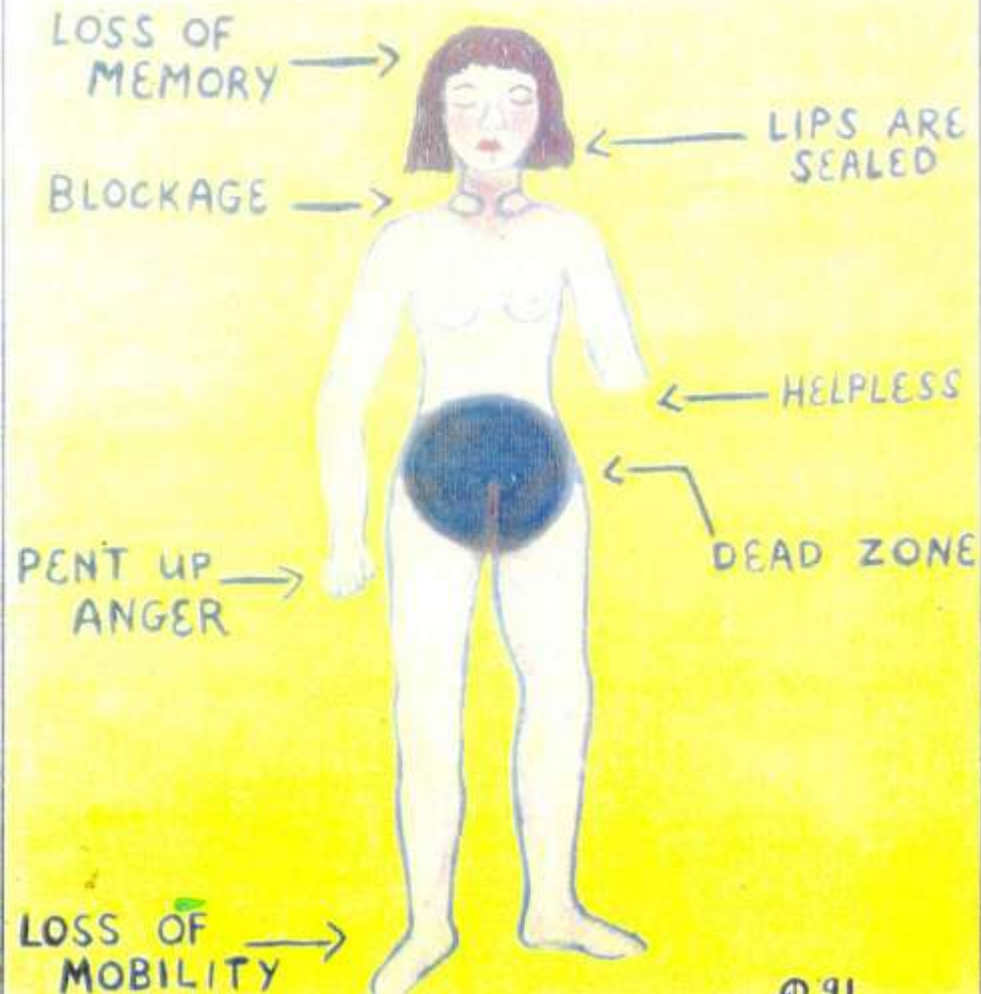
Securing
Physical
Safety



Inside the mind of a child welfare worker



SYMPTOMS OF CHILD ABUSE



The challenges of shifting our perceptions of children and paradigm!

- For Children's Mental Health: Diagnosis

So are these children Bi-Polar, Conduct Disorder, ODD?



Or are these children traumatized
and they need us to say SO!!!!
But will we?



Reasons why NOT!!!!!!!!!!!!!!

- Easier to maintain the status quo. It is the children and their parents that have to change and not I.
- In survival mode, much easier to see diagnoses than the painful realities of children's stories.
- If the system is not going to change than why should I!

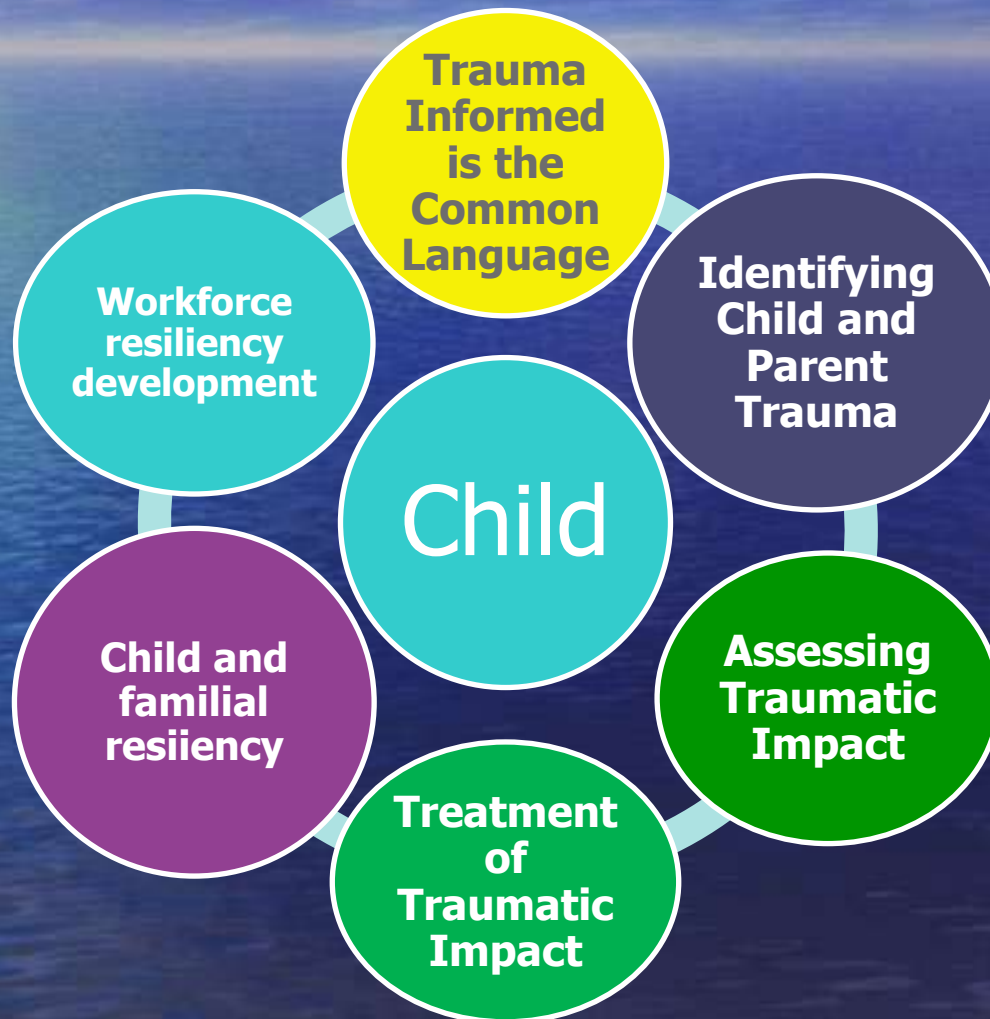
Trauma Informed: Paradigm Shift

“An entirely different way is being developed of viewing all kinds of individual and social misbehaviors and maladaptions, moving from viewing as “sick” or “bad” or (or both) to *injured*”. (Bloom, 1997)



How do we change our systems to
be trauma informed?

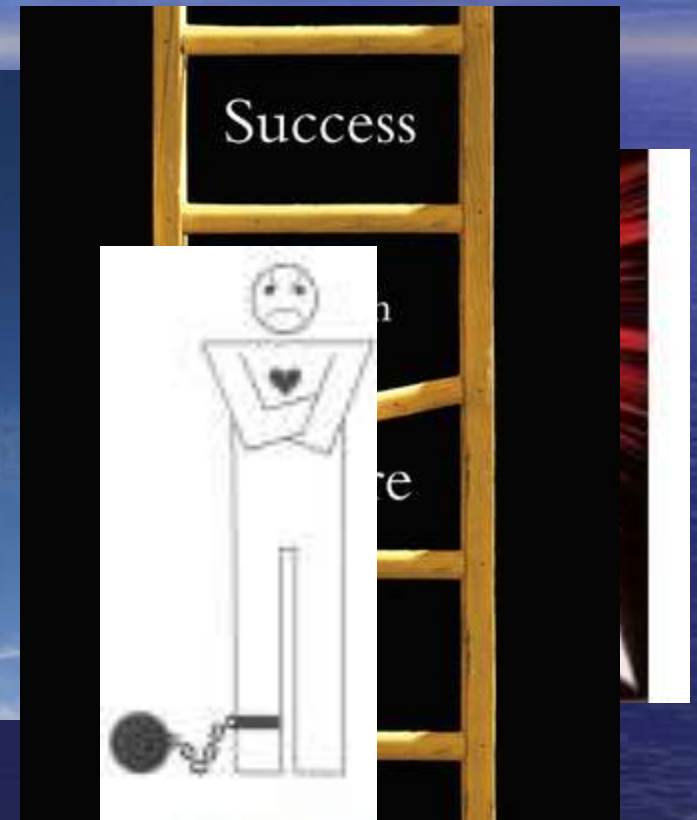
The Trauma Informed Child Welfare System Addresses Child, Parent, and Organizational Traumatic Impact



Individual Challenge to Change

WILLINGNESS

- Learn Something New
- Confront Own Resistance
- Move Beyond Habits/Patter
- Fail

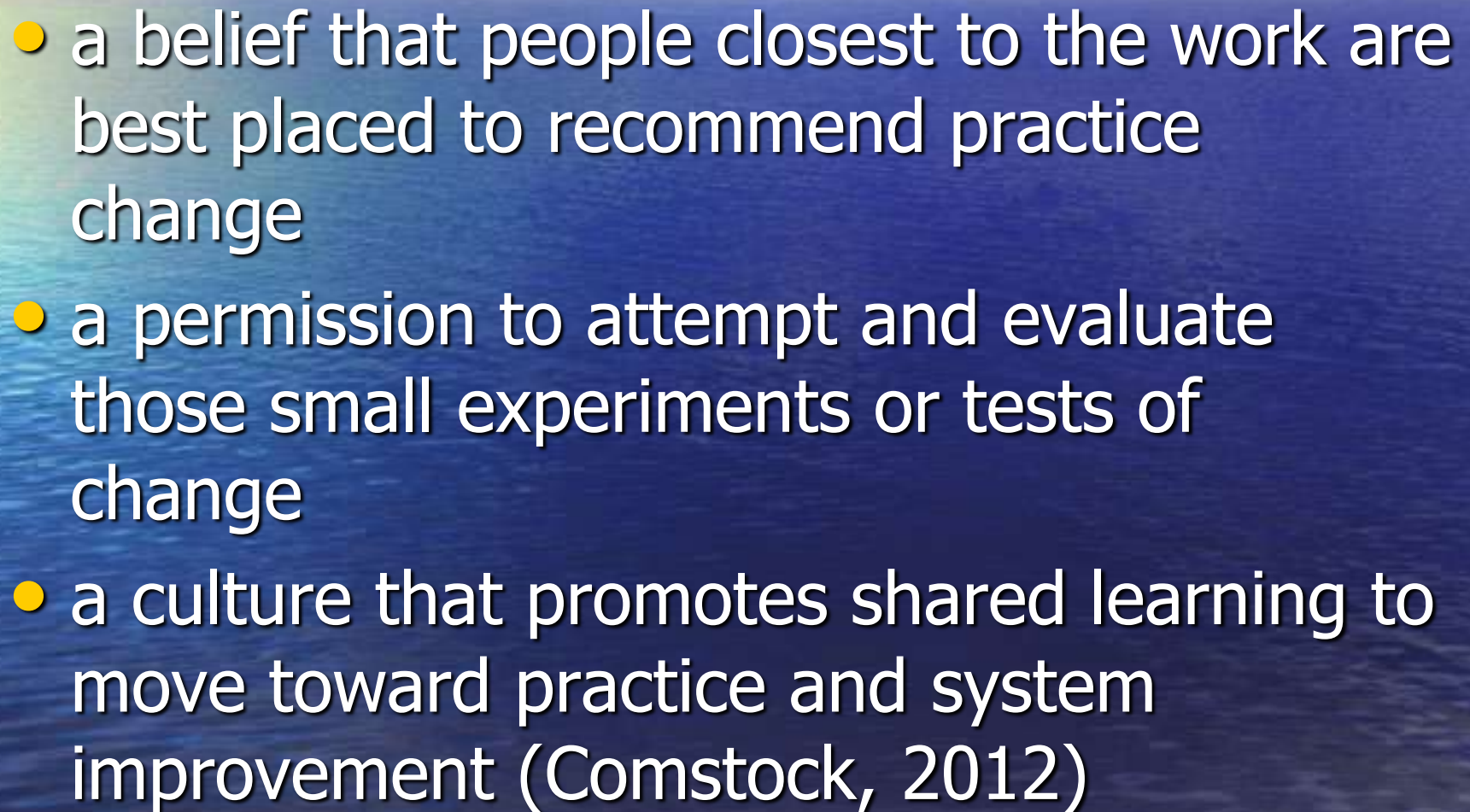


System Challenges to Change

- Change traditional practices of being adult task focused to child centered. A dramatic move to child well being championed by Brian Samuels, ACF Director!
 - Do we really know what the child needs?
 - Do we have the capacity to meet those needs if they are identified or do we provide these as usual?
 - Are we willing to de-scale?

The Process of System Change

- strong leadership involvement and support
“adaptive distributive leadership”
“solutions to challenges come from many places”
(Heifitz, Grashow, and Linsky, 2009)
- collaborative ownership represented in an inclusive team structure that involves multiple agencies

- 
- a belief that people closest to the work are best placed to recommend practice change
 - a permission to attempt and evaluate those small experiments or tests of change
 - a culture that promotes shared learning to move toward practice and system improvement (Comstock, 2012)

Trauma-Informed Culture

- Must address “Secondary Trauma”

“Since becoming trauma-informed and doing evidence based trauma treatments my staff needs far more support, consultation, and appreciation for the secondary traumatic stress the clinician is experiencing. It was much easier when we did not have to do the trauma narrative”

Secondary Trauma/Compassion Fatigue

- “The natural and consequent behaviors and emotions resulting from knowing about a traumatized event from a significant other, the stress from helping or wanting to help a traumatized or stressed person.” (Figley, 1995)

Impact of STS on Staff

Cognitive effects

- 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

Social impact

- Reduction in collaboration
- Withdrawal and loss of social support
- Factionalism

Emotional impact

- Helplessness
- Hopelessness
- Feeling overwhelmed

Physical impact

- Headaches
- Tense muscles
- Stomachaches
- Fatigue/sleep difficulties

Symptoms of STS

- 86% reported signs of STS among their staff or colleagues
 - Pessimism/Negativism about clients (63%)
 - Pessimism/Negativism about coworkers (63%)
 - Avoidance of certain clients/families (40%)
 - Concentration/attention problems (39%)
 - Decreased collaboration (38%)
 - Excessive absenteeism (18%)



"And the dim fluorescent lighting is meant to emphasize the general absence of hope."

TAKE IT EASY BUDDY
WE'RE ALL IN THIS TOGETHER



Listen, honey, the title
is **SOCIAL WORKER**
not miracle worker!

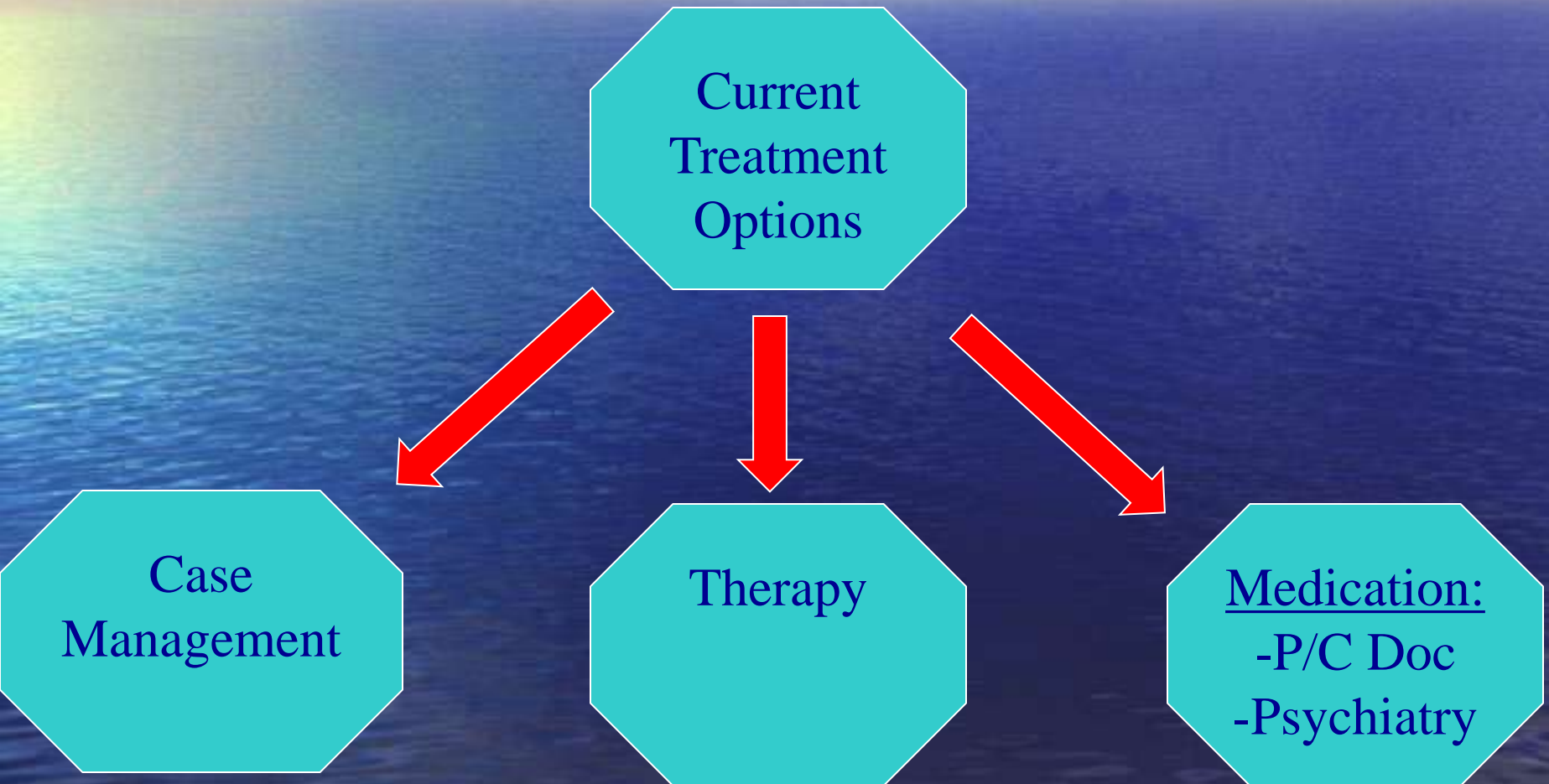
Image © 2007 Supercharged Corp.
Cartoon © 2007 Anthonyschiano.com



Typical Way to Understand Child Welfare Children



Foster Care Children: Traditional System



Trauma Informed System Definition

Part I

- A trauma-informed child and family serving system understands the impact of traumatic stress on children, caregivers, and professionals.

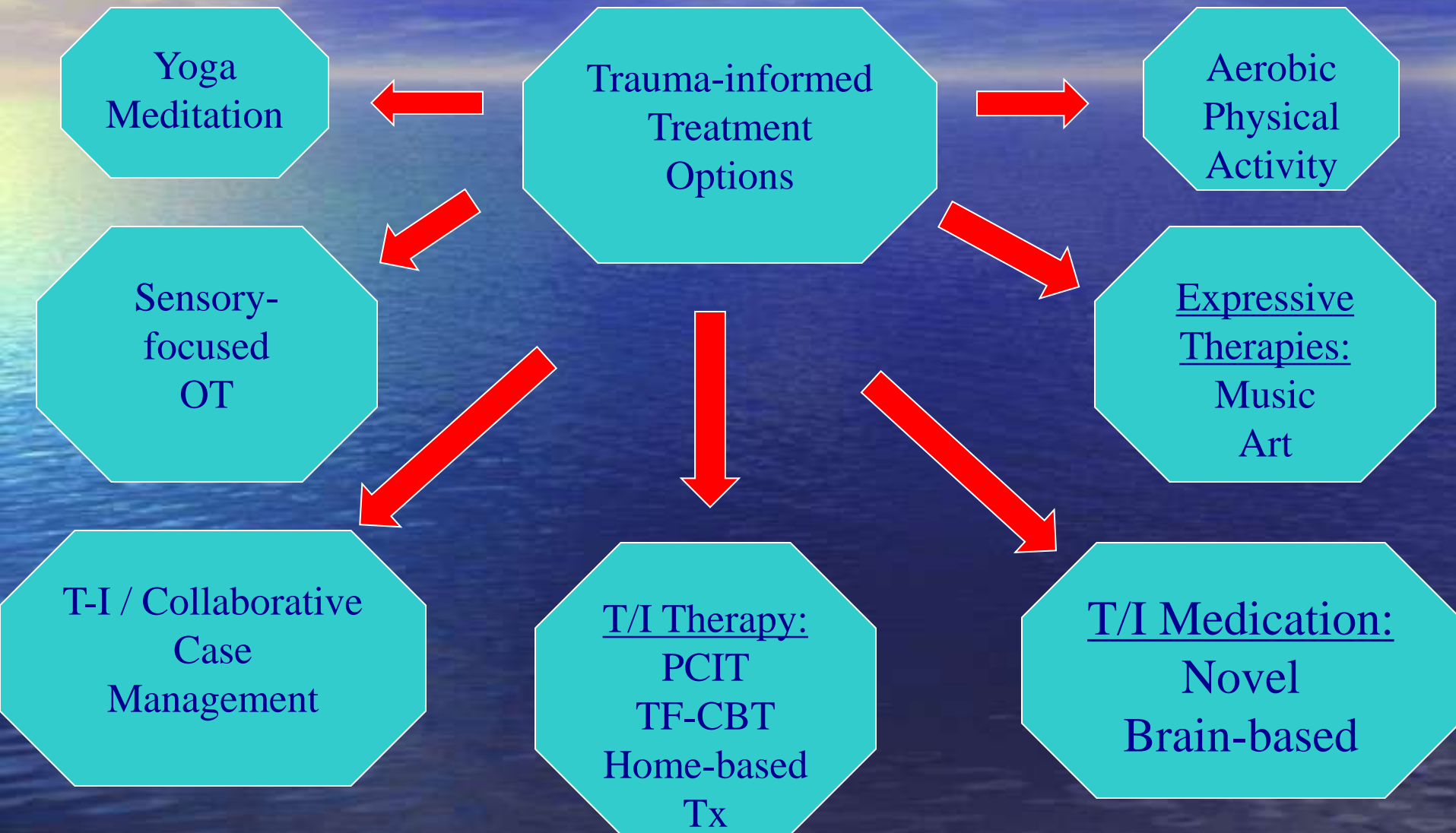
Trauma Informed System Definition

Part II

- Programs and organizations within the system act in collaboration, using the best available science, to positively influence resiliency and recovery through infusion of the awareness and knowledge of traumatic stress in organizational cultures, policies, and practices (National Child Traumatic Stress Network, 2011).

Foster Care Children:

Trauma-Informed Resiliency Treatment





with
Whole Grain
Guaranteed



Nutrition Highlights

Calories	Saturated Fat	Sodium	Sugars	Iron	Vit. B6
100	0g	190mg	4g	8mg	1mg
5%	0%	8%		45%	50%

Amount and % Daily Value per serving

THE BREAKFAST OF CHAMPIONS[®]



SHAUN WHITE
SNOWBOARDING CHAMPION



WHEATIES



TOASTED WHOLE WHEAT FLAKES



NET WT 15.6 OZ (442g)

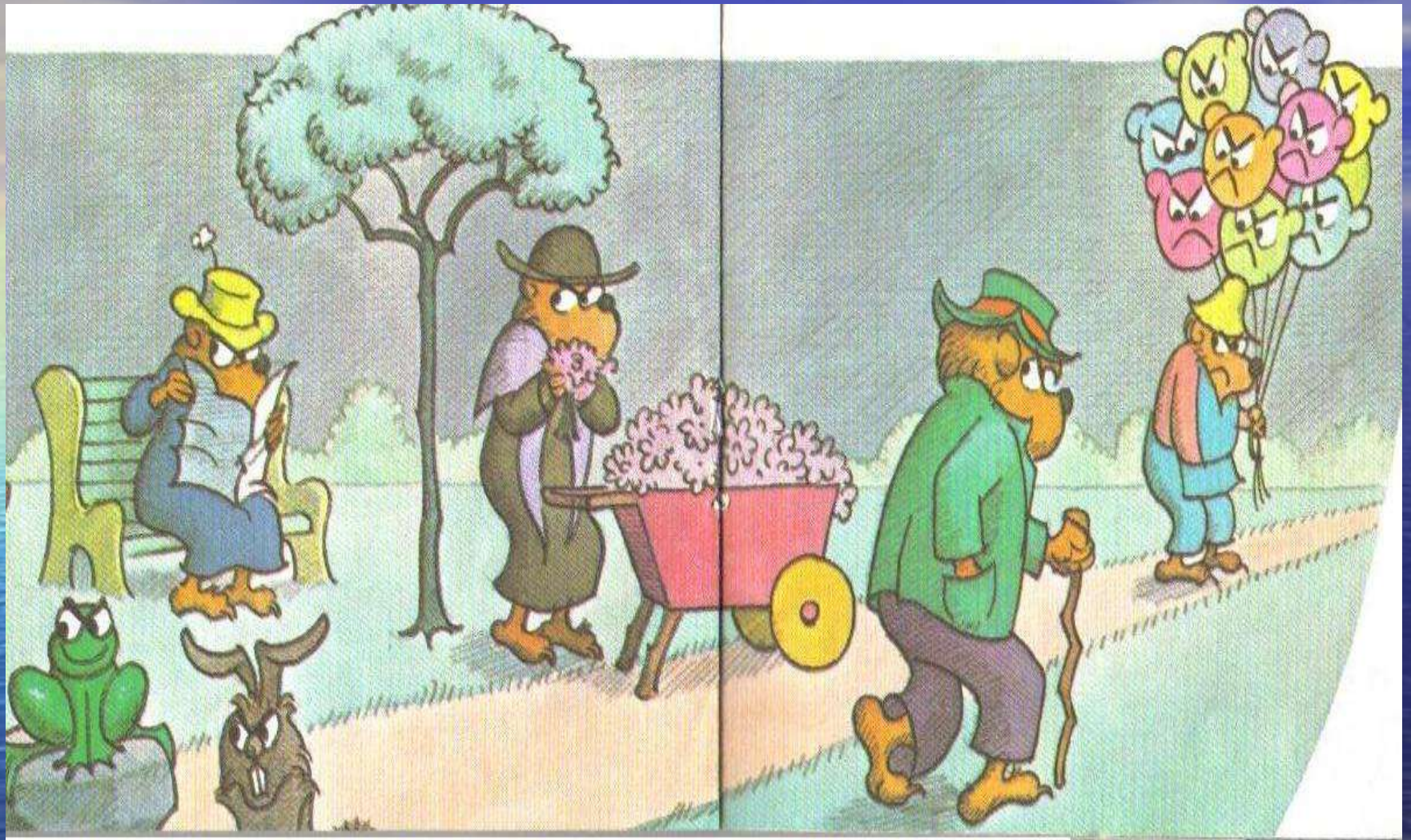


Understanding Trauma and Traumatic Stress









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.



Role of Stress in Child Development

Classifying Stress

National Scientific Council on the Developing Child (2005)

Positive Stress

- Moderate / brief exposures
- Important / necessary for healthy development

Classifying Stress

National Scientific Council on the Developing Child (2005)

Tolerable Stress

- Significant (and often severe) stress exposure
- Potentially damaging
- Buffeted by supportive adult relationships

Classifying Stress

National Scientific Council on the Developing Child (2005)

Toxic Stress

- Strong, frequent, prolonged exposure
- No (or inadequate) adult buffering & support

Prolonged Toxic Stress: Can Lead to Ill Health

- Via interaction between multiple components:
 - Behavioral
 - Cognitive
 - Physiological
 - Neural

Coping Responses to Stress

The Two-edged Sword

- Coping responses influence both:
 - the *risk* for worsening and...
 - the *resilience* against ill health

Brain as both *mediator* & *target* of chronic toxic stress

- Brain determines *what* is threatening
- Brain *regulates* behavioral and physiological responses to stress
- Brain directs *final outcomes* of toxic stress:
 - Resilience (+/- intervention) → normal balance
 - Downward spiral to ill mental / physical health

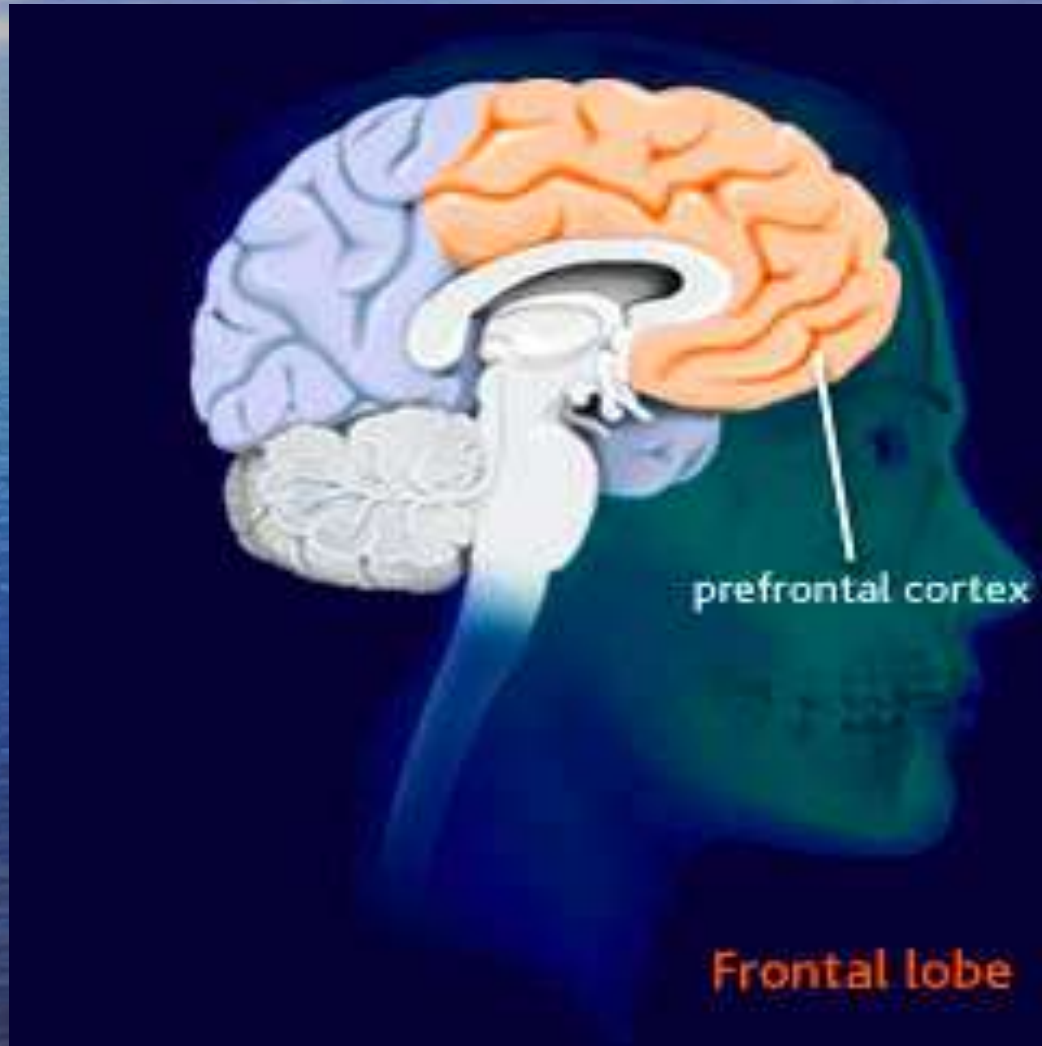
Socio-economic challenges influence developmental toxic stress

- Early maltreatment
- Conflict in family relationships
- Stressful life events
- Adverse physical / social conditions

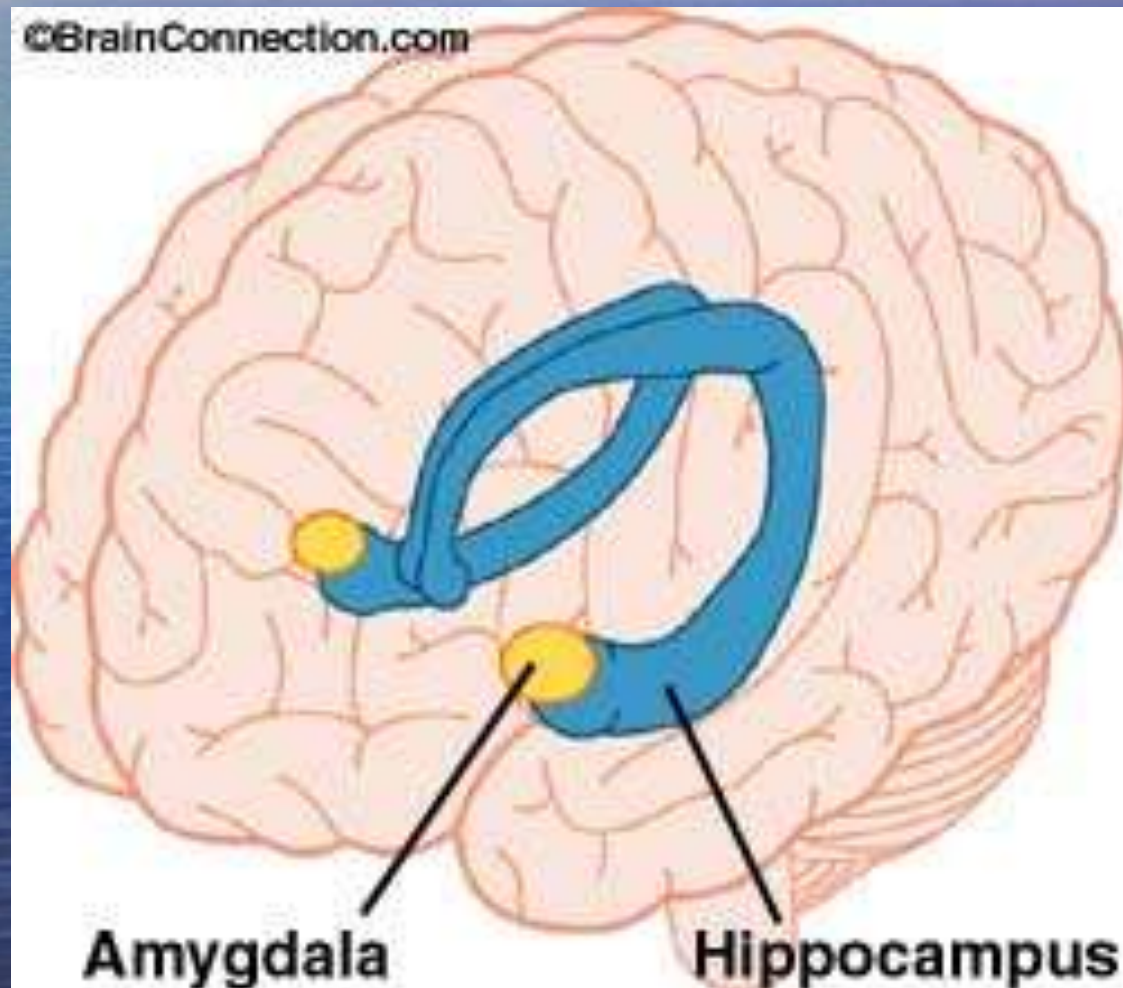
Chronic Developmental Toxic Stress Influences Neuroplasticity

- **Structure & function** of the brain are changed
 - Amygdala
 - Hippocampus
 - Prefrontal cortex
- Neuroplasticity in turn influences:
 - Emotional regulation / expression
 - Stress reactivity
 - Stress recovery
 - Coping
 - Premature aging?

Prefrontal Cortex



Hippocampus & Amygdala




Toxic Stress does not automatically equal permanent damage

- **Recovery** depends on:
 - Resilience
 - Preventive strategies / effective social policy
 - Intervention strategies:
 - Medication
 - Psychotherapies
 - Physiological therapies (OT, Music Therapy, Somatic Therapy)
 - Life-style factors (exercise, dietary changes, social supports)

Social policies = top-down interventions

- Public & private child welfare policies have direct impact on the brain
 - Resiliency
 - Neuroplasticity



**Systems-change
changes the brain!**

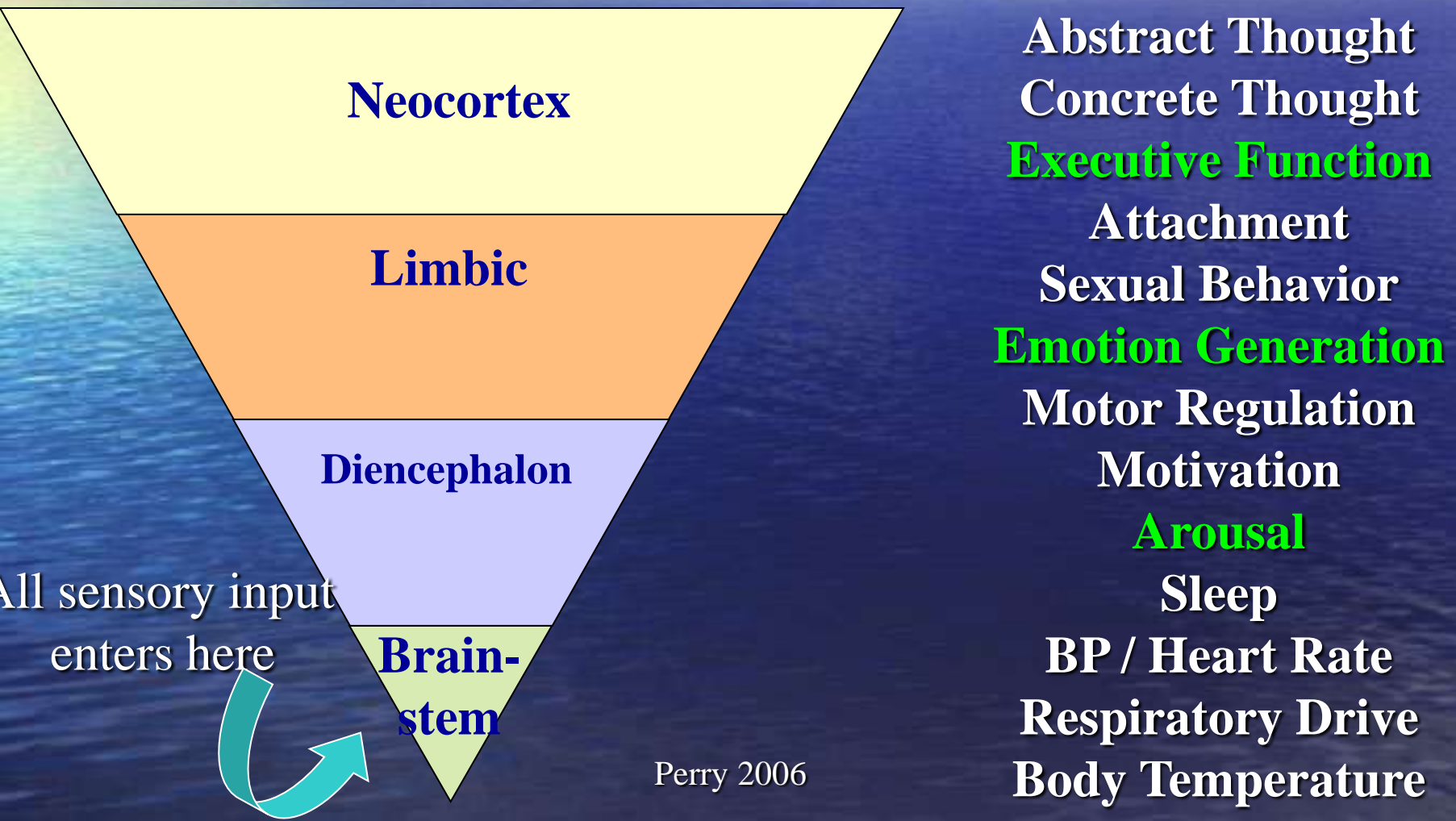


Get ready for Science class!!

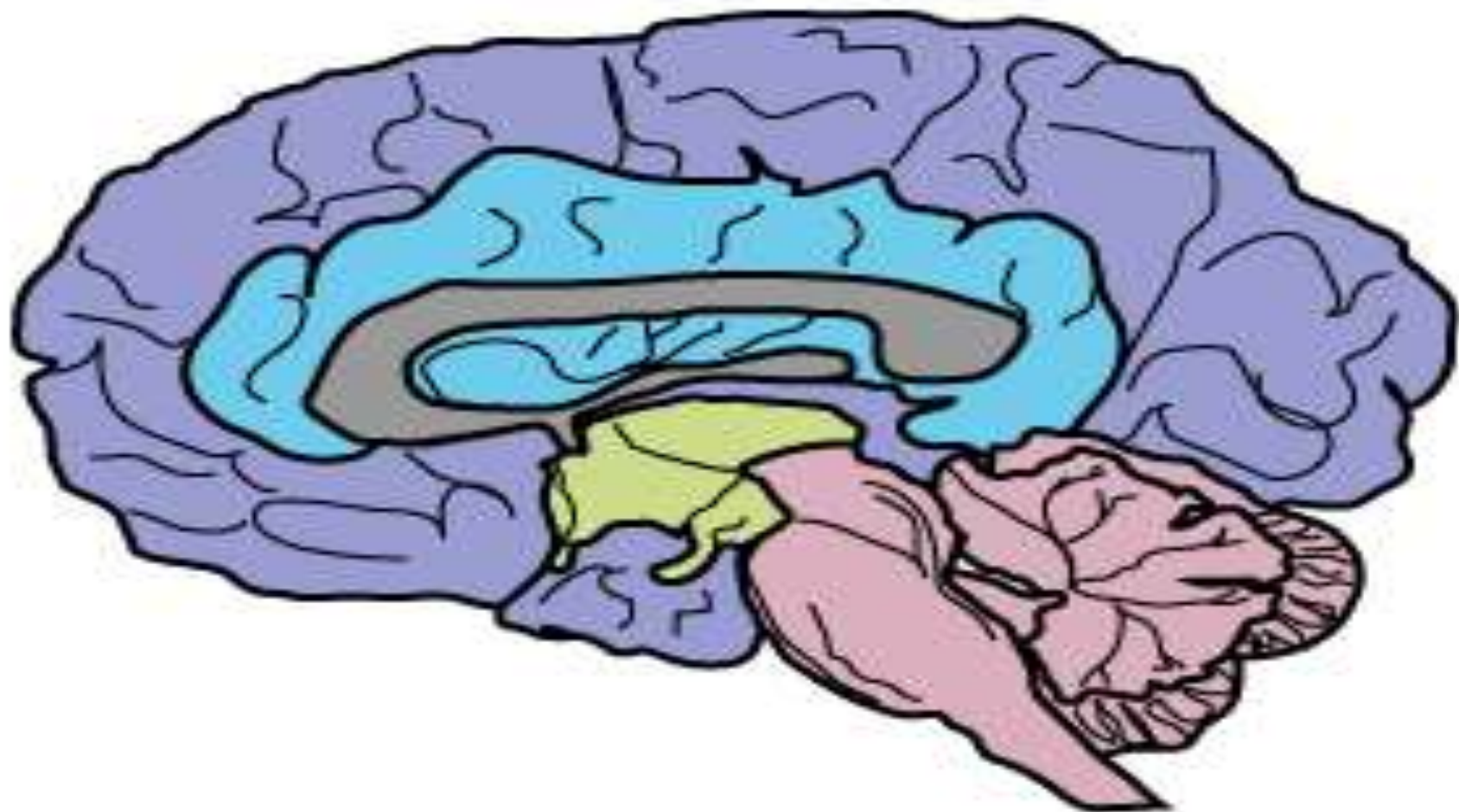


Building the brain

From simple to complex: Hierarchy of brain function



The Human Brain

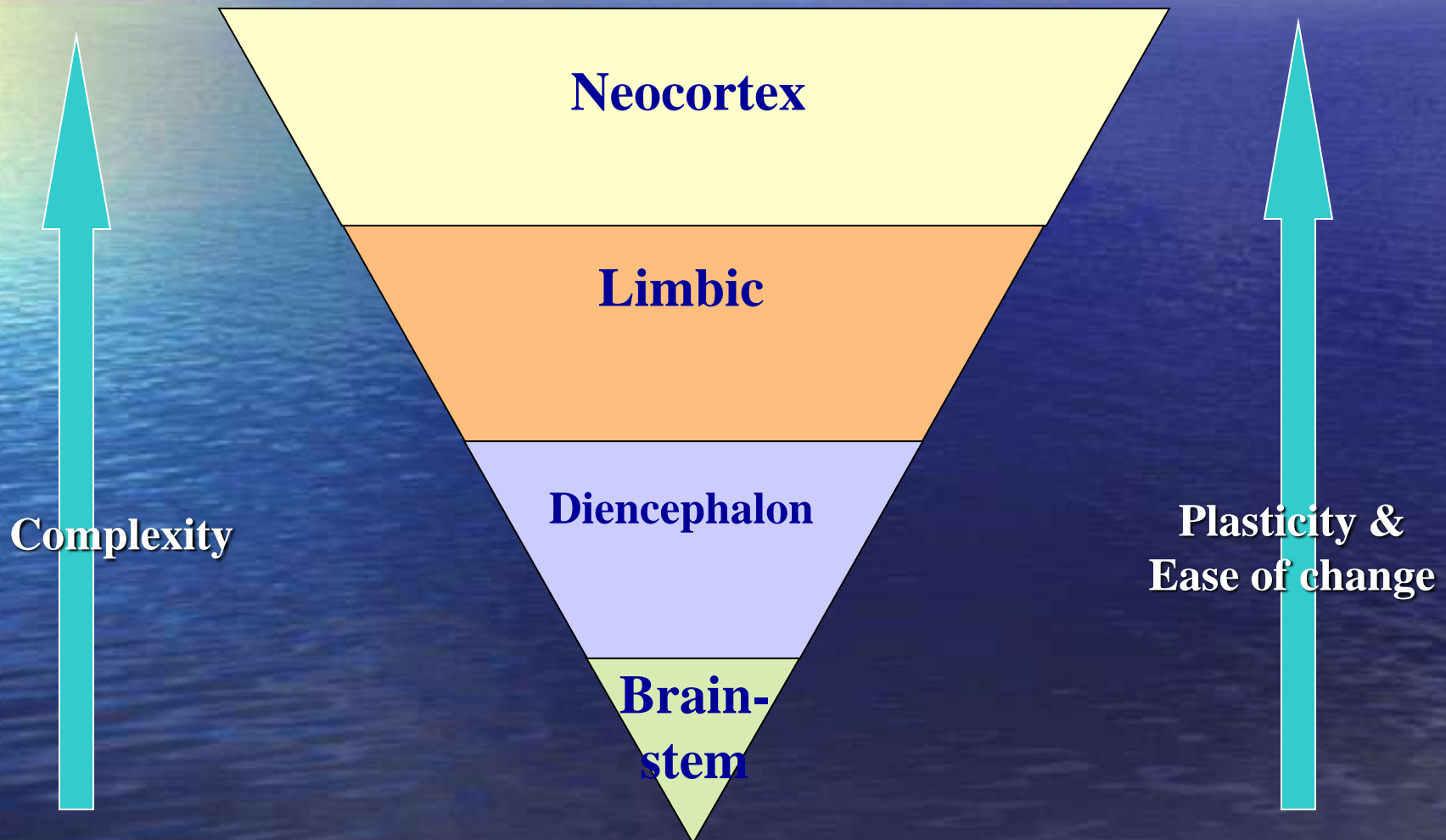


- Neocortex
- Limbic
- Diencephalon
- Brainstem

B. Perry, MD

Rebuilding the Brain

Neural systems can be ***changed / treated***
but some systems are ***easier*** to change



Driving Miss-Behavior

Vehicle-Brain Metaphor



- Accelerator
- Brakes
- Steering

Floorin' it: 0 to 60 in 4.3 seconds!

Importance of the *accelerator*



Accelerator: key “contributors”

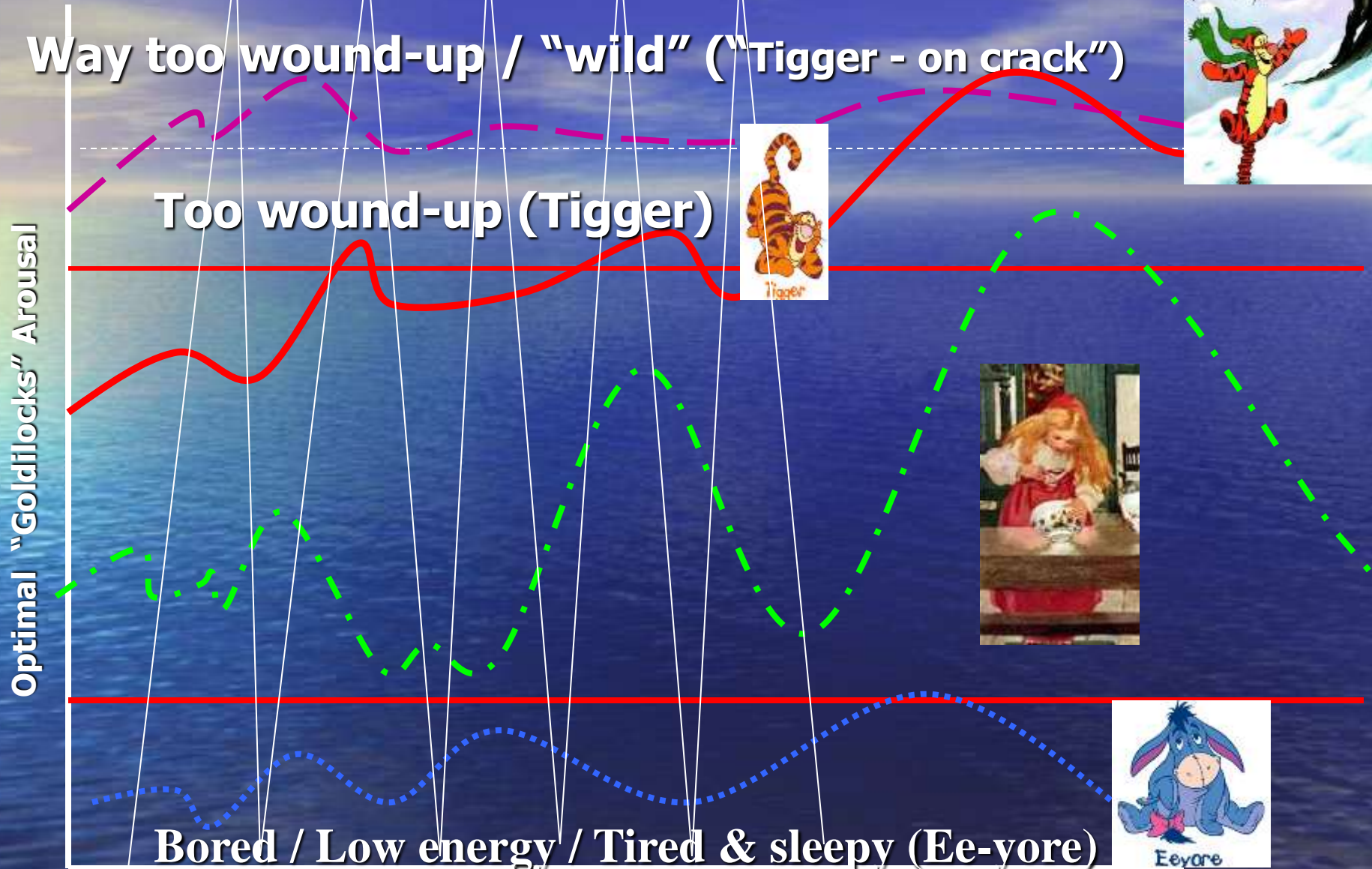
- *Generating* Brain Energy (“RPM” of the brain)
- Risk-taking behavior
- Anxiety / Panic
- Anger / Explosiveness
- Mania / Hypomania



Wake up!!!

Let's talk about *arousal* ...

Arousal Genesis / Regulation



Total shut-down (via parasympathetics) "Ee-yore on Quaaludes"

Emotional Processing & Optimal Arousal

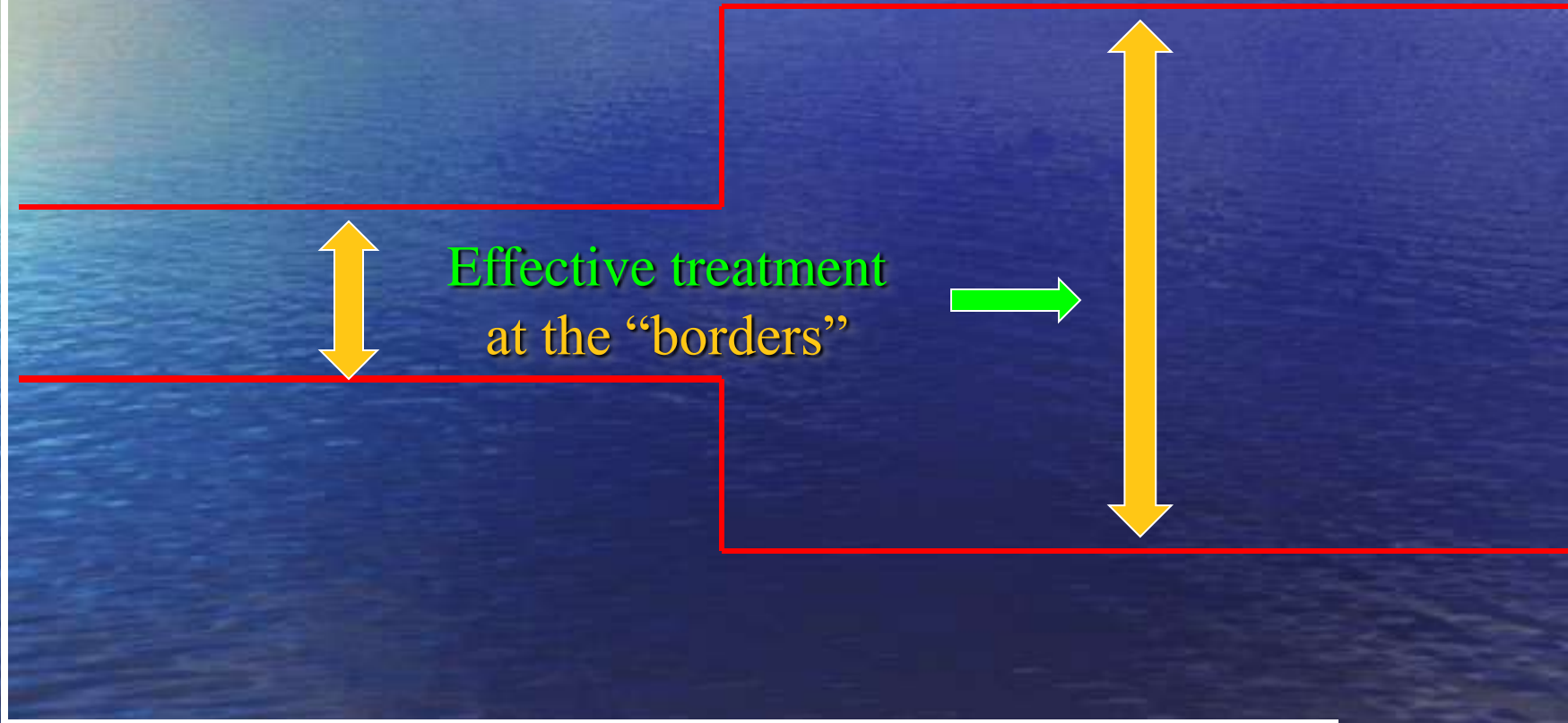
Silly  Angry

Optimal arousal necessary
to best regulate / manage / experience emotions

(Novel methods of arousal monitoring in the lab)

Quietly Mellow  Brooding / Depressed

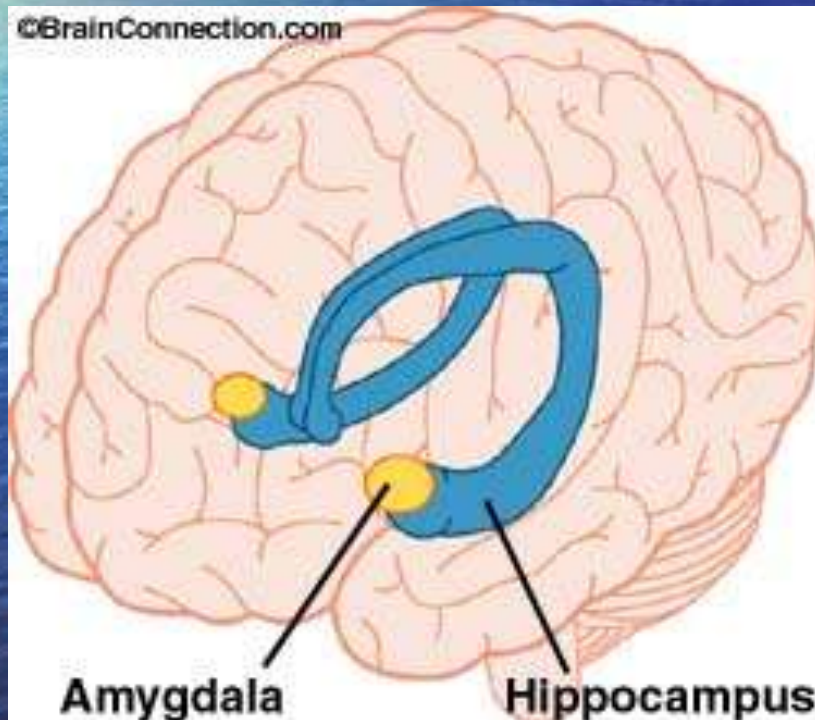
Affect Tolerance: Expanding the comfort zone



The Anxious World of Piglet

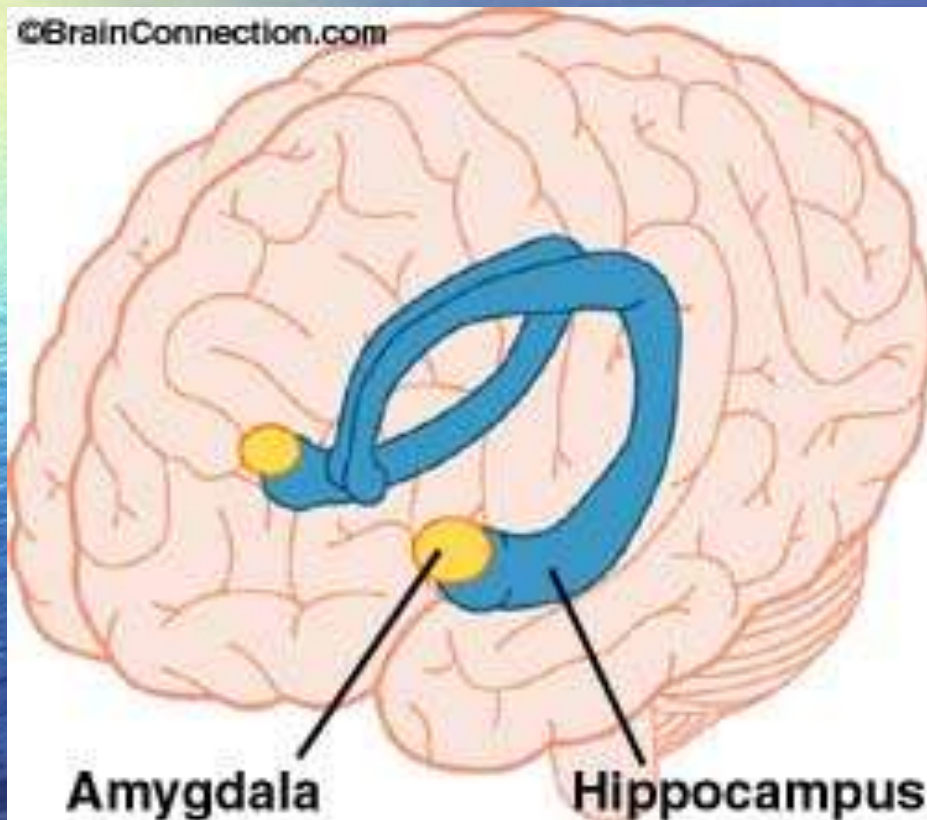
Fight-Flight-Freeze is in the breeze

“It’s not easy being brave when you’re only a Very Small Animal”



The Confusing Picture of Anxiety

Fight-Flight-Freeze in the JJ / CMH system



- Anxiety / Panic as source for **reactive anger** → aggression
- **Anxiety – Attention – Language** interplay in kids/teens w/ aggression
- False machismo in anxious teen boys

Anger / Explosiveness: Critical Link to Reactive Aggression



- Many faces of anger
- Anger as coping skill
- ("Just anger" as clinical progress!)
- Aggression = Anger **plus** "bad" brakes →→

So..., let's talk about the...



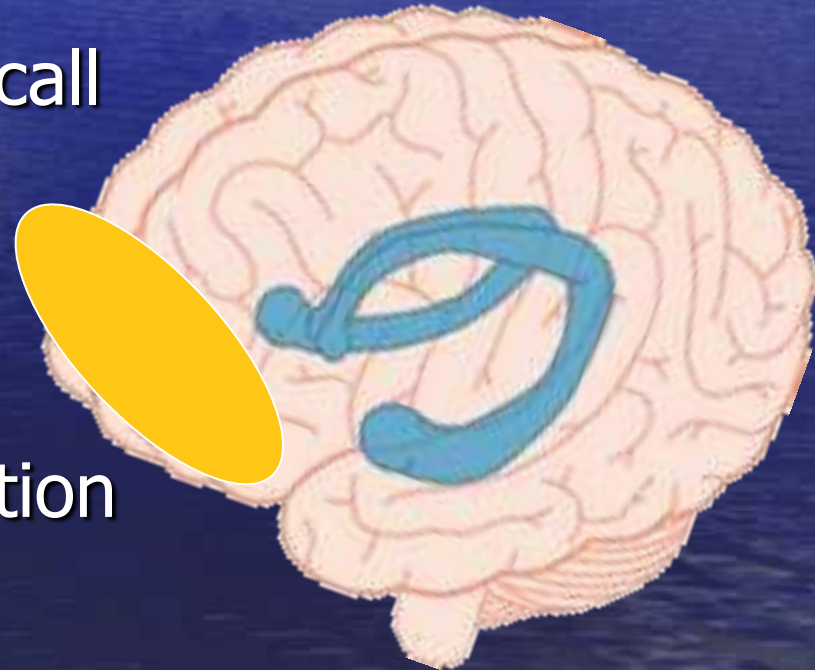
BRAKES

The Prefrontal Cortex: The home of Executive Function

Executive Function:

The "*brakes*" of the brain

- Working memory / memory recall
- Focusing (locking, shifting & sustaining)
- Planning / organizing
- Self-monitoring of behavior/action
 - Impulse control
- Regulation →→→



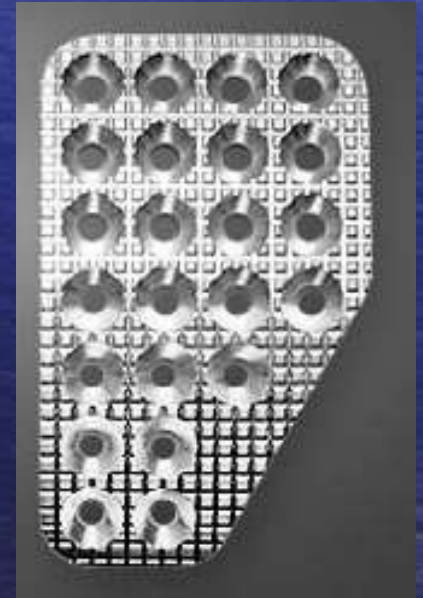
Executive Function:

Promotes / enhances *regulation* of:

- Attention / Arousal
- Behavior / Action
- Mood / Emotion

The Delicate Balance of Regulation: Final brain control of emotion / behavior

Top-Down “**Brakes**” (Prefrontal Cortex)



Bottom-Up “**Accelerator**” (Brainstem/Limbic System)

Don't Forget About the Steering

- Conscious control of behavior
- Importance of ***tight, predictable structure*** for optimal behavior management
- Willfulness misconceptions
 - It's not ***all*** willful!
 - Fading control at the "edge of the cliff"
 - Behavioral "curve balls" in homes, schools, detention...



Final Thoughts re Regulation: Power Steering vs Manual Steering

- ***Regulated*** steering = ***power*** steering!
 - Easier to make appropriate motor / behavioral decisions while regulated
- ***Dysregulated*** steering = ***manual*** steering
 - Tougher to keep the behavioral “car” on the road

Regulatory "Secret"

The Good Life in the "Comfort Zone"

Optimal Regulation =

Optimal Learning, Behavior, Attention, Memory

Neurobiology of Development

- Brain *"sculpts"* itself in response to the environment ***AT THE SAME TIME*** it is developing (via genetic blueprints)



Experience alters brain structure

- These sculpted *structural changes* allow the child's brain to become the *best brain* for the given surroundings
 - Implications for traumatic stress
 - Implications for foster care placements



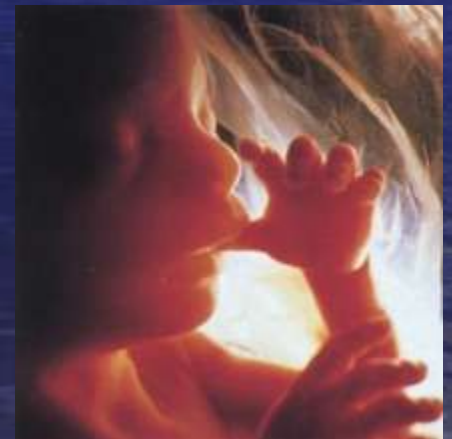
When development
veers off course...

The Brain-Behavior connection in JJ:

3 major & intertwined components

- **Genetics / Epigenetics**
 - What you inherit from both parents
- **Intrauterine environment**
 - During pregnancy
- **Extrauterine environment**
 - After pregnancy

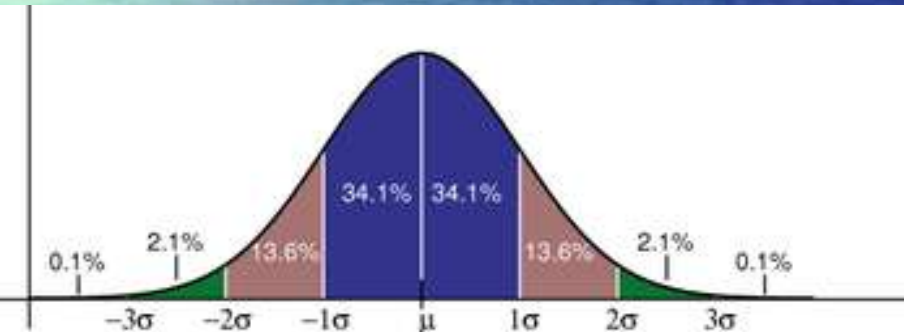
Influence of Prenatal Alcohol Exposure



FAS: not the whole story

Fetal Alcohol Spectrum Disorders (FASD)

- Fetal Alcohol Syndrome
- Partial FAS
- Alcohol-related Neurodevelopmental Disorder (ARND) (“mild-moderate” FAS)
- Prenatal Exposure to Alcohol (clinically suspected to have FAS but appear *physically normal*)



Adapted from Streissguth

Fetal Alcohol Spectrum Disorder

- “Mild – Moderate” FASD is still very problematic
- It is all about *when* the drinking occurred (during the pregnancy) and *how much* alcohol was consumed
- Maternal blood alcohol level = fetal blood alcohol
- “Swiss cheese brain” issues
- Confusion over why *all* fetal ETOH exposure is not created equal



Recognition / Screening /Assessment of FASD

FASD: Critical Facial Abnormalities

↓ Palpebral
fissure (small
eyes)

Thin
upper lip



Smooth
philtrum



Fetal Alcohol Syndrome:

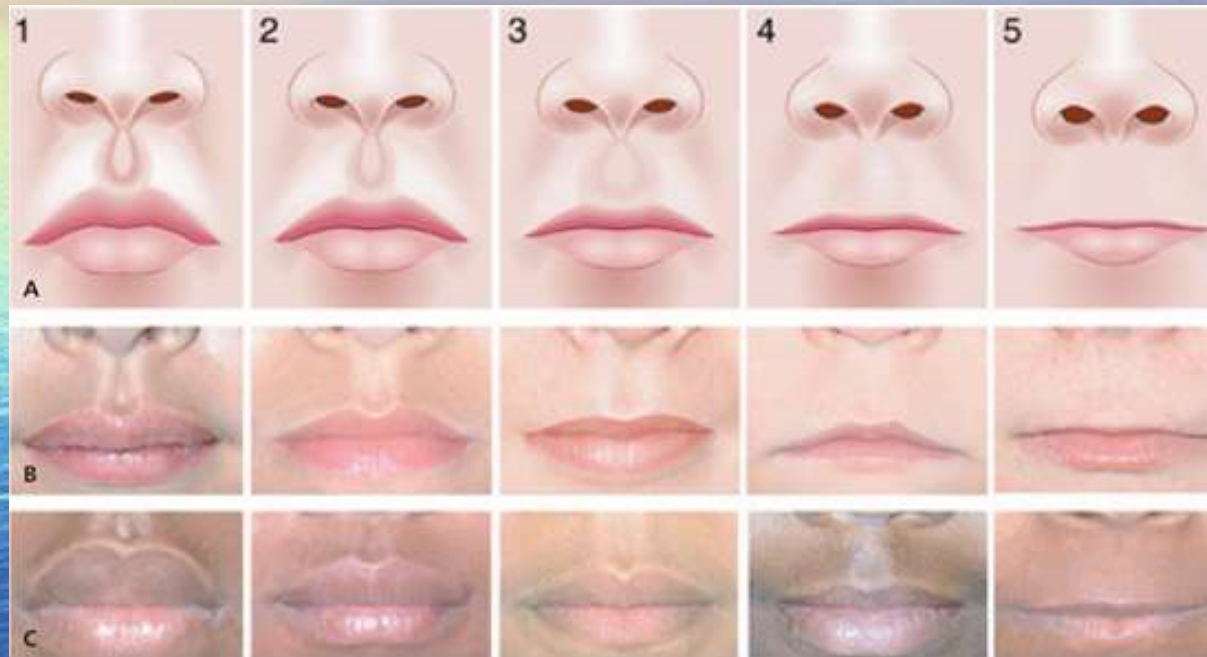
It doesn't always look like this



**...It can look like this!...clinical examples of FAS:
transcending race**



Lip-philtrum guides



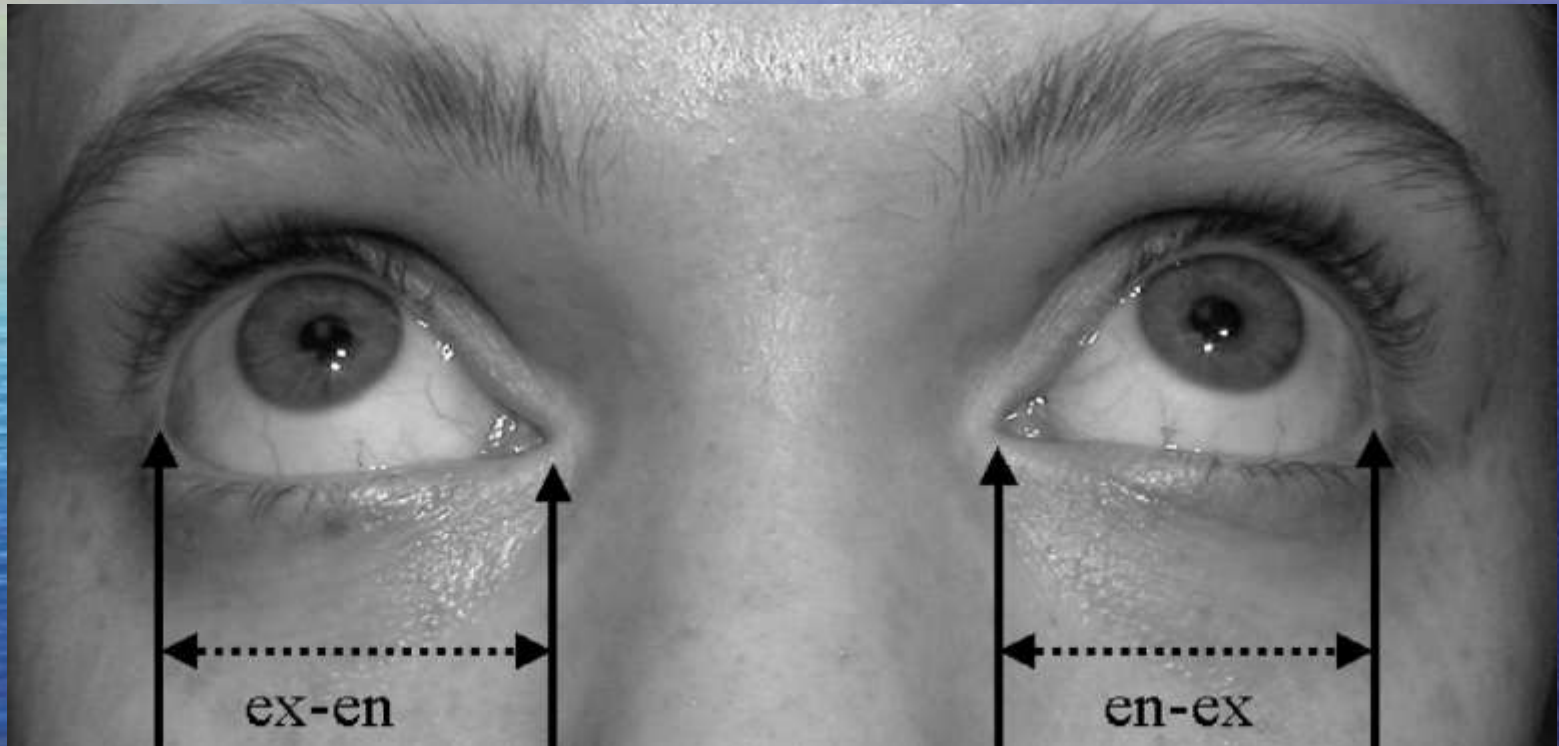
**Hoyme, H. E. et al. Pediatrics
2005;115:39-47**

Measurement of palpebral fissures



Hoyne, H. E. et al. Pediatrics 2005;115:39-47

Measuring palpebral fissure length



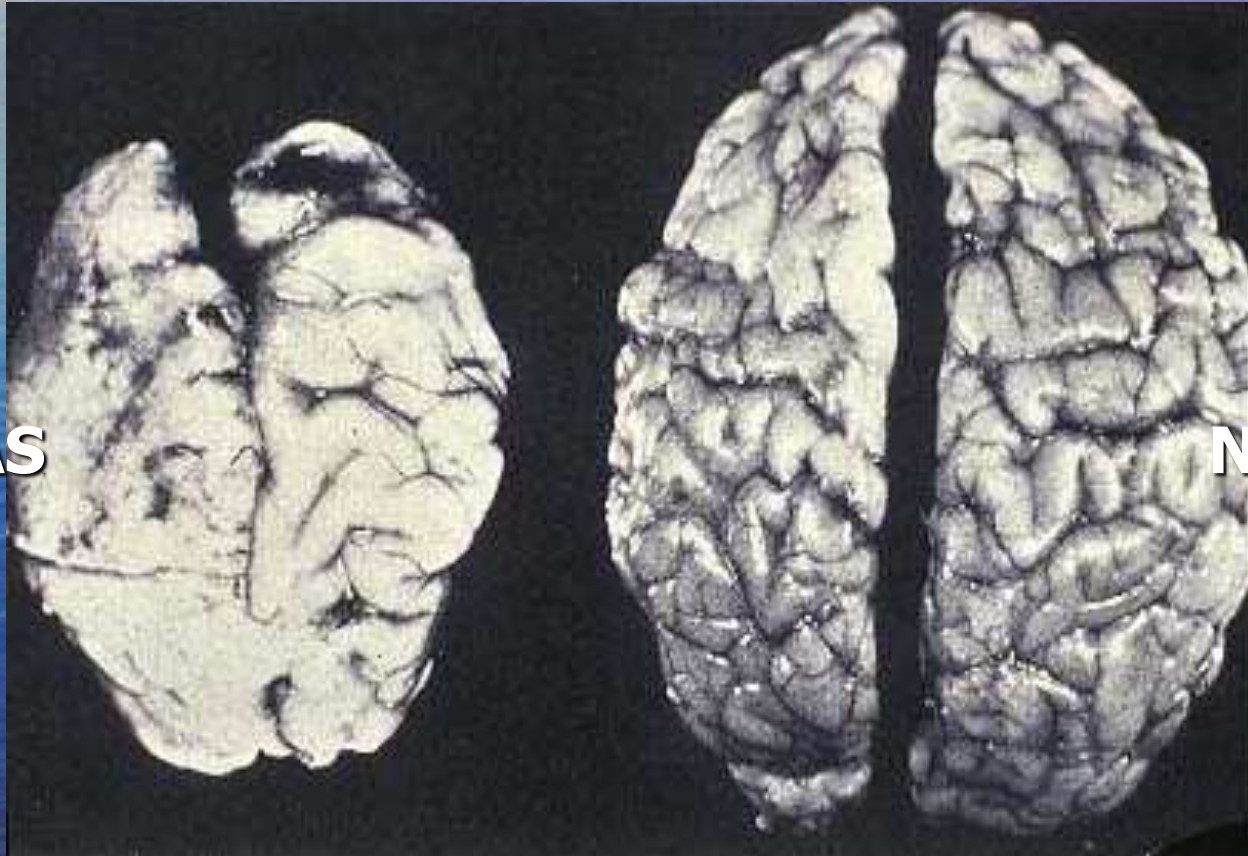
Chudley, A. E. et al. CMAJ 2005;172:S1-21S



FASD: Impact on Brain Structure

Severe brain damage caused by prenatal alcohol exposure

Severe FAS



Normal Brain

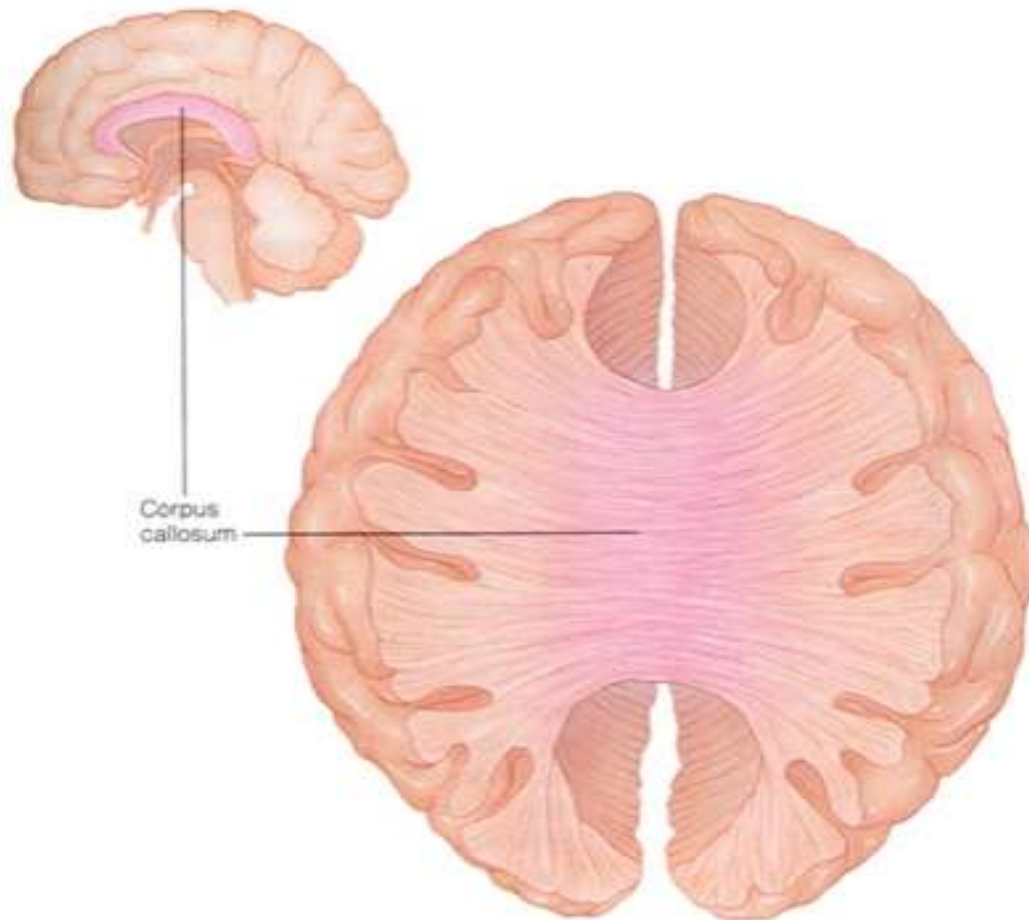
5-day old infants

photo: Clarren, 1986

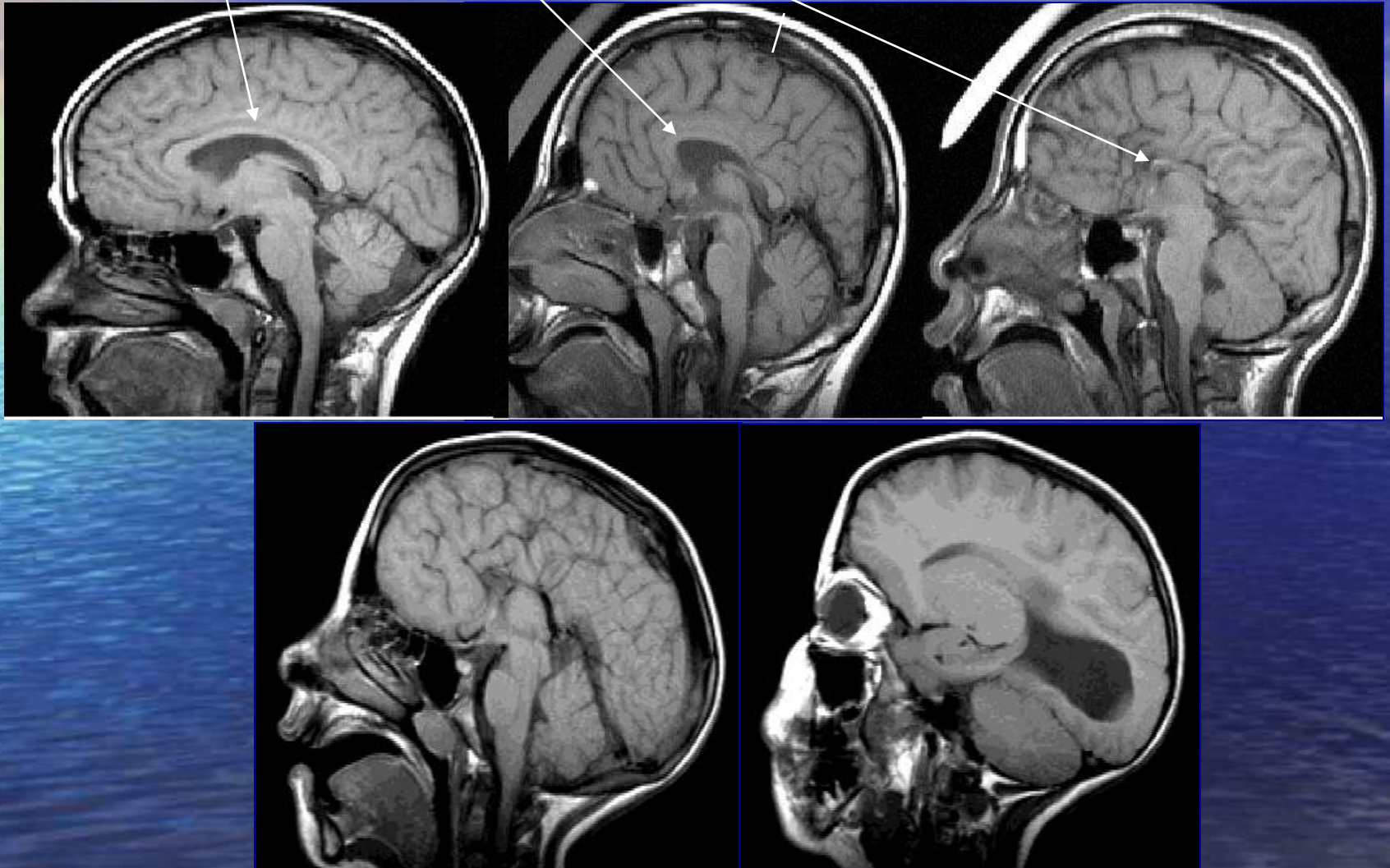
Corpus Callosum

- 100 million neurons!!!
- Connects the two brain hemispheres
- Allows the left side to communicate with the right side
- Assists the individual child to calm down during / after “meltdown”
- Is often damaged by prenatal alcohol exposure / traumatic stress

Corpus Callosum



Corpus callosum abnormalities in FASD



Mattson, et al., 1994; Mattson & Riley, 1995; Riley et al., 1995

FASD Secondary Disabilities:

Recent research findings

- **A recent L/T study of individuals with FASD:**
 - Mean age: 14 yrs (range 6-51 yrs)
 - N = 415
 - Mean IQ = 86 (Range 29-126)
 - 80% of the sample ***not*** raised by biological parents
 - 60% had trouble with the law
 - 50% were in confinement
 - 49% had repeated inappropriate sexual behavior
 - 35% had drug / alcohol problems
 - Early diagnosis 2-4 times more likely to **prevent** or **lessen** impact of these secondary disabilities

Harsh Reality: Combined Brain Impact of FASD + Traumatic Stress

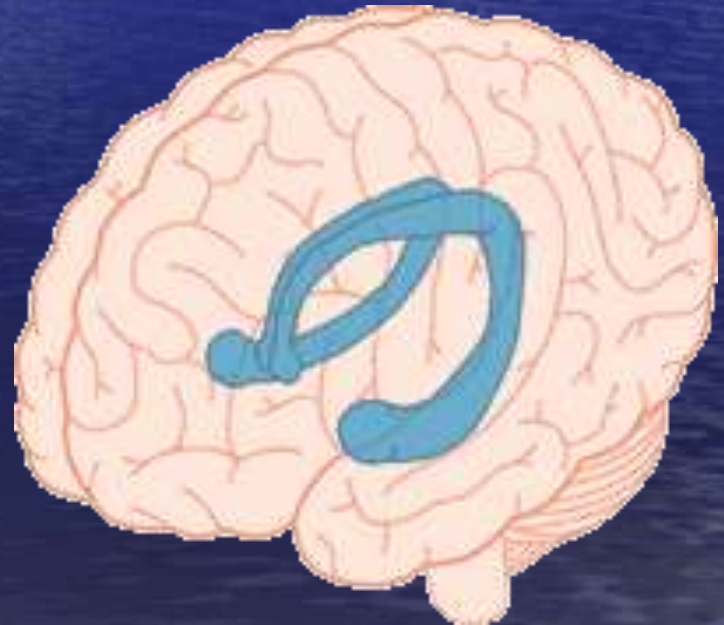
- CTAC Assessment Data: 37 % of sample had trauma + FASD (Henry, et al 2007)
- Essential to factor-in **both** of these issues when dealing with at-risk children
- So...



Child Traumatic Stress & the Developing Brain

"Trauma Trumps Everything!!!"

Sandra Bloom, MD



Traumatic Stress & the Child's Developing Brain

- Research reveals a ***strong link*** between all types of **child abuse / neglect** and the subsequent development of **psychiatric illness in adulthood**
- New findings link child traumatic stress with variety of ***adult medical illness***

VJ Felitti, MD

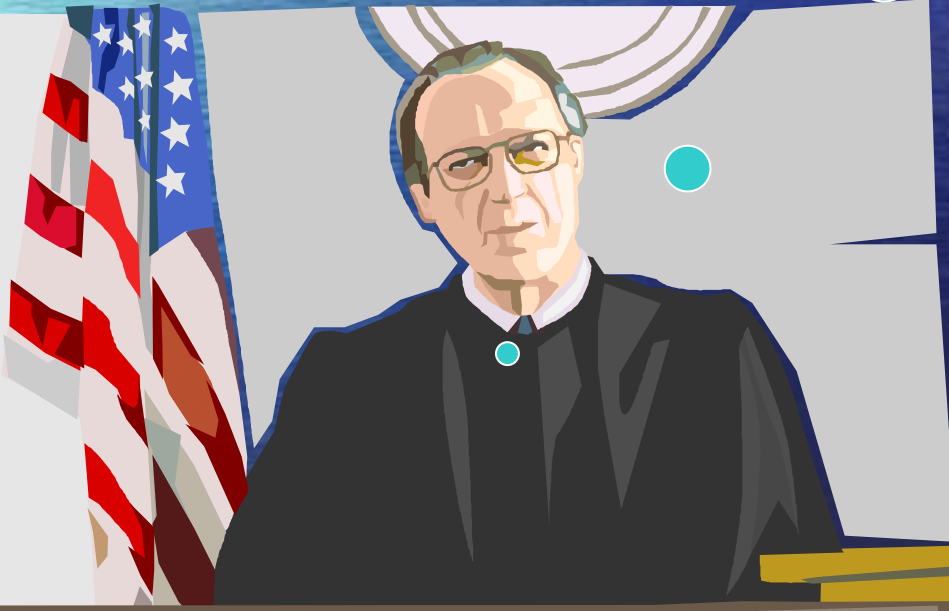
Traumatic Stress & the Child's Developing Brain

- **Early childhood traumatic stress to the developing brain results in:**
 - ***Physical neuroplastic brain changes that :***
 - Cause abnormal functioning (including memory)
 - Contribute to problematic behaviors
 - Contribute to developmental delays
 - Result in child being unable to **realize potential**



So...what about neglect???

But...this case
only involves
neglect!



Neglect: The *Worst* Offender

3-Year-Old Children



Normal

Child Trauma Academy



Extreme Neglect

1997 Bruce D. Perry, M.D., Ph.D.

Developmental Impact of Neglect

- Physical growth delays (“failure to thrive”)
- Language delays
- Cognitive / learning delays
- Regulatory (arousal / emotional / behavioral) issues
- Social communication problems
- Attachment dysfunction
- Immune dysfunction

De Bellis 2005

A wide-angle photograph of a vast, deep blue ocean under a bright blue sky with wispy white clouds. A vibrant rainbow is visible on the left side of the horizon, its colors reflecting on the water's surface. The text "Back to you Jim!" is centered in the middle of the image in a bold, yellow, sans-serif font.

Back to you Jim!

Sara, 12 years old

- Severely cognitively delayed birth mother
- Birth father with a history of multiple mental health diagnoses
- At least 10 cps referrals for neglect over child's life period of time

Sara

- Father took Sara to Texas where a studio filmed the father having sex with Sara.
- Father also had Sara engage in sexual acts with other children on camera
- Father put the video on the Internet

Sara

- Father arrested in Michigan preparing to travel to Montana to continue videos of abuse of Sara
- Father and mother both charged in federal court for sexual abuse and child pornography. Currently awaiting sentencing.

Sara Assessment

- Verbal intelligence score on KBIT 66
- Nonverbal intelligence score on KBIT 53
- Severe neurodevelopmental delays in motor, language, memory, visual processing, and attention

Sara Assessment

- Both clinically significant internal and externalizing behaviors on the CBCL
- Hypersexualized scores on the Child Sexual Abuse Inventory at the maximum clinical level

Sara Assessment

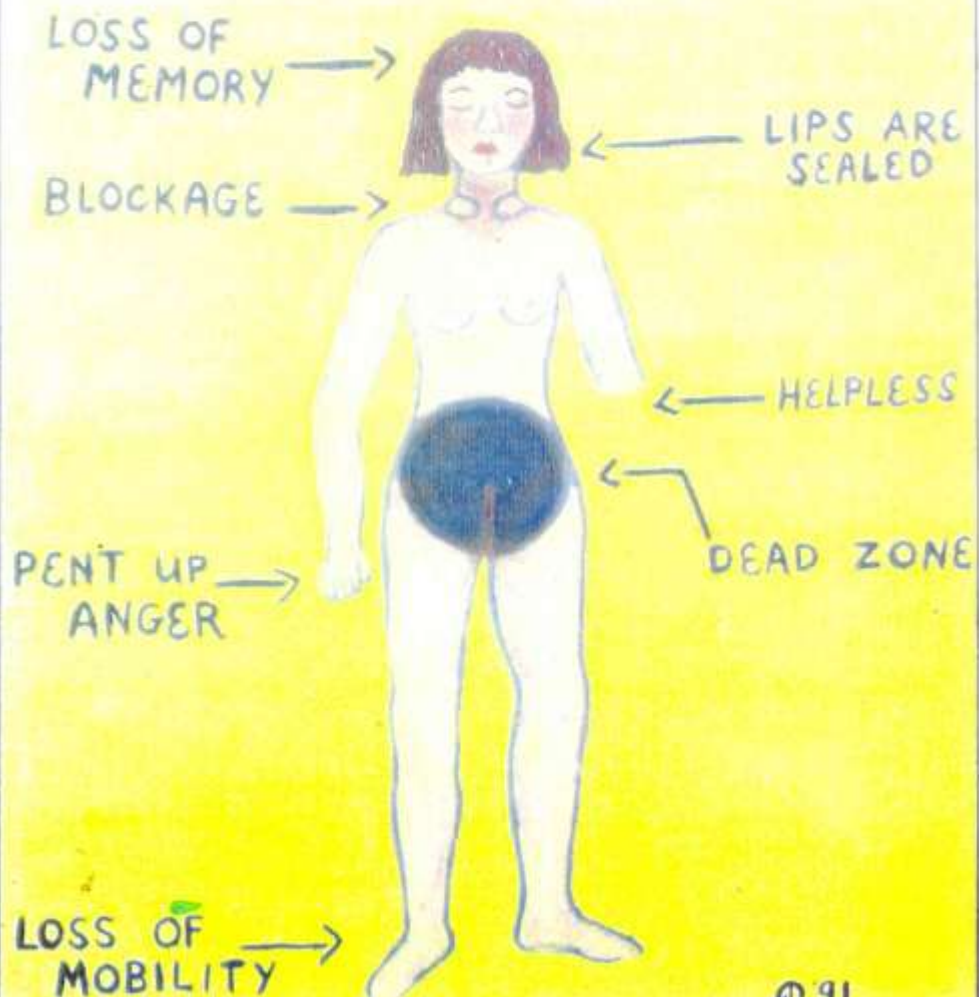
- Currently in a behaviorally based residential treatment facility with no institutional knowledge of her severe neurodevelopmental delays
- Parental rights terminated, both parents awaiting sentencing

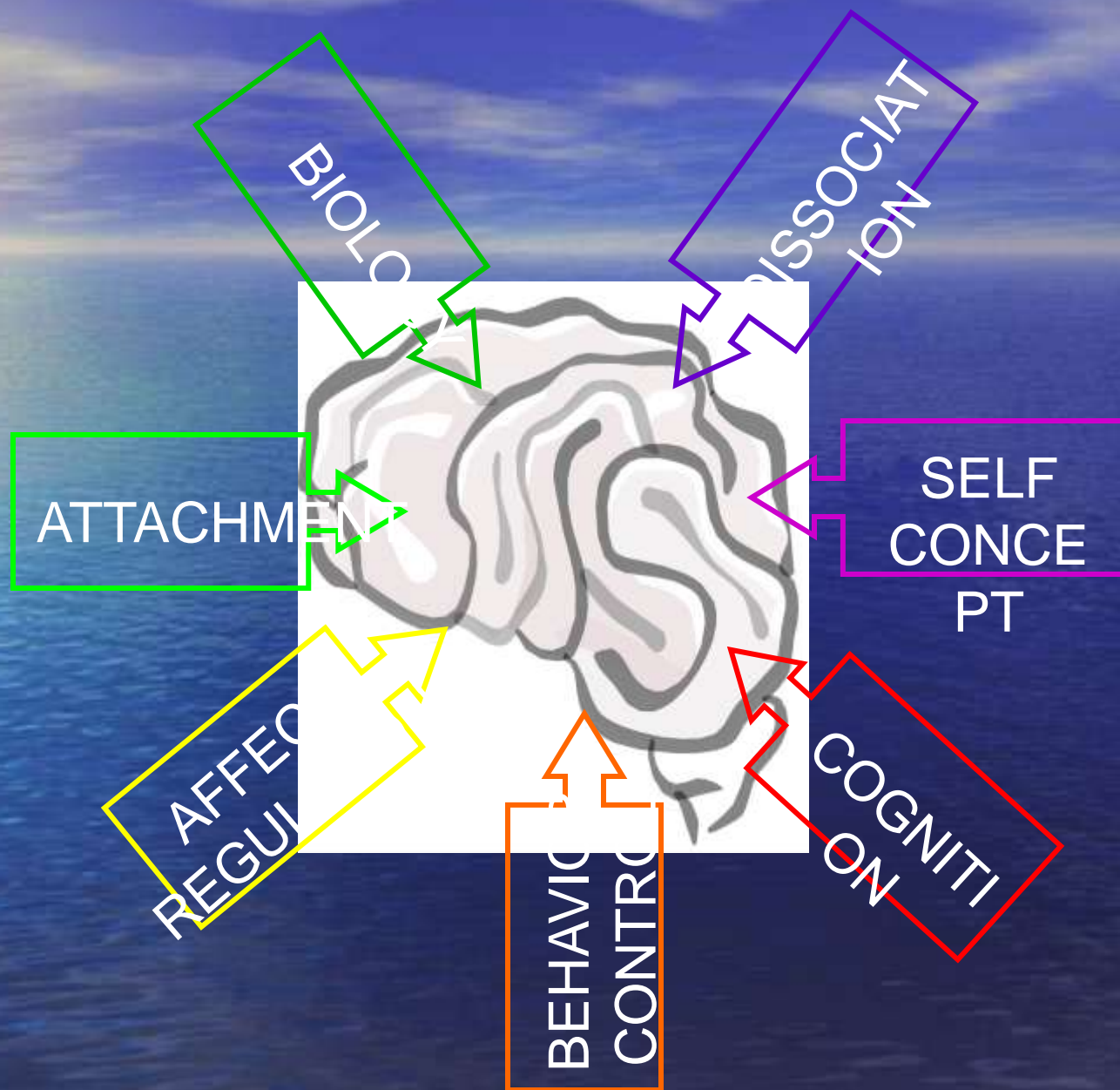
What is complex trauma?

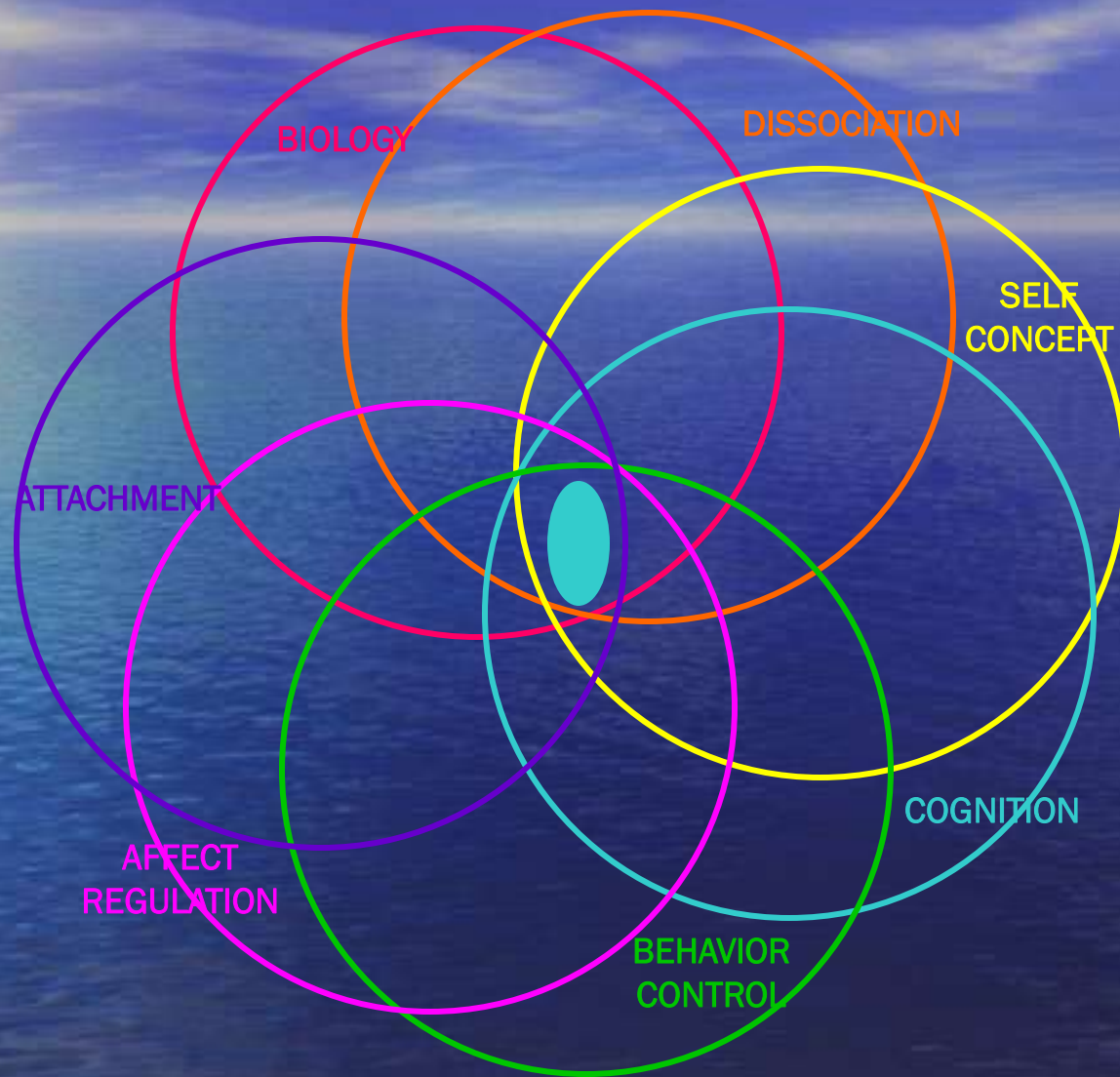
(Cook, A., Blainstein, M., Spinazzola, J., & van der Kolk. B. Complex Trauma in children and adolescents. National Child Traumatic Stress Network, 2003)

- Traumatic exposure: experiences of multiple traumatic events that occur within relational system
 - Sequential occurrences of child maltreatment
 - Often chronic and early in childhood

SYMPTOMS OF CHILD ABUSE







Complex Trauma

Biology

- Early childhood trauma results in *physical changes* in the brain resulting in profound implications regarding behavior and the development of subsequent Psychiatric conditions

Complex Trauma

Attachment

- 80% have insecure attachment
- Negative internal working model of the world
- Relational trauma
- Continuous impact on relationships

When parent involved in trauma

- Parent becomes source of protection and also represent harm
 - “fear without solution”
 - “caught between approach and avoidance”
 - “intractable emotional dilemma
 - “source of solution and source of alarm”
 - “parent as traumatic reminder”

Attachment Continuum

Insecur

Health
y

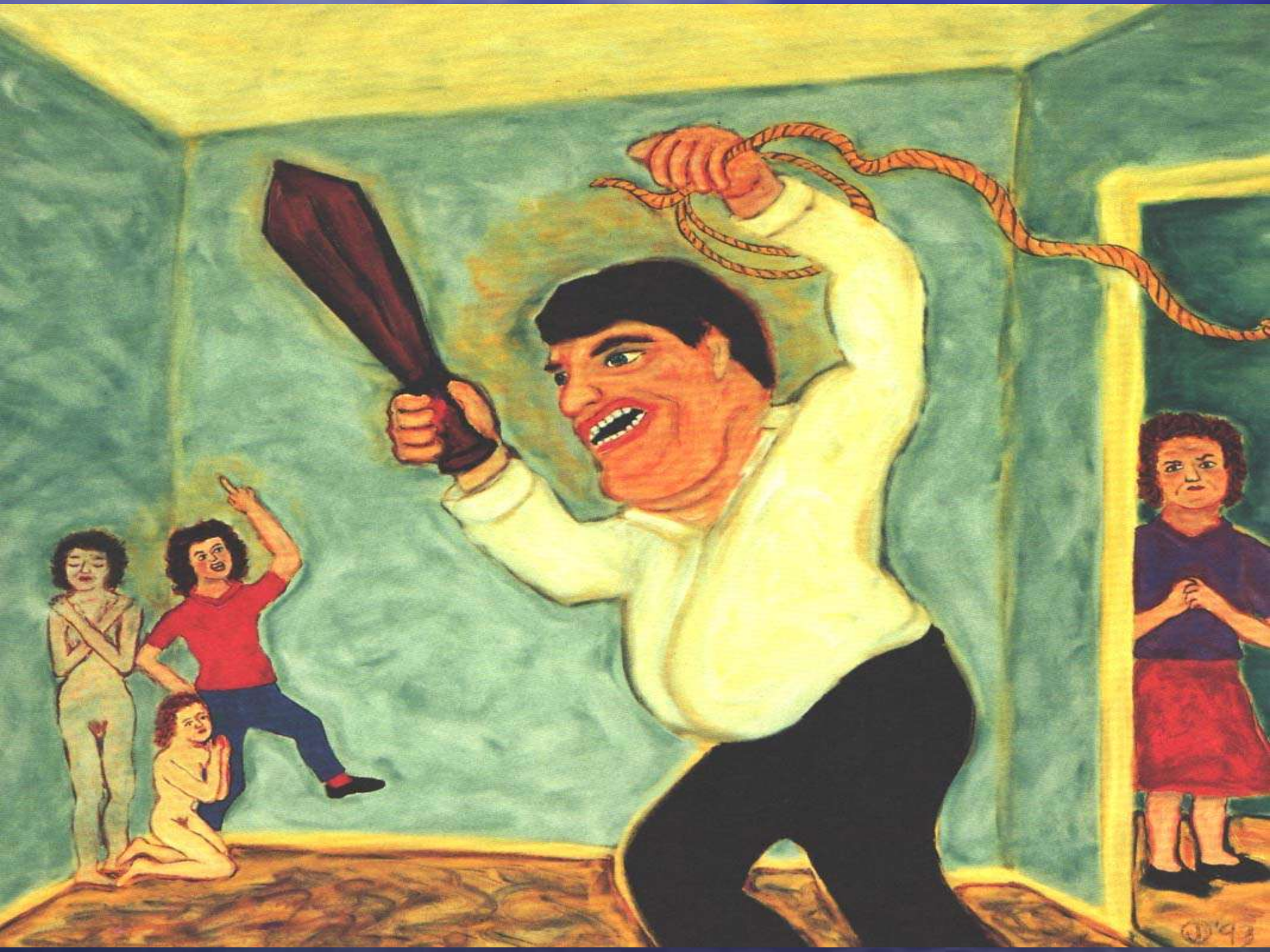
Secure

Disorganiz
ed

RAD

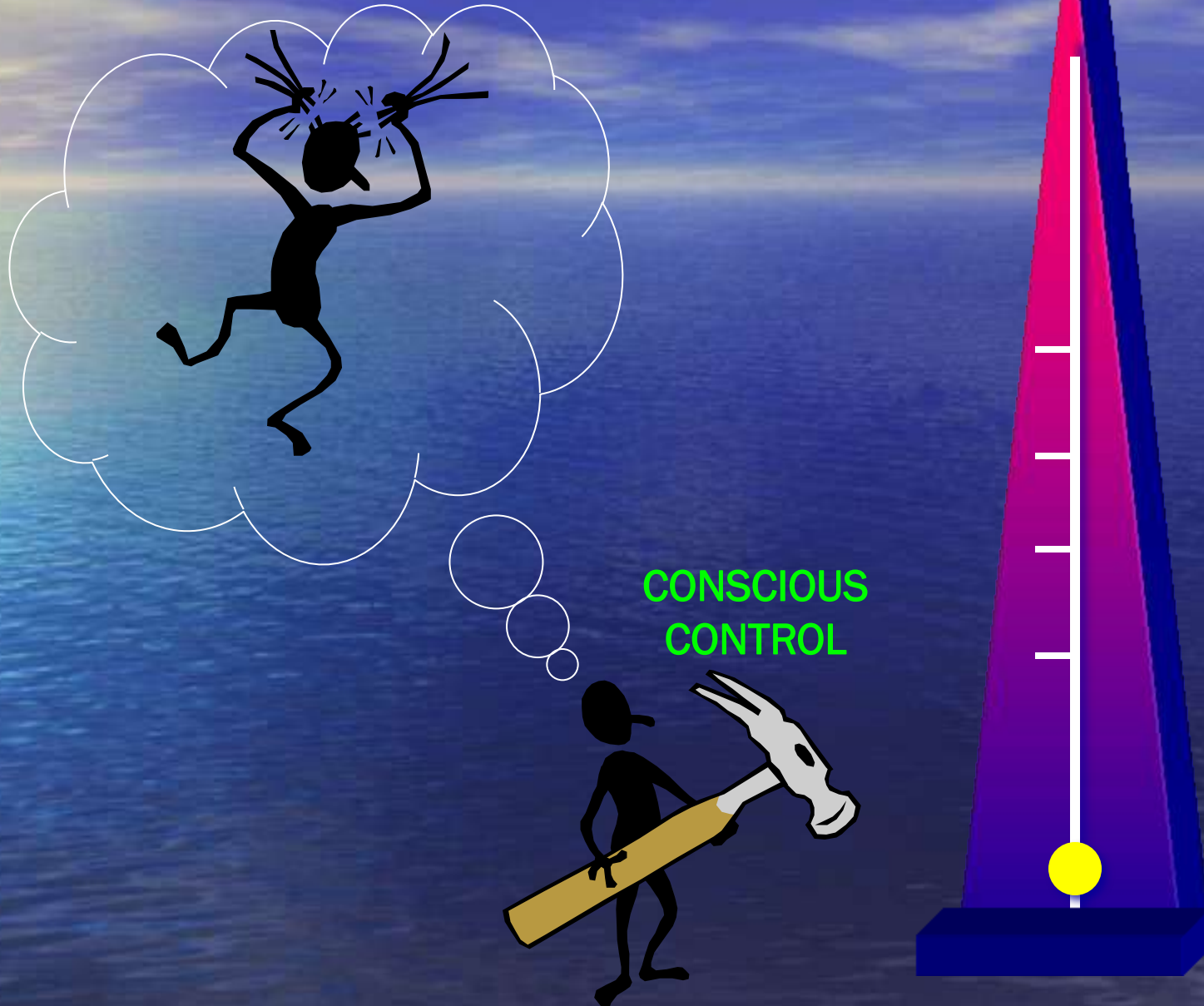
Trauma Bond

- Attachment founded on fear and terror
- Attachment based on desperation & survival
- Parent needs become primary to child

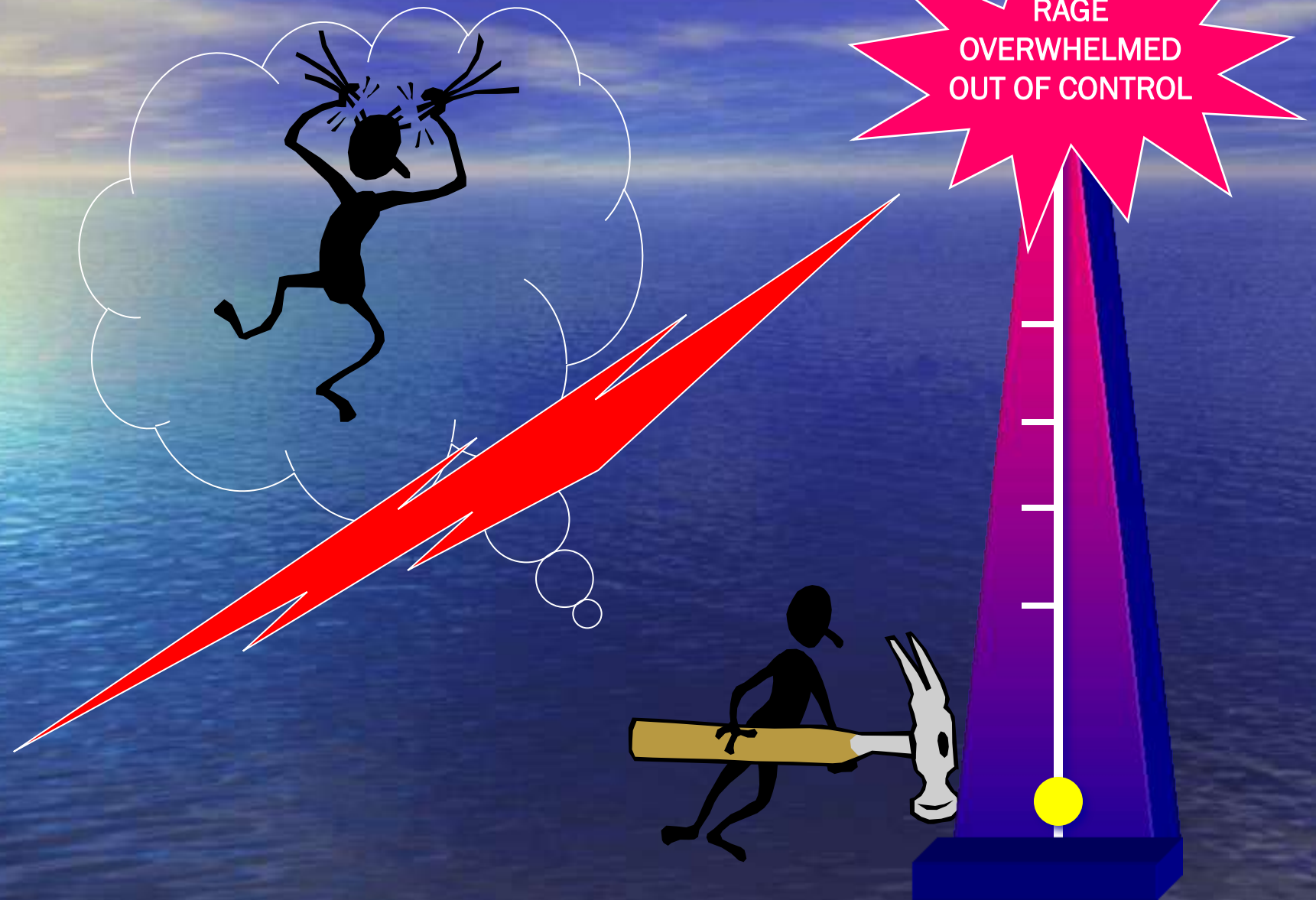




Normal Behavioral Control



When the brain is numb!

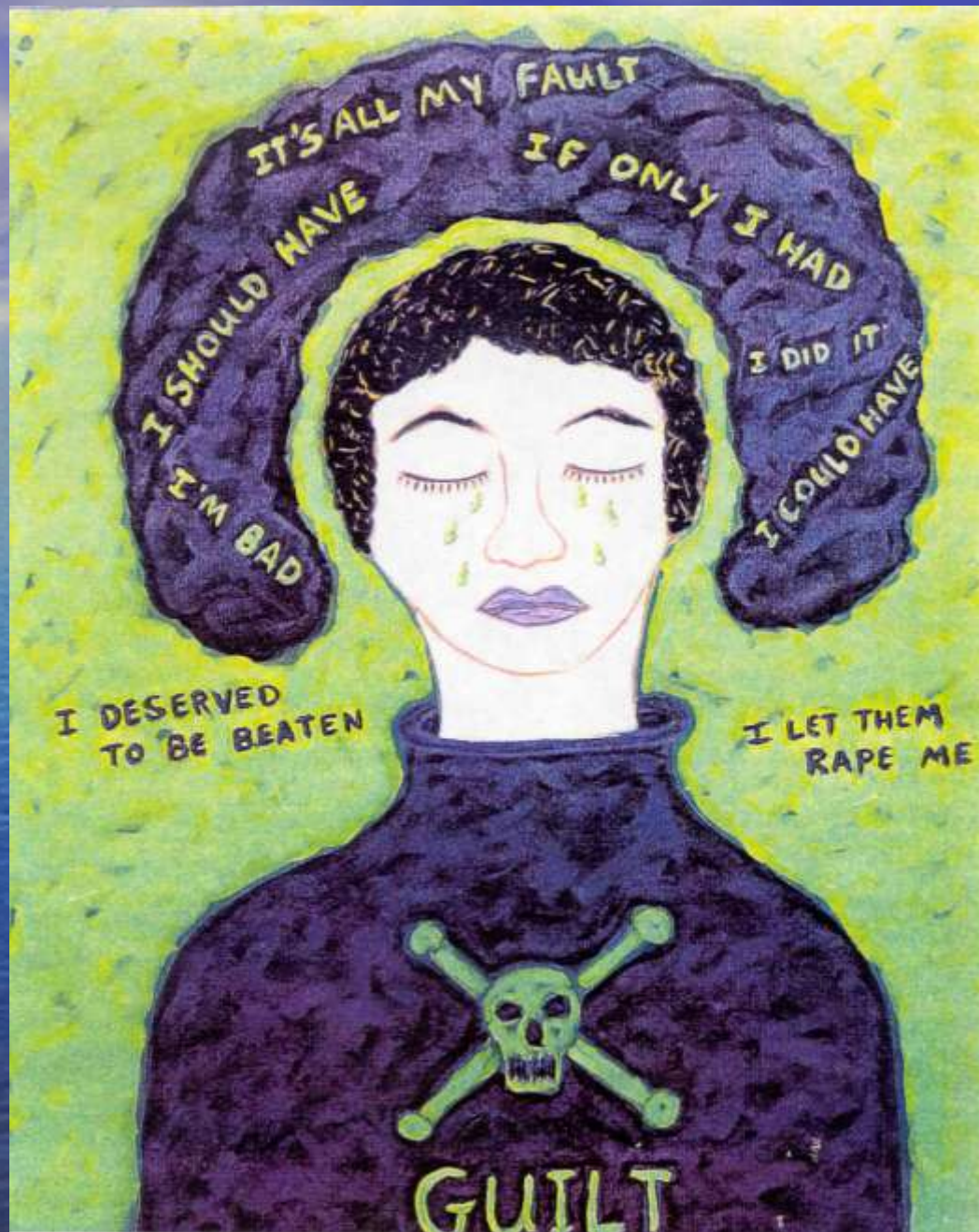


Calvin & Hobbes



Self Concept

- Lack of predictable sense of self, including disturbances of body image, low self esteem and shame/guilt.



IT'S ALL MY FAULT

IF ONLY I HAD

I SHOULD HAVE

I DID IT
I COULD HAVE

I'M BAD

I DESERVED
TO BE BEATEN

I LET THEM
RAPE ME



GUILT

Harry: “I just feel so angry all the time . . . What if after everything I’ve been through, something’s gone wrong inside me? What if I’m becoming bad?”

Sirius: “I want you to listen to me very carefully, Harry. You’re not a bad person. You’re a very good person who bad things have happened to.”

From *Harry Potter and the Order of the Phoenix* (Warner Brothers, 2007)

Misperceptions of events





Urgency of
Assessment

Urgency of
Assessment

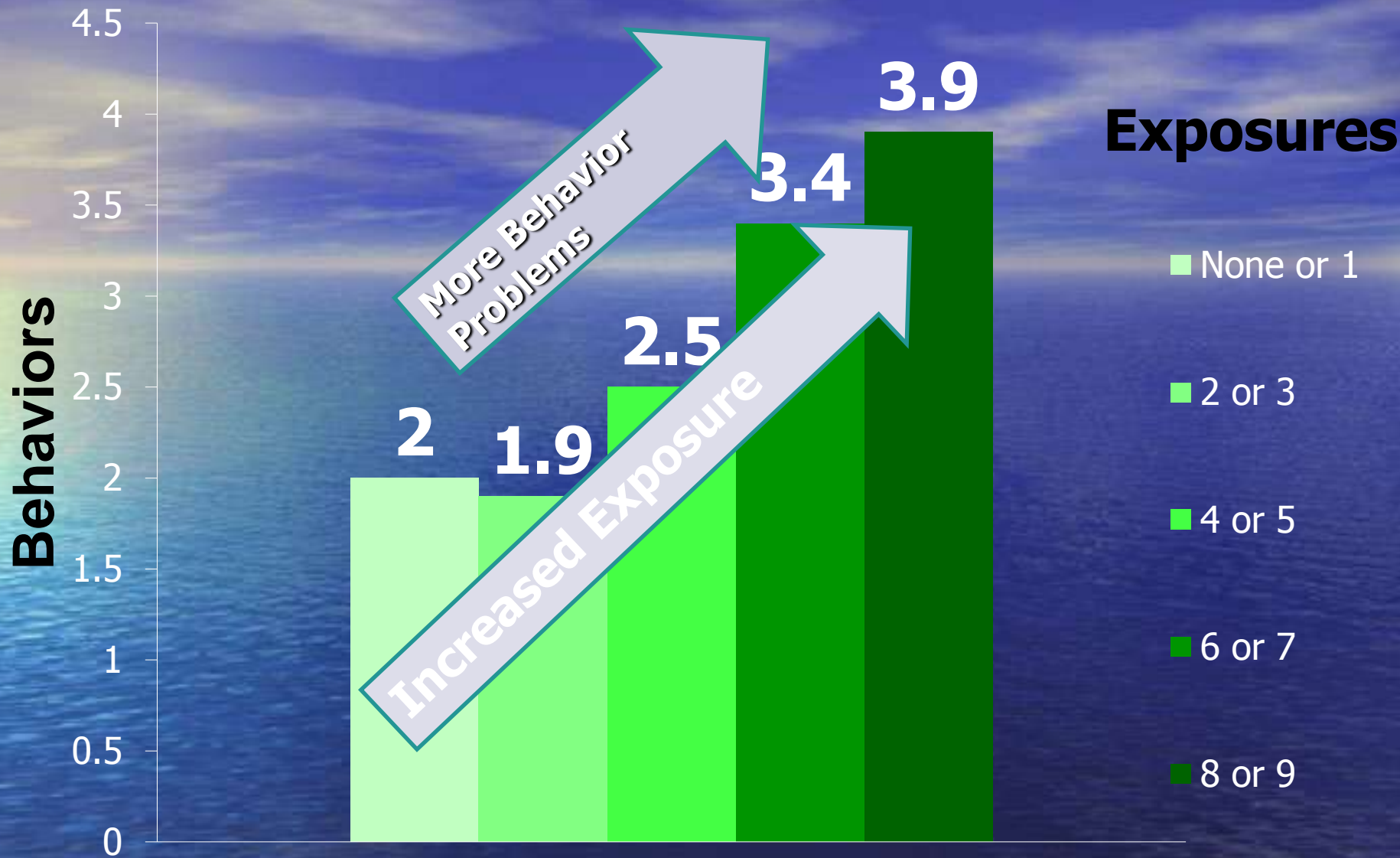
Urgency of
Assessment

Number of Screening Checklists

Initiative-wide=767

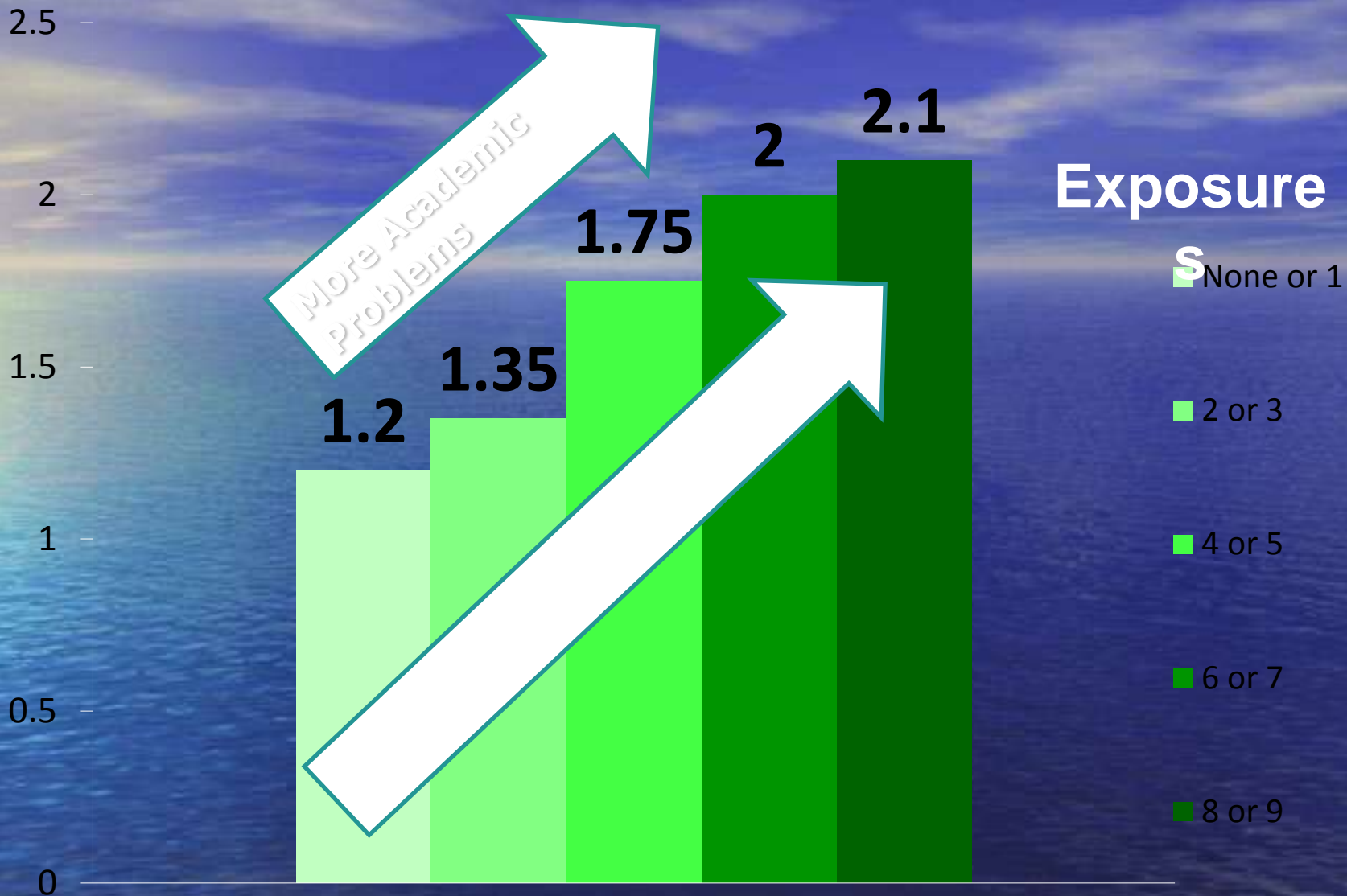
Each checklist represents a child age 6 or over

Hillsdale	155
Livingston	144
Mason	225
Lake	43
Newaygo	109
Manistee	29



Total Number of Students = 687

Academic Problems

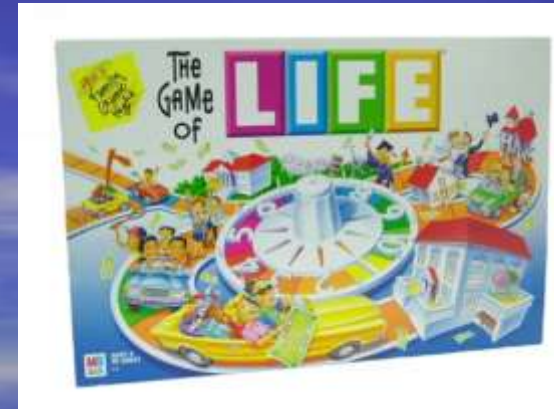


Total Number of Students = 687

- 
- Seabiscuit

**Prenatal Exposure
to Alcohol and
Drugs;
Maternal Stress**

The Real Game of Life: Cumulative Risk Version



**Infancy: Unresponsive
Caregiver
Insecure attachment**

**Toddler:
Physical
Maltreatment**

**Aggressive
Child Behavior**

**Child: Emotional
Dysregulation**

**Child as Bully
Child being
Bullied**

**Child: DSM Label
ODD, RAD, Bipolar**

**Child: Exposure to
Domestic Violence**

**Child:
Academic
Failure**

**Child enters
Juvenile Justice
system**

What Makes A Difference?

- Recognition that this is not simple and sometimes it sucks!!!!!!!!!!!!!!
- It's Not All Strength Based
- It's Not All Clinical
- Multi-Level Advocacy

My Own Journey: Reaction to Overwhelming Circumstances for Our Children

- Understanding trauma
- Reaction to strength base
- Challenge to create resiliency

Resiliency

Resiliency ***contextualizes*** a child's
strengths and adverse
experiences

Resiliency

Relatedness



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)

How relatedness is experienced

1) Comfort with others

2) Psychological safety with others

3) Belief that there is *access to support* from others when in need

How relatedness is experienced

4) Trust that what another says is *true* and that they are *reliable*.

5) The capacity to have differences with and still be in positive relationship with others.

6) "I am *lovable* and know that I am loved." (attachment based)

Resiliency Interventions

- 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!!)

Relatedness

- Enter the *relatedness dance* with traumatized children being secure in your own skin.



BABY STEPS

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**

Sense of Mastery: Child Perspective

- **“I am not going to turn out like my parents.”**
- **“I want something different.”**
- **“I just know I can make it after all I have been through.”**

Efficacy Interventions

- Recognizing the seed of efficacy
- Nurturing the seed slowly by framing what is present that the child does not even know
- Avoid setting the bar too high to reduce discouragement and a return to victimization

Potential for Synergy

$$1 + 1 + 1 + 1 = 10$$

Makin it real!

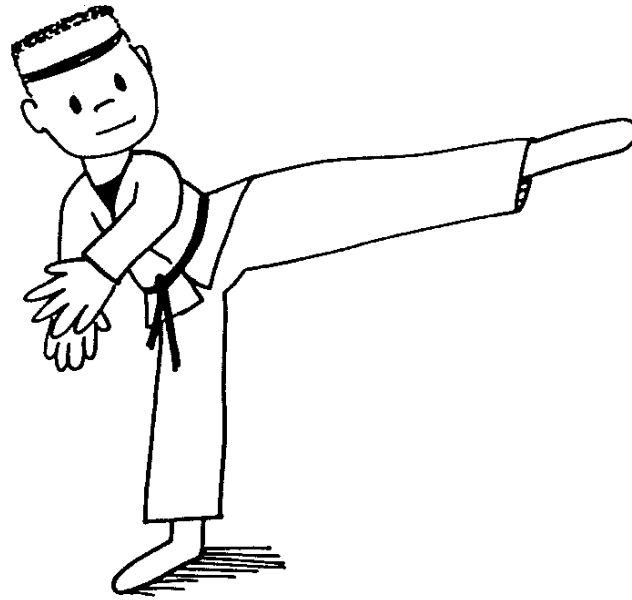
- Frame failure as **universal** (batting example)
- In times of failure be accessible: building relatedness
- Praise the ***process*** not the content

Integration

Relatedness + Efficacy + Relatedness



But the big thing I've got to get through my thick skull is that it's not my fault how things have worked out. Especially stuff about my mother. I just think about her or see some other mom with her kid and I feel like I'm sinking into a black hole. I can't stop thinking that we could be together if I took better care of her or if I were a better kid or if I had done something different. If I'm not feeling guilty, I feel so angry toward her that you can't begin to imagine. She should have taken care of me.



Some kids seem to make it through OK and others fall apart. Now Jeremy, this counselor at summer camp, he had an even tougher time than me, but he says he's happy now. He told me it took him a long time before he got it together. I think he said something about getting tired of being angry and deciding to take control of his life. He got into karate, too. But most of all he got adopted by a decent family. It must be nice to find a mother who really loves you.

Resiliency

Affect/Regulation



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



**Adverse
Child
Experience**

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

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

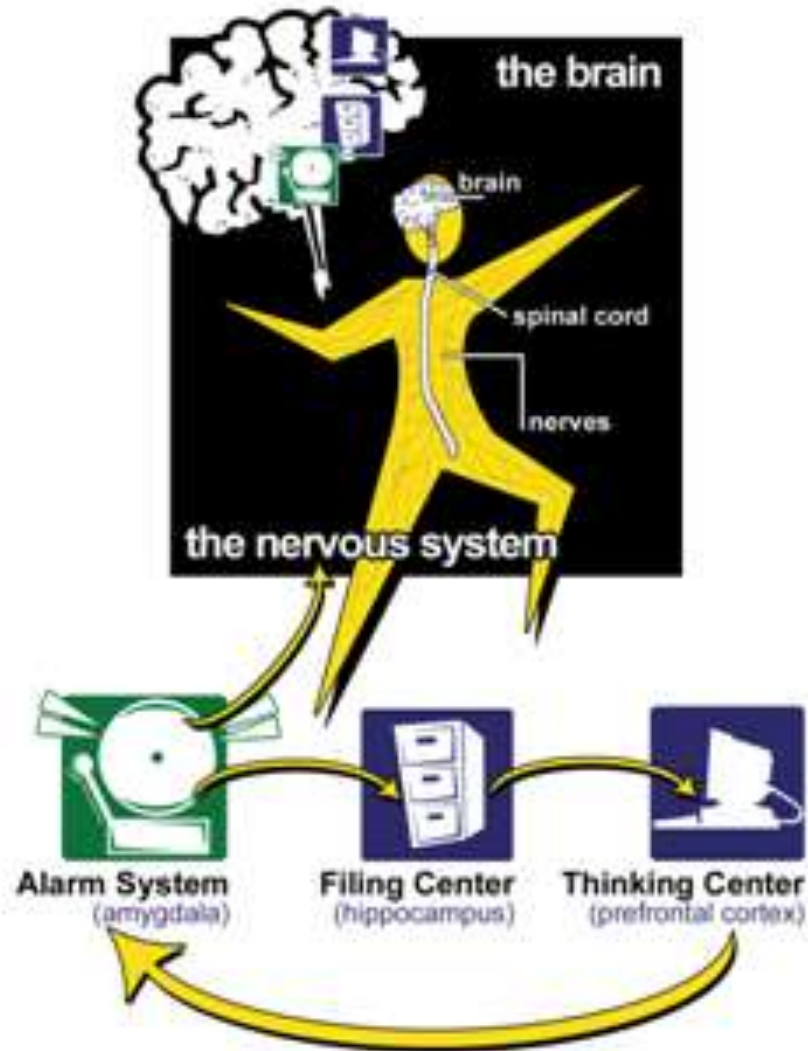
(Prince-Embury, 2008)

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



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 YOURSELF

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

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



Psychopharmacologic Treatment in Children / Adolescents

Changing Landscape of Psychotropic Medication

- Since 2000, many new medications have been introduced
- It is difficult for primary care physicians to keep pace with new meds
- Especially tough for JJ/MH professionals to get *useful* information on medication
- New choices = new treatment opportunities
- These are exciting times!!

Psychopharmacologic Treatment

- Psychopharmacology as part of **multi-modal Tx**
- Critical questions:
 - ***When*** to do meds!
 - ***Which med*** to do first?
- Adequate **follow-up** essential (the **details** matter!)
- For **optimal** medication treatment:
 - Need effective ***collaboration / communication***
 - With parents / teachers / MH professionals / other supervisory adults (tutors / coaches / case managers / direct care staff/ OT's / SLP's)

Psychopharmacologic Treatment

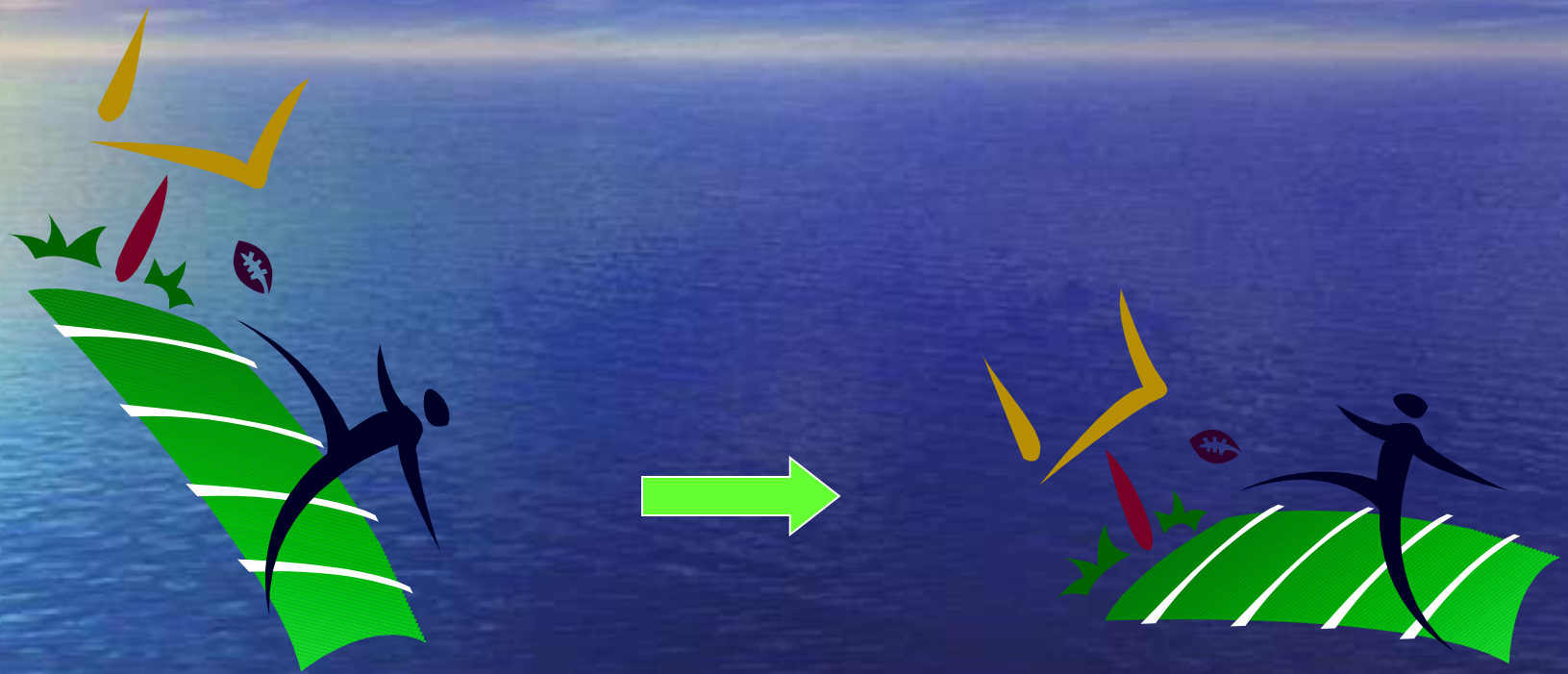
- **Important points in using medications:**
 - Target Symptoms vs DSM-IV Diagnoses
 - “Deconstructing the DSM”
 - ***Brain-based*** meds (stay tuned!)
 - Impairment of function requirement:
 - **Starting** medications
 - Changing medication **doses**
 - Changing **type** of medication

Psychopharmacologic Treatment


Important points in using medications:

- Emphasize that the **GOAL** of med Tx is to *restore normal (as possible) brain function*
- Remember the **"COMFORT ZONE"**
- Optimal med Tx **allows** other treatment modalities (CBT, OT, DBT) to be more effective
- Impact of substance use / abuse

Remember, its all about...



Leveling the playing field !!!



Specifics of optimized brain-based medication treatment

It's baaaack!

Meds via vehicle-brain metaphor



- Accelerator
- Brakes
- Steering

Optimized Brain-based Medication Treatment

- Major target area:

- Brakes:**

- Focus / concentration
 - Arousal dysregulation
 - Executive dysfunction
 - Working memory
 - Impulse control
 - Hyperactivity
 - Mood dysregulation

- Major target area:

- Accelerator:**

- Sleep / arousal
 - Limbic irritability
 - Anger / explosiveness
 - Mood lability
 - Callosal dysfunction
 - Anxiety / OCD
 - Panic / Fight-Flight
 - Depression

Psychotropic Medication

Proposed Algorithm (Sloane 2011)

Key Clinical Questions:

- | | |
|----------------------------|--------|
| 1) Sleep Issues? | Y or N |
| 2) Mood Issues? | Y or N |
| 3) Regulation Issues? | Y or N |
| 4) Impulse Control Issues? | Y or N |

Revisit regulation until stable →→

Psychotropic Medication Proposed Algorithm

- If regulation is solid:

- | | |
|----------------------------------|--------|
| 5) Low motivation / low arousal? | Y or N |
| 6) ↓ focus / attention? | Y or N |
| 7) Depression? / Anxiety? | Y or N |

Psychotropic Medication Proposed Algorithm

- Are medications now optimized? Y or N
- Is the playing field now level ? Y or N
- If not, use other physiologic treatments:
 - Sensory-focused occupational therapy
 - Exercise / Complex Movement (Yoga, Tai Chi)
 - Optimized nutrition
 - Expressive Therapies (Music, Art, Dance)

A level playing field allows other treatment modalities to be more effective

- Psychotherapy
- Case management
- Wraparound protocols
- Behavioral management
- Social skills training
- Parent training
- MST
- Tutoring



Remember...

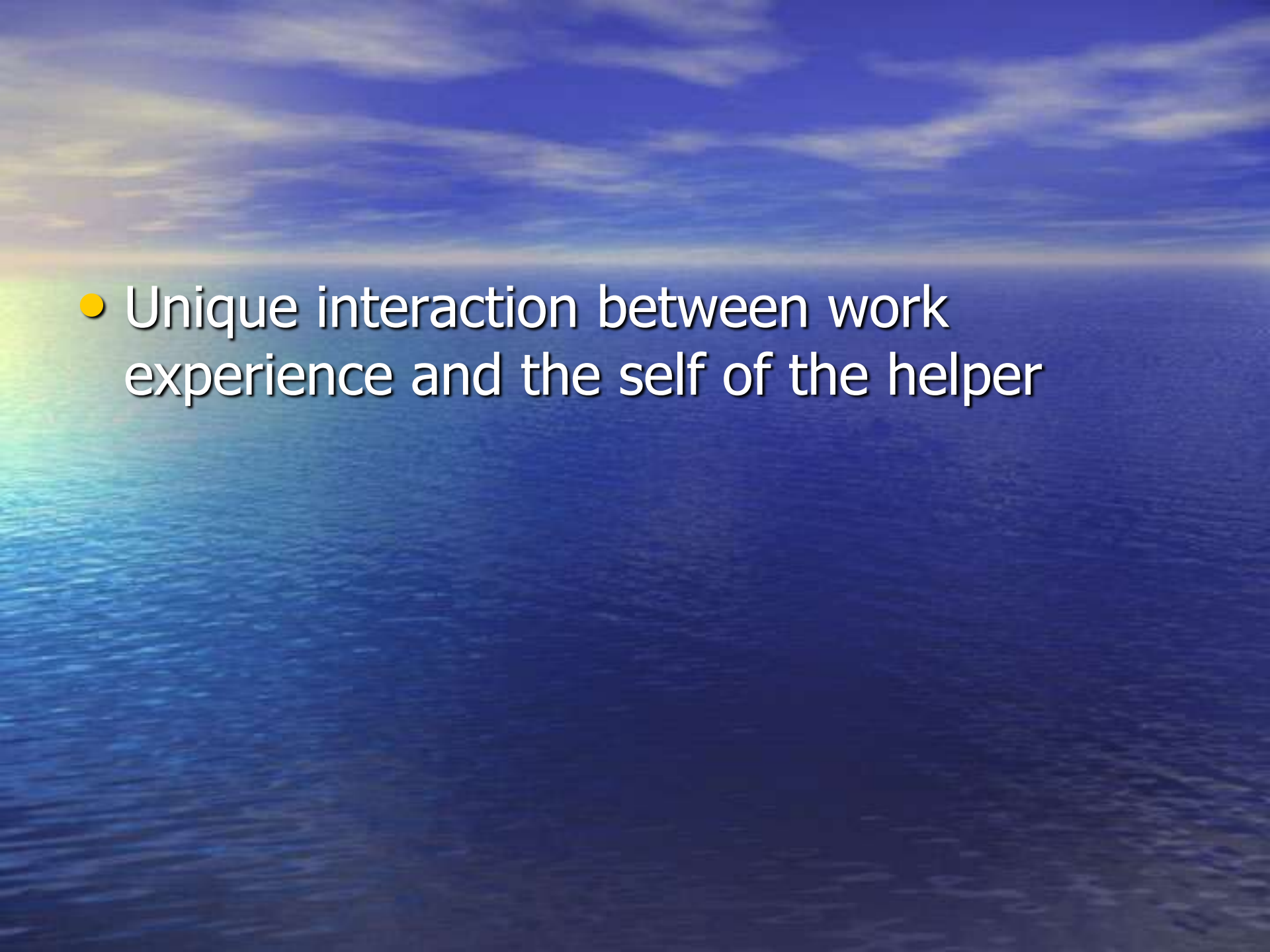
Medication is the ***beginning*** of the
journey (not the end)

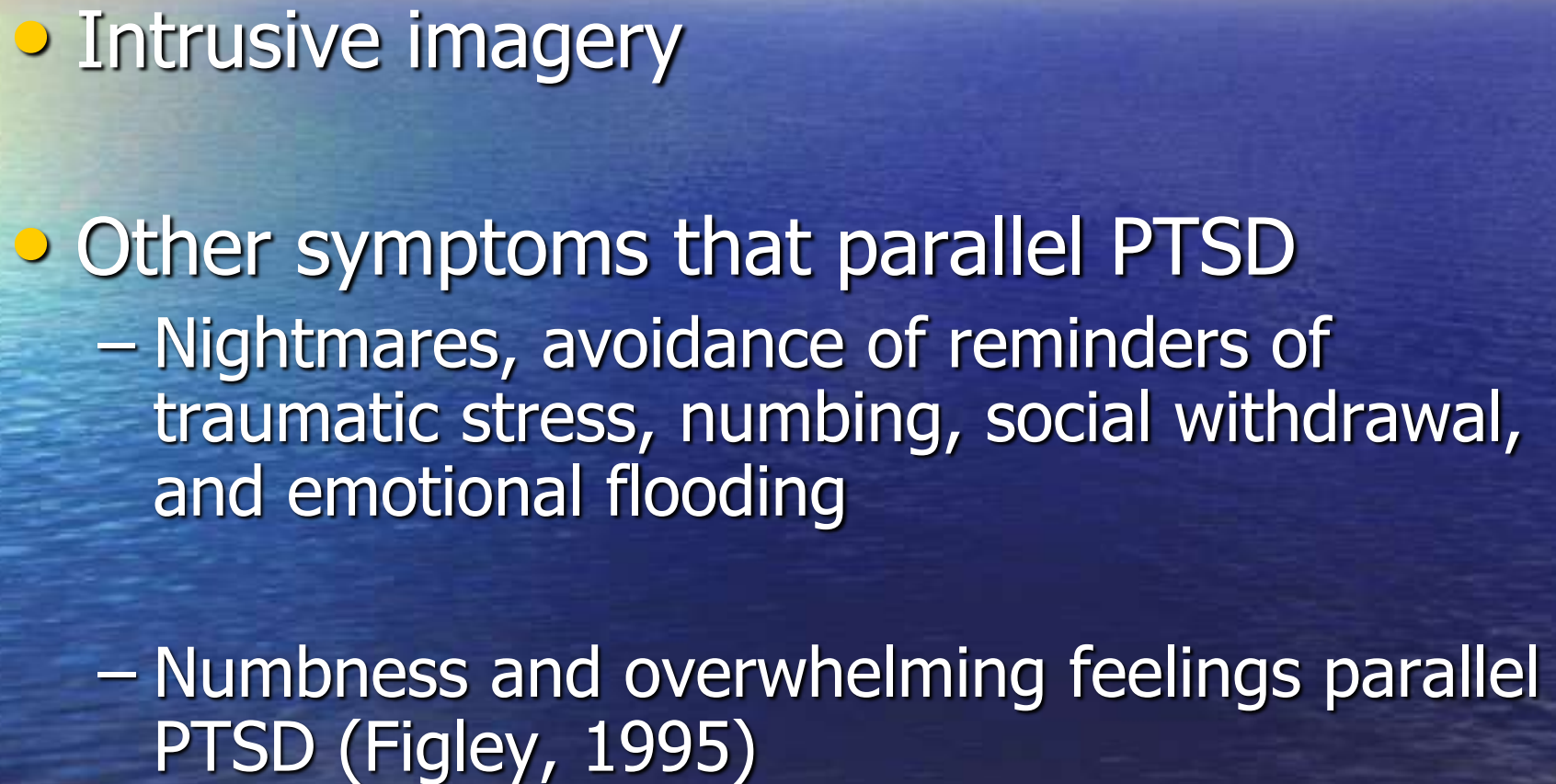
Secondary Trauma/ Compassion Fatigue

- "The natural and consequent behaviors and emotions resulting from knowing about a traumatized event from a significant other, the stress from helping or wanting to help a traumatized or stressed person." (Figley, 1995)

How to identify?

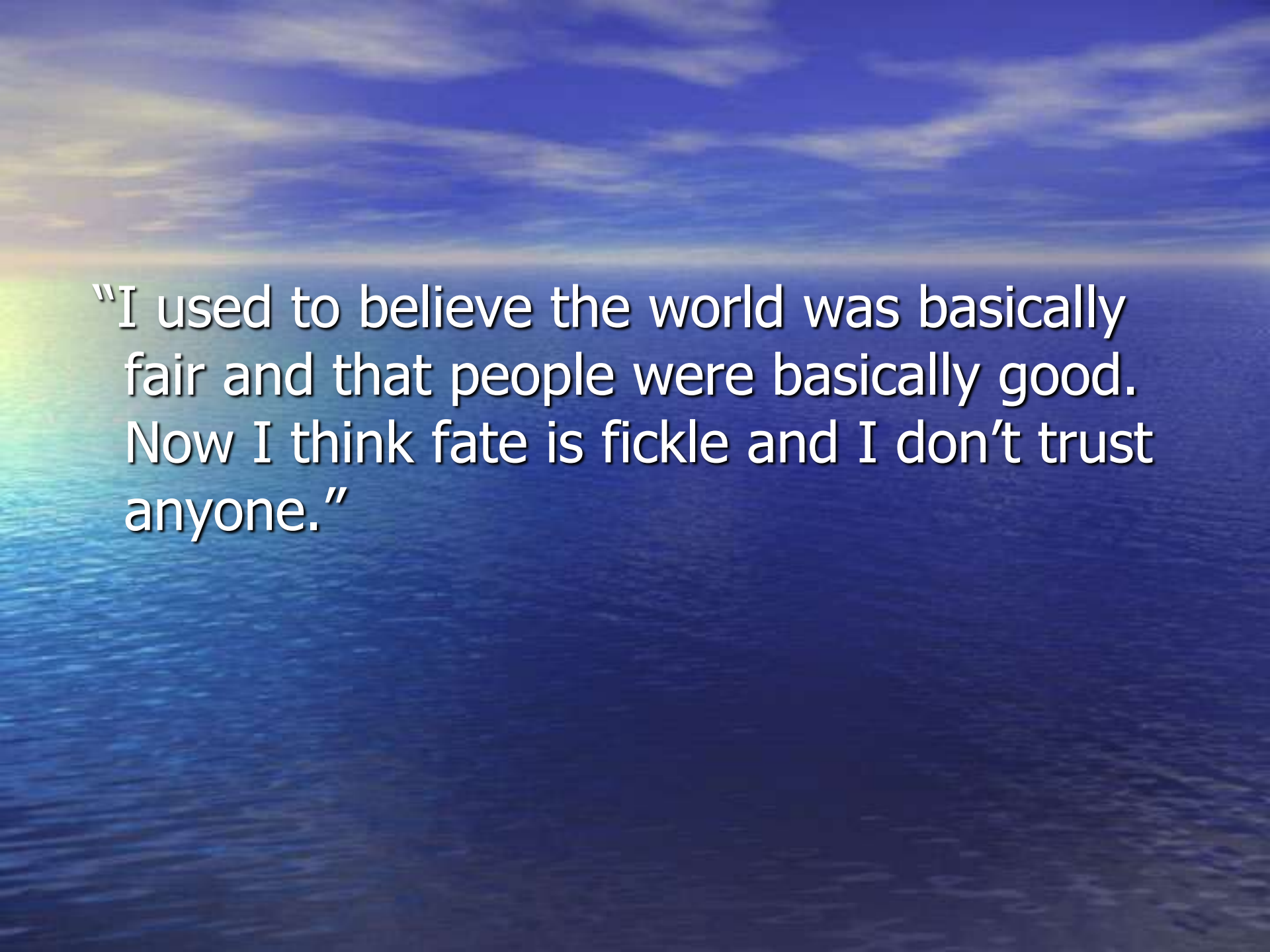
- Acknowledging that STS is most often always present to some degree in all
- How to recognize it as it progresses?
 - Maybe the PERSON really has STS not poor work habits

- 
- Unique interaction between work experience and the self of the helper

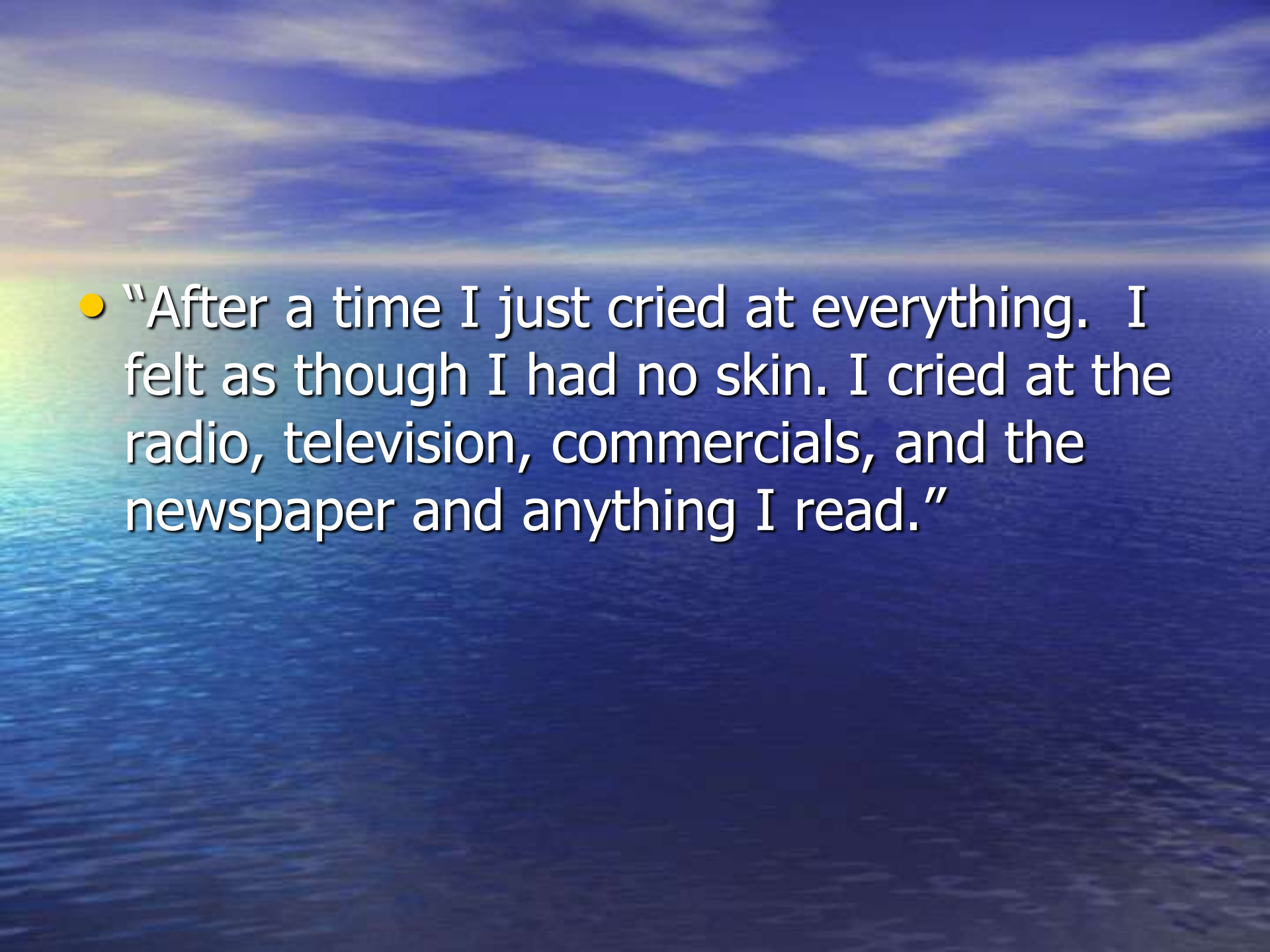
- 
- Intrusive imagery
 - Other symptoms that parallel PTSD
 - Nightmares, avoidance of reminders of traumatic stress, numbing, social withdrawal, and emotional flooding
 - Numbness and overwhelming feelings parallel PTSD (Figley, 1995)

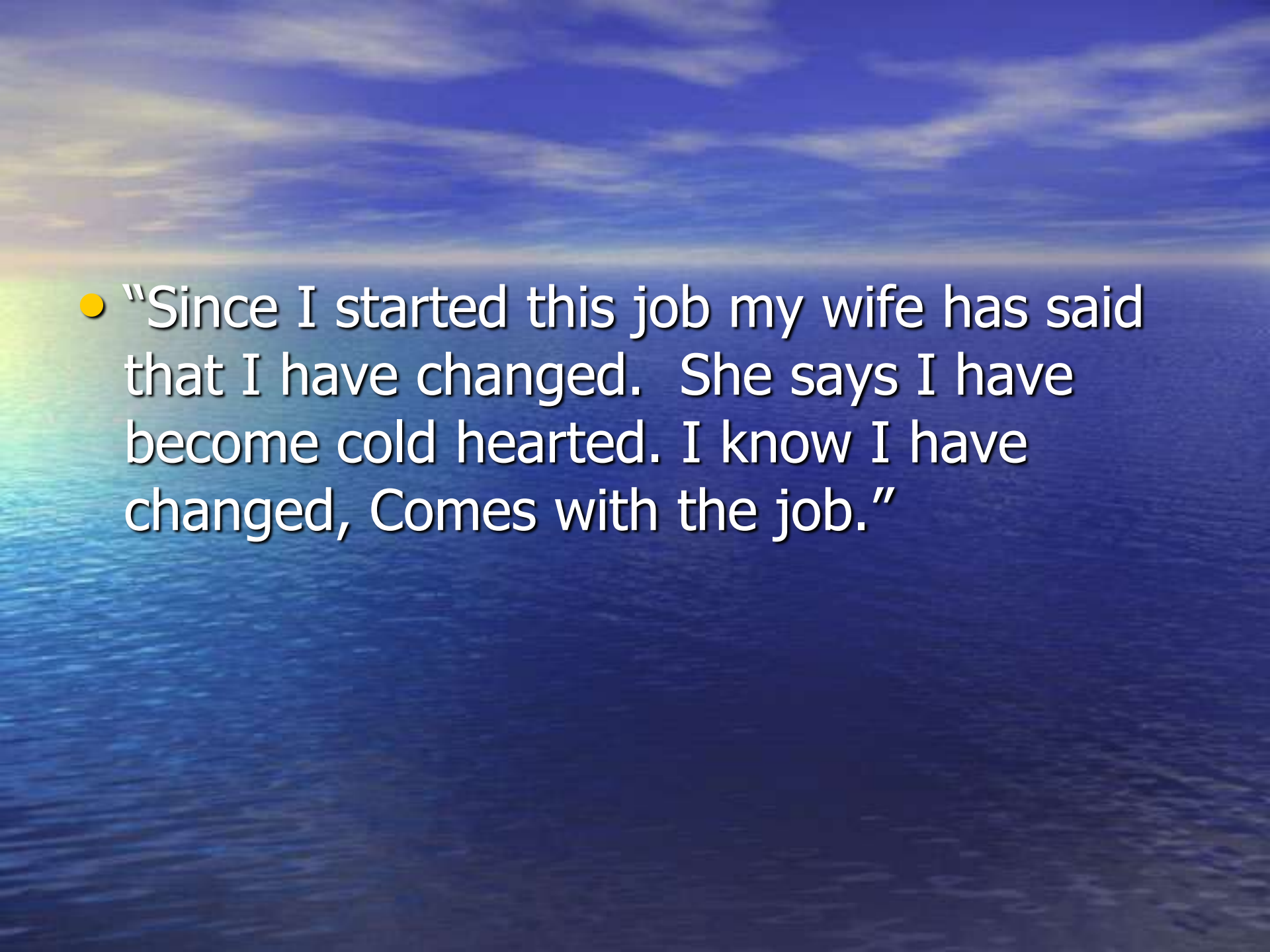
Myth Busting

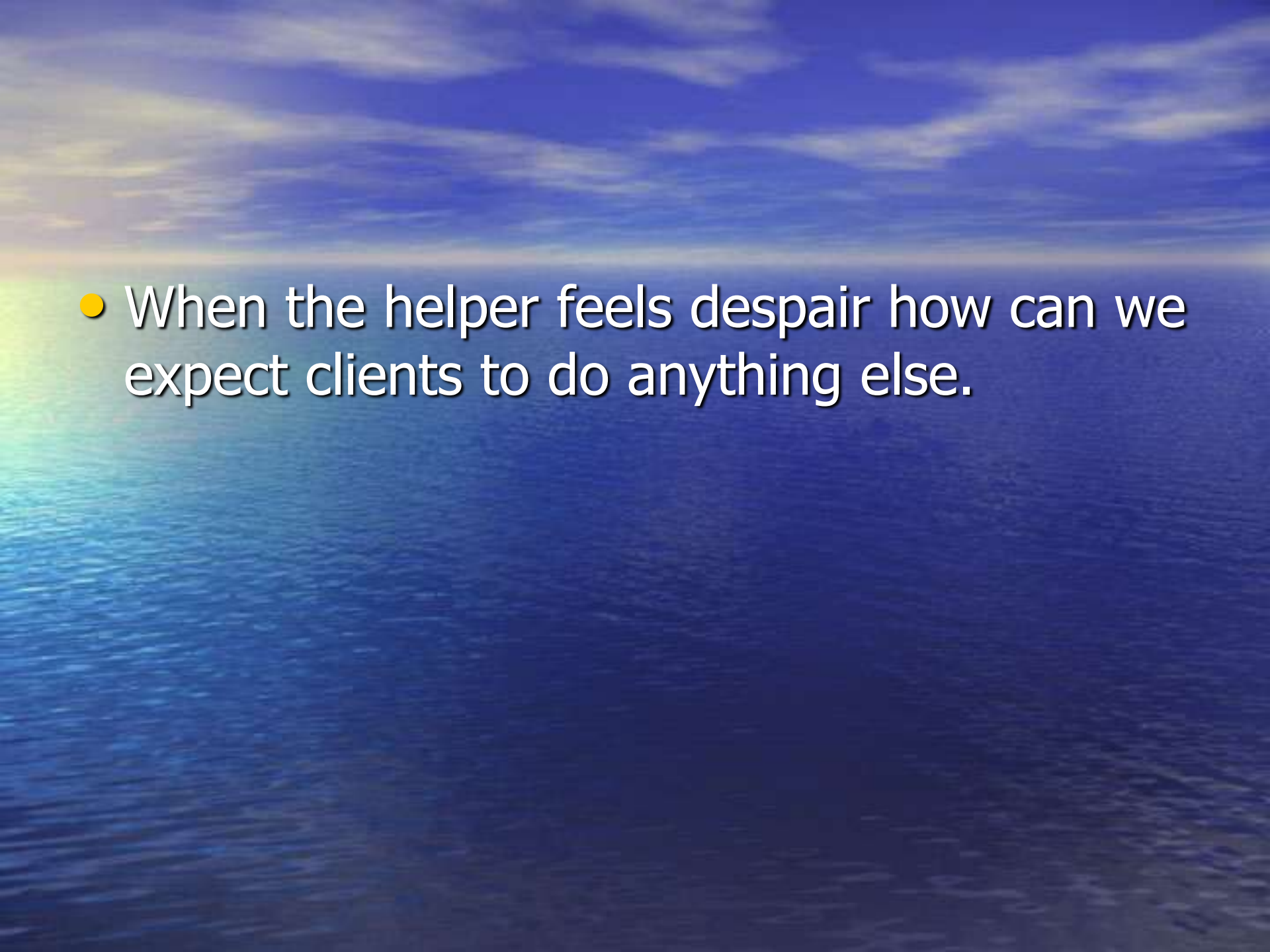
- I can separate my personal from my professional life.
- Why this myth can destroy ones personal life?

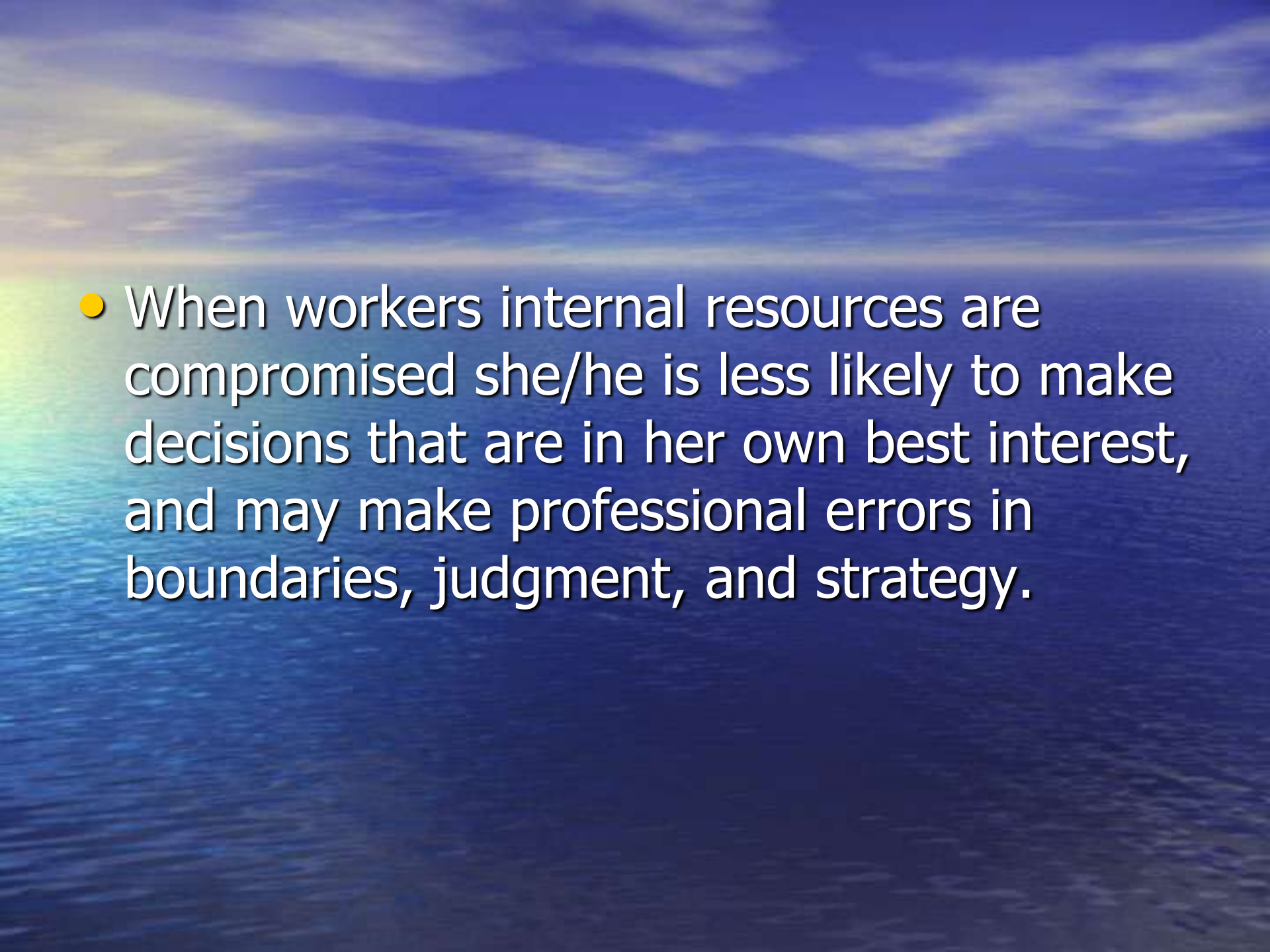


"I used to believe the world was basically fair and that people were basically good. Now I think fate is fickle and I don't trust anyone."

- 
- "After a time I just cried at everything. I felt as though I had no skin. I cried at the radio, television, commercials, and the newspaper and anything I read."

- 
- "Since I started this job my wife has said that I have changed. She says I have become cold hearted. I know I have changed, Comes with the job."

- 
- When the helper feels despair how can we expect clients to do anything else.

- 
- When workers internal resources are compromised she/he is less likely to make decisions that are in her own best interest, and may make professional errors in boundaries, judgment, and strategy.

Human Services is Grief Work!

A personal experience of loss

- Denial: This is not really happening? You can't make this S---- up!
- Anger: This is unfair and undeserving
- Bargaining: I know I can make it all better if I try harder!
- Depression: Doesn't matter what I do change does not happen.
- Acceptance: Embracing loss and my own powerlessness.



Thank you all for coming!



