Trauma Informed Care:
Understanding the Impact Trauma has on Clinical Relationships and Outcomes

Objectives

Describe and identify Trauma Informed Systems

Define Trauma in Childhood

Identify Trauma's impact on Child Development

Information about Trauma Statistics

Interventions

Which of these quotes resonate with you?

You can spend a lifetime trying to forget a few minutes of your childhood.

HealthyPlace.com

Everybody deserves someone, someone strong enough not to *let us go...*

More often than not the child starving for love will ask for it in the most unloving way and accept it in the most hurtful way from anyone who is willing to give a little attention

someecards
user card

IT IS EASIER TO BUILD STRONG CHILDREN THAN TO REPAIR BROKEN MEN.
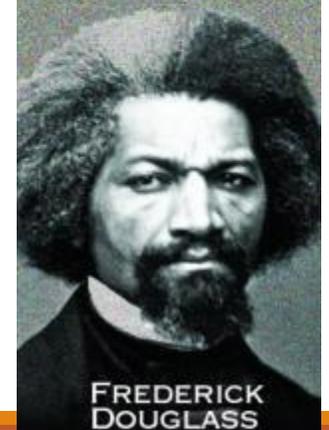
FREDERICK DOUGLASS

Discipline is helping a child solve a problem. Punishment is making a child suffer for having a problem. To raise problem solvers, focus on solutions not retribution. - L. R. Knost

nourishingourchildren.org

TRAUMA LEAVES 'FINGERPRINTS' ON THE VICTIM. THESE DON'T FADE WHEN THE BRUISES DO.

QUOTEHD.COM

Dr. Ellen Taliaferro

Help Me

What Keeps Us Up at Night….

Our Clients' stories…

Violence

Physical Abuse

Living Conditions

Neglect

Sexual Abuse

Trauma Informed Systems

Trauma Informed System

Trauma-informed systems are not designed to treat symptoms or syndromes related to abuse or trauma.

Instead, the primary purpose in the system is to deliver services and supports in a manner that acknowledges the role that violence and victimization play in the lives of children and families.

Trauma Informed System

This understanding is used to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation that is appropriate and helpful to the special needs of trauma survivors.

Harris, M., & Fallot, R. EDS. (2001) Using trauma Theory to Design Service Systems, Jossey-Bass, San Francisco.

SAMHSA 6

The SAMHSA six specific SAMHSA principals found in an effective Trauma informed care approach to practice:

1) Safety;

2) Trustworthiness and Transparency;

3) Peer Support;

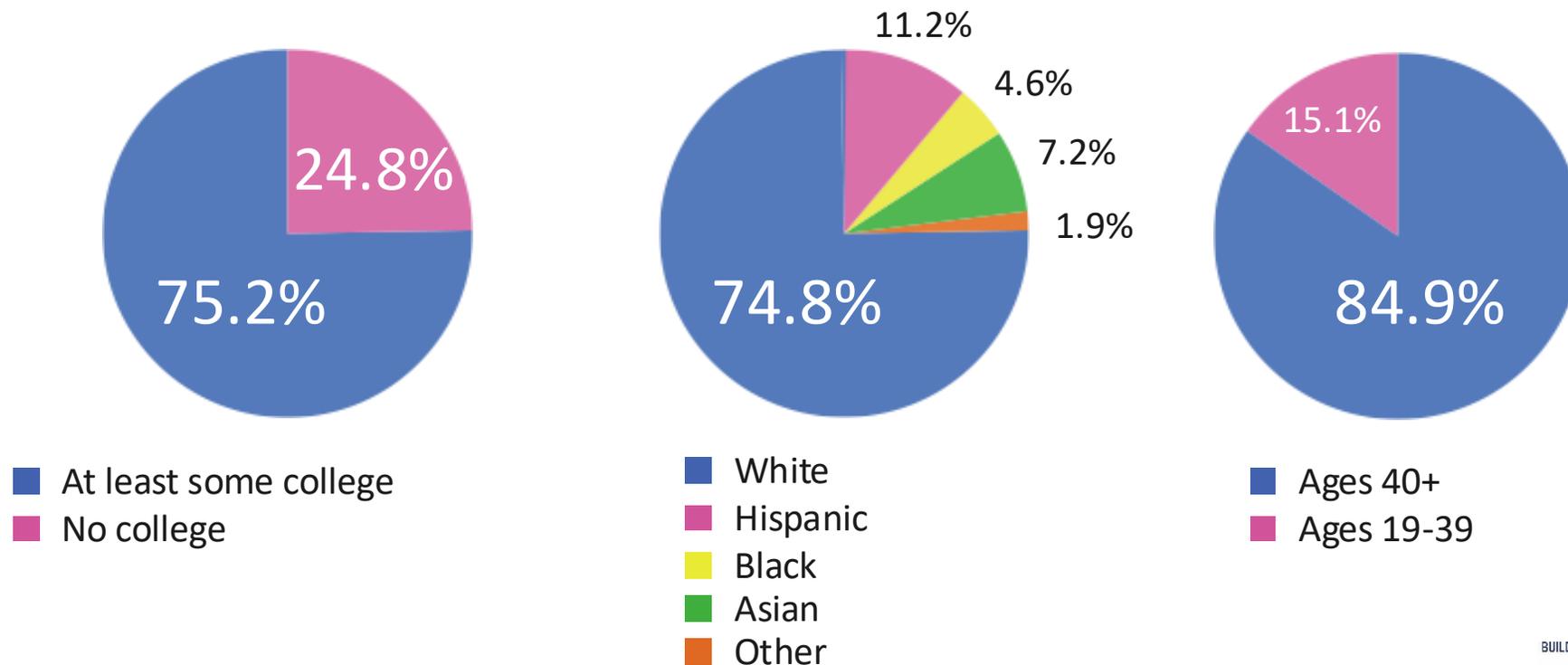4) Collaborative Decision Making;

5) Empowerment, Voice and Choice and;
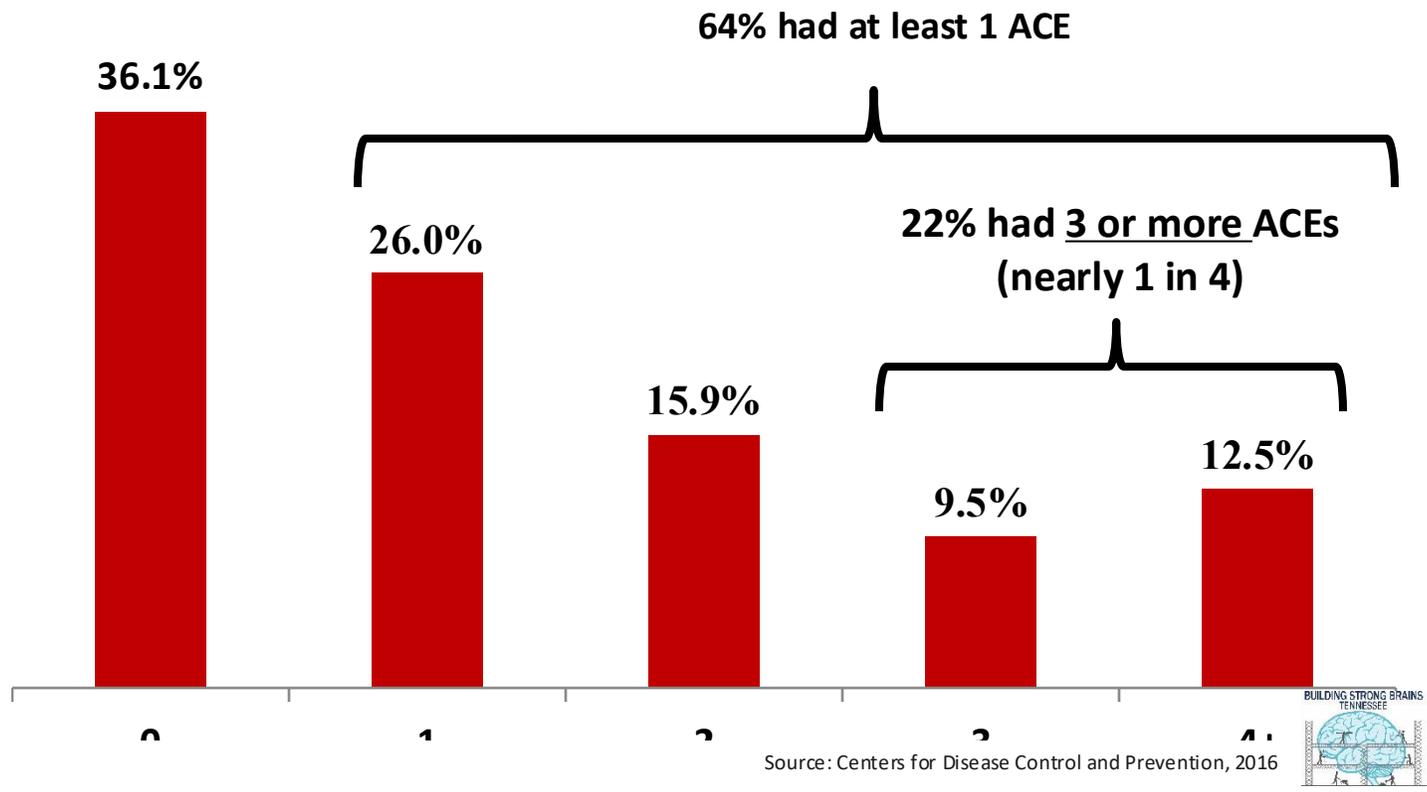
6) Cultural, Historical and Gender Issues

Trauma Statistics

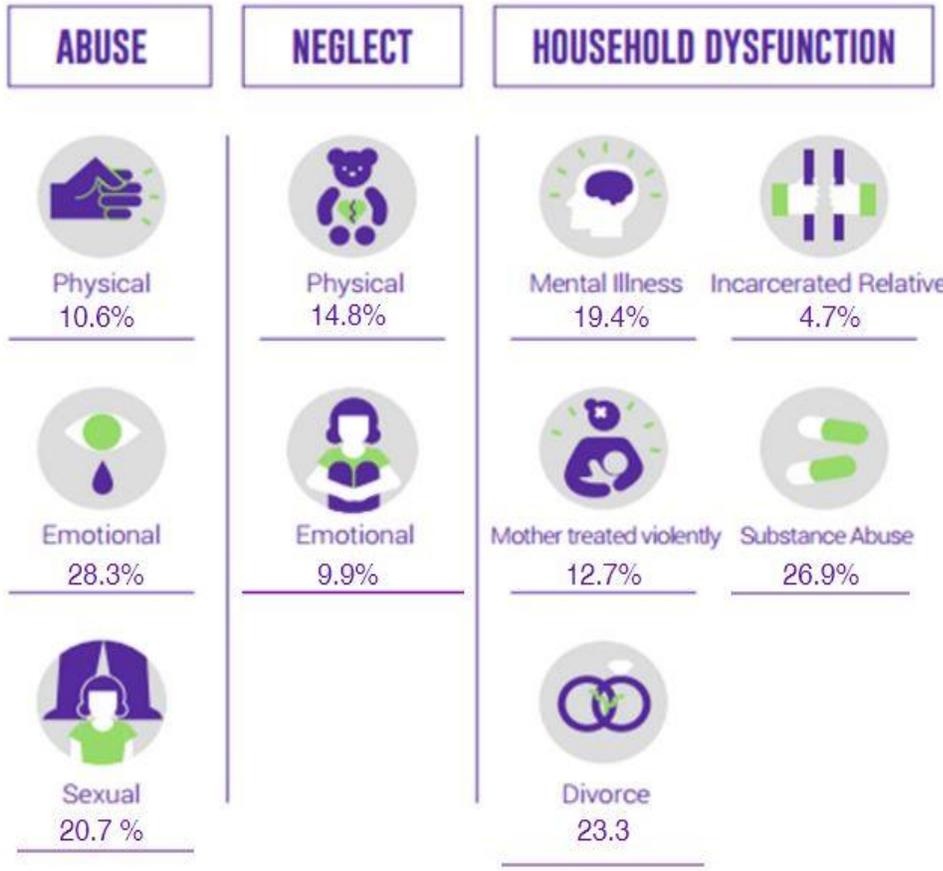# ACE Study Demographics

Participants were mostly white, middle-aged, college educated and insured. They didn't face many of life's challenges such as poverty or racism.

Pie chart 1:
- 75.2% At least some college
- 24.8% No college

Pie chart 2:
- 74.8% White
- 11.2% Hispanic
- 4.6% Black
- 7.2% Asian
- 1.9% Other

Pie chart 3:
- 84.9% Ages 40+
- 15.1% Ages 19-39

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Number of ACEs Experienced Before Age 18 by Adults in CDC-Kaiser ACE Study *1997*

64% had at least 1 ACE

22% had 3 or more ACEs (nearly 1 in 4)

36.1%

26.0%

15.9%

9.5%

12.5%

Source: Centers for Disease Control and Prevention, 2016

ABUSE

Physical
10.6%

Emotional
28.3%

Sexual
20.7 %

NEGLECT

Physical
14.8%

Emotional
9.9%

HOUSEHOLD DYSFUNCTION

Mental Illness
19.4%

Incarcerated Relative
4.7%

Mother treated violently
12.7%

Substance Abuse
26.9%

Divorce
23.3

Adverse Childhood Experiences

Sources: Center for Youth Wellness, n.d.; Centers for Disease Control and Prevention, 2016

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What Are Adverse Childhood Experiences (ACEs)?

Are there "new" ACEs? YES!!

- Poverty
- Racism
- Peer Victimization, i.e., Bullying

These are referred to as conditions of Trauma and Social Location

- Race/Social Conditions/Local Context
- Generational Embodiment/Historical Trauma

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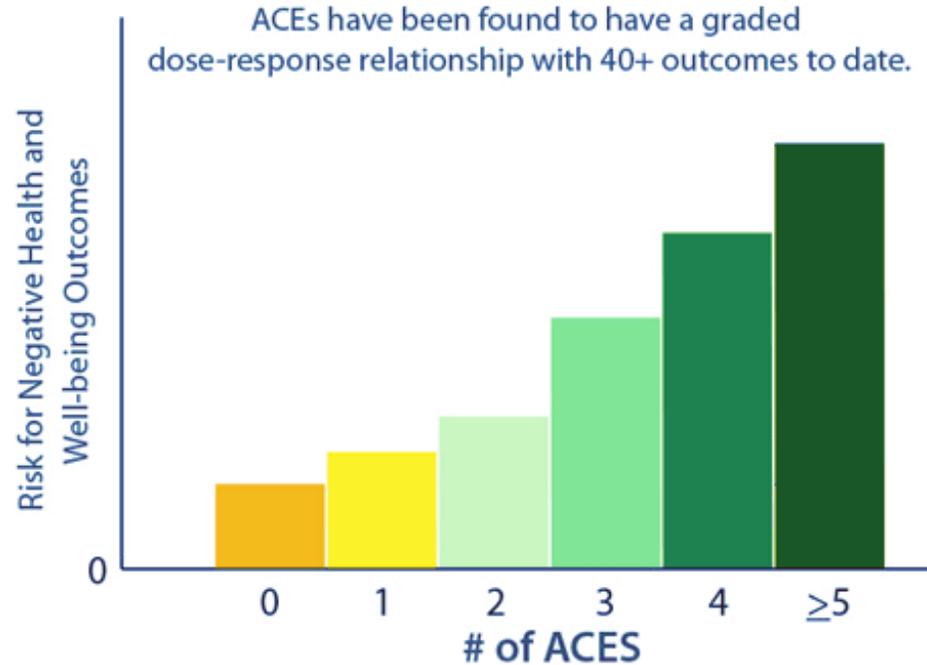TENNESSEE

ACEs Can Have Lasting Effects On...

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

**Behaviors** (smoking, alcoholism, drug use)

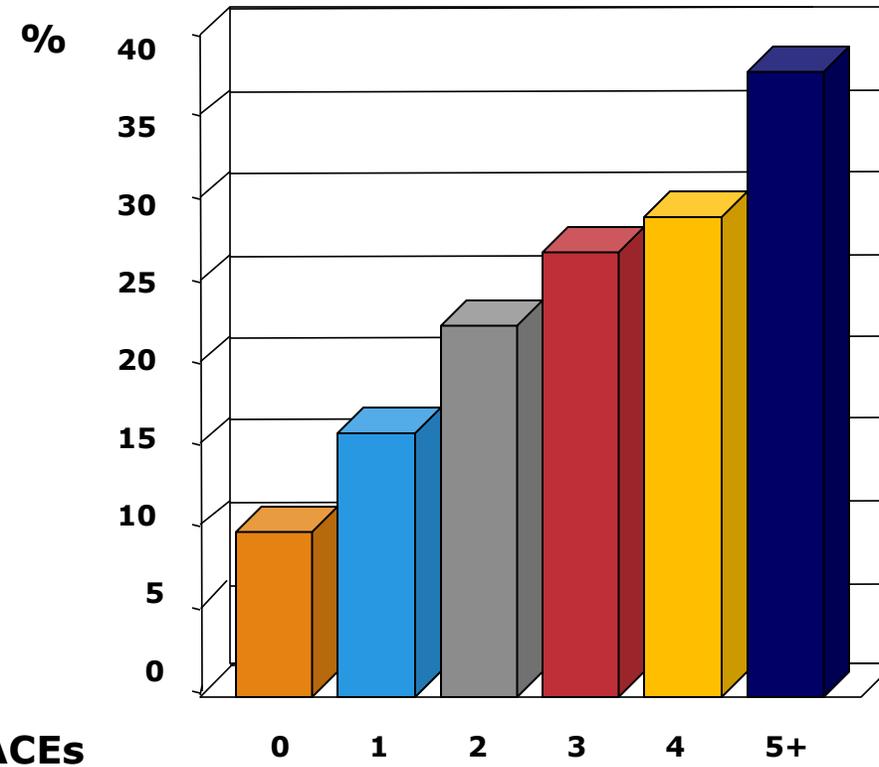**Life Potential** (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes

0   1   2   3   4   ≥5
# of ACES

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

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Risk Factors for Adult Substance Abuse Are Embedded in Adverse Childhood Experiences

Self-Report: Alcoholism
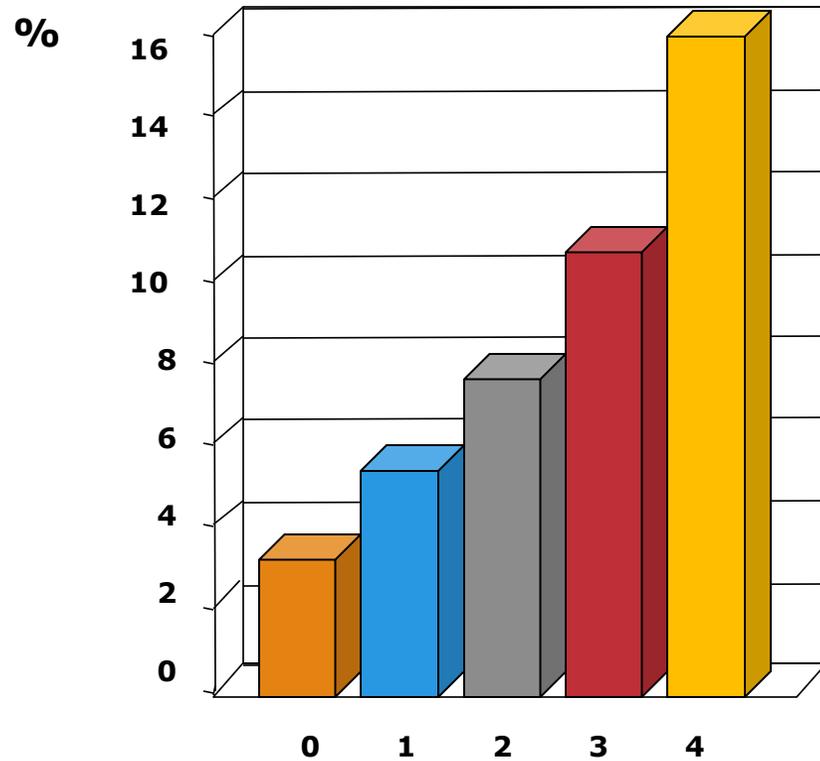
Self-Report: Illicit Drugs

ACEs

Sources: Dube et al., 2002; Dube et al., 2003

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Strong Communities   Healthy Economy

Successful Parenting of Next Generation

| Educational Achievement | Economic Productivity | Responsible Citizenship | Lifelong Health |

Healthy Child Development

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Four Core Concepts of Development

1 **_Brain Architecture_** is established early in life and supports lifelong learning, behavior and health.

2 Stable, caring relationships and "**_Serve and Return_**" interactions shape brain architecture.

3 **_Toxic Stress_** in the early years of life can derail healthy development.

4 **_Resilience_** can be built through "Serve and Return" relationships, improving self-regulation skills and executive function. Though there are sensitive periods of brain development in early childhood and adolescence, resilience can be strengthened at any age.
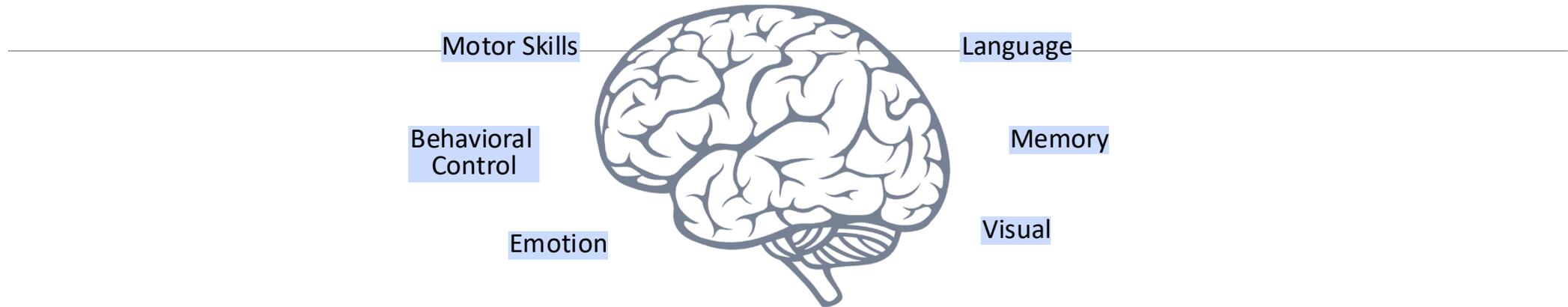
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Three Core Concepts in Early Development

Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child 🛡 HARVARD UNIVERSITY

Brain Architecture Supports Lifelong Learning, Behavior and Health

Motor Skills

Language

Behavioral Control

Memory

Emotion

Visual

- Brains are built over time, starting in the earliest years of life. Simple skills come first; more complex skills build on top of them.

- Cognitive, emotional and social capabilities are inextricably intertwined throughout the life course.

- A strong foundation in the early years improves the odds for positive outcomes and a weak foundation increases the odds of later difficulties.

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Brain Architecture

The early years of life matter because early experiences affect the architecture of the maturing brain. As it emerges, the quality of that architecture establishes either a sturdy or a fragile foundation for all of the development and behavior that follows. Getting things right the first time is easier than trying to fix them later.

NEWBORN · 6 MONTHS · 2 YEARS
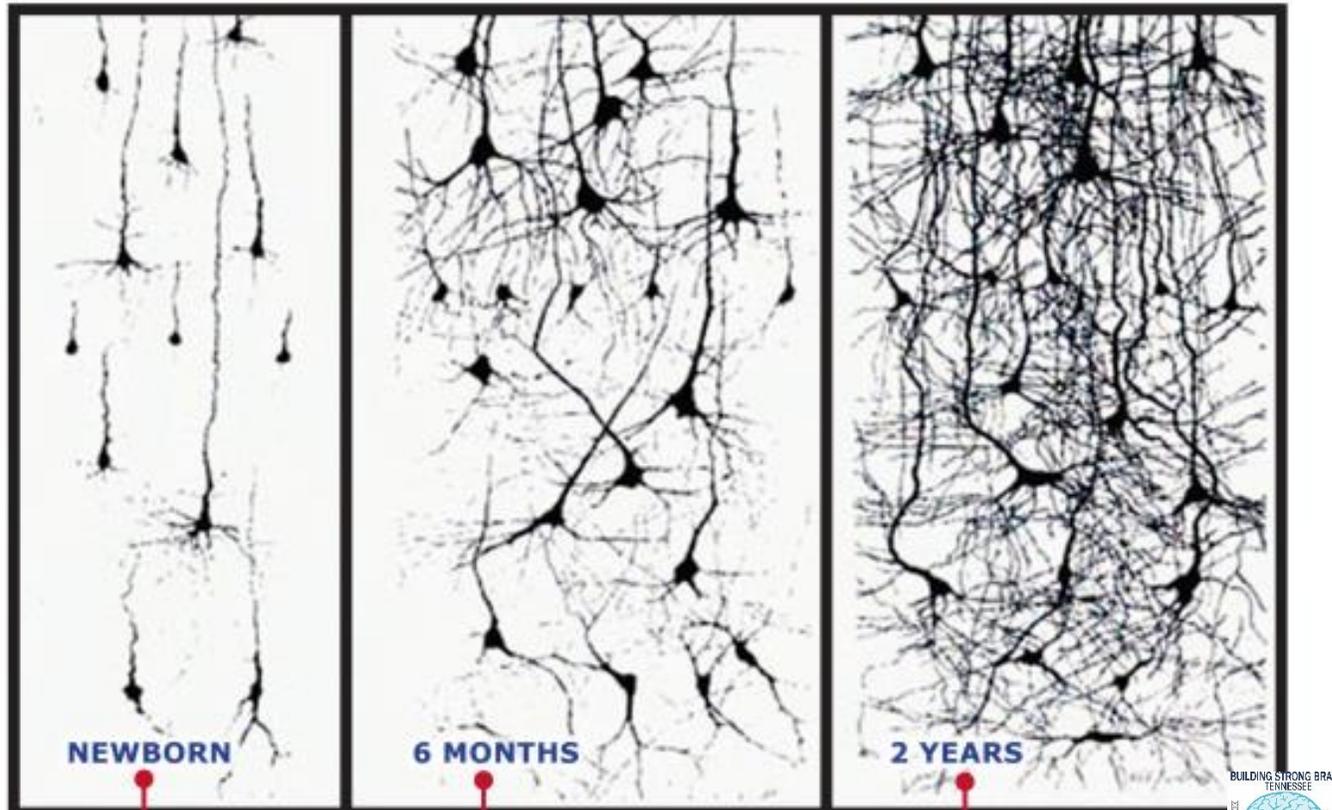
Source: Center on the Developing Child at Harvard University, 2009

More Than ONE MILLION New Neural Connections Per Second

Serve & Return Relationships Support Skill Learning

Three Core Concepts in Early Development

2 Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

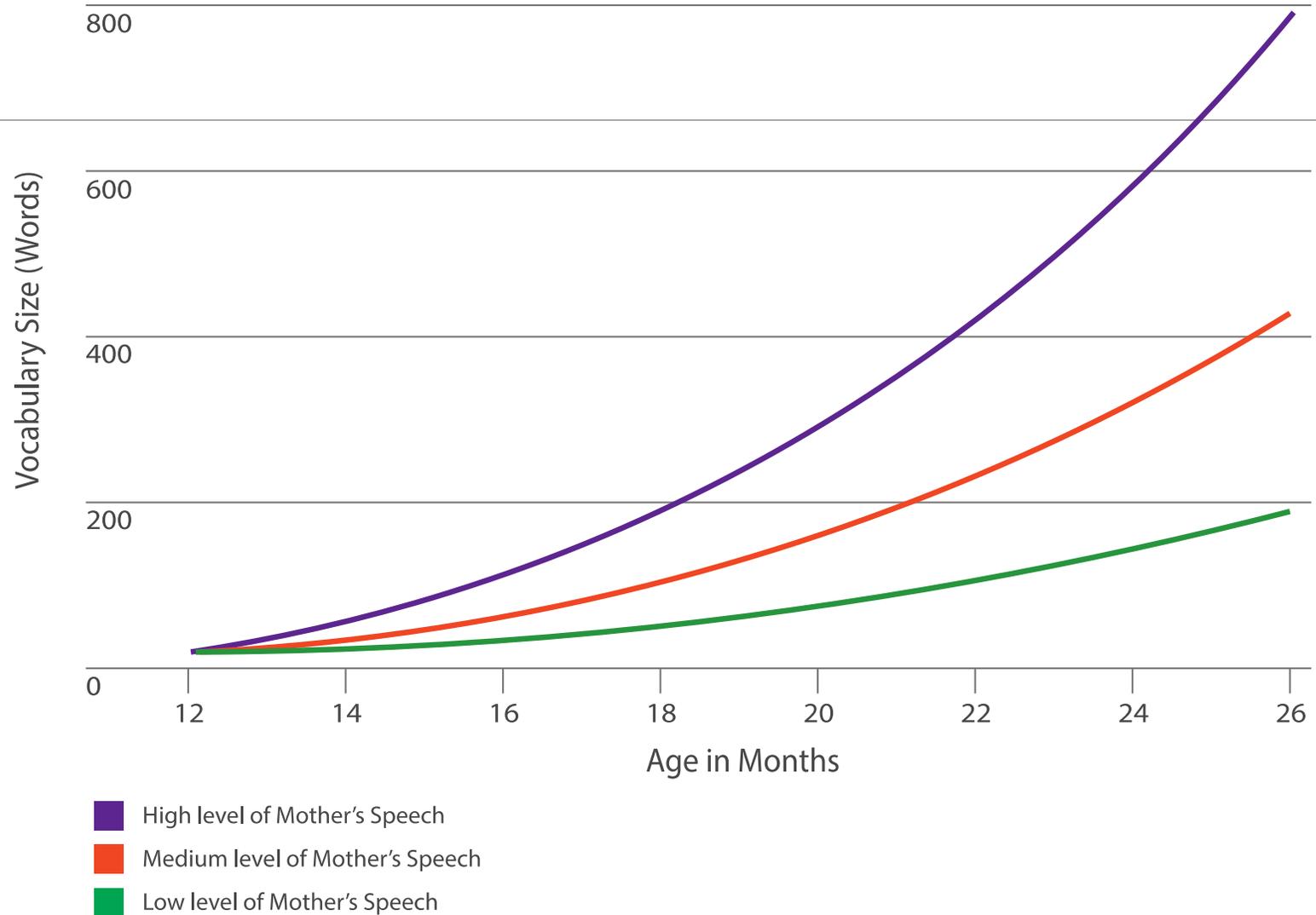Center on the Developing Child 🛡 HARVARD UNIVERSITY

Serve & Return Interactions Build Brains and Skills

- Young children naturally seek interaction through babbling, facial expressions and gestures, and adults respond in kind.

- These "serve and return" interactions are essential for the development of healthy brain circuits.

- Therefore, systems that support the quality of relationships in early care settings, communities and homes also support the development of sturdy brain architecture.

- Quality relationships continue to be vital in adolescence in order to reinforce brain architecture and build resilience.

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Working for Kids: Building Skills™
MOTHER'S SPEECH AND CHILD VOCABULARY

Vocabulary Size (Words)

800

600

400

200

0

Age in Months
12   14   16   18   20   22   24   26

High level of Mother's Speech

Medium level of Mother's Speech

Low level of Mother's Speech

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Sources: Cameron, n.d.; Huttenlocher et al., 1991

Adolescent Brain Development: A Period of Vulnerabilities and Opportunities

The brain starts to undergo a *"remodeling"* project in adolescence, making it an opportune time to build resilience.

- **Air Traffic Control:** Before and during puberty, a second period of rapid neural growth occurs in the prefrontal cortex.

- **"Use it or lose it":** The adolescent brain strengthens the neural connections that are used most often and prunes away those that aren't used as frequently.

- **Integration:** The *corpus callosum*, which relays information between different parts of the brain, also undergoes waves of growth during adolescence, improving self-regulation.

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Trauma and Traumatic Events

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

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Center on the Developing Child HARVARD UNIVERSITY

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Positive Stress

MEETING NEW PEOPLE

Short, stressful events like meeting new people or starting the first day of school are healthy for brain development. They prepare the brain and body for stressful situations later in life.

Tolerable Stress

DEATH IN THE FAMILY

Tragic, unavoidable events like a natural disaster or losing a loved one aren't good for us. But if supportive caregivers are around to buffer the stress response, these events won't do lasting damage to the brain and body.

Toxic Stress

PARENTAL ADDICTION

ABUSE   NEGLECT

Ongoing, repeated exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child's brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.

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Body's Response to Different Types of Stress

POSITIVE

A normal and essential part of healthy development

EXAMPLES
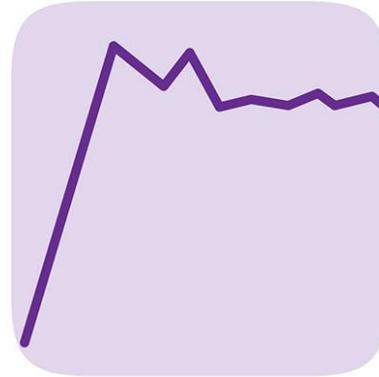*getting a vaccine,
first day of school*

TOLERABLE

Response to a more severe stressor, limited in duration
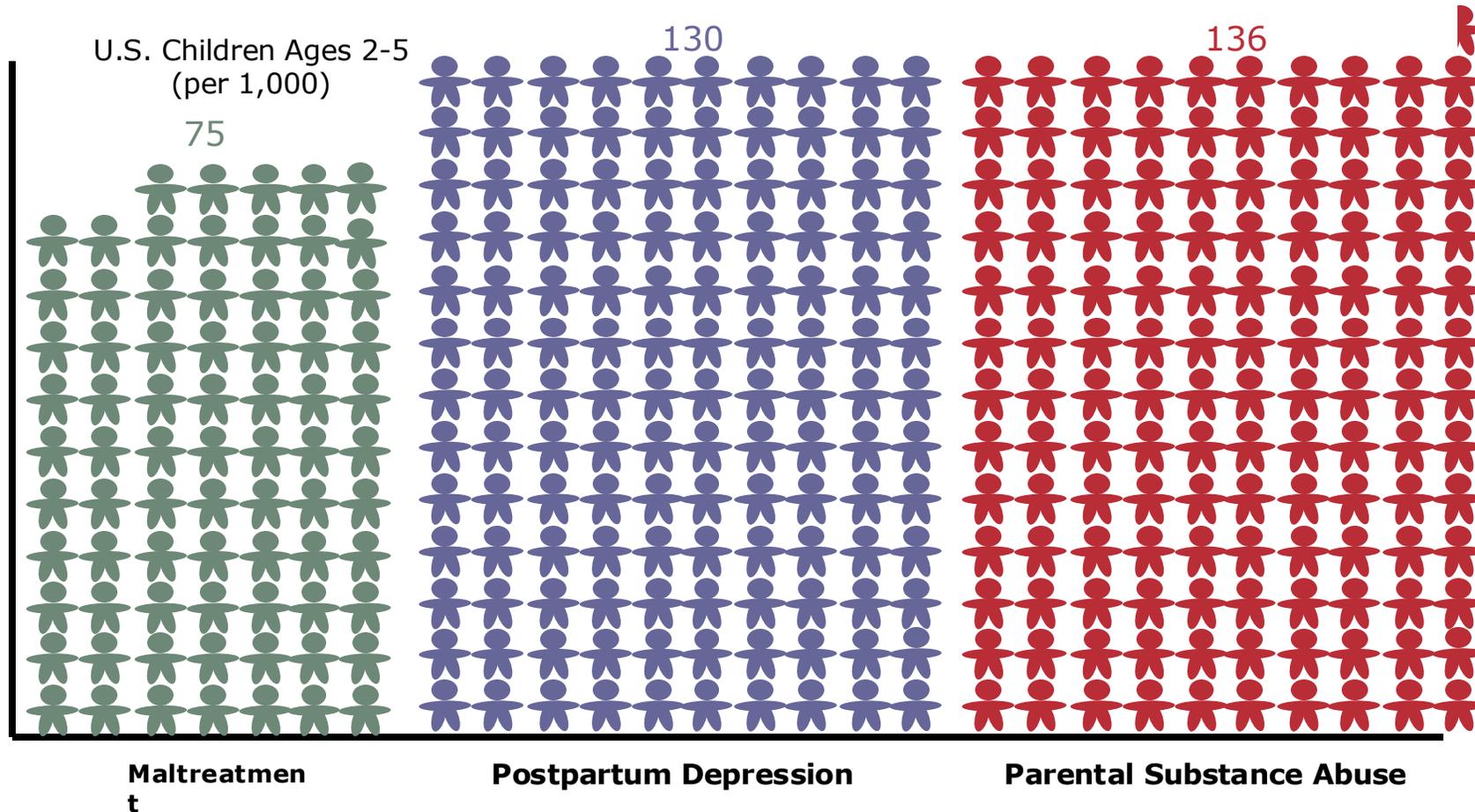
EXAMPLES
*loss of a loved one,
a broken bone*

TOXIC

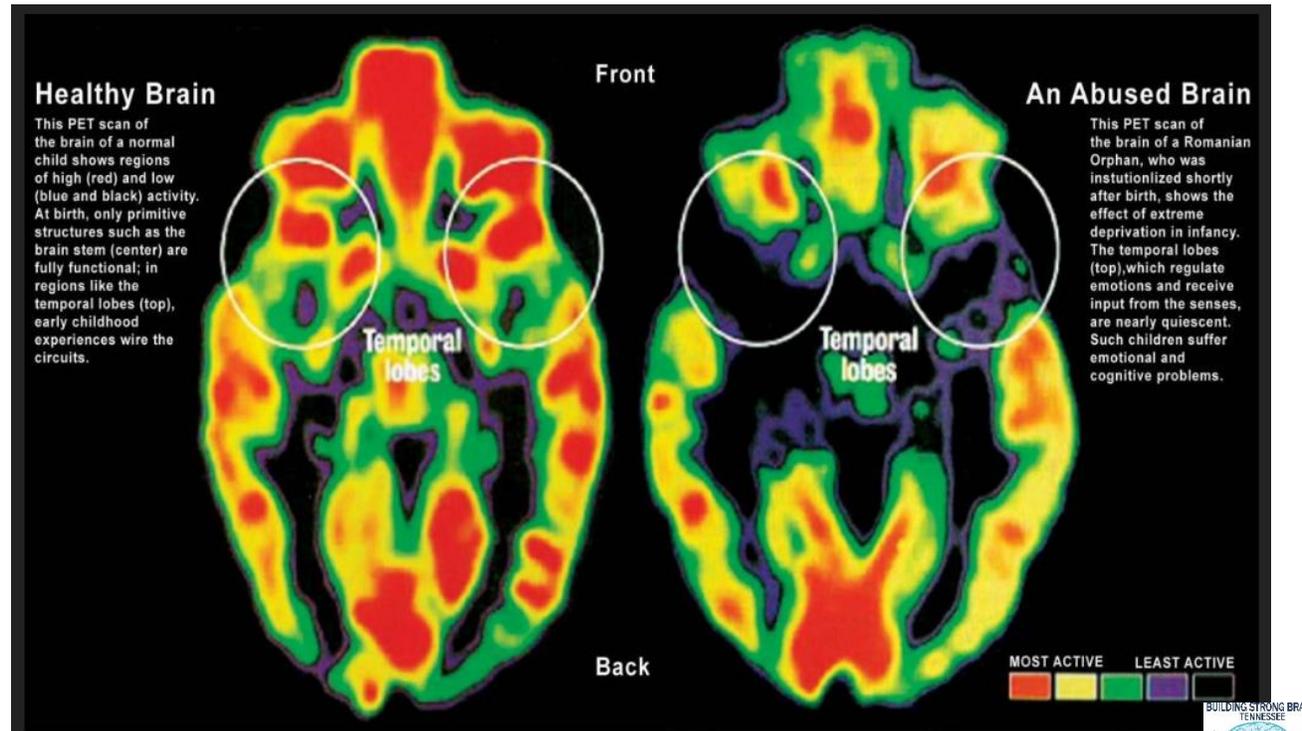Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES
*physical or emotional abuse,
exposure to violence*

Common Sources of Toxic Stress

U.S. Children Ages 2-5
(per 1,000)

75

130

136

Maltreatment

Postpartum Depression

Parental Substance Abuse

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Experience Alters Brain Development Healthy vs. Neglected Brain

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

Front

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was instutionlized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top),which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Temporal lobes

Temporal lobes

Back

MOST ACTIVE   LEAST ACTIVE

Sources: Felitti, 2011; Nelson et al., 2007

Toxic Stress Changes Gene Expression
Epigenetics

Intergenerational Transmission of Stress Response in Male Mice

Summary: Toxic Stress Impacts

1   Brain Architecture

2   Biology and Physiology

3   Gene Expression and Epigenetics

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How Brains are Built

Impairment Caused By Recurring Trauma

7 Domains of Impairment in Children Exposed to Complex Trauma

7 Domains of Impairment in Children Exposed to Complex Trauma

1. **ATTACHMENT:**

   Uncertainty about the reliability and predictability of the world

   Problems with boundaries

   Distrust and suspiciousness

   Social isolation

   Interpersonal difficulties

   Difficulty attuning to other people's emotional states

   Difficulty with perspective taking

   Difficulty enlisting other people as allies

7 Domains of Impairment in Children Exposed to Complex Trauma

2. BIOLOGY:

- Sensorimotor developmental problems
- Hypersensitivity to physical contact
- Analgesia
- Problems with coordination, balance, body tone
- Difficulties localizing skin contact
- Somatization
- Increased medical problems across a wide span, e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudo seizures

7 Domains of Impairment in Children Exposed to Complex Trauma

3. AFFECT REGULATION:

- Difficulty with emotional self-regulation
- Difficulty describing feelings and internal experience
- Problems knowing and describing internal states
- Difficulty communicating wishes and desires

4. DISSOCIATION:

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and de-realization
- Two or more distinct states of consciousness, with impaired memory for state-based events

7 Domains of Impairment in Children Exposed to Complex Trauma

5. BEHAVIORAL CONTROL:

• Poor modulation of impulses

• Self-destructive behavior

• Aggression against others

• Pathological self-soothing behaviors

• Sleep disturbances

• Eating disorders

• Substance abuse

• Excessive compliance

• Oppositional behavior

• Difficulty understanding and complying with rules

• Communication of traumatic past by reenactment in day-to-day behavior or play (sexual, aggressive, etc.)

7 Domains of Impairment in Children Exposed to Complex Trauma

6. COGNITION:

- Difficulties in attention, regulation and executive functioning

- Lack of sustained curiosity

- Problems with processing novel information

- Problems focusing on and completing tasks

- Problems with object constancy

- Difficulty planning and anticipating

- Problems understanding own contribution to what happens to them

- Learning difficulties

- Problems with language development

- Problems with orientation in time and space

- Acoustic and visual perceptual problems

- Impaired comprehension of complex visual-spatial patterns

7 Domains of Impairment in Children Exposed to Complex Trauma

7. SELF-CONCEPT:

- Lack of a continuous, predictable sense of self

- Poor sense of separateness

- Disturbances of body image

- Low self-esteem

- Shame and guilt

Responses to Trauma

Preschool Age Children

Crying, whimpering, screaming

Appearing to be frozen

Moving aimlessly

Trembling

Speech difficulties

Irritability

Repetitive reenactment of trauma themes in play or other activities

Fearful avoidance and phobic reactions

Magical thinking related to trauma (e.g., "...and then I jumped out the window and flew away.")

Elementary School-Aged Children

Sadness and crying

Poor concentration and other behaviors commonly seen in attention-deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD)

Irritability

Fear of personal harm, or other anxieties and fears (e.g., fear of the dark)

Nightmares and/or sleep disruption

Bedwetting

Eating difficulties

Attention-seeking behaviors

Trauma themes in play/art/conversation

Adolescents

Feel extreme guilt if he/she were not able to prevent injury to or loss of loved ones.

Fantasize about revenge against those he/she feels/knows caused the trauma.

Be reluctant to discuss his/her feelings or even deny any emotional reactions to the trauma

Show traumatic responses similar to those seen in adults, including flashbacks, nightmares

Emotional numbing, avoidance of reminders of the trauma, depression, suicidal thoughts, and difficulties with peer relationships

Adolescents

Delinquent and/or self-destructive behaviors

Changes in school performance

Detachment and denial

Shame about feeling afraid and vulnerable

Abrupt changes in or abandonment of former friendships

Pseudo mature actions, such as getting pregnant, leaving school, or getting married

"Trauma…has biological consequences on the regulation of brain functions…"

What Can We Do?

Fostering Resilience

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Promoting Child and Family Resilience

Protective Factors		
Individual Characteristics	**Family Characteristics**	**Community Characteristics**
• Cognitive Ability (thought process)	• Family Connection	• Positive school experiences
• Self-efficacy (belief in one's ability to succeed in a particular situation)	• Supportive parent-child interaction	• Community resources
• Internal locus of control (i.e., a sense of having control over one's life and destiny)	• Social support (e.g., extended family support)	• Supportive peers and/or mentors
• Temperament		
• Social Skills		

Fostering Resilience

Negative Outcomes

Positive Outcomes
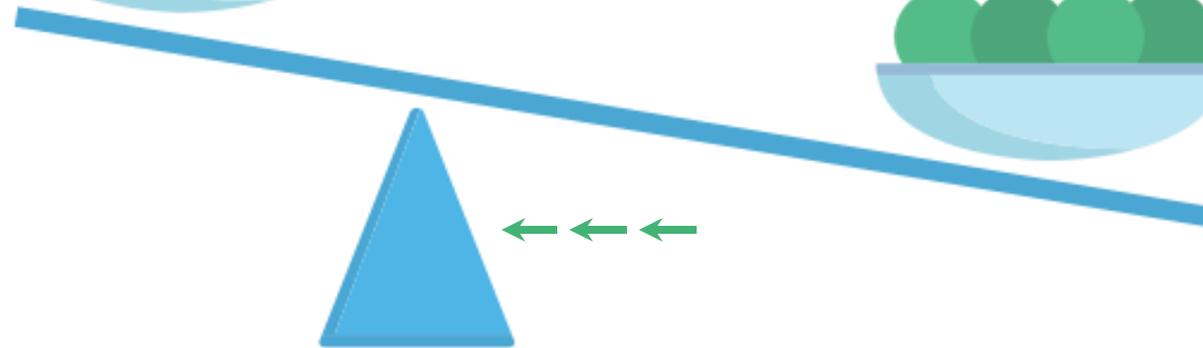
Overtime, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes.

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Assure every child's relationships and environments are:

📖 **Safe**—Free from physical & emotional harm.

📖 **Stable**—Familiar routines, people, & places.

📖 **Nurturing**—Sensitively care & encourage develop[ment]

[l]earn more in CDC's Essentials for Childhood.
[vi]sit bit.ly/Essentials4Childhood

Veto

Assure Every Child's Relationships and Environments Are:

Collective Ingenuity

Strategies to Build Executive Function in Adolescents

Sports and Physical Activity

Goal Setting, Planning and Monitoring

Yoga, Meditation and Mindfulness Activities

Journaling and Self-Talk

Logic Puzzles and Computer Games

Theater, Music and Dance

What CAN Be Done About ACEs Across the Lifespan?

Home visiting to pregnant women and families with newborns

Parenting training programs

Parent support programs for teens and teen pregnancy prevention programs

Mental illness and substance abuse treatment

What CAN Be Done About ACEs Across the Lifespan?

Intimate partner violence prevention

Social support for parents

ABC Preschool Enrichment

Sufficient income support for lower income families

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The New Norm: Shifting the Conversation...

What is wrong with you?

TO

What has happened to you?

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What Works

RICH

- **Respect**

- **Information**

- **Connection**

- **Hope**

Empowering and Collaborative Relationships

- (Risking Connection, Karen Saakvitne)

What Does Not

- Authoritarian Relationships
- Lack of power and control
- Client blaming attitudes
- Lack of Respect
- Lack of Choice

What Can We do?

Six Core Strengths for Children

ATTACHMENT: being able to form and maintain healthy emotional bonds and relationships

SELF-REGULATION: containing impulses, the ability to notice and control primary urges as well as feelings such as frustration

AFFILIATION: being able to join and contribute to a group

ATTUNEMENT: being aware of others, recognizing the needs, interests, strengths and values of others

TOLERANCE: understanding and accepting differences in others

RESPECT: finding value in differences, appreciating worth in yourself and others *"Meet Dr. Bruce Perry"* page at http://teacher.scholastic.com/professional/bruceperry

Essential Elements of Trauma Informed Child Practice

Support and promote positive and stable relationships in the life of the child.

Provide support and guidance to child's family and caregivers.

Manage professional and personal stress

Trauma-informed child mental health practice mirrors well-established child mental health practices.

Maximize the Child's Sense of *Safety*

Traumatic stress overwhelms a child's sense of safety and can lead to a variety of survival strategies for coping.

Safety implies both **physical** safety and **psychological** safety.

A sense of safety is critical for functioning as well as physical and emotional growth.

While inquiring about emotionally painful and difficult experiences and symptoms, workers must ensure that children are provided a psychologically safe setting.

Assist Children in Reducing Overwhelming Emotion

Trauma can elicit such intense fear, anger, shame, and helplessness that the child feels overwhelmed.

Overwhelming emotion may delay the development of age-appropriate self-regulation.

Emotions experienced prior to language development maybe be very real for the child but difficult to express or communicate verbally.

Trauma may be "stored" in the body in the form of physical tension or health complaints.

Social Emotional Literacy Training

Embedding emotions into the sessions

Improving students' "feelings" vocabulary

Feelings journals (writing prompts, feelings thermometers daily)

Praise and reinforcement for improving vocabulary

Assisting the student with "blaming behavior"

Encouraging feelings talk "I Messages"

Processing time after an event

Ways to increase Emotional Literacy

Use feeling words/ vocabulary

Identify body language related to feelings

Calm Down Box

Social Stories

"Mad/ Sad/ Glad" game

Feelings charades

Art activities related to feelings/ empathy

Biblio-therapy

Conflict Resolution-
◦ Solution Kits, peer mediation, talking squares, laminated ear, think sheets

Help Children Make New Meaning of their Trauma History and Current Experiences

Trauma can lead to serious disruptions in a child's sense of safety, personal responsibility, and identity.

Distorted connections between thoughts, feelings, and behaviors can disrupt encoding and processing of memory.

Difficulties in communicating about the event may undermine a child's confidence and social support.

Staff must help the child feel safe, so he or she can develop a coherent understanding of traumatic experiences.

Address the Impact of Trauma

Traumatic events affect many aspects of the child's life and can lead to secondary problems (e.g., difficulties in school and relationships, or health-related problems).

These "secondary adversities" may mask symptoms of the underlying traumatic stress and interfere with a child's recovery from the initial trauma.

Secondary adversities can also lead to changes in the family system and must be addressed prior to or along with trauma-focused interventions.

Support and Promote Positive and Stable Relationships in the Life of the Child

Separation from an attachment figure, particularly under traumatic and uncertain circumstances, is highly stressful for children.

Familiar and positive figures—teachers, neighbors, siblings, relatives—play an important role in supporting children who have been exposed to trauma.

Minimizing disruptions in relationships and placements and establishing permanency are critical for helping children form and maintain positive attachments.

Building Positive Relationships with Children

Play

Happy Grams

Home visits

Empathy

Notes home

Time & Attention

Share
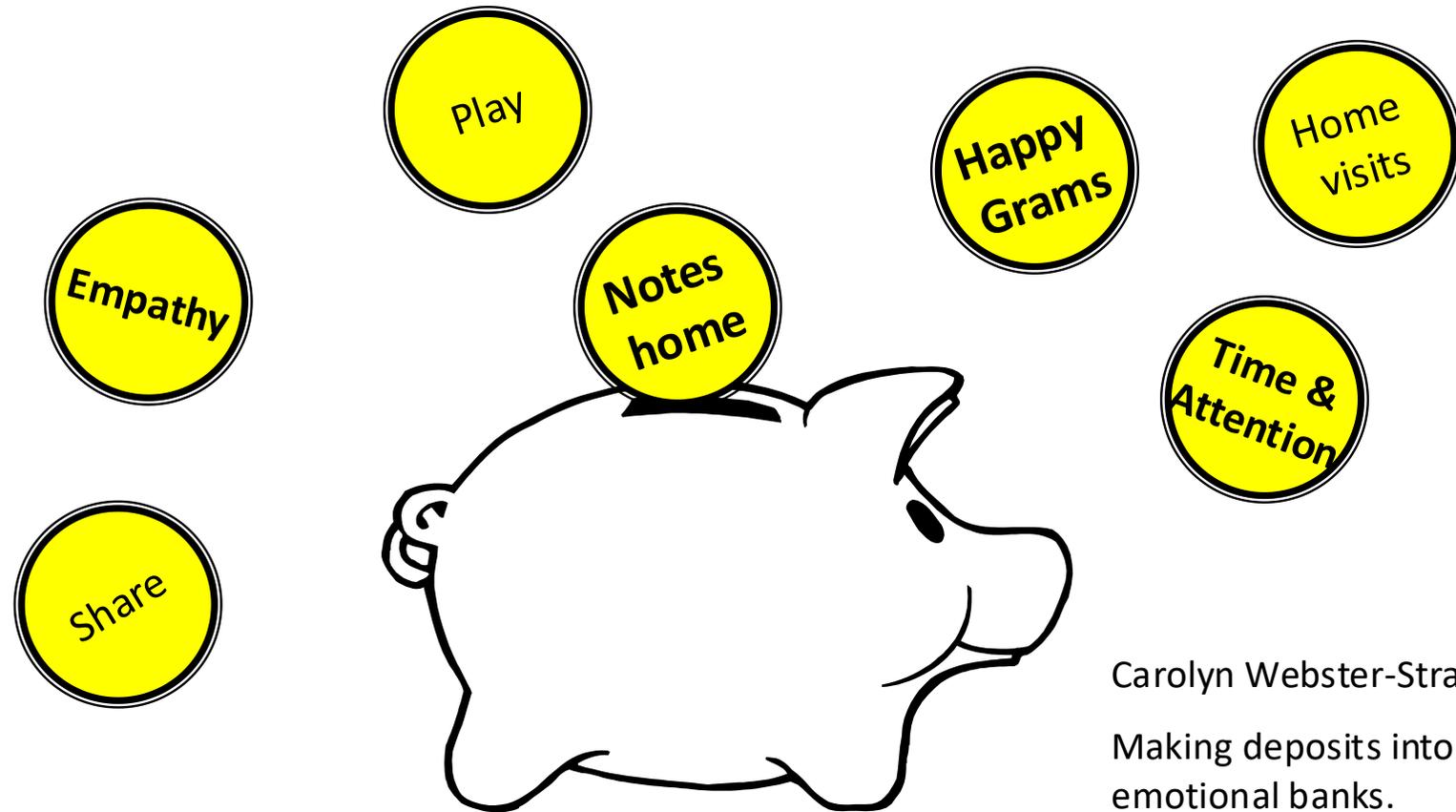
Carolyn Webster-Stratton

Making deposits into children's emotional banks.

Ideas for Building Relationships
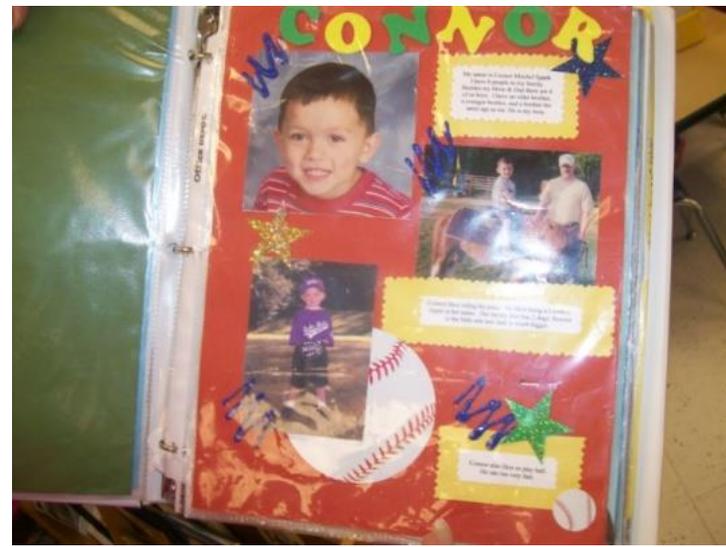
- Greet every child at the door by name
- Post children's work around the room
- Have a child bring in special things from home and gets to share them during circle time

Ideas for Building Relationships

- Call/ talk to a child's parent in front of them to say what a great day she is having or send home positive notes
- Call a child after a difficult day and say, "I'm sorry we had a tough day today I know tomorrow is going to be better!"
- Give HHH-hugs, handshakes, high fives and thumbs up upon accomplishing tasks

Ideas for Making Deposits

- When a child misses sessions tell him how much he was missed
- Write on a t-shirt all the special things about a given child
- Find time to read to individual children or a few children at a time

Ideas for Making Deposits

- Acknowledge children's efforts

- Find out what a child's favorite book is and read it to the whole group

- Use descriptive, encouraging comments

- Play with children, follow their lead (PCIT, TCIT)- Child Directed Interventions- Play-based

- Let children make "All About Me" books and share them at circle time

Provide Support and Guidance to the Child's Family and Caregivers

Caregivers have some of the most challenging roles in the children's mental health system.

Caregivers must be nurtured and supported so they, in turn, can foster safety and well-being.

Relatives serving as caregivers may themselves be dealing with trauma related to the crisis that precipitated child welfare involvement and placement.

Connect Needed Mental Health Supports

Evidence-based Interventions- Provided by Licensed and Trained Mental Health Clinicians

- Individual
  - Trauma Focused Cognitive Behavioral Therapy (TFCBT)
  - Play Therapy
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Mindfulness Training
- Expressive Arts Programming
  - Art, Dance, movement therapy, and experiential therapies (AAI)
- Group
  - CBITS- TFCBT Group Intervention for Schools
- Family

Manage Professional and Personal Stress (Secondary Traumatic Stress)

Working with children who have experienced trauma is rewarding but stressful, and workers may be confronted with danger, threats, or violence.

Professionals may empathize with victims; feelings of helplessness, anger, and fear are common.

Professionals who are parents, or who have histories of childhood trauma, might be at particular risk for experiencing such reactions.
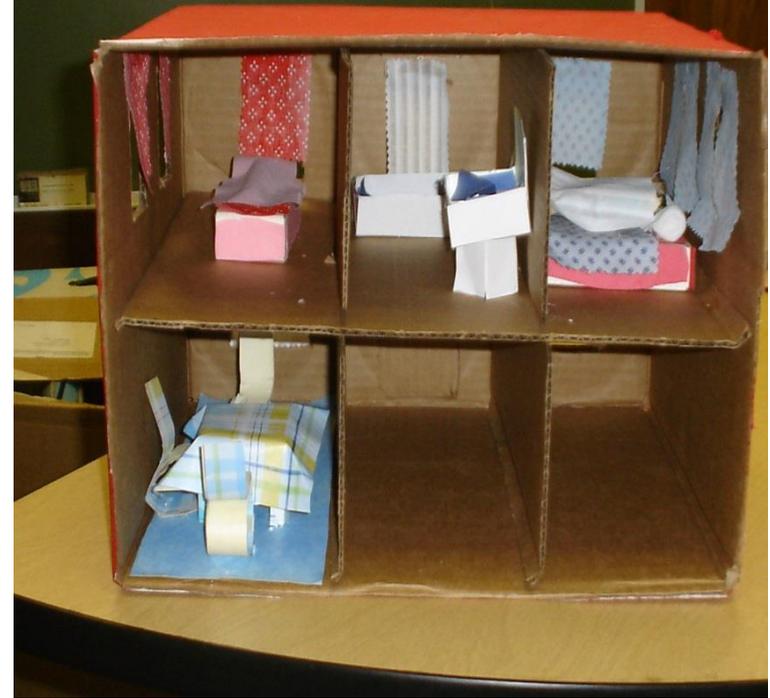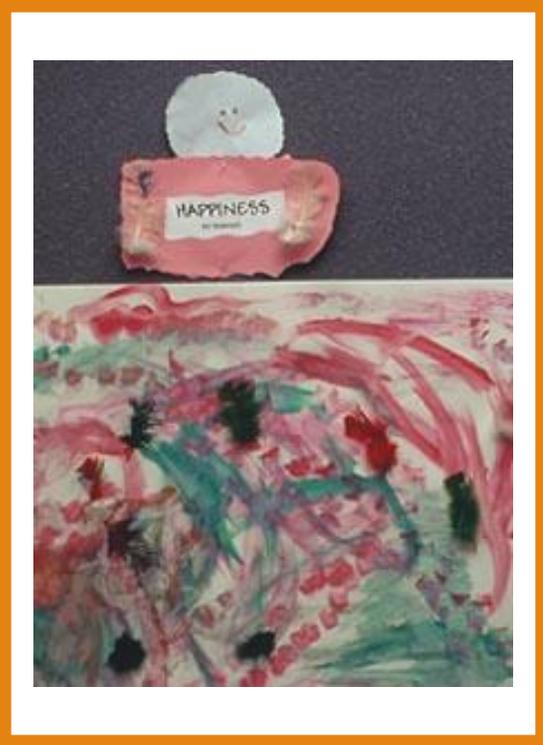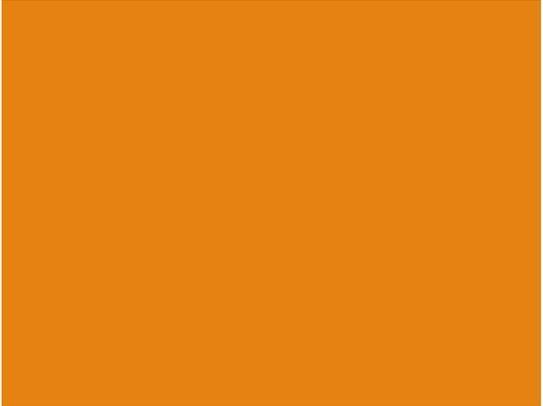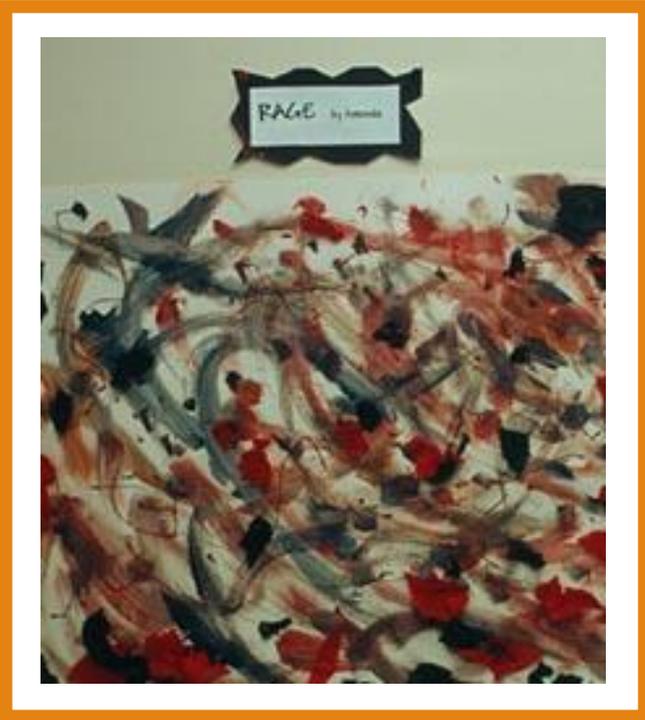
Art Therapy

Examples of Art Therapy

Sample art from a student that was being seen due to high levels of anxiety and worry
Art Therapy samples (pre and post). The pre depicts worry as an ugly figure on
the child's shoulders, the post picture shows child in charge of anxiety.

Examples of Art Therapy

Samples of artwork done by victims of Katrina.

See the use of different mediums for the same topic.

Examples of Art Therapy

Pre and Post artwork done by a client that suffered severe trauma (sexual

Abuse). This is a pre and post of the client's feelings. See changes in

Color, brush strokes, and feelings words.

Questions?

Resources

http://www.chadwickcenter.org/CTISP/images/TICWPracticeToolkit.pdf

http://www.safestartcenter.org/pdf/Resource-Guide_Polyvictim.pdf

http://www.nctsn.org/resources/topics/creating-trauma-informed-systems

http://www.thenationalcouncil.org/galleries/default-file/Seminole%20Strategic%20Plan.pdf