

Continuum of Care Reform Technical Assistance

Understanding Trauma-Informed Care
Webinar Series 2017

Part 2 – Trauma Interventions for Child Welfare Staff



TRAUMA INTERVENTIONS FOR CHILD WELFARE STAFF

June 15, 2017

Kristin Dempsey

Kdempsey@cibhs.org

POLL – TODAY’S AUDIENCE

- Please tell us where you work:
 - State or County child welfare
 - State or County behavioral/mental health
 - Contract agency/CBO providing services
 - Probation
 - Other

KRISTIN DEMPSEY, LMFT, LPCC

- Kristin has over 20 years of clinical experience providing therapy for adults, children, youth, and families. She has participated in the Neurosequential Model of Therapeutics (NMT) training with Dr. Bruce Perry at the Child Trauma Academy and has helped develop trauma-informed behavioral health systems of care. She is also trained in Eye-Movement Desensitization and Reprocessing (EMDR).
- Kristin is currently completing research on supported education models to support foster youth college completion.
- In addition to her interest in trauma treatment, Kristin leads training in Motivational Interviewing, Applied Suicide Intervention Skills, and treatment of co-occurring disorders.



POLL –BASIC TRAUMA CONCEPTS

Which is UNTRUE? (Pick the BEST answer)

- a. Individuals can have very different reactions to trauma events.
- b. Only licensed professional can help with trauma
- c. Trauma overwhelms one's ability to cope
- d. Trauma is likely under-recognized in public health settings

NATIONAL CHILD TRAUMATIC STRESS NETWORK [HTTP://WWW.NCTSNET.ORG/](http://www.nctsn.org/)



The screenshot shows the homepage of the National Child Traumatic Stress Network (NCTSN). The header includes the NCTSN logo, navigation tabs (Home, Trauma Types, Resources, About Us, Treatments That Work, Products), and social media links for Twitter and Facebook. A search bar is located on the right side of the header.

The main content area features a large blue banner for "New NCTSN Training! Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma" with a sub-image titled "The Road to Recovery". Below this are several informational boxes: "Terrorism & Disasters Readiness, Response, Recovery" (Tools, PFA, and SPR), "LEARNING CENTER FOR CHILD AND ADOLESCENT TRAUMA" (Education and online community), "Understanding Child Traumatic Stress" (What it is, Why it matters), and "Information Resource Tools" (Knowledge Bank, Measures Review Database, Military Families Knowledge Bank).

On the right side, there are sections for "What's New?" (Resources Related to Manchester Attack, The NCTSN National Juvenile Probation Officer Survey (2017) (PDF), What is Complex Trauma: A Resource Guide for Youth and Those Who Care About Them), "Public Awareness" (National PTSD Awareness Day (June 27, 2017), World Refugee Awareness Month (June 2017), Lesbian, Gay, Bisexual, and Transgender Pride Month (June 2017)), and "Upcoming Events" (APSAC Advanced Training Summit (June 21-23, 2017)). A "Looking for help? click here" button is also present.

At the bottom, there are icons for different user groups: "For Parents & Caregivers", "For Professionals", "Military Children & Families", "For Educators", "For the Media", and "Información en Español". A footer section provides links for "TRAUMA TOPICS", "TREATMENT & SERVICES" (Evidence-based treatment: Fact sheets), "SUSTAINABILITY & POLICY" (Building sustainable programs), and "THE NETWORK" (Contact us).



What Is Trauma?

According to Substance Abuse and Mental Health Services Administration's (SAMHSA) Trauma and Justice Strategic Initiative, "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p. 2).

WHAT IS TRAUMA?

- The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless.

“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.”

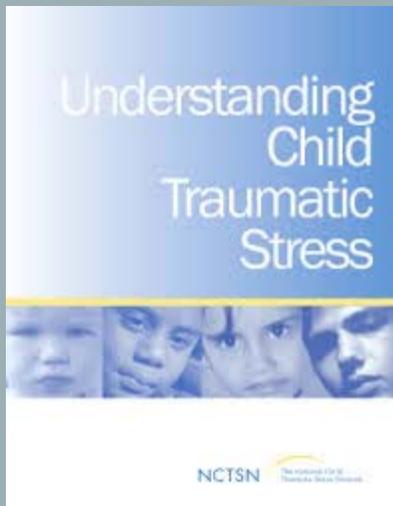
— Judith Herman, *Trauma and Recovery*

<http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/>

TYPES OF TRAUMA SPECIFIC TO CHILDREN

From:

http://www.nctsn.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf



TRAUMA CAN RESULT FROM A WIDE VARIETY OF EVENTS:

- Emotional, physical, or sexual abuse in childhood
- Abandonment or neglect (especially for small children)
- Sexual assault
- Domestic violence
- Experiencing or witnessing violent crime
- Institutional abuse
- Cultural dislocation or sudden loss
- Terrorism, war
- Historical violence against a specific group (as in slavery or genocide)
- Natural disasters
 - Grief
 - Chronic stressors like racism and poverty
- Accidents
- Medical procedures
- Any situation where one person misuses power over another

http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

DANGER AND DEVELOPMENT



- Growing up exposes us to a variety of dangers. Smaller children are at risk for harm do to environmental hazards they are too young to navigate: electrical outlets, swimming pools, roads
- School age children are more as risk for hazards stemming from increased independents such as sporting, adventure or bicycle accidents.
- Teens are increasingly more independent and at risk for danger stemming from weapons, fights, substance use, parties, automobiles
- Such risks are “normal” developmental risk above and beyond that we have listed as extreme situations that are outside of typical life experiences

DANGER BECOMES TRAUMA WHEN...



- The threat is **SERIOUS** and potentially **DEADLY**
- It involves physical, sexual, emotional abuse or neglect
- Involves witnessing violence, death, abuse
- Affect: terror, helplessness, overwhelm, unprotected, vulnerable
- Physical impact: hyper-aroused or hypo-aroused (fight, flight or freeze).

(NCTSN, 2005)

POLL

Which of the following performance issues might be caused by trauma:

- A. Student becomes agitated when told to sit down in class
- B. Child has difficulty transitioning from class activities
- C. Child has difficulty with math or languages subjects
- D. All of the above

TRAUMA SIGNS YOUNG CHILDREN



- May become quite, passive, or easily alarmed
- Mind remains focused on a central action that overshadows other memories
- Can be “tuned up” or sensitized to cues, or habituated and unresponsive to cues.
- Can become more fearful about separations and new situations.
- Younger children will have simpler narrative about the abuse
- Child may have attachment and security issues related to not knowing where to go or who to trust as the result of abuse.
- Regression – might re-start bed-wetting or baby talk.
- Can become aggressive, easily startled, have night terrors, unable to soothe self.

TRAUMA SIGNS SCHOOL-AGE CHILDREN



- Might have guilt for not helping a family member who was in abused
- Can be reactive to concrete reminders of the trauma
- Can develop new specific fears that connect back to the original trauma – they often cannot articulate these links
- Often have difficulty with sleep and are not well-rested.
- Cannot concentrate due to distraction, anxiety, and/or lack of sleep
- Hypervigilant – impacts ability to perform in school

TRAUMA SIGNS ADOLESCENTS



- Youth might interpret reactions to trauma as being “childlike” or regressed
- Might struggle with how to react, including retaliation
- Can feel guilty – think they caused trauma or made the trauma worse
- Might think they are “going crazy” or find they are embarrassed as the result of their normal trauma reactions
- Adolescents might feel unique in their pain and struggle
- Can cope with drugs and alcohol, dangerous risk-taking behaviors, and more contact with peers
- Might be sleeping poorly and/or masking emotions and symptoms with staying up, partying and other distractions

INTERVENTIONS

HOW TO HELP

depts.washington.edu

TF CBT Resources
including
workbooks and
handouts

(NCTSN, 2005)

- Teach stress management skills
 - Relaxation
 - Self-soothing
 - Focus
- Creating a “coherent” narrative of the trauma
- Correcting what is untrue – distorted ideas about the trauma
- Creating alternative views and stories that have resulted from the trauma
- Creating optimal recovery environments

HOW DO YOU
KNOW?
SCREENING AND
ASSESSMENT



- [Family Trauma Assessment Tip Sheet for Clinicians](#)

Domains to Assess

Adult Caregiver Trauma History,
Symptoms, and Functioning:

Assessment of Family Violence

Assessment of Family Separations

- Communication
- Problem-solving
- Co-regulation
- Affective involvement
- Roles
- Structure
- Adaptability
- Family domains
- Relational domains
- Resilience factors

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(NCSTN, 2005)

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 - **Relaxation**
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 - **Focus**
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CAN CHILDREN LEARN MINDFULNESS?

[https://www.youtube.com/watch?v=RV
A2N6tX2cg#action=share](https://www.youtube.com/watch?v=RV
A2N6tX2cg#action=share)

TRYING TO GET TO “GOLDBLOCKS”

Hyper



Optimal

Hypo



SELF-
SOOTHING

Still
Quiet
Place

(Greco & Hayes, 2008)

AWARENESS

Body awareness

Mindful eating

Using all 5 senses

Connect to
feelings

(Greco & Hayes 2008)



FOCUS



- “Camp Games”
- Walking practice
- Flashlight Exercise
- Sound throwing
- Penny or citrus examination exercise
- Thought parade

(Greco & Hayes, 2008) (Miller et al., 2007)

Doodles, Dances and Ditties

A Somatosensory Handbook

MOUNT SAINT VINCENT CREATIVE ARTS THERAPY DEPARTMENT

Mollie Hiebert, MM, MT-BC

Jennifer Platt, MA, R-DMT, LPC

Kendra Schpok, MA, LPC, ATR

Jessica Whitesel, MA, ATR, LPC

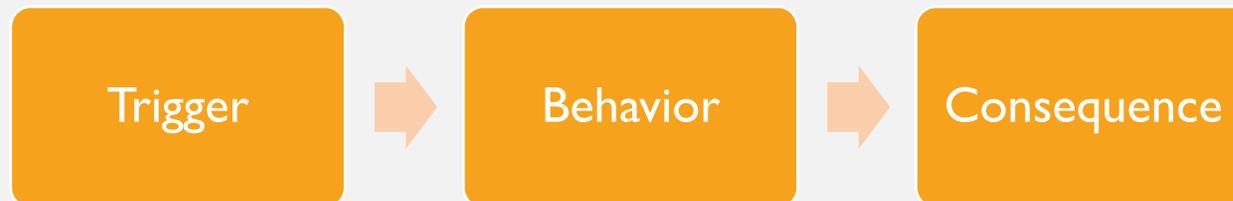
Foreword by
Bruce D. Perry, M.D., Ph.D.

RESOURCE
ALERT

WORKING WITH THOUGHTS

- Thought detective – identifying Automatic negative thoughts (ANTs)
- Identifying triggers – How do ants play a role in behavior
- Practice ABC's
- Behavior chaining
- *Note: Consider bottom up and top down and work in order. If a child is not able to sufficiently or adequately self-soothe or focus, teaching cognitive skills can be challenging or ineffective.*

(Miller et al., 2007)



POLL

Who do you work with? Please check all that apply:

- School personnel
- Probation or parole officers
- Faith communities
- Mental health agencies and substance abuse treatment providers
- Primary care providers

ENVIRONMENT

- Parents and caretakers can be taught these skills
- Consider how to effectively intervene in the school environment
 - How can we work with increased interest and the diverse school cultures?
- Consider ways our own systems are trauma informed (or not)
 - What can we do to increase safety, predictability, and trust for all of our consumers?



TRAUMA-INFORMED SYSTEMS

- How well does your system of care or those you work with function as a trauma-informed system of care?
- Falloot and Harris
- [Creating Cultures of Trauma-Informed Care](#)
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

REFERENCES

- FalLOT, R., & Harris, M. (2009, July). Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol. Retrieved June 5, 2017, from <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- Miller, A. L., Rathus, J. H., & Linehan, M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press.
- Greco, L.A. & Hayes, S.C. (Eds.). (2008) *Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide*. Oakland: New Harbinger.

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- NCTSN. (2005, September 29). Understanding child traumatic stress. Retrieved June 1, 2017, from http://www.nctsnet.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf
- Ogden, P. & Minton, K. (2000). Sensorimotor psychotherapy: One method for processing traumatic memory. *Traumatology*, 6(3).
<https://www.sensorimotorpsychotherapy.org/articles.html>

RESOURCES

- Treatment Improvement Protocol (TIP) 57. Trauma-Informed Care in Behavioral Health Services. SAMHSA, 2014.
<http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>
- KAP Key for TIP 57:
<http://store.samhsa.gov/shin/content//SMA15-4420/SMA15-4420.pdf>
- Blanch, A., Filson, B., and Penny, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook. National Center for Trauma Informed Care, 2012.
http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

RESOURCES

- Resources on Adverse Childhood Experiences (ACES)
- The ACES study website: www.cestudy.org
- Articles on how the Aces study has been used and other useful resources: www.cestoohigh.org
- Very comprehensive ACEs website: www.acesconnection.org

QUESTIONS



UNDERSTANDING TRAUMA-INFORMED CARE

WEBINAR SERIES 2017

- **Part 3: Trauma and Specific Issues for Child Welfare and Building Strengths**

Thursday, June 29, 2017

12:00 pm – 1:30 pm (PDT)

Thank You!

For more information and resources visit:
<http://www.cibhs.org/continuum-care-reform-ccr>

For questions or comments: ccr@cibhs.org

