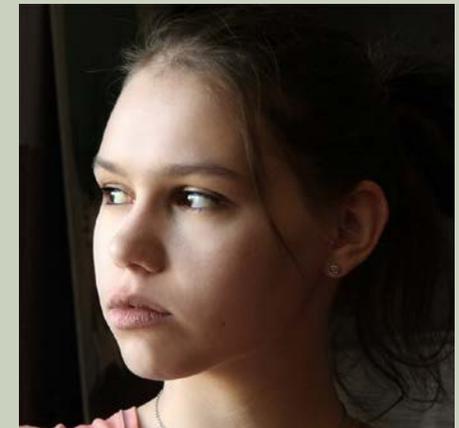
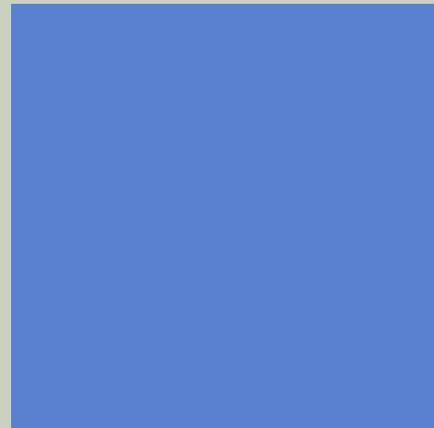


Trauma Informed Care



42855 Garfield Road, Suite 111
Clinton Township, MI 48038
877.306.5256 | www.starrtraining.org/tlc

Children of Trauma

Caelan Kuban, PsyD, LMSW
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Agenda

- Major differences between grief and trauma
- Trauma as an experience
- Trauma/Delinquency Link
- DSM issues
- How to Help
- Case Examples





What is TLC?

TLC is a program of Starr Commonwealth/Starr Global Learning Network

6,000 Certified Trauma Specialists across the country

Trauma Intervention Programs and Resources for traumatized children, adolescents, parents, schools, agencies and communities.

Training/Online Courses/Parent Trauma Resource Center

Certification



What is Trauma Informed Care?

What happened to you?

NOT What is wrong with you?

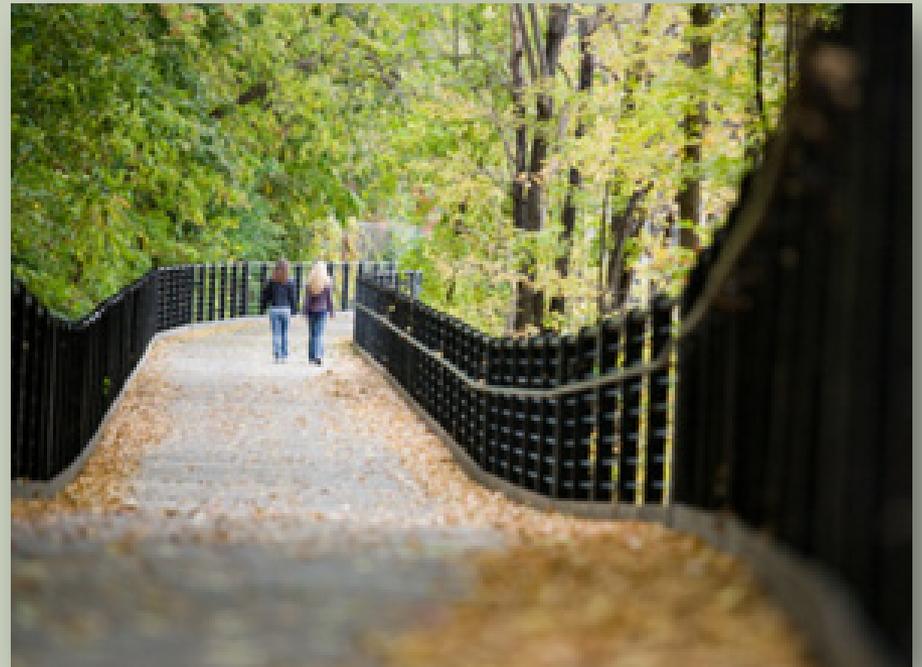
Trauma intervention is an essential part of treatment because of:

- the impact trauma can have on the way a child views themselves and the world around them
- the impact trauma has on a child's emotions, behavior, learning, and their ability to interact with others



Trauma Informed Care

We know that kids who have experienced trauma often require unique care and an individualized treatment approach.





Major Differences Between Grief and Trauma

The ONE WORD
that best describes each



Grief





Trauma





GRIEF	TRAUMA
Generalized reaction is SADNESS	Generalized reaction TERROR
Grief reactions stand ALONE	Trauma reactions generally include grief reactions
Known to public and professionals	Largely unknown (esp. in children)
Does not disfigure identity	Attacks and distorts identity
Regret - "I wish I would have..."	Guilt – " It was my fault"
Dreams of person who died, was hurt	Dreams of self dying, being hurt
Pain is related to the loss	Pain is related to tremendous terror and sense of powerlessness, fear and loss of safety
Anger is not destructive	Anger is assaultive (even if non-violent trauma)



Trauma

Any experience that leaves a person feeling hopeless, helpless, fearing for their life/survival, their safety.

Examples??

Important to remember –
it is a ***person's perception, their experience***
not ours that makes something traumatic.

**Divorce may be more traumatizing
than suicide or incarceration.**



Keep in Mind

Trauma reactions are **no different** following non-violent situations such as natural disasters, chronic illness etc.



Back To Back





Trauma Exposure

Surviving victim (abuse, neglect, car accident)

Witness (personal witness – domestic violence, police, fire)

Related to (peer, siblings – of chronically ill siblings, sibling that completed suicide)

Listening to details of trauma (therapists, media exposure, video games etc.)*



Children's Hospital Video





DSM-IV-TR (2005)

Remember that the APA just started including children under this PTSD diagnosis within the past 15 years.

3 subcategories of PTSD

- Re-experiencing
- Avoidance
- Arousal

Also, if these symptoms and reactions are noticed during the first 4 weeks following a traumatic incident – it is normal. It isn't until after that time we would consider PTSD if these symptoms and reactions were still observable/reported.



Posttraumatic Stress Disorder

Reexperiencing	Avoidance	Arousal
Flashbacks	Dissociation	Cognitive Dysfunction
Intrusive Thoughts	Detachment/Numbing	Hypervigilance
Images	Not wanting to talk about it	Attachment Reaction
Traumatic Dreams	Diminished Interests	Startle Responses
Difficulty Sleeping	OCD-like behavior	Sleep Difficulty
Physiological Reactions – Headaches, etc.	Phobic-like behavior	Irritability
	Self-harm	Aggression
	Substance Abuse	Assaultive-like behavior
	Eating Disorders	Inattention



Posttraumatic Stress Disorder (DSM 5)

Re-experiencing	Avoidance	Negative Cognitions and Mood	Arousal
Flashbacks	Detachment	Distorted sense of self	Aggression
Intrusive thoughts -images	Numbing	Estrangement to others	Reckless behavior
Traumatic dreams	OCD like behavior Phobic like behavior	Markedly diminished interest	Self-destructive and Rule-breaking behaviors
Sleep problems	Self Harm	Depression	Hypervigilance
Physical complaints	Substance Abuse	Blames self or others	Irritability
	Eating Disorders		Inattention
	Not wanting to talk about it		Cognitive/Learning problems



DSM-5 Additions

- (1) a pre-school subtype for children six and under- Posttraumatic Stress Disorder in Preschool Children,
- (2) PTSD with prominent dissociative symptoms (feeling detached from one's own mind or body – experiences that seem unreal or dreamlike)



Chris and Boo Video





Developmental Trauma Disorder

DTD (Bessel van der Kolk, Robert Pynoos)

2009 Proposed Diagnostic Category for DSM-5

“Whether or not they exhibit symptoms of PTSD, children who have developed in the context of danger, maltreatment and inadequate care giving systems, are ill served by the current diagnostic system, as it frequently leads to.....



DTD Continued

...no diagnosis

multiple unrelated diagnoses,

an emphasis on behavioral control (meds) without recognition of interpersonal trauma and lack of safety in the etiology of symptoms,

and a lack of attention to ameliorating the developmental disruptions that underlie the symptoms.”

Bessel van der Kolk, MD; Robert Pynoos, MD; et al. February, 2009



Let's Label That Behavior

ODD ADDICT

CONDUCT DISORDER

ADHD BIPOLAR DISORDER

ADD BORDERLINE



Short and Long Term Effects of Trauma

We see twice the number of serious health and mental health problems as those without a history of trauma.

- Chronic fatigue
- Poor Immune function
- Eating Disorders & Obesity
- Hypertension
- Interpersonal difficulties
- Aggressive behavior
- Low self-esteem
- Depression
- Anxiety

94 billion dollars per year (economic costs of trauma)



ACE Study - <http://www.cdc.gov/ace/>

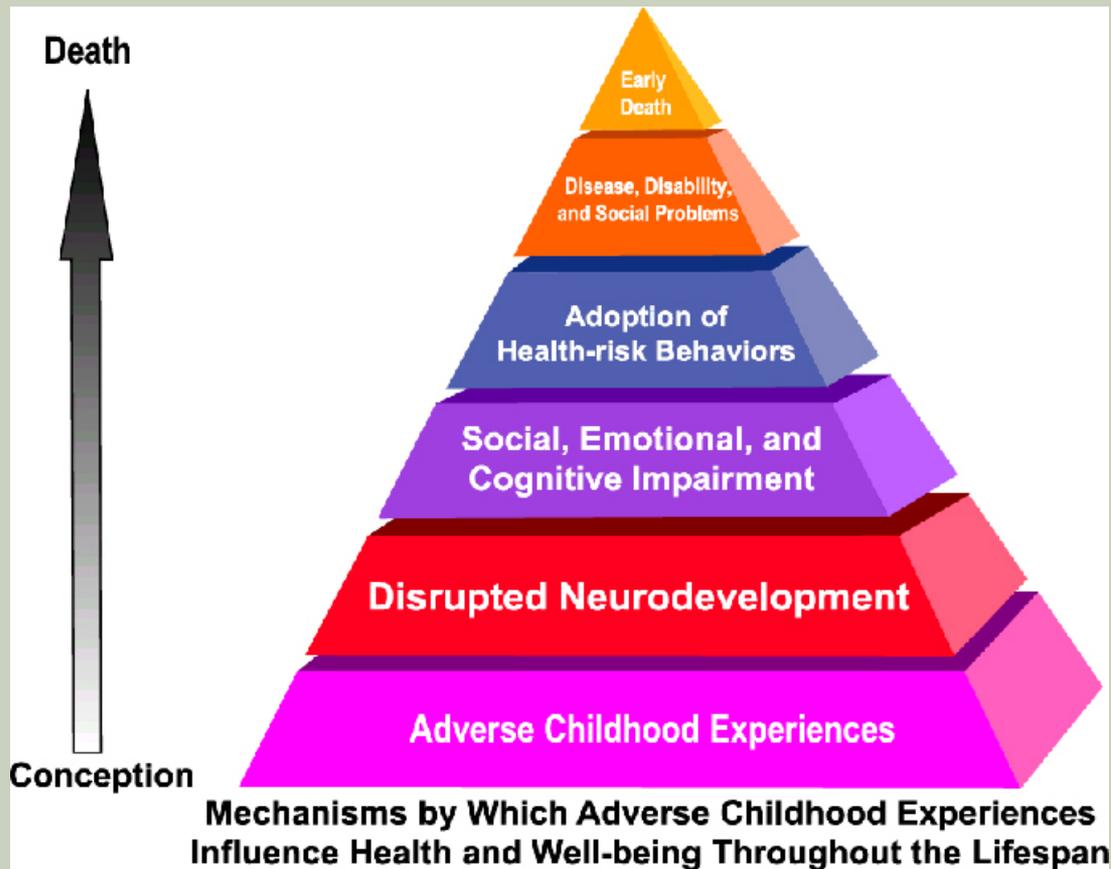
The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

More than 17,000 participants

Findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

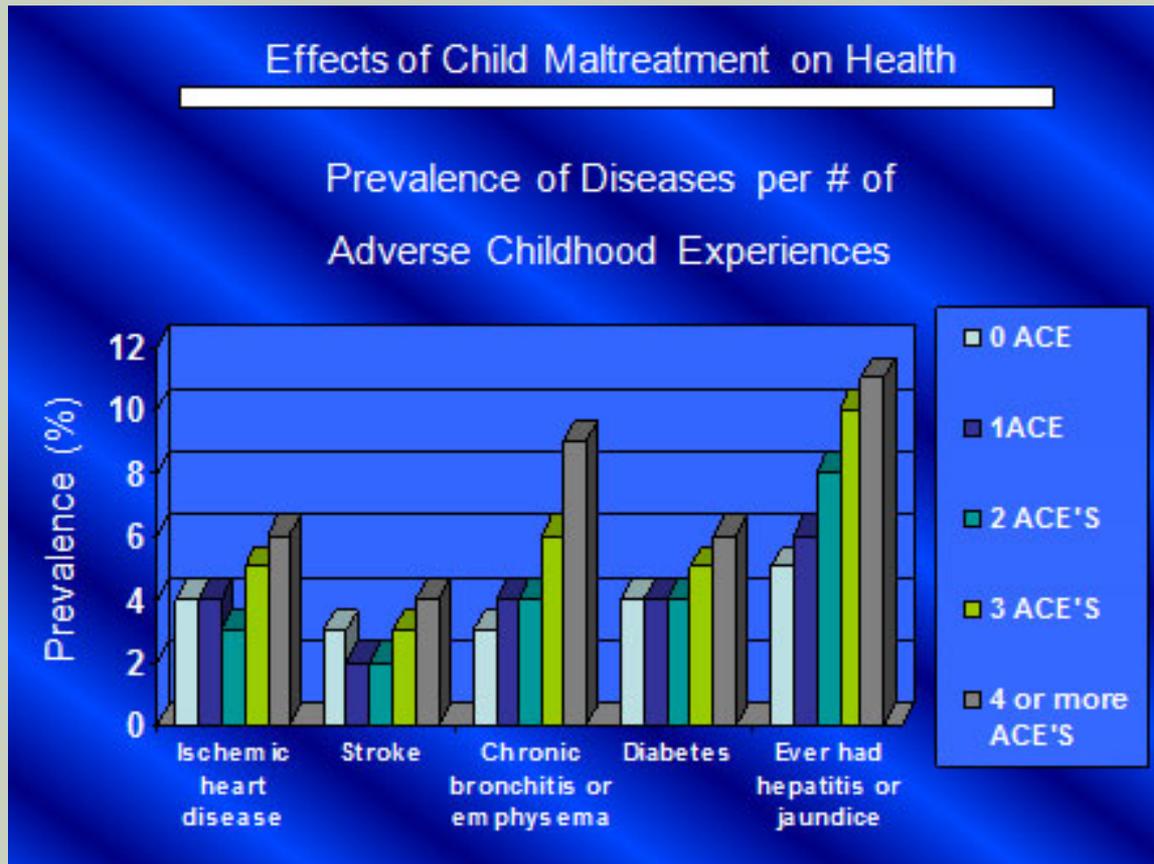


ACE STUDY





ACE STUDY





Trauma and Adjudication Link

Youth that are part of the juvenile justice population have a significantly higher incidence of trauma.

Over 90% of juvenile detainees report at least one traumatic event.

The occurrence of multiple complex trauma is frequently reported among incarcerated youth.





Trauma and Adjudication Link

The US Department of Justice reports that children exposed to violence are at higher risk of engaging in criminal behavior.

According to the Michigan Juvenile Justice Collaborative, child abuse and neglect increases the risk of arrest as a juvenile by 55% and increases the risk of being arrested for a violent crime as a juvenile by 96%

In 2007 Michigan law enforcement officials arrested nearly 45,000 juvenile offenders.



National Survey for Child and Adolescent Well-being

Significant relationship between maltreatment and delinquency was found in data collected from 1,200 youth.

Youth at greater risk of maltreatment experienced higher levels of internalizing symptoms and result in increased risk for delinquent behaviors.





Connection: Trauma and Delinquency

Interpersonal violence exposure increases risk for PTSD symptoms, depression, binge drinking and delinquency (Cisler et al., 2012).

Multiple trauma exposure – increased risk for violence perpetration (Duke et al., 2010).

Family conflict, school isolation increase vulnerability to delinquency (Ford et al., 2006).

The disruption in emotional regulation can result in increased delinquency rates.



Dysregulation and Trauma

Dysregulated affect is a central feature in both PTSD and juvenile delinquency (Ford et al., 2006).

- Heightened emotional states
- Limited understanding about emotions
- Reactivity or sensitivity about specific emotional states
- Maladaptive management tactics for emotional episodes

Chronic trauma leads to difficulties with the identification and labeling of emotions.



Acute Stress vs. Post traumatic Stress

Acute Stress – NORMAL Response/Reaction to stress and even trauma – 4-6 weeks

Posttraumatic Stress – Exaggerated and Prolonged Stress Response beyond 4-6 weeks and even years later

- ✓ Dysregulation of Stress Chemistry – Stress hormones don't come back down
- ✓ Increased activation of the Sympathetic Nervous System (heart rate, startle response, fight response)

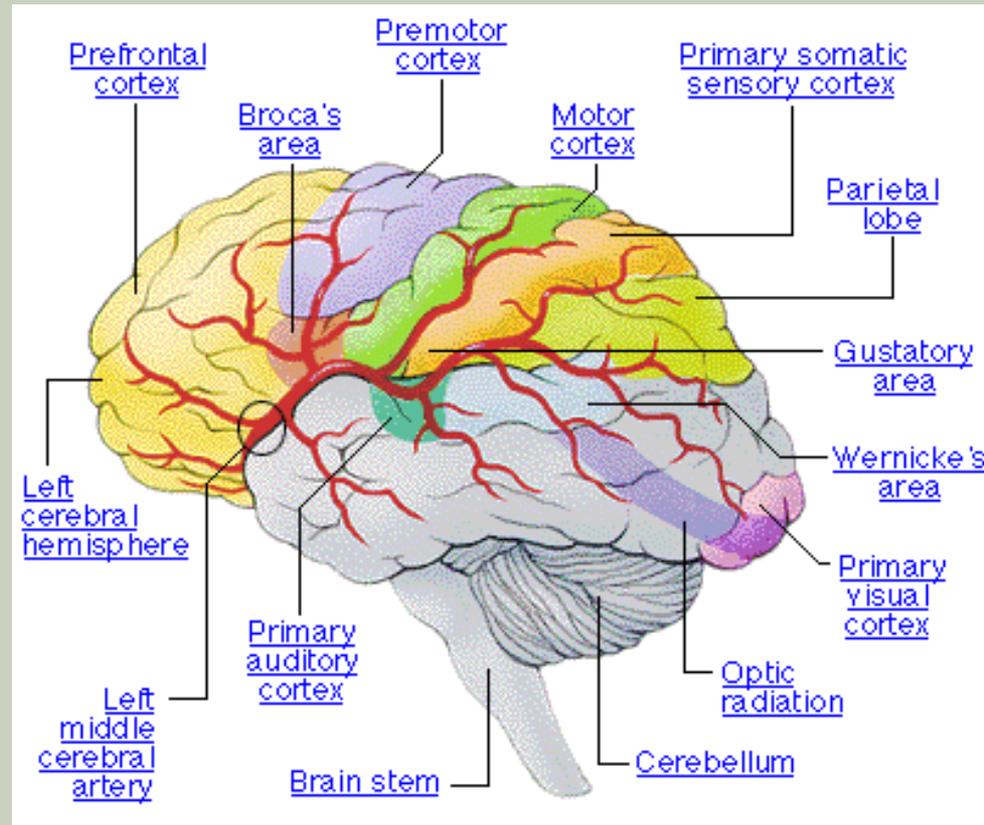


Trauma is a Sensory Experience

Trauma is a
sensory experience
because of what happens to
the brain and memory during
trauma.



The Brain

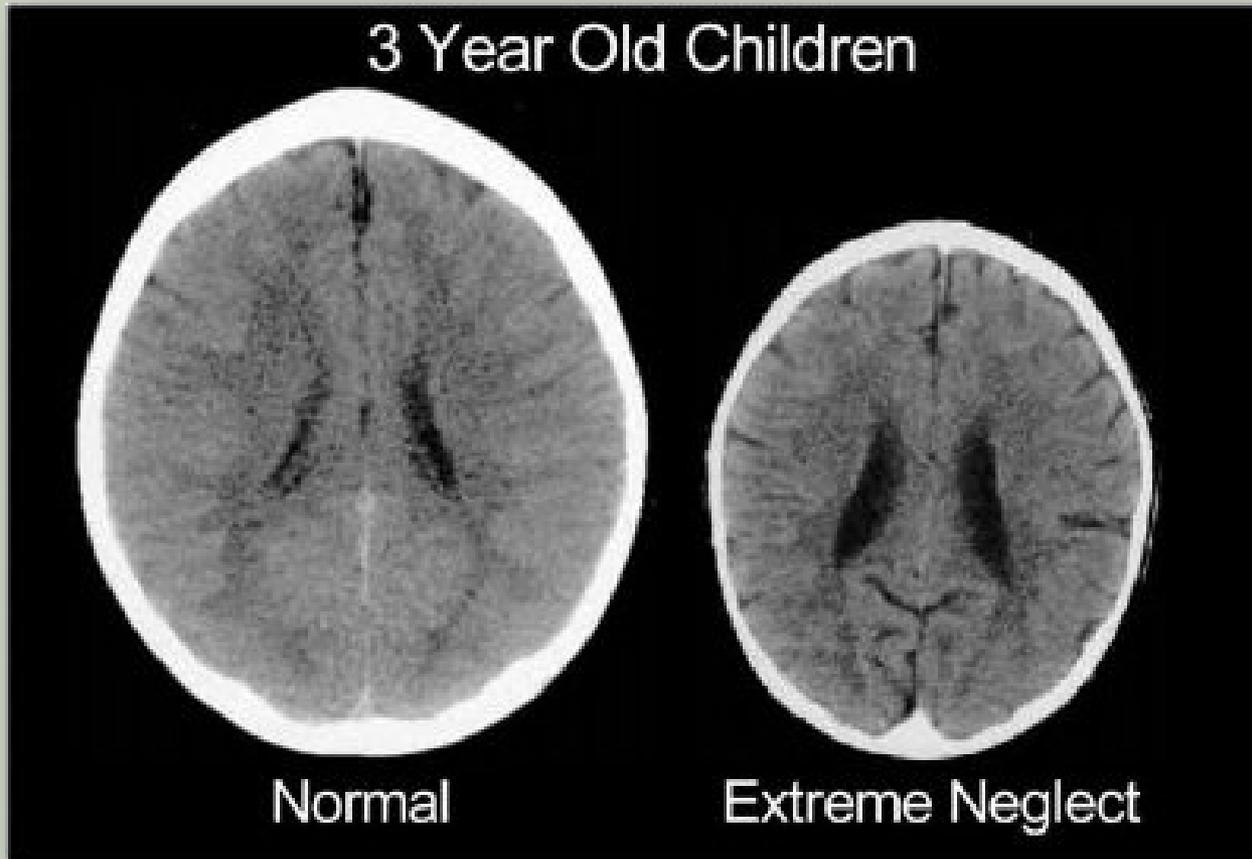




Because Trauma Is A Sensory Experience...

- We must use SENSORY INTERVENTIONS to help relieve the pain and terror associated with the trauma.
- REMEMBER, there are no words, only images, sensory memories of a trauma.
- So when A person “doesn’t want to talk about it” many times it is more like...”they can’t”.
- Also, a person may not “remember” their experience but you can still work on a sensory level with them.

Trauma vs. Healthy Brain





Ghosts in the Nursery (Reflection)





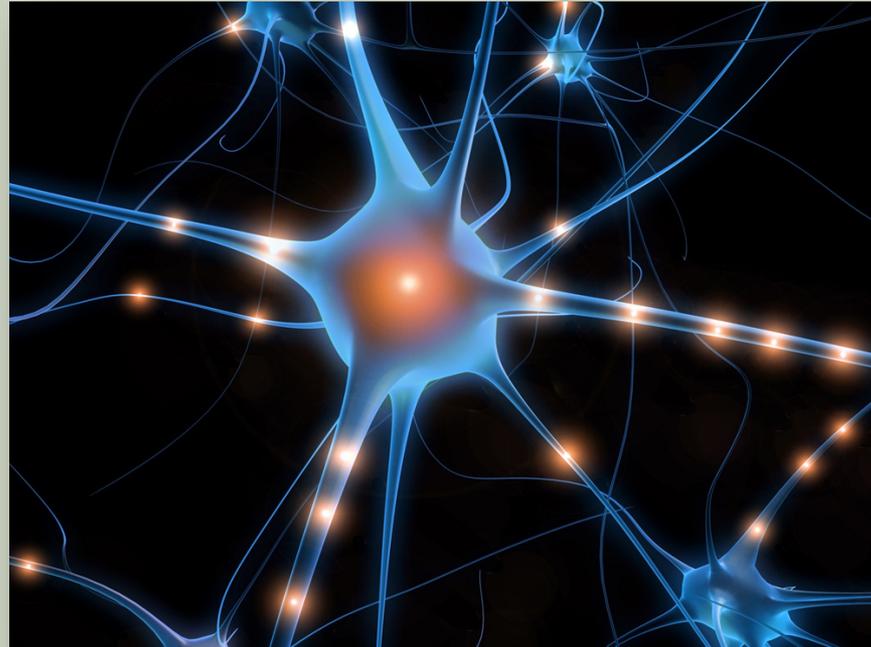
Experience becomes Biology

Though it may be difficult to believe, one traumatic event in any one's life, especially a child's, can alter both the structure and the chemistry of the brain.





We Are Wired To Connect – This Emotional Life





Attachment gone wrong

The maturation of the brain is heavily mediated by interactions and the attachment relationship with the primary caregivers.

Attachment experiences directly influence optimal brain development (including maturation of the right brain – development of coping responses – if not taught, will not learn)



Stressed vs. Secure Attachments

Stressed Attachments

Chaotic biochemical changes

Interfere with brain's coping mechanisms

Problems with:

- emotional regulation
- Relationships
- identity formation
- Capacity to cope with stress

Secure Attachments

Growth facilitating environment

Strong Neuronal Connections

Integrates Brain systems

Strengthens the capacity to cope with stress.



Think about the last time you were really stressed...

What did you do first to help yourself feel better?

Only then can the situation be reordered cognitively in a way we can manage.





What do mashed potatoes
have to do with trauma?





“We want **comfort** when stressed”

Campbell's Soup Spokesperson on Campbell's Secret to Success

*Looks like another Black Monday. The defeat of a proposed \$700 billion bailout package in the U.S. House of Representatives sent U.S. stocks plunging Monday -- the Dow Jones Industrial Average registered its largest point drop ever, and the broad Standard & Poor's 500 had its biggest percentage drop since 1987. **The only stock that finished higher from the Standard & Poor's 500 was comfort-food processor Campbell Soup***

- Wall Street Journal
September 30, 2008 p. C6





Maladaptive Behaviors

What do our kids do to help them manage their overwhelming feelings and sensations?

These have become their “go to” ways to cope.

How do we change this?



The good news - REPETITION

The number of times an intervention must be repeated can be frustratingly high. However, REMEMBER – parts of the brain can't be changed unless they are activated.

Sufficient repetition is the only way change will occur.

The process is long and requires **PATIENCE.**



The Karate Kid – Wax on Wax off





Sensory Interventions

First we must address the sensory aspects of the trauma/theme experience, and **ONLY** then can we begin to help the survivor re-order, manage and make sense out of what happened.



First step in recovery

REDUCE AROUSAL

Arousal HAS to be reduced so that the stress hormones can get back in to balance.

Once back in balance they won't be impacting and damaging functions of the brain.



You can only reduce arousal on a sensory level, not a cognitive level

So will talking about it help? Will telling the person they are safe help?

Maybe, a little bit...but it is in what we do to make people feel safe, feel better, on a sensory level that helps, that reduces arousal.

ACTIVITY: WHAT ARE SOME THINGS YOU ALREADY DO TO HELP KIDS LOWER AROUSAL?



Everyday moments = Magic

You are an intervention!

Moment to moment daily interactions between the child and staff are what shape the child's ability to manage and control emotions and develop healthy relationships.



Major Themes of Trauma

Trauma as a Sensory Experience





Working at the theme level

- Safety/Lack of safety
- Worry
- Hurt
- Fear
- Anger/Revenge
- Victim Thinking
- Loss of Future Orientation/Helplessness/Hopelessness



How Do We Help?

Children desire to share details of trauma when given appropriate opportunity

Need to see how they now see themselves and the world around them to truly know how trauma has impacted them

Opportunity to make us a witness to their experience

By sharing the details of their experience and giving us a visual representation of what their experience was like



How Do We Help?

Exposure – Drawing or any other sensory based activity

Trauma/Theme Narrative via trauma-specific/theme-specific questions

Cognitive Reframing





Exposure

Not just exposure to event

- for example – child doesn't remember or not ready to talk about

A child does not have to relive or be re-exposed to the actual event to heal trauma or improve the ability to cope with overwhelming reactions to the trauma.

Exposure to sensations/theme of trauma in the present is just as effective.



Exposure to themes/sensations

WHY?

- Trauma is a body or sensory experience so you can work at the sensation/theme level. When we do activities that allow for this kind of exposure it:
 - Lowers arousal
 - Helps them identify sensations, how body is responding – builds awareness → better regulation
 - Helps them to direct course of intervention (we meet them where they are thus allowing them to be an active participant)
 - Gives them opportunity to identify and practice new ways of coping.



Exposure: Drawing

Draw me a picture that
you can tell me a story
about

Draw a picture that shows
me what your worry
looks like





What does the drawing do?

- ✓ Psychomotor activity
- ✓ Triggers sensory memories
- ✓ Moves child from passive (victim) to active (survivor) participant in his/her healing
- ✓ Safe vehicle to communicate details
- ✓ Creates a container in which to place the trauma
- ✓ Drawing provides visual representation





What does the drawing do?

- ✓ Allows for externalizing of reactions
- ✓ Allows for re-experiencing of control/power over the trauma via tactile management of container
- ✓ Gives an impetus for telling their story (giving it a language – trauma narrative)
- ✓ With the aid of trauma specific questions (worst part example)
- ✓ Communicates visually what we do not always have words to describe
- ✓ Re-establishes “connectedness” to the adult world
- ✓ Recreates a renewed sense of power and safety which gives them hope for the future



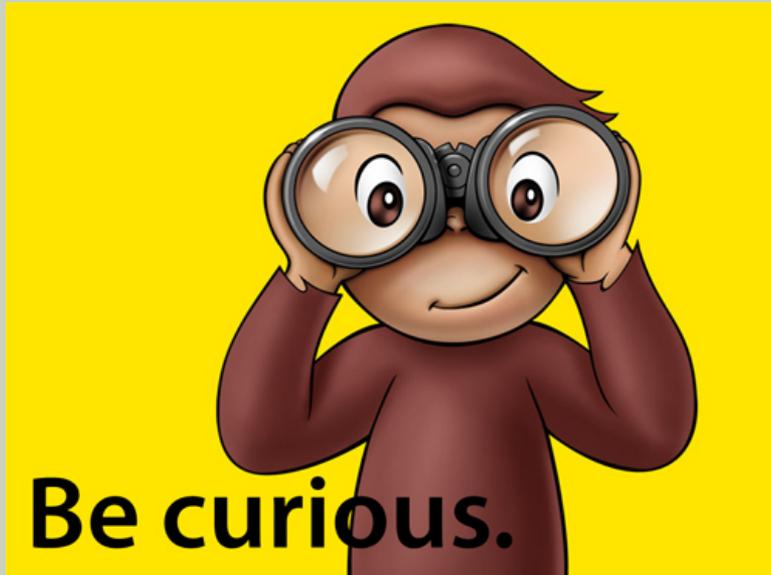
Creating A Trauma-Theme Narrative



Creating a trauma or theme narrative with the use of trauma-specific or theme specific questions, helps the child to put words to their stories, their experiences of feelings and sensations and helps us become a curious witness.



Be Curious



Asking questions is how we can be curious.

Being curious brings us into their world.

Helps us know it like they know it - whether that is their past or present experience.

We can't assume we know what their perception or experience is...so we need to ask...



Questions that help create the narrative

About an event

- Who is there?
- Where are you?
- What was the worst part?

About a theme/sensation (Worry)

- How big is your worry?
- Where does worry live in your body?
- What makes worry feel better/worse?



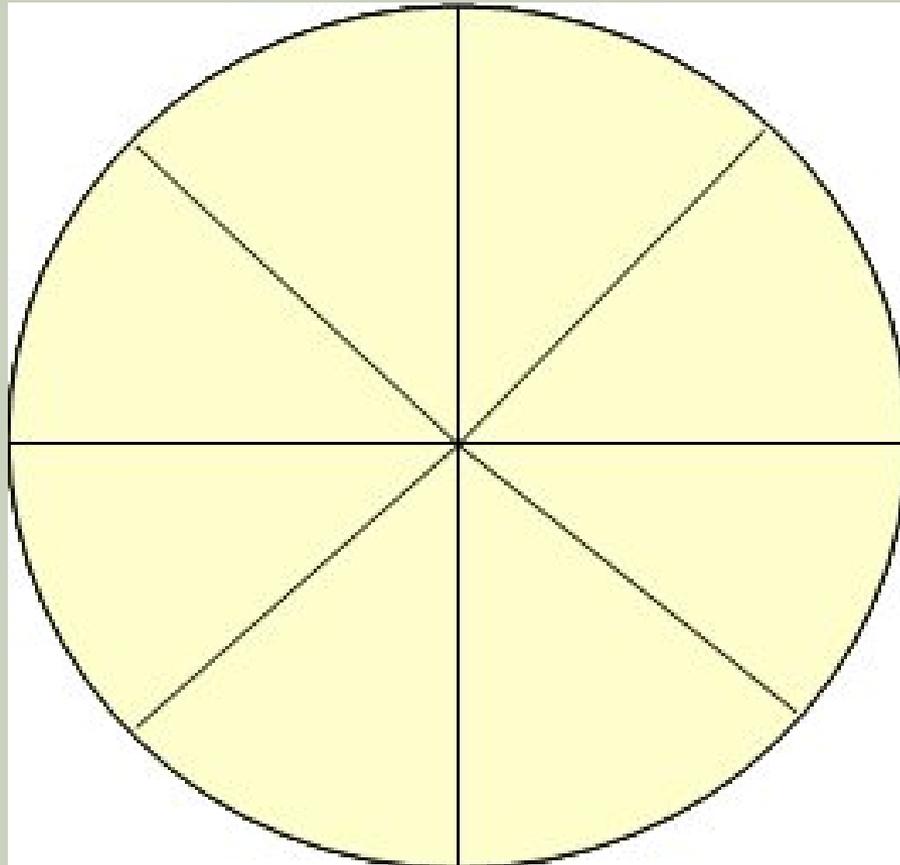
Cognitive Reframing

Cognitive reframing consists of changing the way people see things and trying to find alternative ways of viewing ideas, events, situations.

- Wow, despite all that has happened, you keep moving forward, doing and learning new things.
- Rape example – there isn't anything else I could have done
- Police academy example



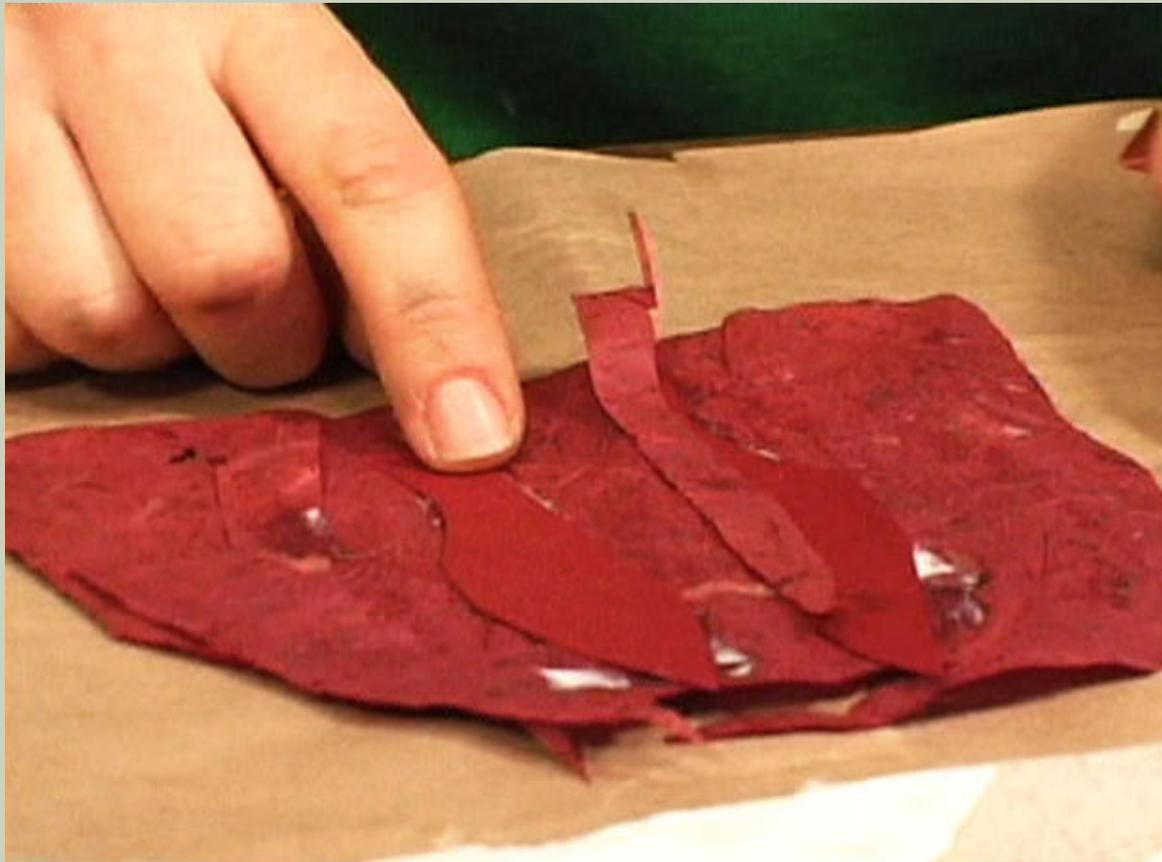
Circle Section Activity





Pick A Color, Tear A Shape

Theme: All





David

12 year old, male

Witness of Domestic Violence (repeated)

- Father beating mother and subsequently stepfather beating mother, even worse than the first beatings by father.
- At time of the study, Mom has divorced stepfather and is single. Father is in jail.



Pre Intervention

Evaluation Tools show that He has moderate to severe PTSD

Anger and Dissociation in Clinical Range.

Exhibiting Aggressive Behavior



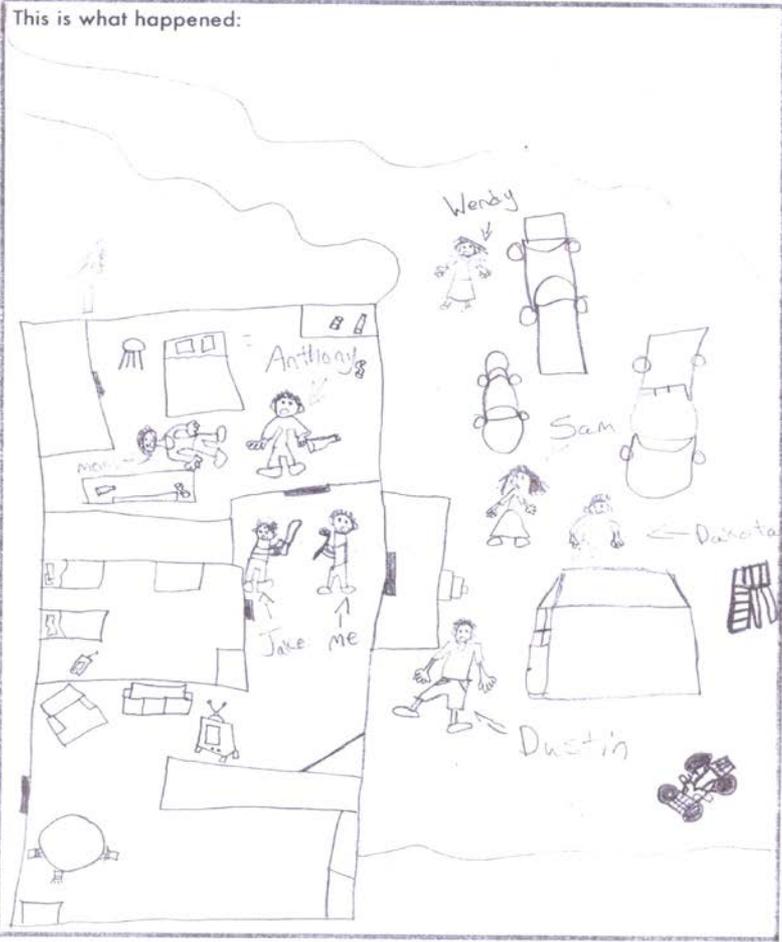
This Is a Picture of What Happened

Client Briefing Session

This is a picture of one of the worst times he can remember when his mother was physically beaten by his stepfather. Stepfather pushed mom into bedroom, locked door. Kids could hear her screaming and being hit/thrown around. Client and brother tried to beat door down with golf clubs



2.4a

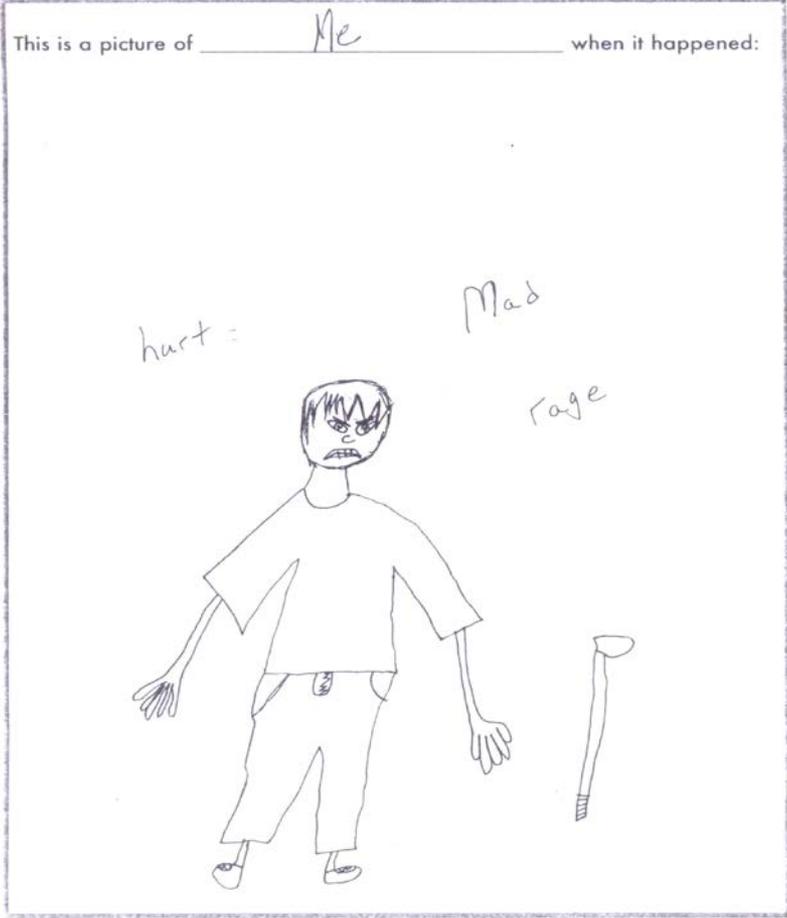


4

Tennessee Intervention Program for Abused and At-Risk Youth Workbook



This is a picture of Me when it happened:



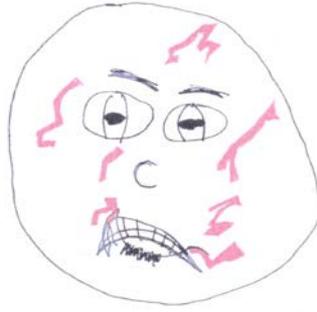
Trauma Intervention Program for Adjudicated and At-Risk Youth Workbook



Worksheet 4.2b - This is What the Hurt/Fear Might Look Like

4.2

This is what the hurt/fear might look like:



Trauma Intervention Program for Adjudicated and At-Risk Youth Worksheet



1006

5.5

Worksheet 5.5a - This is the Person/Thing that Caused this to Happen

This is the person/thing that caused this to happen:





Julia

16 year old, female

SEXUAL ASSAULT (REPEATED)

While living in a crack house with her Mom and brother



Julia - Pre Intervention

All evaluation tools show moderate to severe PTSD.

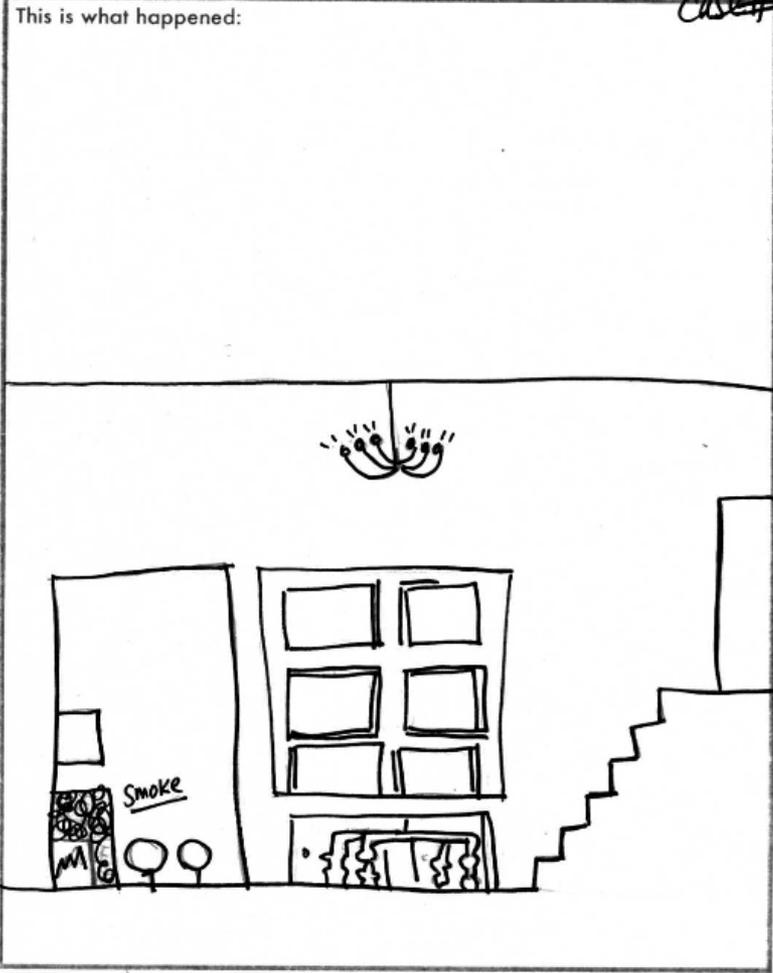
Clinically Significant Anger, Depression, Anxiety

Rule Breaking and Aggressive Behavior



93

1032
CASE #



4



95

Worksheet 2.6 - This is a Picture of _____ When It Happened

1032
Case

this is a picture of Me when it happened:





#1032

Worksheet 5.4b - A Picture of My Anger

5.4b1032

Draw an image that represents what your anger is like:



20

Trauma Intervention Program for Adolescents and At-Risk Youth Workbook

p. 1

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Jacque Jacobs

Jul 30 07 11:54a



60 Minutes Video





Collective Experience

