Trauma Awareness Training for Families and Professional Partners

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October 27th, 2015

Trauma Defined

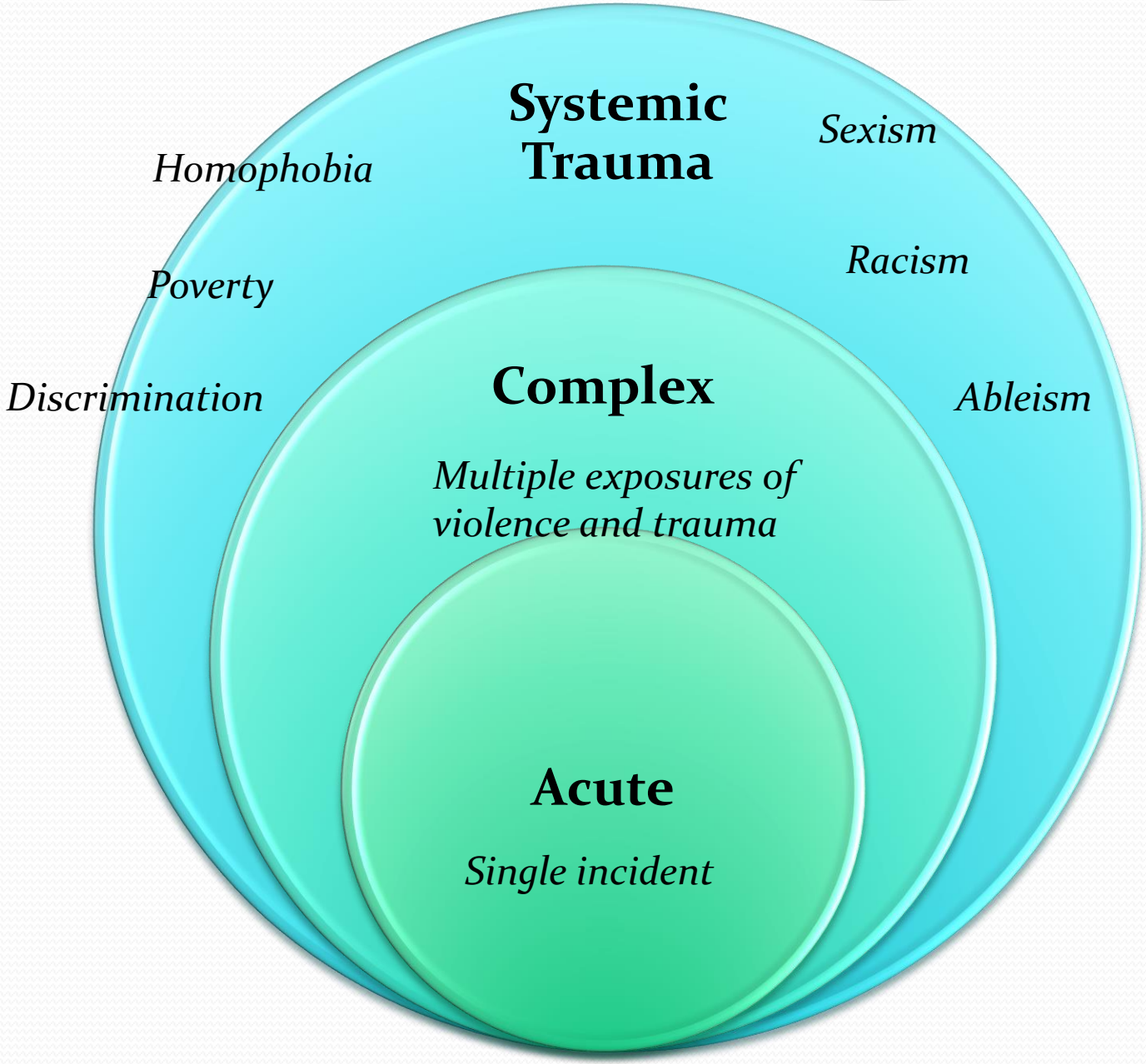
- Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

SAMHSA 2014

A Normal Reaction to a Horrific Situation

Forms of Trauma

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War Zone & Refugee Experiences
- Traumatic Grief
- Terrorism
- Immigration Experiences
- Medical Trauma
- Natural Disasters


Systemic Trauma
Sexism
Homophobia
Racism
Poverty
Discrimination
Ableism
Complex
Multiple exposures of violence and trauma
Acute
Single incident

Trauma Symptoms

Reactions to trauma (or responses to triggers) can be Short Term or Long Term, and can include:

- **Emotional**: Identification, Expression, Regulation [overwhelmed]
- **Physical**: Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual**: Hopeless
- **Behavioral**: Hyper, aggressive, impulsive (risk taking, "defiant," or acting out behavior), withdrawn ("compliant")
- **Cognitive**: Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

The Connection to Trauma for Formed Families:

Traumatic effects **CLUSTER** and **PERSIST**

- Early childhood adversity (neglect/abuse) prior to adoption substantially increased the level of psychiatric problems, especially when maltreatment was severe. The impact of early vulnerabilities is stable and **persists** even if maltreated children are taken out of their problematic environments and are raised in enriched circumstances (van der Vegt et al, 2008)
- In sample of 2250 foster care youth referred for clinical intervention, 70.4% reported at least two of the traumas that constitute **complex trauma**; 11.7% of the sample reported all 5 types (Greeson et al., 2011).
- 35% of children in foster or kinship care had indications of discrete **mental disorders or comorbidity,** and another 20% displayed complex attachment- and trauma-related symptomatology (Tarren-Sweeney, 2013)

Impact of Trauma in Schools

- Students traumatized by exposure to violence have been shown to have lower grade-point averages, more negative remarks in their cumulative records, and more reported absences from school than other students. (NCTSN)
- Children with two or more adverse childhood experiences (ACEs) were 2.67 times more likely to repeat a grade, even when adjusting for demographic characteristics and health factors. (Bethell et al, 2014)
- Traumatic experiences impact an individual's ability to learn. In one study, adults who had four or more adverse childhood experiences experienced a 4.4-fold increase in impaired memory of childhood. (Anda et al; 2006)

Impact of Trauma in Schools

- Decreased IQ and reading ability (Delaney-Black et al. 2003)
- Decreased graduation rates (Grogger, 1997)
- Increased rates of suspension and expulsion (LAUSD Survey)

Can vary based on the age and developmental stage of the child.

The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
  - Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
  - Become passive, quiet, and easily alarmed
  - Become fearful, especially regarding separations and new situations
  - Experience confusion about assessing threats & finding protection, especially in cases where a parent or caretaker is the aggressor
  - Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
  - Experience strong startle reactions, night terrors, or aggressive outbursts
  - Blame themselves due to poor understanding of cause and effect and/or magical thinking

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
  - Experience unwanted and intrusive thoughts and images
  - Become preoccupied with frightening moments from the traumatic experience
  - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
  - Develop intense, specific new fears linking back to the original danger

Source:
NCTSN – www.nctsn.org

The Influence of Developmental Stage: School-Age Children

(continued)

- **School-age children** may also:
  - Alternate between shy/withdrawn behavior and unusually aggressive behavior
  - Become so fearful of recurrence that they avoid previously enjoyable activities
  - Have thoughts of revenge
  - Experience sleep disturbances that may interfere with daytime concentration and attention

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
  - That they are weak, strange, childish, or "going crazy"
  - Embarrassed by their bouts of fear or exaggerated physical responses
  - That they are unique and alone in their pain and suffering
  - Anxiety and depression
  - Intense anger
  - Low self-esteem and helplessness

Source: NCTSN – www.nctsn.org

The Influence of Developmental Stage: Adolescents *(continued)*

- These trauma reactions may in turn lead to:
  - Aggressive or disruptive behavior
  - Sleep disturbances masked by late-night studying, television watching, or partying
  - Drug and alcohol use as a coping mechanism to deal with stress
  - Self-harm (e.g., cutting)
  - Over- or under-estimation of danger
  - Expectations of maltreatment or abandonment
  - Difficulties with trust
  - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

Impact of Trauma on Family Functioning

- Behaviors related to trauma symptoms are often interpreted as deliberate misbehavior by parents / caregivers, and can lead to increased conflict in the home.

- Relationships and connectedness can be greatly affected by the lack of trust and confidence trauma can cause, inhibiting a parent's ability to parent effectively.

- Lack of understanding can be compounded when parents have their own unaddressed trauma history, depending on what beliefs they have about their traumatic experiences.

Preventing Challenging Behavior

- Focus on building positive and caring relationships with children and youth.
- Remember that ALL youth have strengths and assets that can be built upon through relationships with caring adults like YOU. To learn more about RESILIENCE and what you can do to help build it, check out: http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18
- Make sure that your setting is one where children and youth feel physically and psychologically SAFE.
- Create predictable structure, and stick to it. Routines are VERY helpful.
- Make transitions to new activities or spaces calm and predictable.
- Use Positive Behavior Intervention and Supports (PBIS) as your default. Praise publicly, redirect privately! www.pbis.org

Preventing Challenging Behavior

- Offer choices whenever you can. Avoiding power struggles is KEY!
- Focus on PROBLEM SOLVING over punishment. Help children and youth come up with ways to control their own behavior.
- Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an even tone of voice and neutral body language.
- Have a game plan for how you can offer children and youth a safe place to calm down if they need it.
- If appropriate for your setting, devote program time to teaching children and youth skills to identify and manage their emotions. Kids need to learn coping skills to manage situations that become overwhelming. Follow the links on this site for lots of ideas http://www.pbisworld.com/tier-1/teach-coping-skills/.

When Challenging Behavior Strikes

- Continue to be mindful of your own physical presence and tone of voice as part of managing the fact that you may be triggered by aggressive, disrespectful, or otherwise challenging behavior. Children and youth need YOU to remain calm.

- Think about what might ACTUALLY be happening to trigger the behavior. Ask the child or youth questions about what is going on in a compassionate manner.

- Try offering food or water, or suggest some basic relaxation techniques like deep breathing to help bring them back to the moment. Find some other ideas here: http://kidshealth.org/parent/_cancer_center/feelings/relaxation.html

- Help the child or youth regain control by VALIDATING their thoughts and feelings, and offering them choices for how they can remove themselves from the situation or otherwise manage the unacceptable behavior. Calmly request that they chose from one of several workable options.

When Challenging Behavior Strikes

- Use active and reflective listening. Don't interrupt.
- Avoid judgment, and offer advice and reassurance sparingly. Focus on providing choices so that children and youth can feel empowered to help THEMSELVES.
- Remember that their behavior is not driven by logic. They are in flight, fight or freeze mode and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down. Check out this video to see how to pull some of these ideas together. https://www.youtube.com/watch?v=QGn1bx7ZZUY

Adolescents who act out…

- Provoke "C" reactions
  - Challenging
  - Confronting
  - Criticizing
  - Correcting

Not Helpful; do not correct

Tune out/ Adults more concerned with ruling than relating

Instead, promotes shame and worthlessness

So instead… VCR approach

(Hardy & Laszloffy, 2005/2007)

- **Validation**- before all else, youth need to be validated; sends message that "I understand your perspective"
- **Challenging**- AFTER appropriate and adequate validation, its possible to challenge troubling youth thoughts & behaviors
- **Requesting**- make a request- translate feedback received into positive, concrete action

VCR Guiding Principles

(Hardy & Laszloffy, 2005/2007)

- Validation must PRECEDE any form of challenge or confrontation; goal is replace spontaneous challenge/criticism with spontaneous validation.
- The youth (recipient of validation) determines when validation is sufficient
- Validation, challenge AND request must all be centered around same topic/theme.
- Communicate with “I..” messages and “And”, not “but”
- Avoid asking questions, especially when high levels of rage and anger

What would being trauma informed look like for you?

What will I start doing?	What will I avoid doing?
Looking at situations through a "trauma lens" when addressing acting out behavior or rule violations *Trauma Lens = Changing the question from "what's wrong with you?" to "what happened to you?"*	Enforcing rules and levying consequences without consideration of the potential impact of trauma on behavior
Providing increased opportunities for youth to build on their strengths and giving them positive recognition when they succeed	Not being thoughtful in the assignment of tasks to youth (the goal should be to present opportunities for mastery and success as opposed to setting youth up for failure that they may not be equipped to cope with)
Considering possible triggers like lights, sounds, crowds, small spaces, etc. when planning activities	Using a raised tone, flickering lights, or other potentially triggering methods to gain the attention of the group
Sticking to the expected schedule and avoiding surprises whenever possible	Letting staffing shortages or other unexpected events result in the loss of anticipated structure

Partnering with Schools

- Request a Functional Behavior Assessment and follow-up Behavior Intervention Plan; assure follow-up accountability.
- Learn about all the school-based or school-affiliated clinical personnel who are available; learn the names of staff on your child's problem-solving team(s) and use them!
- If your student is being evaluated or re-evaluated, be sure that the professionals conducting and interpreting the results are trauma-informed. Independent Educational Evaluations are an option.
- Develop and share a colorful one-pager on what works for your child and include your contact information.
- Rewards work for kids and adults alike- recognize staff who are doing good for your child; recruit them as advocates!

Partnering with Schools

- Communicating with the school:
  - Ask questions about what information will be shared (with teachers, school counselors, social workers, psychologists etc.) when talking to school personnel so that you can make informed decisions about what to share
  - Consider signing releases that allow school based clinicians to communicate with outside treatment providers to ensure a consistent and coordinated approach
- You may want to share:
  - Interventions that have/ have not worked in the past
  - Information from previous school systems (e.g. IEP's, FBA/BIP)
  - Copies of private reports, private therapy history, psychiatric hospitalization
  - Custody concerns
  - Important dates (e.g. anniversary of an event or death)
  - Events that may be stressful (e.g. upcoming court date, visiting family)
  - Changes in mood, behavior, relationships

Partnering with Schools

- Emergency contact information:
  - Be thoughtful about who is listed on your child's emergency care card. Make sure that the person is safe, and well known to your child so that they can be helpful in the event of a crisis.
  - Provide all available phone numbers for yourself or other contacts.
  - Provide your email address to facilitate ongoing contact.
  - Update emergency care cards as soon as possible if there is a change in contact information.
    - Custody changes
    - Change in emergency contacts
    - Moves, change in phone number or email

Resources - Internet

Childhood Trauma :

- http://www.samhsa.gov/trauma/index.aspx#TipsChildren
- http://www.nctsn.org/resources
- http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf

When a Child's Parent has PTSD:

- http://www.ptsd.va.gov/professional/treatment/children/pro_child_parent_ptsd.asp

Resources – Service Providers

- Virginia 211; Dial 211 or http://www.211virginia.org
- Community Services Boards, find locality at http://www.dbhds.virginia.gov/individuals-and-families/community-services-boards
- Early Intervention (infants and toddlers)- http://infantva.org/

Northern Virginia:

- FCPS Office of Psychology Services - 571-423-4250
- FCPS Office School Social Work - 571-423-4300
- Coordinated Services Planning– family activities and basic needs 703-222-0880
- Formed Families Forward, www.formedfamiliesforward.org

Resources – Hotlines

- National Suicide Prevention Lifeline:
  - 1-800-273-TALK (8255)
  - http://suicidepreventionlifeline.org
- Crisis Link 24-Hour Suicide Hotline:
  - 703-527-4077 or text 703-940-0888
  - http://prsinc.org/crisislink/services/
- 24-Hour Domestic & Sexual Violence Hotline: 703-360-7273
- Alternative House Teen Crisis Hotline: 1-800-SAY-TEEN (729-8336)
- Fairfax County 24-Hour Emergency Services: 703-573-5679, TTY 711