



Trauma Informed Care

Marie Celeste, EdD



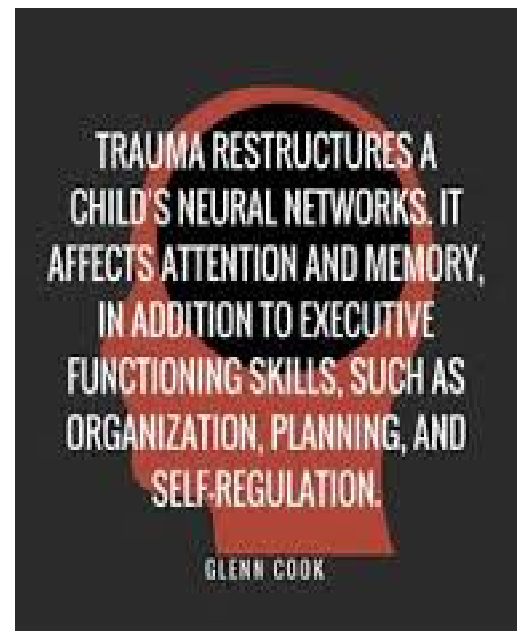


What is Trauma?



Trauma is...

- An exceptional experience in which:
- Powerful and dangerous stimuli overwhelm the child's developmental and regulatory capacity (including the capacity to regulate emotions)
- The child has insufficient resources to cope with the event



Traumatic Events

- Domestic Violence
- Physical Abuse
- Sexual Abuse
- Neglect
- Traumatic Grief
- Loss due to Incarceration
- Loss due to Deportation
- Loss due to Military Deployment
- Loss due to Termination of Parental Rights
- Multiple Transitions (e.g. foster care)
- Community/School Violence
- Medical Trauma
- Natural Disasters
- Refugee and War Zone Trauma
- Terrorism

Scope of the Problem

- ➔ In one study of children aged 2–5, more than half (52.5%) had experienced a severe stressor in their lifetime.

Child Exposure to Domestic or Community Violence

- In a survey of parents in three SAMHSA-funded community mental health partnerships, 23 percent of parents reported that their children had seen or heard a family member being threatened with physical harm.⁷
- Nearly two-thirds of young children attending a Head Start program had either witnessed or been victimized by community violence, according to parent reports.⁸
- In a survey of parents of children aged six and under in an outpatient pediatric setting, it was found that one in ten children had witnessed a knifing or shooting; half the reported violence occurred in the home.⁹

Child Accidents and Physical Trauma

- Children aged five and under are hospitalized or die from drowning, burns, falls, choking, and poisoning more frequently than do children in any other age group.²
- One in three children under the age of six has injuries severe enough to warrant medical attention.³

Child Abuse and Neglect

- Young children have the highest rate of abuse and neglect, and are more likely to die because of their injuries.
- Children younger than three years of age constituted 31.9 percent of all maltreatment victims reported to authorities in 2007.⁴
- Infants are the fastest growing category of children entering foster care in the United States.⁵
- Infants removed from their homes and placed in foster care are more likely than are older children to experience further maltreatment and to be in out-of-home care longer.⁶

Scope of the Problem



Traumatic Events Cause Stress

Types of Stress



- Positive Stress: Protection and support to cope with everyday challenges
- Tolerable Stress: Protection and support to cope with serious threats
- Toxic Stress; Lack of protection and support AND intense stress compromises physical and mental health

Toxic Stress Derails Healthy Development

Intensity of Stress Reactions Depend Upon

Characteristics of the child

- Age, gender, temperament and developmental level
- The child's perception of danger

Characteristics of the family and community

- Quality of parenting, adult's response to the trauma
- Availability of adults/family who can offer help, reassurance, and protection

Characteristics of the trauma

- The nature of the event
- The child's relationship to the victim or perpetrator

Something that is traumatic for one child may not be traumatic for another.



Effects of Trauma

Attachment and Relationships:

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

Emotional Responses:

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt
- Negative expectations for the future or foreshortened sense of future

Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

Behavior:

- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

Dissociation:

- Disconnection between thoughts, emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences
- Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real)
- Experiencing alterations or shifts in consciousness

*The information above is adapted from Cook et al., 2005.

Reactions to Child Traumatic Stress

Hyperarousal

- Nervousness
- Jumpiness
- Quickness to startle
- Hypervigilance

Avoidance and withdrawal

- Feeling numb, shutdown, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma



Reactions to Child Traumatic Stress

Re-experiencing / Trauma Reminders

Re-experiencing:

- Intrusive images, sensations, dreams
- Intrusive memories of the traumatic event

Trauma reminders:

- Things, events, situations, places, sensations, and even people that a child connects with a traumatic event



Trauma Reminders

- Internal and external cues
- For young children, affective states can be powerful reminders
- Persistent reminders can create broadening associational networks of new reminders: place child at increased risk for persistent hyperarousal
- Parents and children can serve as traumatic reminders for one another
- Home and other familiar places can serve as traumatic reminders



Trauma Reminders May Result In...



Trauma reminders may lead to:

- Re-experiencing
- Withdrawal
- Dissociation
- Anxiety
- Loss of behavioral control

Impact of Traumatic Stress on Health

Abuse:

- Emotional 10%
- Physical 26%
- Sexual 21%

Neglect:

- Physical 10%
- Emotional 15%

Household Dysfunction

- Mother treated violently 13%
- Mental illness 20%
- Substance abuse 28%
- Parental separation or divorce 24%
- Household member imprisoned 6%

Adverse Childhood Events Study (ACES) (2014)

Study sought to examine how stressful and/or traumatic experiences during childhood affect adult health (n=17,000). Collaborative with Kaiser Permanente & Center for Disease Control (CDC).

ACES Findings

The study revealed links between multiple traumatic adverse childhood experiences (ACE's) and:

- Impaired neurodevelopment
- Health risk behaviors (smoking, drug/alcohol use)
- Social / emotional, and cognitive impairment (depression, suicidality)
- Disease, disability and social problems

The combination of risk factors appeared to have a cumulative effect. Compared to participants who experienced 0 ACE's, those who had experienced 4 or more were twice as likely to be smokers, 12 times more likely to have attempted suicide, 7 times more likely to be alcoholic, and 10 times more likely to have injected street drugs.

Trauma Manifests in the Following Behaviors

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress

Behavior Type	Children aged 0-2	Children aged 3-6
Cognitive		
Demonstrate poor verbal skills	✓	
Exhibit memory problems	✓	
Have difficulties focusing or learning in school		✓
Develop learning disabilities		✓
Show poor skill development		✓

Trauma Manifests in the Following Behaviors

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress

Behavior Type	Children aged 0–2	Children aged 3–6
Behavioral		
Display excessive temper	✓	✓
Demand attention through both positive and negative behaviors	✓	✓
Exhibit regressive behaviors	✓	✓
Exhibit aggressive behaviors	✓	✓
Act out in social situations		✓
Imitate the abusive/traumatic event		✓
Are verbally abusive		✓
Scream or cry excessively	✓	
Startle easily	✓	✓

Trauma Manifests in the Following Behaviors

Behavior Type	Children aged 0–2	Children aged 3–6
Show irritability, sadness, and anxiety	✓	✓
Act withdrawn	✓	✓
Lack self-confidence		✓
Are unable to trust others or make friends		✓
Believe they are to blame for the traumatic experience		✓
Fear adults who remind them of the traumatic event	✓	✓
Fear being separated from parent/caregiver	✓	✓
Are anxious and fearful and avoidant		✓

Trauma Manifests in the Following Behaviors

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress

Behavior Type	Children aged 0-2	Children aged 3-6
Physiological		
Have a poor appetite, low weight, and/or digestive problems	✓	
Experience stomachaches and headaches		✓
Have poor sleep habits	✓	✓
Experience nightmares or sleep difficulties	✓	✓
Wet the bed or self after being toilet trained or exhibit other regressive behaviors		✓

Trauma Manifests in the Following Behaviors

Have a poor appetite, low weight, and/or digestive problems	✓	
Experience stomachaches and headaches		✓
Have poor sleep habits	✓	✓
Experience nightmares or sleep difficulties	✓	✓

Preschool Expulsion



- Prekindergarten students are expelled at a rate more than **three times** that of their older peers in the K-12 grades.
- Expulsion rates are lowest in classrooms located in public schools and Head Start, and highest in faith-affiliated centers and for-profit child care.
- The likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation.



What is Trauma Informed Care?

- Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives
- Resilience and strengths-based approach became forefront as a response to trauma research and brain research about the effects of trauma on the brain.



- Inclusiveness and shared purpose-recognizing that EVERYONE has a role to play in a TIC approach, *“you don’t have to be a therapist to be therapeutic”*

What is Trauma Informed Care?

- The questions shifts from “What’s wrong with you?” to “What happened to you?”
- Trauma specific interventions create safety first through relationship and focuses on strengths.
- Culturally competent and Developmentally appropriate
- Emotional regulation is key in helping to learn to control overwhelming emotions.



Essential Elements of Trauma-Informed Care

1. Recognize the impact that trauma has had on the child
2. Help the child to feel safe, building a base of resilience
3. Help the child to understand and manage overwhelming emotions
4. Help the child to understand and modify problem behaviors
5. Respect and support positive, stable, and enduring relationships
6. Be an advocate for the child
7. Take care of yourself



Helping Young Children Exposed to Trauma

When young children experience a traumatic stressor, their first response is usually to look for reassurance from the adults who care for them. The most important adults in a young child's life are his/her caregivers and relatives. These adults can help reestablish security and stability for children who have experienced trauma by:

- Answering children's questions in language they can understand, so that they can develop an understanding of the events and changes in their life
- Developing family safety plans
- Engaging in age-appropriate activities that stimulate the mind and body

Helping Young Children Exposed to Trauma

- Helping children expand their “feelings” vocabulary
- Honoring family traditions that bring them close to the people they love, e.g., storytelling, holiday celebrations, reunions, trips
- Setting boundaries and limits with consistency and patience
- Setting and adhering to routines and schedules
- Finding ways to have fun and relax together
- Looking for changes in behaviors
- Showing love and affection
- Building Resilience

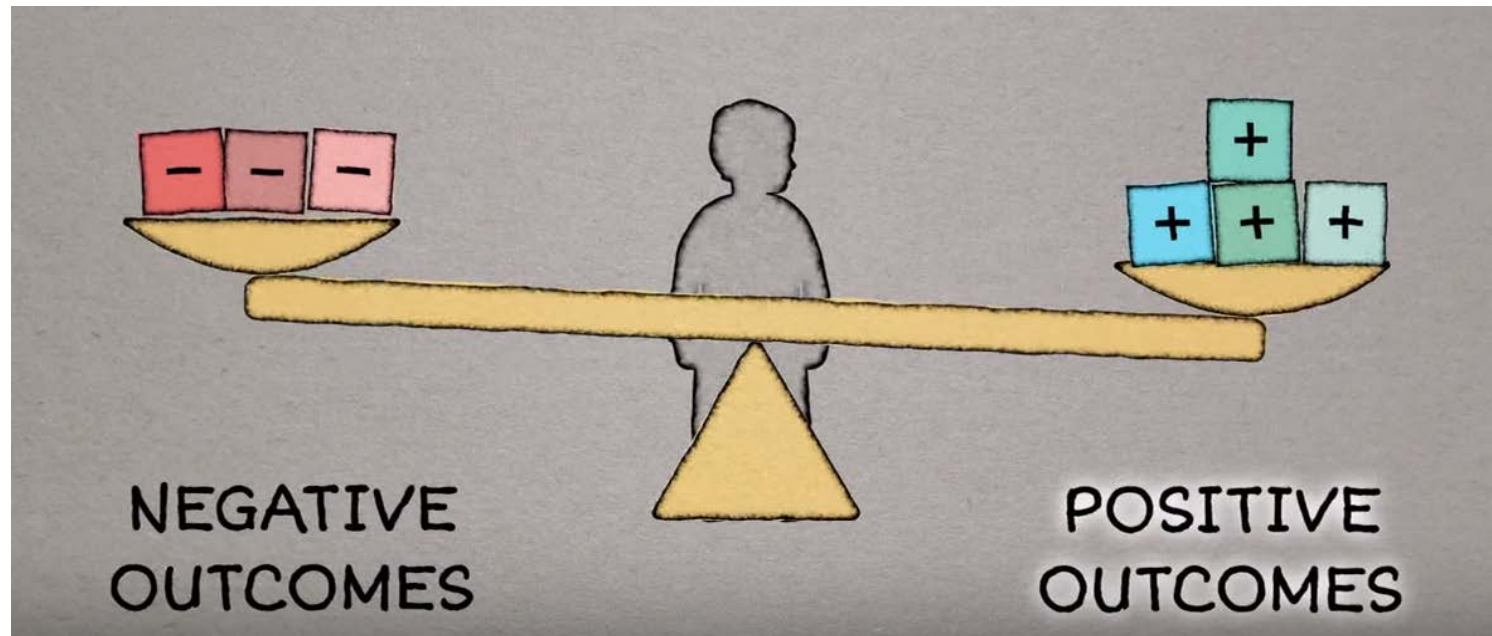


What Resilience is NOT...


"Building resilience in children is not about making them tough. Resilience is the ability to recover from difficulties and manage how you feel."

www.easypeasykids.com.au

Resilience is a Highly Interactive Process...



The Science of Resilience



Protective Factors (*positive outcomes*) ameliorate or buffer individuals' reaction to adversity that under ordinary situations could lead to maladaptive outcomes. Protective factors are present within the child, within the family, and within the community.

Risk Factors are hazards that contribute to the increased vulnerability of young people for *negative outcomes*. Categories of risk factors include biological, environmental and psychosocial.

Child

Prenatal exposure to drugs, alcohol
Disability
Hunger/poor nutrition
Poor impulse control
Low self esteem
Poor communication
Poor attachment/Unable to trust
Difficult temperament
Trauma

Family / Community

Inadequate housing
Lack of access to health care
High levels of stress- Toxic stress
Overcrowded living
Frequent family moves
Unemployed or underemployed parents
Added stressors for immigrant families

“As long as the balance between stressful life events and protective factors is favorable, successful adaptation is possible. However, when stressful life events outweigh the protective factors, even the most resilient child can develop problems” (Werner, 1990).

Building Resilience in Families

3 Key Messages for Parents:

- “You and your child have strengths”: Asking parents what they like best about their child or what makes them happiest about their child is a good starting point to identifying strengths.
- “Take care of yourself”: Let parents know that energy invested in self-care can have positive results for their children as well. Encourage parents to consider how they are taking care of themselves.
- “Reflect on what you need”: many parents require support in understanding their needs before they can ask for resources.



Building Resilience in Children

➤ **Teaching self-care:** Making time for healthy eating, exercise, and rest supports parents' efforts to feel strong and teaches a child good habits to last throughout his lifetime.

➤ **Emphasizing the positive:** Helping parents remember and celebrate important events either within the family or in the larger culture is another important way to build resilience.

➤ **Building a strong parent–child bond:** Developing a consistent, loving bond by showing affection and responding to a child's needs can help her feel secure and support the parents' effectiveness.

➤ **Reading together:** Sharing books and stories has numerous benefits for children and parents, including language and literacy learning, creating routines, and fostering a love of learning and discovery through books.



Building Resilience in Children



➤ **Encouraging social skills:** Teaching children how to make friends and reaching out to your own friends can help your child see what it means to be friendly and learn to get along with others.

➤ **Maintaining a daily routine:** Knowing what to expect can be comforting to children and adults.

➤ **Nurturing positive self-esteem:** It is important to build upon strengths. Parents can help their child to trust himself and to try new activities by complimenting his successes and helping him to learn from his hardships.

➤ **Practicing self-reflection:** Time to reflect on life is one of the most important things parents can do to gain perspective and problem-solve.

When to Seek Additional Support

- For many young children who have been affected by a traumatic experience, the most effective help is the reassurance and comfort provided by parents and trusted caregivers. However, if the trauma is severe or chronic, if it affects those close to the child, and/or if the child continues to be upset or have symptoms after a month or so has elapsed, it is advisable to seek help for the child.
- Parents/caregivers may wish to consult their pediatrician for suggestions of professionals who specialize in early childhood mental health. Because of the young age of the child and the importance of the parents/caregivers in the child's life, treatment for the child should actively include those adults.

Myths to Avoid

- My love should be enough to erase the effects of everything bad that happened before
- The child shouldn't love or feel loyal to an abusive parent
- It's better to just move on, forget, and not talk about past painful experiences
- Young children don't remember bad things that happened to them



5 Ways Trauma Informed Practice Supports Children's Development

1. TIC helps us to recognize and respond to the needs of children who experience trauma.

- ➔ Children exposed to trauma may display heightened aggression, poor social skills, and impulsivity, struggle academically, and engage in risk-taking behaviors with serious consequences. Helping them cope with trauma reminders (“triggers”), supporting children’s emotion

regulation skills, maintaining predictable routines, and using effective behavior management strategies are effective. TIC also promotes adults’ capacity to identify childhood trauma and to make appropriate referrals for screening, assessment, and evidence-based treatment.





2. TIC supports the capacity of adults to cope with their own responses to trauma.

➔ Many parents and other caregivers have a history of trauma themselves, which may compromise their ability to be sensitive caregivers (up to one-third of parents abused or neglected in childhood maltreat their own children). Similarly, service providers who have a

history of trauma, or who suffer from severe stress as a result of working with people who are exposed to trauma, may become either distanced or overly involved with children and families, experience burnout, or have difficulty tolerating their emotions. Accordingly, TIC attends to the needs of adults by helping them identify and work through their own reactions to trauma.

3. TIC is receiving increased attention from policymakers.

- States are now required to develop and implement a plan for meeting the physical and mental health needs of foster children, including addressing the issue of trauma. A number of child welfare systems have trauma-informed training requirements. TIC also has been implemented in school systems.

4. TIC enhances the effectiveness of child-serving systems by promoting a common language.

- Having a shared language helps create a collective understanding of trauma and effective ways to address its impact. It also is a powerful tool for developing common goals and strategies. This simple change in language enables adults to focus on what is most important—for example, what is triggering the child, and how to help the child self-regulate.

5. Everyone in a child's life has a role to play in TIC.

- ➔ TIC is a key component of behavioral health services delivery, but mental health providers are not the only people who are essential to TIC. Caregivers, early childhood educators, teachers, medical staff, judges, child welfare workers, juvenile justice workers, first responders, and other community service providers all play an important role in buffering the negative effects of childhood trauma and

in preventing it from occurring in the first place. As the adage goes, "It takes a village," and TIC requires collaboration to embrace an approach to care that is consistent with the best available evidence on how to promote resilience to adversity.



We Cannot Take Care of Others Until We First Take Care of Ourselves!

Vicarious trauma is real. It is what happens to you over time as you witness cruelty and loss and hear distressing stories, day after day, and year after year.

- Symptoms are: Trouble sleeping, concentrating, easily startled
- Increased sensitivity to violence; fear
- Physical problems such as aches & pains, illnesses, accidents
- Difficulty feeling connected to what's going on around and within you
- Cynicism, loss of idealism, anger, disgust
- Loss of meaning and hope = APATHY. "Silencing response"

Taking Care of You!

- Relate, Rest and Relax - ESCAPE and UNPLUG
- Remind yourself of the importance and value of the work we do
- Stay connected with family, friends, and colleagues;
- Noticing and deliberately paying attention to the “little things” – small moments like sipping a cup of coffee, the sound of the wind in the trees, or brief connections with others
- Taking time to reflect (e.g., by reading, writing, prayer, and meditation)
- Identifying and challenging your own cynical beliefs
- Learn something new, write in a journal, be creative and artistic, move your body



Educators and childcare providers may inquire about children's safety; offer resources to reestablish safety for families; and, most importantly, support young children's learning through nurturing relationships, and through predictable expectations and routines in the classroom.

Resources

Early Educators and Childcare Providers

Resources for Early Educators and Childcare Providers	
Online resources	
Center on the Social and Emotional Foundations for Early Learning (http://csefel.vanderbilt.edu/about.html)	<i>Practical Strategies for Teachers/Caregivers</i> (http://csefel.vanderbilt.edu/resources/strategies.html)
Head Start (http://www.headstart.org/)	<i>Head Start Bulletin #73: Child Mental Health</i> (http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/A6E18B91317C94E72DD233C75C4DBD7D.pdf) <i>Head Start Bulletin #80: Mental Health</i> (http://www.headstartresourcecenter.org/assets/file/Publications/Bulletin-Mental%20Health%202009v3.pdf)
National Child Traumatic Stress Network (http://www.nctsn.org)	<i>Child Trauma Toolkit for Educators</i> (http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf) <i>Caja de Herramientas Para Educadores Para el Manejo de Trauma Infantil</i> (http://www.nctsn.org/nctsn_assets/pdfs/SP_Child_Trauma_Toolkit_111009_FINAL.pdf))
Scholastic for Teachers (http://www2.scholastic.com/)	Library of articles by trauma expert Bruce D. Perry, MD, PhD (http://teacher.scholastic.com/professional/bruceperry/index.htm) Greenspan, S. I. (2002). Meeting learning challenges: Working with the child who has PTSD. <i>Scholastic Early Childhood Today</i> . Perry, B. D. (2006). Death and loss: Helping children manage their grief. <i>Scholastic Early Childhood Today</i> .
Print Resource	
Rice, K. F., & Groves, B. M. (2005). <i>Hope and healing: A caregiver's guide to helping young children affected by trauma</i> . Washington, D.C.: Zero to Three Press.	



Resources

Family

Resources for Family and Caregivers	
Online resources	
After the Injury (http://aftertheinjury.org/)	<i>Find Ways to Help Your Child Recover</i> (http://aftertheinjury.org/findWhat.html)
Center on the Social and Emotional Foundations for Early Learning (http://csefel.vanderbilt.edu/about.html)	<i>Famly Tools</i> (http://csefel.vanderbilt.edu/resources/family.html)
National Child Traumatic Stress Network (http://www.nctsn.org)	<i>After the Hurricane: Helping Young Children Heal</i> (http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Helping_Young_Children_Heal.pdf) <i>Helping Young Children and Families Cope with Trauma</i> (http://www.nctsn.org/nctsn_assets/pdfs/Helping_Young_Children_and_Families_Cope_with_Trauma.pdf)
Scholastic.com (http://www2.scholastic.com/browse/home.jsp)	Brodtkin A. M. (2005). Talking with children about natural disasters. <i>Scholastic Early Childhood Today</i>

Online Resources

- National Childhood Traumatic Stress Network <http://www.nctsn.org> and http://nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf
- NCTSN Child Welfare Toolkit <http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008>
- Zero to Three <http://www.zerotothree.org>
- Chadwick Center <http://www.chadwickcenter.org/>
- Center on the Developing Child-Harvard University <http://developingchild.harvard.edu/>
- California Evidence-Based Clearinghouse for Child Welfare <http://www.cebc4cw.org/>

Resource Page for Parents and Caregivers

The screenshot shows the NCTSN website interface. At the top left is the NCTSN logo with the text "The National Child Traumatic Stress Network". To the right are social media icons for Twitter, Facebook, and LinkedIn. A navigation menu includes "Home", "Trauma Types", "Resources", "About Us", "Treatments That Work", "Products", and "Login / Register". A search bar is located on the right side of the menu.

The main content area features a large video player with a play button and the text "NCTSN Public Service Announcement". Below this are several resource boxes:

- Terrorism & Disasters**: Tools, PFA, and SPR. Readiness, Response, Recovery.
- LEARNING CENTER**: Education and online community. FOR CHILD AND ADOLESCENT TRAUMA.
- Understanding Child Traumatic Stress**: What it is. Why it matters.
- Information Resource Tools**: Knowledge Bank, Measures Review Database, Military Families Knowledge Bank.

On the right side, there are sections for "What's New?" (listing "Essential Elements of a Trauma-Informed Juvenile Justice System" and "Secondary Traumatic Stress A Fact Sheet for Organizations Employing Community Violence Workers"), "Public Awareness" (listing "National Foster Care Month (May 2016)" and "Children's Mental Health Awareness Day (May 5, 2016)"), and "Upcoming Events" (listing "Alternatives for Families: a Cognitive Behavioral Therapy (AF-CBT) (May 25-27, 2016)"). A yellow button labeled "Looking for help? click here" is also present.

At the bottom, there are six icons representing different audiences: "For Parents & Caregivers", "For Professionals", "Military Children & Families", "For Educators", "For the Media", and "Información en Español".

<http://www.nctsn.org/resources/audiences/parents-caregivers>