"Essential Ingredients of a Trauma-Informed System: From General Education to Treatment Modalities"

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Ingredients

• Pour your foundation
  ➢ General education on trauma for everyone
  ➢ Get buy in from family, youth, providers, and system leaders

• Add Walls and a Roof
  ➢ How do you screen and assess for treatment?
  ➢ Why is this important?

• Furnish the inside
  ➢ What effective treatments do you need

• Caring for the house
Education

- Resource Parents: NCTSN Resource Parent Curriculum
- Helping Traumatized Children Learn: www.massadvocates.org
- Family and Youth Advocacy Organizations: trauma brochure at http://www.gearparentnetwork.org/about-us/products
- Law Enforcement and Juvenile Justice: www.nctsn.org
- Physical Health Care: www.acesstudy.org
- Train the Trainers on Trauma-Informed Care: THRIVE
- Agency Best Practice Standards: THRIVE
Child and Adolescent Complex Trauma

• The dual problem of children’s multiple or proloner exposure to traumatic events and the impact of this exposure on immediate and long-term functioning.

• Complex traumatic exposure refers to children’s experiences of multiple traumatic events that occur within the caregiving system [and typically] refers to chronic maltreatment beginning in early childhood.
Identify Trauma-Related Needs

• One of the first steps in helping trauma-exposed children and families is to understand how they have been impacted by trauma.

• Trauma-related needs can be identified through trauma screening and assessment.

• It is important to consider trauma when making service referrals and service plans.
Screening and Assessment

**Trauma Screening**
*Universally administered by front-line worker to determine a child or parent’s trauma history and related symptoms*

**Trauma Assessment**
*In-depth assessment of trauma symptoms and psychosocial functioning completed by a mental health provider*

**Psychological Evaluation**
*Designed to answer a specific referral question and conducted by court-approved evaluator*
Trauma Screening

Brief, focused inquiry to determine whether an individual has experienced specific traumatic events or reactions to trauma

- Done by front-line workers
- Usually includes questions regarding exposure to trauma and related symptoms
- Assists in understanding the child’s and family’s history and potential triggers
- Directs trauma-informed case planning
- Positive screen may trigger referral for comprehensive trauma mental health assessment
Trauma Assessment

- A more in-depth exploration of the nature and severity of the traumatic events, the impact of those events, current trauma-related symptoms, and functional impairment

- Usually done by a mental health provider to drive treatment planning

- Occurs over at least 2-3 sessions

- Includes a clinical interview, use of objective measures, behavioral observations of the child, and collateral contacts with family, caseworkers, etc.
Trauma Assessment

• Domains covered include:
  - Basic demographics
  - Family history
  - Trauma history (comprehensive, including events experienced or witnessed)
  - Developmental history
  - Overview of child’s problems/symptoms

• Includes trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing

• May include assessment of caregiver stress and/or trauma and parent-child relationship
Trauma-Informed Tips

- Determine if child is still living in a dangerous environment. This must be addressed and stress-related symptoms in the face of real danger may be appropriate and life saving.

- Provide child a genuinely safe setting and inform him/her about the nature, and limitations, of confidentiality.

- Seek multiple perspectives about trauma (e.g. child, parents, legal guardians).

- Use combination of self-report and assessor-directed questions.

- Recognize potential impact of both culture and developmental level while obtaining trauma information from children.

Wolpow & Ford, 2004
Trauma-Informed Tips

• Because trauma comes in many different forms for children of varying ages, gender, and cultures, there is no simple, universal, highly accurate screening measure.

• Screening approaches should identify risk factors such as poverty, homelessness, multiple births during adolescence, and other environmental vulnerabilities of trauma-related symptoms and behavior problems associated with trauma histories
  ➢ PTSD symptoms (which vary with age)
  ➢ Behavioral symptoms associated with trauma

Hodas 2004
Diagnosis

• Post Traumatic Stress Disorder
• Acute Stress Disorder
• Developmental Trauma Disorder
• Co-Occuring
• Symptoms as “adaptive” and how children are given other diagnoses
• DON’T FORGET ABOUT RESILIENCY!!!!!!
Screening/Assessment for Children & Adolescents

- Parents, guardians or other involved adults would have to participate in screenings of younger children
- Older children and adolescents could complete a self-report measure
- Positive screens will require a more comprehensive follow-up evaluation conducted by a professional familiar with manifestations of childhood trauma

Hodas 2004
Trauma and Parents/Caregivers

• Many birth parents have histories of trauma (in childhood and adulthood).

• Trauma can impact parenting and protective capacities.

• Awareness of parental trauma history helps workers better understand parents and link them to appropriate services.
Sample Trauma Screening and Assessment

For Trauma Exposure/History: Self-Report and Structured Interview

- Childhood Trauma Questionnaire: Bernstein et al, 1994

For PTSD Symptoms: Self-Report and Structured Interview

- UCLA PTSD Reaction Index for Children: Steinberg et al, 2004
- Trauma Symptom Checklist for Children (TSC-C): Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation Sexual Concerns. Wolpaw et al,
- PTSD Checklist for Parents (PCL-C/PR) Blanchard et al 1996
- Child Behavioral Checklist (CBCL) General behavioral measures
Sample Trauma Screening and Assessment

For Psychosocial and Psychiatric Symptoms: Self Report and Structured Interview

• Diagnostic Interview Schedule for Children (DISC): Shaffer et al 1992

• Diagnostic Interview for Children and Adolescents-Revised (DICA-R): Reich et al, 1991

• Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version, Kiddie version (K-SADS-PL) for children and adolescents: Kaufman et al, 1997

For Self-Regulation: Self Report

• Parenting Stress Index Short Form (PSI): Abidin, 1995
Examples of screening tools for parents

- **Life Events Checklist:**  

- **Trauma Recovery Scale:**  
Questions to Ask Therapists and Agencies that Provide Services

• Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine whether the child needs trauma-specific therapy?

• How familiar are you with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?

• How do you approach therapy with children and their families who have been impacted by trauma (regardless of whether they indicate or request trauma-informed treatment)?

• Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).
Examples of Evidence-Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- CBITS
- TARGET
- Trauma Systems Therapy
- Child-Parent Psychotherapy (CPP)
- Eye Movement Desensitization Reprocessing (EMDR)
- Prolonged Exposure Therapy for Adolescents (PE-A)
Trauma-Focused Cognitive-Behavioral Therapy

- Short-term (12-20 sessions) therapy for children ages 3-18 who have been impacted by trauma

- An empirically supported intervention based on learning and cognitive theories

- Designed to reduce children’s negative emotional and behavioral responses, and to correct maladaptive beliefs and attributions related to abusive experiences

- Aims to provide support and skills to help non-offending parents cope effectively with their own emotional distress and to respond optimally to their abused children

TF-CBT PRACTICE Components

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and modulation
- Cognitive coping and processing
- Trauma narrative development & processing
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development

CBITS

• Students 5th-12th grade who have witnessed or experienced traumatic life events such as:
  - Community and school violence, accidents, injuries, physical abuse, domestic violence, and natural and man-made disasters.

• School based group and individual intervention:
  - 10 group sessions, 1-3 individual sessions, 2 parent psycho-educational sessions, 1 teacher educational session

• Cognitive-behavioral techniques:
  - Psycho-education, relaxation, social problem solving, cognitive restructuring, and exposure

• Evidence: Supported and Probably Efficacious (NCTSN #2)

• Resources: http://cbitsprogram.org/

• Pros and Cons
TARGET

- Julian Ford creator: [www.advancedtrauma.com](http://www.advancedtrauma.com)
- For adults and adolescents
- Psycho-educational and cognitive therapy
- Managing stress and triggers through FREEDOM steps:
  - Focus
  - Recognize Triggers
  - Emotion Self Check
  - Evaluate Thoughts
  - Define Goals
  - Options
  - Make a Contribution
- Evidence: Promising and Acceptable (NCTSN #4)
- Pros and Cons
Trauma Systems Therapy

- Children 6-18 difficulty regulating emotions as a result of the trauma with focus on social environment and the system of care.
- Five phases: Surviving, Stabilizing, Enduring, Understanding, Transcending.
- These treatment modules include:
  - 1. home-based services,
  - 2. legal advocacy
  - 3. emotional regulation skills training
  - 4. cognitive processing, and
  - 5. psychopharmacology
- Resources: Comprehensive Care for Traumatized Children: The Trauma Systems Therapy Approach, Saxe and [www.traumasyystemstherapy.com](http://www.traumasyystemstherapy.com)
- Evidence: Promising and Acceptable (NCTSN #4)
- Pros and Cons
Child-Parent Psychotherapy (CPP)

- Dyadic attachment-based treatment for young children (0-6) exposed to interpersonal violence.
- Average number of sessions = 50
- Focuses on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma-related response, and joint construction of a trauma narrative.
- Goal is to return the child to his/her normal developmental trajectory.

Eye Movement Desensitization Reprocessing (EMDR)

• Treatment that helps children (ages 2-17) reprocess beliefs, emotions, and body sensations associated with the traumatic event to resolve trauma symptoms.

• Child is taught self-soothing and calming skills prior to trauma processing phase.

• During trauma processing phase, the child attends to traumatic material while focusing on an external stimulus.
  ➢ Therapist directs child in bilateral eye movements, hand tapping, or audio bilateral stimulation.

Prolonged Exposure Therapy for Adolescents (PE-A)

• Therapy in which adolescents (ages 12-18) are encouraged to repeatedly approach situations or activities they are avoiding because they remind them of their trauma.

• Includes psycho-education about common trauma responses and relaxation training.

• Helps teens emotionally process their traumatic memories through imaginable and in vivo exposure to resolve trauma-related symptoms.

• Treatment lasts 8-15 sessions.

Other Promising Practices

Some other promising practices include:

- Alternative for Families: A Cognitive Behavioral Therapy
- Child and Family Traumatic Stress Intervention (CFTSI)
- Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)
- Sanctuary Model
- Seeking Safety for Adolescents
- Structured Sensory Intervention for Traumatized Children, Adolescents and Parents, for At-Risk and Adjudicated Youth (SITCAP-ART)
- Trauma-Focused Coping (TFC)

There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.

For more information visit: [www.nctsn.org](http://www.nctsn.org), [www.cebc4cw.org](http://www.cebc4cw.org), and [www.chadwickcenter.org](http://www.chadwickcenter.org)
Other Services That Enhance Resilience

• Mentoring programs
• Sports, arts, recreational activities
• Yoga, mindfulness, relaxation
• Community service
• Wraparound programs such as case management
Sustaining

- Learning Collaboratives
- Train the Trainers
- Data on Effectiveness: Fidelity and Monitoring
- Assessing Providers
- Care for the providers
Effects of Working with Trauma and Self Care

It's hard to get people interested in third world problems anymore...

Famine, disease, floods...

I think it's called appeal fatigue....

Click!

And one thing is for sure; if they ignore the problems, they will surely go away...

working together for a brighter tomorrow
Effects of Working with Trauma

• a.k.a. Secondary Traumatic Stress:
  ➢ Engaging empathically with another’s trauma material carries risks.
  ➢ Transformation of the helper’s inner experience
  ➢ Also known as compassion fatigue or vicarious traumatization
  ➢ A cumulative process
  ➢ An occupational hazard [life imitates art]
  ➢ Can contribute to burn-out
“Some of us are unsung heroes.”
Burnout

- Physical, emotional, and mental exhaustion
- Related to ongoing, long-term exposure to emotionally challenging work
- Can lead to dissatisfaction with work
- Can lead to decreased effectiveness at work
- Can lead to change in job or profession
“My question is: Are we making an impact?”
Contributing Factors

• Contributing Factors: Work Situation
  ➢ Nature of the work
  ➢ Cumulative exposure to trauma material
  ➢ Workplace climate

• Contributing Factors: Personal
  ➢ Personal history of trauma
  ➢ Personality
  ➢ Coping Style
  ➢ Current life situation

• Most people in the help seeking professions have a high number of ACES.
"Only I can prevent forest fires? Don't you think you should share some of the responsibility?"
Belief Systems that can Contribute

• Self-care is selfish
• Only I can do ______
• Everyone else’s needs are more important than mine
• Everyone else works through lunch, so I should, too
• If I don’t do this work no one will
• Sometimes these are rooted in culture and “scripts” that we or someone has created for us.
Self Care Plan

• Acknowledge your feelings about trauma
• Get support
• Give support
• Attend to inner experience
• Develop and use coping skills
• Practice daily self care strategies
• Breathe
• Laugh
• Resources:
  ➢ http://www.socialwork.buffalo.edu/students/self-care/developing-maintenance-plan.asp
Questions/Comments

THANKS!

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