FROM CONCEPT TO PRACTICE CONSIDERATIONS: TRAUMA-INFORMED SOCIAL WORK WITH CHILDREN

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OUTLINE OF PRESENTATION

- Introduction to the workshop
- Attachment
- Trauma
  - Brief focus on the neurobiology of trauma in children
  - Responses to trauma
- Implications for trauma-informed practice and healing trauma
- Practice considerations: How we can help (across systems)
  - Rethinking behavior and zero tolerance
  - Relationship
  - Helping the child calm the body / brain
  - Supporting emotional regulation
  - Developing competency

WHO ARE WE FOCUSING ON?

SAM

After repeated incidents of physical abuse at the hands of his father, Sam, age 15, is in foster care for the 3rd time. He has had some difficulty with truancy at school, oppositional defiant behavior, angry outbursts, and was caught smoking pot by his foster parents. After bouncing between foster homes, Sam has stayed with the Johnsons for the past nine months. They genuinely care for him, and Sam says he would like to stay with them. Last month in court, the decision was made (though not yet implemented) to return Sam to his father since his father has completed the parenting program. He says, "Sam can come home as long as he plans to behave; if not, I will give him the boot." Since then, Sam has become defiant with his foster mother, and several times has not come home when he was expected.

BRITTANY

Brittany is 13 years old, and has experienced neglect from her mother between birth and two, at which point she was placed with her grandfather. Her mother is in jail on drug related charges, and has a mental illness. Brittany is inattentive in school, shows very little emotion, often says "I don't know" or dismisses any conversation about problems. The school is frustrated with her, and teachers think she is manipulative and not trying. Her grandfather worries she will turn out like her mother.

ATTACHMENT AND TRAUMA

Some ideas:

- Children grow up to be a reflection of the relational context in which they are living.
- In utero, and during the first years of a child's life, the child's brain rapidly develops (it is "front loaded") and organizes to ***reflect the child's environment*** (Perry, 2009). It is use dependent.
- Neuroscience is concluding that optimal development takes place based in the child's secure attachment (Sroufe & Siegel, 2015).
- This period is a time of ***great opportunity—if the child is developing optimally. It is also a period of great vulnerability in which exposure to traumatic stress greatly impacts development.***

ATTACHMENT

- The developing response networks in the brain are rapidly organizing. The role of the stress response system is to sense distress and then act to address the challenge (hunger, cold, tired).
- Infants are not capable of meeting their own needs—through crying, they activate the caregiver's responses. When an infant's need is met, the child is returned to a state of calm, and care and pleasure are connected.
- Attachment is strengthened through eye contact, touch, smiles, joyful interaction, mirroring, and play (Bowlby, 1969).
- "Serve and return" is the process of the infant initiating interaction and the parent or caregiver responding. It's the foundation of brain architecture and learning. https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

ATTACHMENT

Sroufe and Siegel (2015) describe how the attachment system provides relationships in which the child will:

- Seek proximity to the attachment figure
- Experience separation distress when separated
- Develop an internal working model of a secure base that will provide him with security enabling him to explore the world, have a sense of well-being, and to soothe himself in times of distress in the future (Bowlby, 1969).
- Have a sense of a safe haven—to which he will turn when he is upset so that the attachment figure will soothe his distress

ATTACHMENT SECURITY PROMOTES

- physiological and emotional regulation
- self-reliance
- resilience
- social competence with peers
- empathy for others
- symbolic play
- problem solving
- intellectual development
- communication and language sills
- self-integration and self-worth

ATTUNEMENT IN RELATIONSHIP

- A central part of a secure attachment relationship is that the parent or caregiver is attuned to the child, noticing body language, facial expression, emotion, and reading the inner life of the child.
- An attuned relationship goes beyond safety and security. Tuning in allows the parent to "join a child in his experience, experience it with him, matching his affective state, and exploring the experience with him to better make sense of it. It is simply that: being with another person in his experience" (Hughes, 2009).
- An attuned relationship enables the child to "feel felt", to feel in sync, to feel supported, to be better able to manage emotion, and to develop stable and secure relationships.
- We will revisit this as a hallmark of trauma interventions.

ATTACHMENT AND TRAUMA

- Most developmental trauma (80%) occurs at the hands of a caregiver, trusted adult, or family member—the attachment relationship (van der Kolk, 2014).
- The attachment relationship needs to be repaired, restored, or others take its place and provide secure attachment.
- Even when trauma is experienced from outside the family system, the attachment relationship may be stressed because the child's attachment system is activated, and the need for a safe haven is amplified. Parents may feel helpless, may not understand the link between trauma and their ongoing relationship with the child, and if they have experienced trauma, may again be triggered, or may act in ways that are controlling, overprotective, disengaged, or traumatizing (Scheeringa and Zeenah (2001).

WHAT IS TRAUMA?

Definition from SAMHSA's Trauma and Justice Strategic Initiative:

- "Trauma results from an event, a serious of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being" (SAMHSA, 2014).

ACE STUDY

The Adverse Childhood Experiences study ((Felitti, et al, 1998) has analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, healthcare costs, and life expectancy. It has also helped us understand the critical need to develop trauma-informed systems and interventions for children and adolescents while they are young.

ACEs include physical, emotional, and sexual abuse, neglect, a parent incarcerated, mentally ill, or substance abusing, domestic violence, and divorce.

- Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more.
- 28% of study participants reported physical abuse and 21% reported sexual abuse.

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

DEVELOPMENTAL TRAUMA

- van der Kolk and others created a new diagnosis of developmental trauma to better understand "central realities of life for these children: exposure to multiple, chronic traumas, usually of an interpersonal nature; a unique set of symptoms that differs from those of post-traumatic stress disorder and other labels often applied to such children; and the fact that these traumas affect children differently depending on their stage of development" (DeAngelis, 2007).

- "While PTSD is a good definition for acute trauma in adults, it doesn't apply well to children, who are often traumatized in the context of relationships," says Boston University Medical Center psychiatrist Bessel van der Kolk, MD. "Because children's brains are still developing, trauma has a much more pervasive and long-range influence on their self-concept, on their sense of the world and on their ability to regulate themselves" (DeAngelis, 2007).

Understanding the neuroscience of the brain has **direct** implications for how we develop trauma-informed practices for children and adolescents.

https://medium.com/homeland-security/part-one-understanding-heuristics-and-biases-in-homeland-security-the-triune-brain-d374317f508

IMPLICATIONS OF NEUROBIOLOGY

When the brain is in a state of trauma response (fight, flight, freeze), the emotional and brain stem activity is foremost, and the thinking brain shuts down.

With repeated traumatic stressors, the brain will be repeatedly activated or may not return to calm. When a child is maltreated (trauma), the stress response is activated repetitively, or in an extremely prolonged manner (sexual abuse, physical abuse, neglect, emotional abuse, domestic violence). The neural networks alter—the brain will "reset" (van der Kolk, 2014).

Trauma will impact the brain in different ways depending on when it has occurred in the child's development (Perry, 2009). This has profound implications for clinical work with traumatized children.

THREAT RESPONSE

- Children have different adaptive styles in response to threat:
  - Hyperarousal
    More likely in older children—participatory trauma
  - Dissociative
    More likely in younger children—inescapable pain, trauma
    In trauma, the infant or young child cries, with the hope someone will fight for them or flee with them. If that does not happen, the child will dissociate.
- Children with chronic trauma have lower baseline levels of cortisol, and are **less equipped** to deal with ongoing stresses in their lives. Traumatized children are more likely to activate neural networks around fear (van der Kolk, 2014). .

WHAT DO KIDS NEED? PRACTICE CONSIDERATIONS

The practice considerations we are focusing on are all drawn from multiple experts on trauma, and they are responses that adults in diverse roles can practice with children and adolescents who have experienced trauma.

WHAT DO KIDS NEED?

- Attuned, regulating relationships (van der Kolk, 2014)
- Getting the body to calm (Perry, 2009)
  This allows the fear response to be calmed so the C/A can engage higher thinking (cortical) processes such as expressing feelings, making meaning, reflecting, taking action.
- Emotional regulation (van der Kolk, 2014)
  The capacity to manage emotions is critical given that trauma means emotions are overwhelmed.
- Support for competency (Blaustein and Kinniburgh, 2010)

FIRST: WHAT ABOUT BEHAVIOR?

- Behavior focus and behavior plans (to reduce or eliminate problematic behavior) are, by themselves, not trauma-informed (Penney, 2018, based on the research).
- We often, as teachers/social workers/mental health clinicians/ juvenile justice professionals, view the child's behavior as inappropriate and create a behavior plan in response.
  - We make assumptions about the behavior and are not curious about why.
    Children's actions are a result of their experiences (unless there is a brain-based disorder), so we should be asking NOT "What's wrong with you?" but "What happened to you?"
  - A behavioral plan without understanding the child's story can be detrimental to the child.
- Behavioral interventions have their place as part of a repertoire of interventions to support necessary change. Other considerations are more critical for children healing from trauma.

BEHAVIORAL PROBLEM: MARCUS

Marcus, in grade 5, has begun having significant outbursts of anger in class toward other children. A behavioral plan might target positive or negative consequences for his anger outbursts, such as missing recess or sports when he has had an outburst. We may think (assume) Marcus has a temper, or is immature, or maybe has not developed age-appropriate self-control.

- How appropriate is our intervention if Marcus' anger has been triggered by witnessing his mother's new boyfriend being violent to her? Or because older youth in the neighborhood are threatening him?
- While we may achieve behavioral compliance, we have also not helped Marcus' brain and body address the trauma, which would be helped greatly by recess or sports (among other interventions). And worse, we may not achieve behavioral compliance, putting Marcus on an escalating discipline sequence.

PRACTICAL CONSIDERATIONS: RELATIONSHIP

- Healing happens in relationships (NCTIC, 2011) Relationships that are safe, nurturing, and supportive.

  The child or adolescent needs relationships with parents, teachers, and other helping professionals and significant adults to establish or maintain secure attachment and support emotional regulation and improved interpersonal skills (Steele & Malchiodi, 2012).

- Bruce Perry, Dan Siegel, and other experts on the power of relationship to heal trauma
  https://www.youtube.com/watch?v=jYyEEMIMMb0
  18:50 – 23:00

What has been damaged in relationship must heal in relationship (Perry, 2009).

AN ATTUNED RELATIONSHIP

The attachment relationship is the foundation for the child's relationships with others, including teachers, coaches, other engaged adults, and peers.

Attunement is the term used to describe the capacity to accurately read the cues of others and respond appropriately (Hughes, 2009).

What children and adolescents need in order to develop emotional regulation, a strong sense of self, and competence is the repeated experiences of attunement with a caregiver or parent.

Attunement also rebuilds trust of the traumatized child—the sense that "I can trust you with whom I am and what I am struggling with because you are tuning in".

MISATTUNEMENT

- Children affected by trauma are often misattuned (Kinniburgh and Blaustein, 2009).
  - Oversensitive
    Misattuned children may mistakenly read signs of anger, rejection or abandonment where there are none.
  - Numb or shut down
    Unattuned and not engaging with others, or acting in ways that alienate them.
  - Overly tuned (over-adaptive) to their caregivers or others in authority. Often these children are overly compliant.
- Adults need to take the lead in tuning in to traumatized children. Tuning in is something we can all do.
- If adult and child are out of sync with each other, repair is needed.

MISATTUNEMENT

Caregivers, parents, teachers, social workers, and others may also be misattuned.

- Focused on authority and behavior, not on what is going on with the child.
- Confused, overwhelmed, by the child's behavior (this can put adults in a state of fight or flight).
- Their own experiences of trauma will impact their stance toward the child:
  - An adult may disengage
  - Adults may overprotect or overcontrol
  - Adults can become traumatizing (frightening)

(Scheeringa and Zeenah, 2001)

RELATIONSHIP BEHAVIORS THAT ARE NOT TRAUMA-INFORMED

- power over the child (verbal, physical, built into policies, rules, and cultures of organizations)
- taking power away from a child (not allowing voice, choice, or decision making where and when possible)
- threatening a child
- discipline that is only behavior focused
- exclusion (including zero tolerance policies that remove children and adolescents for all kinds of non-violent offenses)
- assumptions about behavior
  (lazy, bad, not trying, inappropriate, disrespectful, willful, manipulative)
  EXAMPLE of Brittany
  EXAMPLE of "rule of thumb"—an inpatient unit that discourages empathy because staff will be "manipulated"
- leaving the child alone when dysregulated, angry, or distressed

A DIFFERENT WAY TO LOOK AT CHILDREN'S BEHAVIOR: ATTUNEMENT

We need to focus on understanding the good reasons for a child's behavior (traumatic stress). This picture can help teachers, social workers and parents understand children's behavior better.

Think about an iceberg (Penney 2014):

- What we can see is behavior.
- What is under the "water line"?
- We need to go below the water line to help make sense of the child or adolescent's behavior, and provide support for recovery and regulated behavior.

WHAT TRAUMATIZED CHILDREN NEED FROM ADULTS:

Relational practices*—PACE (Hughes, 2009)

P—Playfulness

A—Acceptance

C—Curiosity

E—Empathy

*PACE practices are attachment-based, so any child can benefit from them.

PLAYFULNESS

- Lightness, humor, laughter, silliness (but not jokes, sarcasm, poking fun, or teasing)
- Positive, unconditional, deep interest in each other and in being together (caregiver or parent and child)
  Positive, joyful, strengths based focus
- Optimism: no matter how difficult this is, we will get through it
- Playfulness creates less room for fear or shame

(Hughes, 2009)

ACCEPTANCE

The child or adolescent's thoughts and feelings need to be heard, and accepted without judgment or attempt to change them.

> "You seem like you are having a hard time being away from your grandmother right now."
>
> ""You seem to have a lot on your mind right now."
>
> "I know that you are still upset, and it's hard to pay attention in class right now."
>
> "You're really angry about this!"

(Hughes, 2009)

CURIOSITY

Active, non- judgmental openness to and interest in the experience of another (remember attunement?). It is a deep desire to know someone and understand them. Curiosity means taking a stance of "not knowing" (rather than assuming, judging, or blaming).

Asking open-ended questions, clarifying, making sure you understand.

"What upset you just now about what Jenna said?"

"Can you tell me why you are feeling so strongly about that?" (if it is not obvious)

"What does this mean to you?"

"Tell me about that."

"Do you need more time to talk about that?"

"What would help right now?"

(Hughes, 2009)

EMPATHY

Compassion, comfort, support, feeling with the child. The parent/teacher/social worker needs to be able to enter into the child's experience and feel compassion toward it.

Empathy is crucial because many of the experiences of the child or adolescent have been confusing, stressful, and emotionally dysregulating.

> "I'm so sorry you are having such a hard time getting through your day."
>
> "It has to be really hard to come to school when you don't know what's going to happen to your mom."
>
> "It's hard to do the ordinary things like studying when you don't feel safe."
>
> (Hughes, 2009)

PRACTICAL CONSIDERATIONS: RELATIONSHIP

- Who: Everyone who comes in contact with the child
- What: Present, attentive, tuned in, aware, supportive, kind, sensitive adult interactions with child.
- How: THINK ATTACHMENT
  - Eye contact, smiles, gentle voice, on the child's level when possible, taking the time to listen, providing soothing and support for getting back to calm.
  - Use PACE.
  - Ask "What has happened to you?"

AN EXAMPLE: MISS KENDRA

- ALIVE program is "an innovative program designed to help students, classrooms, and schools-as-a-whole become responsive to trauma and stress reduction".
- Includes specialized stress reduction sessions, classroom-wide psychoeducation, and school-wide early detection and screening, and Miss Kendra program. http://www.traumainformedschools.org/home.html.

Dear Miss Kendra,

When I feel bullyed I feel like I mean nothing to the world I'm just a piece of trash waiting to get swept up and be put in a trash can where I belong away from everyone and when I see people get bullyed I help them and tell them stand up for your self and don't let them get to you.

Love,
Nuresh

PRACTICAL CONSIDERATIONS: CALMING THE BODY

- van der Kolk titled his newest work on trauma, *The Body Keeps the Score (2014)*. We now know with developmental trauma, that even though there may be no episodic memory for the trauma (a narrative or sequence of events), and no capacity for verbalizing what happened, the body still feels the effects of the trauma (van der Kolk, 2014).
- Helping the child get their body back to calm is essential. Some children and adolescents who have experienced trauma are chronically overaroused, some chronically shut down, and some ping pong between the two.
- Perry (2005) reminds us that we need to start from the bottom of the brain and move up in terms of trauma interventions: body—emotion—thinking. This is the idea of neurosequential interventions.
- Some of the following strategies are for helping children get back to calm in the moment, and some are wonderful ways to incorporate calming practices into the child or adolescent's day or routine.

WAYS TO TURN DOWN STRESS RESPONSES (HYPERAROUSAL)

Focus of these mini - interventions is movement and sensory comfort to help regulate the body in a state of traumatic stress (Blaustein and Kinniburgh, 2005).

- Ball to squeeze
- Deep belly breathing
- Jumping jacks
- Pushing against a wall or doorway
- Comforting object like a soft stuffed animal, soft cloth, or pillow
- A picture of caregiver to pull out when sad, worried, fearful, alone
- A picture of a safe, calm place (their drawing, a photo, a collage)
- Butterfly hug
- Rag doll
- Turtle to giraffe: Have children act like a turtle going into a shell, then turn into a giraffe stretching for a leaf
- Tense and release muscle groups in the body

WAYS TO TURN UP FEELINGS (AVOIDANT, DISSOCIATIVE)

- Play "I spy" in the immediate surroundings The adult or child says "I spy something _____ (red, or another color, round or square . . .) and then the other person guesses what it is.

  With an adolescent this may be orienting to a room or an outdoor space, noticing sensory input
- Grounding the body in space
- Butterfly hug
  Arms are crossed, hands on opposite shoulders, gently patting shoulders—left—right—left—right, gently and rhythmically
- Ball to squeeze
- Have child describe favorite routine or activity step-by-step
- A picture of caregiver to pull out when sad, worried, fearful, alone
- A picture of a safe, calm place

(Blaustein and Kinniburgh, 2010)

- Theraplay®--playful interventions

PRACTICAL CONSIDERATIONS: EMOTIONAL REGULATION

- Children need significant help with emotional regulation. Trauma dysregulates emotion, with overwhelming fear, pain, worry, anger, among other emotions. The fear response needs to be calmed.
- Children and adolescents need consistent, repetitive, predictable responses to support emotional regulation.
- Emotional regulation (Blaustein and Kinniburgh, 2010):
  - Identifying feelings
  - Modulation of emotion (turning it down or up / getting back to calm)
  - Emotional expression
    Being able to name and tame a feeling (Siegel, 2011)
- Not-the-usual feelings thermometer
- Play and creative interventions help with emotional regulation (Theraplay® and others)
  EXAMPLE: Brittany

Notice- check in with yourself; notice feeling or need of child

Name-

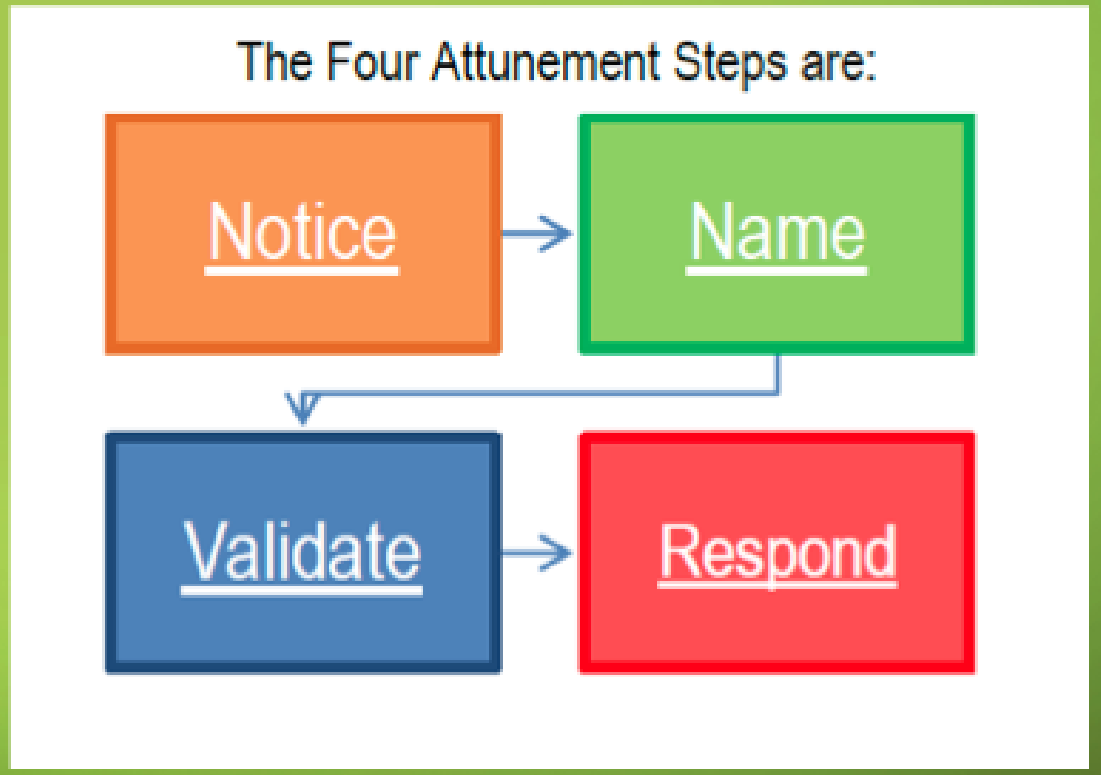
"It seems you are mad right now."

Validate-

"It's hard when...

Respond-

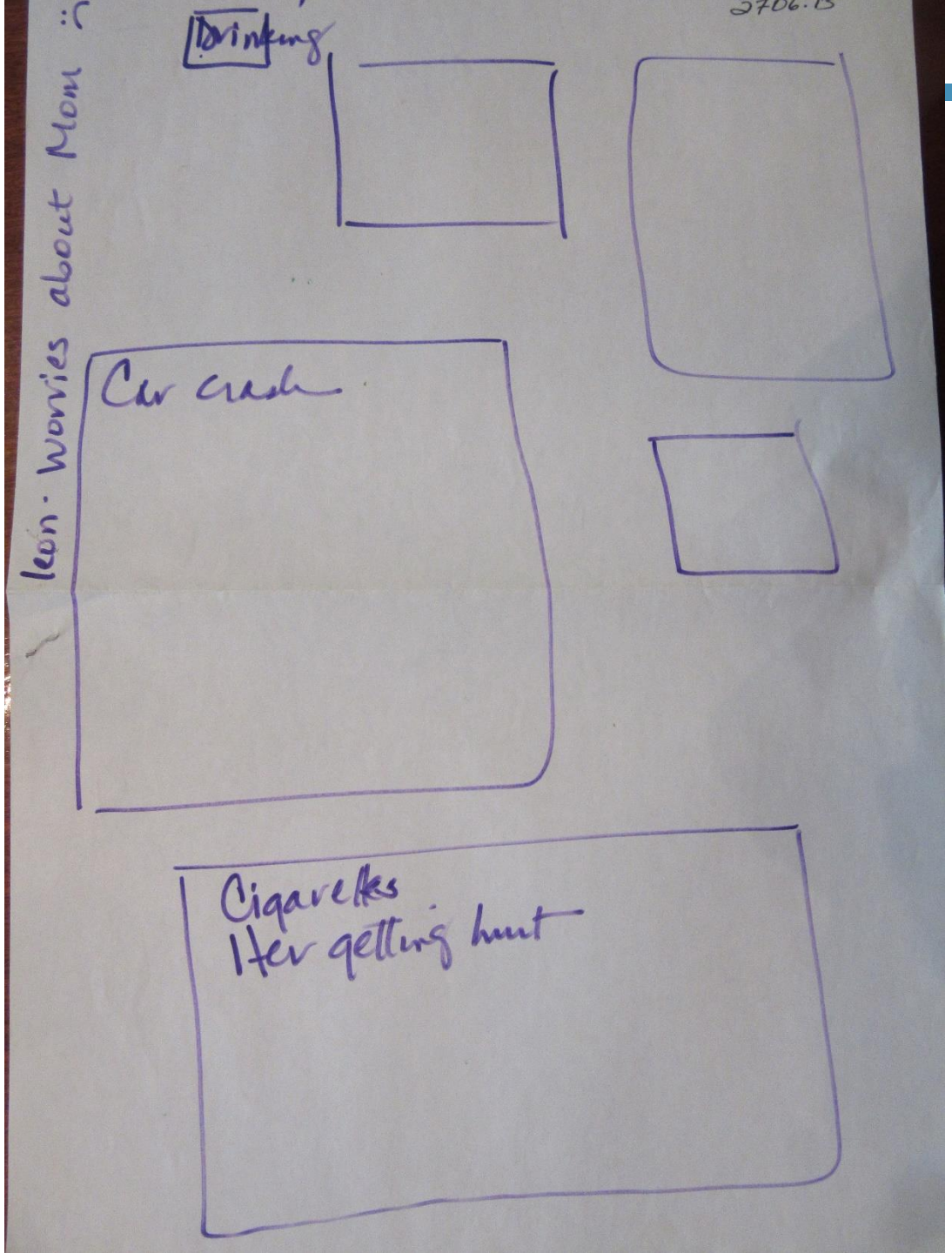
"How can I help?"

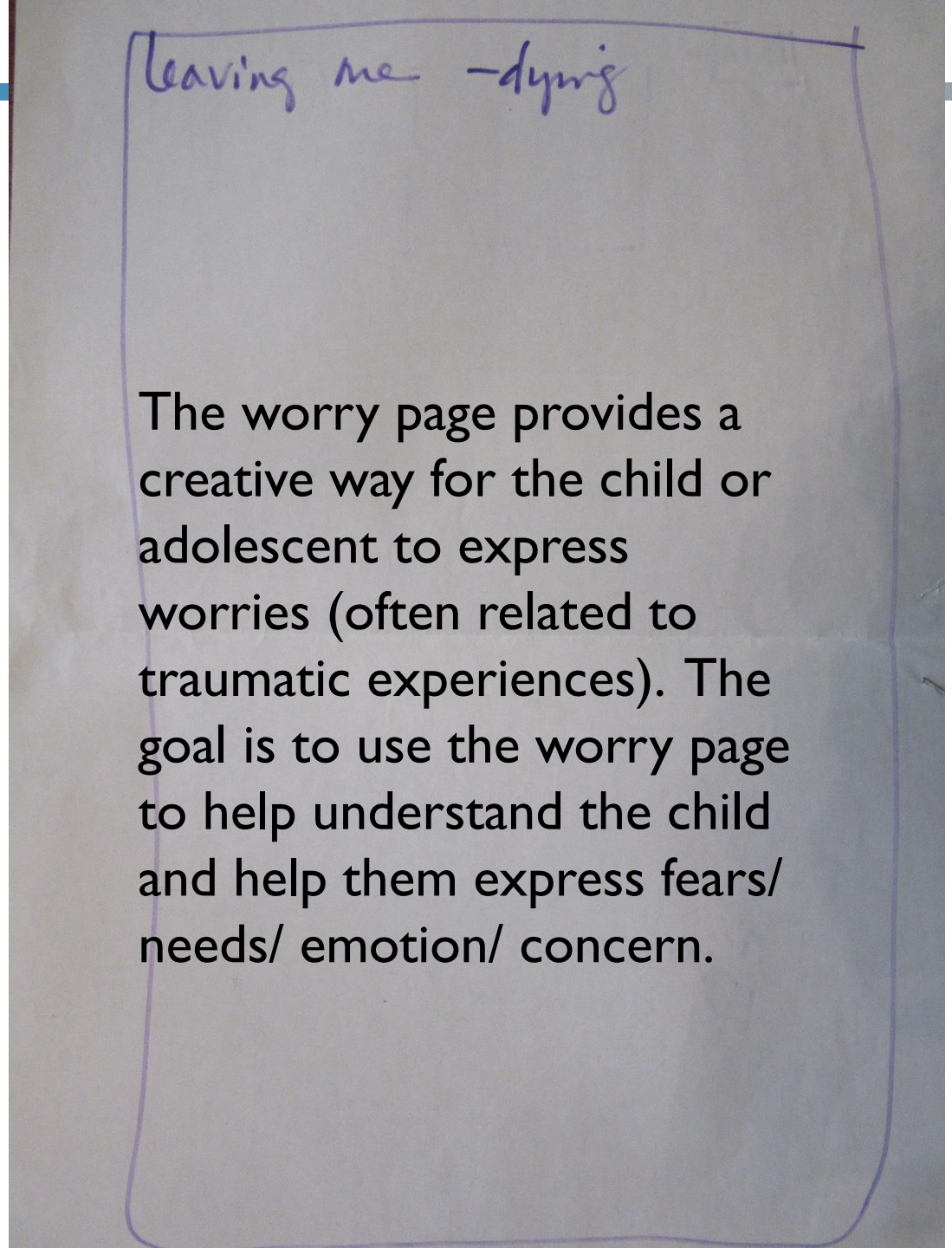


(Blaustein and Kinniburgh, 2010)

EMOTIONAL REGULATION

Worry page; helps children identify worries using right brain drawing





The worry page provides a creative way for the child or adolescent to express worries (often related to traumatic experiences). The goal is to use the worry page to help understand the child and help them express fears/ needs/ emotion/ concern.

DEVELOPING WHOLE CHILD RESPONSES

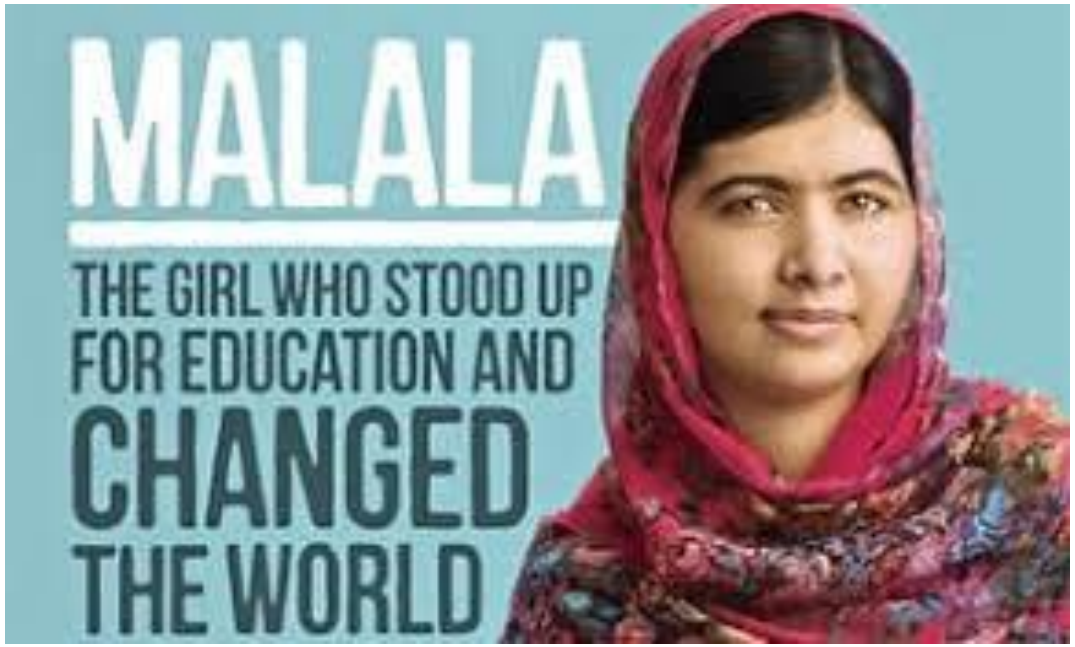
Our programs for children (DSS, DJJ, schools, and others) can develop a focus on strategies that support the whole child in developing self-regulation. Some of the activities target both bodies and emotion:

- Mindfulness for stress management and self-control
- Yoga and Brain Gym
  Contemplative movements, postures and breathing for physical awareness and agility
  https://preschoolinspirations.com/kid-yoga-videos/
- Social and emotional skills for effective interpersonal relationships
- Playful interventions

PRACTICAL CONSIDERATIONS: COMPETENCY

Children and adolescents need experiences of:

- Problem solving
  Empowering children to think for themselves and problem solve on their own (and others') behalf
- Assertiveness
  When a C/A has been traumatized, they may go back and forth between aggression and passivity, but have not learned the middle ground of assertiveness.
- Acknowledgement of their strengths
- Leadership opportunities
  C/A who have experienced trauma are often having difficulty, so we forget they have leadership abilities and will view themselves so differently when we show trust and confidence in them.
- Opportunity for repair and re-doing (making something better, contributing to the larger good).



PRACTICAL CONSIDERATIONS: CREATIVE COMPETENCY

- C/A also need opportunities to develop their sense of self, identity, self-esteem and confidence (Blaustein and Kinniburgh, 2010):
- This is built through all of the strategies we have discussed so far, including—helping children experience themselves as calm and capable, sustaining caring relationships, supporting emotional regulation, helping them develop a voice, assertiveness, leadership, and other skills
- Children and adolescents who have been traumatized also need opportunities to express themselves, most often through creative means. This strengthens voice, sense of self, sense of personal power, self-esteem, and connection to others (van der Kolk, 2014).

COMPETENCY: CREATIVE INTERVENTIONS

Dance
Drama
Visual arts
Creative writing
Spoken word
Making music
Rap
Choral singing
Community art

- https://www.theguardian.com/world/gallery/2017/jan/18/kenyas-slum-ballet-school-in-pictures?CMP=share_btn_fb


DREAM
UP

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