

Trauma-Informed Care with Children & Families

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Agenda

- What is trauma-informed care?
- Possible sources of trauma
- Trauma reactions and resiliency
- Myths about trauma
- Psychological interventions for trauma (brief overview)
- Trauma-informed care in action
- Resources

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1st rule of trauma-informed care...

Self Care!

- Remember to take time for yourself throughout the week, so that you can refuel effectively to be able to care for yourself, your family and your patients.
- Find activities that help you feel refreshed and build them into your schedule
- Access community supports as needed and ask for help!

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Definitions of Trauma-Informed Care

Definition from SAMHSA (Substance Abuse and Mental Health Service Administration):

A program, organization, or system that is trauma-informed...

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.

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Trauma-Informed Care

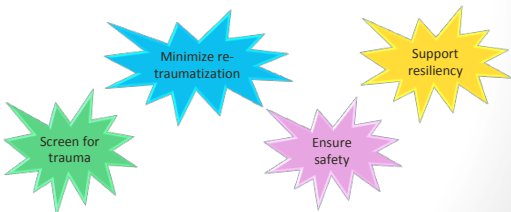
- A trauma-informed system of care:
 - Acknowledges that many patients/clients have had traumatic experiences that may be playing a role in their current functioning or concerns
 - Screens for exposure to trauma and possible trauma symptoms
 - Works to minimize possibility of re-traumatizing patients
 - Works to support the family in being resilient, especially by supporting the parents/caregivers in addressing their own trauma
 - As needed, acts to ensure children's safety via mandated reporting while maintaining empathy and rapport with caregivers
 - Recognizes that faculty/staff may also have experienced trauma and provides appropriate support within the organization

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Trauma-Informed Care

"Good care is approaching every patient with the assumption that at some point in their lives they may have experienced trauma, and tailoring their care based on that knowledge."

- Liz Speakman, LICSW, director of Hospitals Helping Abuse and Violence End Now (HAVEN)



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Why?

- Past life situations and experiences contribute to people's current life circumstances, including their strengths and challenges (and the reason for them seeking services)
- Situations, sensations, or experiences in the present can be reminders (or triggers) of past traumatic experiences
- If these triggers occur during your interactions, it can overtake the healing potential of the services they are receiving and your services or your agency can become a source of distress instead

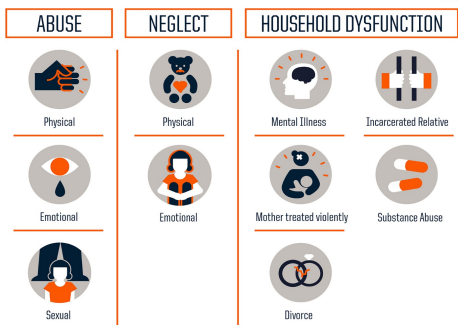
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Sources of Trauma

- Adverse Childhood Experiences (ACE's):
 - Original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 in San Diego, CA
 - Based on confidential surveys completed by over 17,000 patients
 - Outlined 10 key experiences as ACE's...

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Adverse Childhood Experiences (ACE's)



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

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Sources of Trauma (cont.)

- Adverse Childhood Experiences (ACE's):
 - Original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 in San Diego, CA
 - Based on confidential surveys completed by over 17,000 patients
 - High prevalence of ACE's:
 - 2 out of 3 participants reported at least one ACE
 - 1 out of 5 participants reported 3+ ACE's
 - Lifelong impact of ACE's:
 - Mental health (depression, substance use, suicide attempts)
 - School/work performance
 - Medical/physical health (heart disease, STDs, smoking)
 - Quality of life (domestic violence, financial stress)
 - As the number of ACEs increases, so does risk for negative outcomes

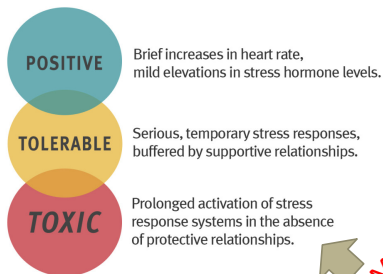
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Other Possible Sources of Trauma

- Separation of children from caregivers
 - Initial foster placement
 - Changes in foster placements
 - Incarceration or military deployment
 - Death of parent/caregiver (especially if sudden or violent)
- Death of close family member (especially if sudden or violent)
- Scary or painful medical procedures (e.g., NICU, intubation, surgery)
- Cultural sources of trauma (e.g., immigration, refugee/war experiences, discrimination, racism)
- Community violence (e.g., mass shootings, police brutality, gang activity, school bullying)
- Acute traumas: serious car accident, fire, natural disaster, etc.
- Other stressful circumstances (e.g., COVID-19 pandemic)

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Types of Stress



Source: Center on the Developing Child – Harvard University

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Videos:

- TedTalk about trauma and connection:
 - <https://www.youtube.com/watch?v=-HG8H4n2j9I>
- Overview of impact of trauma on children:
 - https://www.youtube.com/watch?time_continue=473&v=z8vZxDa2KPM

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Trauma and Resilience

- Factors that increase risk for traumatic stress:
 - Lack of adequate protective relationships (e.g., limited social support, unstable environment, lack of stable and supportive caregiver)
 - Accumulation of adverse childhood experiences (ACEs) or other sources of trauma
- Factors that can buffer the impact of trauma:
 - Having a stable and supportive network both within the family and surrounding the family
 - Caregivers are a crucial buffer for children to help cope with the stressors and make meaning of what happened

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Trauma and Resilience

- Factors that increase risk for traumatic stress:



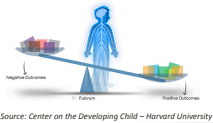
- Factors that can buffer the impact of trauma:



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Keys for Resilience in Children

1. Having at least one stable and committed relationship with a supportive parent, caregiver, or other adult
2. Having a sense of self-efficacy and perceived control
3. Having opportunities to strengthen positive skills and one's ability to regulate emotions and behaviors
4. Feeling connected to community and hopeful about the future (e.g., sources of faith, hope, and cultural traditions)



Children's Reactions to Trauma

- Behavioral
 - Aggression or tantrums
 - Acting younger, such as thumb-sucking, wanting a bottle, baby-talk
 - Acting more clingy, wanting to be held
 - Young children in particular tend to process in "short bursts"
 - Repeatedly talking, asking questions, or playing about the trauma
 - Seeking to control other areas of their life
 - Developmental delays (especially language)
 - Difficulty concentrating
- Emotional
 - Sadness, loneliness, or seeming withdrawn
 - Anxiety or fearfulness
 - Anger or irritability
- Physical reactions
 - Changes in sleep and appetite
 - Fatigue or insomnia
 - Young children may be very difficult to soothe
- Thoughts
 - Self-blame
 - Constant memories of the trauma
 - Increased usual fears (e.g., the dark, monsters)



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Maladaptive coping as a functional adaptation?

- Some trauma symptoms may have developed as functional ways to cope with the trauma or stressors experienced
 - *'The best you could do, with the resources you had at the time'*
- Behaviors become maladaptive due to changes in the circumstances or because the body cannot sustain them long-term
- Coping occurs in context: "How, when, and for whom [are] different types of coping adaptive?" (Wadsworth, 2015)



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Myths about Trauma

- Infants and very young children are not affected by stressful events since they are too young to understand what is happening.
- Individuals with autism or cognitive impairments are not affected by stressful events since their disability shelters them from understanding what is happening.
- Parents' own prior traumas generally do not affect their children as long as their children do not experience the same things.

FALSE

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Truths about Trauma

- Infants and very young children are uniquely vulnerable to trauma since:
 - Their brains are still developing
 - They are wholly dependent on others to help them soothe and recover
 - Their early symptoms of trauma are often overlooked
- Even moderate levels of stress can impact the brain's stress response, and information is processed even during sleep
- <https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>

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"Sometimes adults say, 'They're too young to understand.' However, young children are affected by traumatic events even though they may not understand what happened."



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Video Break

- Video about impact of DV on children of different ages and importance of caregivers for resilience:
 - <https://sesamestreetincommunities.org/activities/responses-trauma-age-age-video/>
- What did you notice?
- What do you think was going on for the older child? The younger child?

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Truths about Trauma

- Individuals with autism or cognitive impairments are affected by traumatic events:
 - The specific ways in which they are affected may be different due to different ways of perceiving information
 - They may be more at risk for negative outcomes due to limited coping skills and limited ability to seek support
- Rates of abuse/neglect are often measured to be higher among children with developmental delays and disabilities
 - Estimates are around 1.5-2x higher risk for maltreatment
 - Also more at risk for recurrent maltreatment (up to 5x higher)

Kistin CJ, Tompson MC, Cabral HJ, Sege RD, Winkler MR, Silverstein M. Subsequent Maltreatment in Children With Disabilities After an Unsubstantiated Report for Neglect. *JAMA*. 2016;315(1):85-97. doi:10.1001/jama.2015.12912

Mitchell, L. M., & Buchele-Ash, A. (2000). Abuse and Neglect of Individuals with Disabilities: Building Protective Supports Through Public Policy. *Journal of Disability Policy Studies*, 20(2), 225-243. <https://doi.org/10.1177/1045407200010002026>

Perrigo, J.L., Berenikovs, L.D., Cederbaum, J.A., Williams, M.E., & Hartburg, M.S. (2018). Child abuse and neglect re-report rates for young children with developmental delays. *Child Abuse & Neglect*, 83, 1-9.

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Truths about Trauma

- Parents' prior unresolved traumas can affect children, but getting help for their prior trauma can also help their children:
 - Parents' trauma can lead to less stable or secure parent-child relationships
 - Parents can transmit their own anxiety & views of the world as a dangerous place to their children
 - Parents may use negative coping strategies use to manage their own distress
- Seeking treatment to help reduce parents' trauma symptoms and help them make their own decisions about parenting will reduce these risks for intergenerational trauma and promote their ability to serve as a healthy buffer for their own children

- Video: <https://developingchild.harvard.edu/resources/stress-and-resilience-how-toxic-stress-affects-us-and-what-we-can-do-about-it/>

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When to Refer for Mental Health Supports

- Assess children and families for:
 - Changes in the child's behavior/emotions after the trauma (if the trauma/stressor had a clear start)
 - Resources in the environment to provide stability
 - Quality of the child's relationships with caregivers
 - Ability and availability of caregivers to support the child
- Assess if caregivers/family members need additional support
- Remember to check back to see how the family is coping
- When in doubt, provide family with resources and/or referrals

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Where to Refer

- Colorado's Community Mental Health Centers:
 - Aurora Mental Health Center (Aurora/Arapahoe County)
 - Mental Health Center of Denver (Denver County)
 - Community Reach Center (Adams County)
 - Jefferson Center for Mental Health (Jefferson County)
- Aurora STRONG Resilience Center (free)
 - <http://www.aurorastrong.org/>
- Kempe Center
 - <http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/Pages/ChildAbuseNeglect.aspx>

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Mental Health Interventions



- General theme is exposure and processing:
 - Keeping traumatic memories internal and trying to *avoid* thinking about them makes the impact of the trauma worse → more anxiety, more disruption to daily life
- ↓
- Instead, use various modalities to help patients *approach* their story, realize the ways in which their current circumstance is different, and make meaning to integrate the experience in their overall life story

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Mental Health Interventions



- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
 - Evidence-based treatment for children/adolescents (ages 3-18)
 - Sessions often focused on the child, with some sessions or parts of sessions with caregivers
 - Two main phases:
 1. Teaches children to recognize their emotions and use coping skills to manage their distress
 2. Then helps children describe their traumatic experiences through talking, writing, drawing pictures, etc. (exposure)
 - Supports children in managing distress & coping during the exposure process
 - Identifies areas of misunderstandings that may be exacerbating their trauma (e.g., believing they caused their parent's death)
 - Helps caregivers understand the children's experiences during treatment so they can support them after therapy ends

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Mental Health Interventions



- **Child-Parent Psychotherapy (CPP)**
 - Evidence-based treatment for young children (0-6) and their caregivers
 - Sessions rarely if ever with child alone; either dyadic (caregiver and child together) or caregiver-only sessions
 - Helps caregivers understand the children's experiences and reactions and strengthen the caregiver-child relationship so that caregivers can serve as a "safe base" for children and help children regulate their strong emotions (co-regulation)
 - Screens for trauma in caregivers as well to provide additional support or referrals as needed
 - Works with caregivers to provide an initial play-based story to describe the child's experience, then uses ongoing sessions to support children in approaching their experiences through play

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Mental Health Interventions

- **Other Child Therapies:**
 - Attachment and Biobehavioral Catch-up (infants/toddlers)
 - Bounce Back (school-based therapy for elementary students)
 - Parent-Child Interaction Therapy (focused on caregiver-child relationship and addressing child behavior problems)
- **Therapies for Adults:**
 - Exposure to the trauma memories and processing the story of what happened
 - Developing positive coping skills to help manage distress
 - Support in reducing maladaptive coping (e.g., substance use)
 - Examples of Evidence-Based Interventions for Adults:
 - Cognitive Processing Therapy
 - Eye Movement Desensitization and Re-Processing
 - Seeking Safety (targeted for co-occurring substance abuse)

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Trauma-Informed Care In Action

- Strategies to approach your work in a trauma-informed way:

The diagram consists of four starburst shapes arranged in a circle. From top-left to bottom-right, they are: a green starburst labeled 'Screen for trauma', a blue starburst labeled 'Minimize re-traumatization', a pink starburst labeled 'Ensure safety', and a yellow starburst labeled 'Support resiliency'. A small box with the number '31' is located in the bottom right corner of the slide.

Trauma-Informed Care In Action

- Ask children and/or their caregivers if they have any past experiences they'd like to let you know about that may make your interactions extra hard for them
 - For example: *"I always like to ask if there have been any stressful experiences your child may have experienced that would be helpful for me to be aware of?"*
 - OR *"Anything else that you think is important for me to know about you or your child as we start to work together?"*
- Listen out for subtle "hints" in your discussions with the family, and invite them to share more if they're comfortable

A green starburst graphic with the text 'Screen for trauma' inside. A small box with the number '32' is located in the bottom right corner of the slide.

Trauma-Informed Care In Action

- Be aware of aspects of your usual interactions with children/caregivers that can be stressful for individuals with a range of trauma histories
- Be as transparent as possible and give children/caregivers warnings about the next steps in your interaction even if no trauma is identified (e.g., *"I'm going to touch your leg next"* or *"I'm going to pick you up to carry you back to the room"*)
- If a specific trauma is highlighted, work with children and their caregivers to develop a plan for care that will minimize re-traumatization as much as possible

A blue starburst graphic with the text 'Minimize re-traumatization' inside. A small box with the number '33' is located in the bottom right corner of the slide.

Trauma-Informed Care In Action

- Help children and families get linked to community resources as needed (e.g., WIC and other food security programs; mental health, behavioral or substance abuse programs)
- Reach out to staff in your agency whose role may be to help support families coping with stressful situations
- Mandatory reporting as needed (“If not you, then who?”)
 - Your role as a mandatory reporter should ideally be part of informed consent or introduction to your program/services



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Trauma-Informed Care In Action

- Help to strengthen the caregiver-child relationship
 - Comment about positive aspects of interactions you observe
 - Encourage children to seek support from caregivers when possible
- Be a buffer for children by being a safe and supportive person in their lives, and helping them feel connected to you and others in their broader community
- Help build children’s and caregivers’ emotion regulation and co-regulation skills
- Support children in building on their strengths and their sense of control and purpose to enhance their self-efficacy



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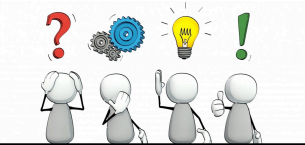
Trauma-Informed Care In Action

- Advocating with coworkers:
 - Gently help coworkers become more aware if they may have been a trigger for a child
 - Help others reflect upon potential factors influencing a child’s behavior (tackle the “bad kid” myth)
- Advocating with families:
 - Help caregivers view their children’s behavior in the context of their past experiences
 - Encourage caregivers to share some information about past trauma/experiences (as relevant) to other people working with their child (e.g., teachers, therapists, etc.) → it’s harder to avoid re-traumatization if the trauma is wholly unknown

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How Will You Be More Trauma-Informed?

- Think about your typical interactions with a child/family and highlight 2-3 aspects of your interactions that could be traumatic for someone with a trauma history
 - It may help to share a quick overview of your typical interactions with a family member, friend, or coworker as a sounding board to help you gain more objectivity
- Come up with at least 1 way you might try to minimize each potential impact



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How Will You Be More Trauma-Informed?

- Trial and practice ways to screen for trauma that feel comfortable to you and are appropriate for your agency
- Think about how to respond if any traumas are shared, both in the moment with the child or caregiver and as next steps
- Examine your own self-care routine and make changes if needed
- Stay connected with your colleagues to support one another (especially during the rest of the COVID-19 pandemic!)



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Resources

- The National Child Traumatic Stress Network ([nctsn.org](https://www.nctsn.org))
- American Academy of Pediatrics Trauma Guide: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>
- Center for Pediatric Traumatic Stress' Health-Care Toolbox: <https://healthcaretoolbox.org/>
- Harvard's Center on the Developing Child: <https://developingchild.harvard.edu/>
- SAMHSA:
 - Trauma-Informed Care Guide: <https://store.samhsa.gov/system/files/sma14-4884.pdf>
 - Treatment Improvement Protocol (TIP) on Trauma-Informed Care in Behavioral Health Services: <https://store.samhsa.gov/sites/default/files/d7/pri/sma14-4816.pdf>
- Sesame Street in Communities – Traumatic Experiences: <https://sesamestreetincommunities.org/topics/traumatic-experiences/>
- Kempe Center: <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/Pediatrics/subs/can/Pages/ChildAbuseNeglect.aspx>
- Zero To Three (zerotothree.org)

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Resources

- **Articles on Trauma-Informed Care:**
 - Marsac, M. L., Kassam-Adams, N., Hildenbrand, A. K., Nicholls, E., Winston, F. K., Lefk, S. S., & Fein, J. (2016). Implementing a Trauma-Informed Approach in Pediatric Health Care Networks. *JAMA pediatrics*, 170(1), 70-77. doi:10.1001/jamapediatrics.2015.2206
 - Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., ... & Layne, C. M. (2008). Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396.
 - Oral, R., Ramirez, M., Coohy, C., Nakada, S., Walt, A., Kuntz, A., Benoit, J., & Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: The future of health care. *Pediatric Research*, 79(1-2), 227-233. <https://doi.org/10.1038/pr.2015.197>
- **Articles on Impact of Early Childhood Trauma:**
 - Lieberman, A. F., & Knorr, K. (2007). The Impact of Trauma: A Developmental Framework for Infancy and Early Childhood. *Pediatric Annals*, 36(4), 209-215. <https://doi.org/10.3928/0090-4183-20070401-10>
 - Perkins, S., & Graham-Bermann, S. (2012). Violence exposure and the development of school-related functioning: Mental health, neurocognition, and learning. *Aggression and Violent Behavior*, 17(1), 89-98. <https://doi.org/10.1016/j.avb.2011.10.001>
 - Thomason, M. E., & Marusak, H. A. (2017). Toward understanding the impact of trauma on the early developing human brain. *Neuroscience*, 342, 55-67. <https://doi.org/10.1016/j.neuroscience.2016.02.022>
 - Wadsworth M. E. (2015). Development of Maladaptive Coping: A Functional Adaptation to Chronic, Uncontrollable Stress. *Child development perspectives*, 9(2), 96-100. <https://doi.org/10.1111/cdep.12112>

Resources

- **Clinical Application Books for Children:**
 - **Death:**
 - *I Miss You: A First Look at Death* by Pat Thomas
 - *When Dinosaurs Die* by Laurie Krasny Brown and Marc Brown
 - *Something Very Sad Happened* by Bonnie Zucker
 - *How I Feel: A Coloring Book for Grieving Children* by Alan Wolfelt
 - **Separation (foster care, etc):**
 - *Invisible String* by Patrice Karst
 - *Kids Need to Be Safe* by Julie Nelson
 - *Murphy's Three Homes* by Jan Levinson Gilman
 - *Maybe Days* by Jennifer Wilgocki
 - *You Weren't With Me* by Chandra Ghosh Ippen
 - *We Belong Together* by Todd Parr (adoption)
 - **Other traumatic experiences:**
 - *A Terrible Thing Happened* by Margaret Holmes
 - *Once I Was Very Scared* by Chandra Ghosh Ippen
 - *Your Body Belongs to You* by Cornelia Spelman

Resources

- **Clinical Application Books for Children:**
 - **Emotions and Regulation:**
 - *The Way I Feel* by Janan Cain
 - *The Feelings Book* by Todd Parr
 - *The Color Monster* by Anna Llenas
 - *Little Monkey Calms Down* by Michael Dahl
 - *Grumpy Monkey* by Suzanne Lang
 - *Calm Down Time* by Elizabeth Verdick
 - *What If I Know My Feelings?* by Michelle Nelson-Schmidt
 - **Strengthening Caregiver-Child Relationships:**
 - *The I Love You Book* by Todd Parr
 - *The Family Book* by Todd Parr
 - *I Love You As Big As The World* by David Van Buren

Questions & Discussion



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