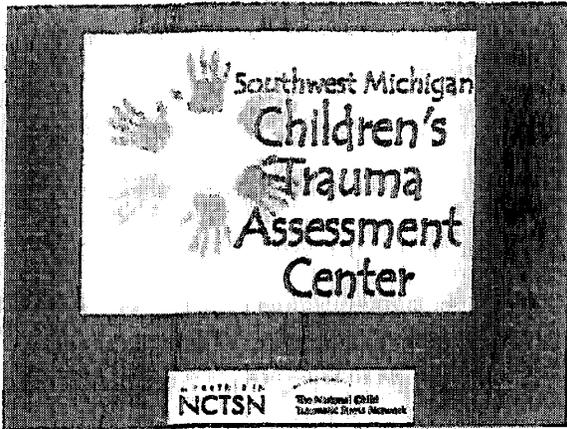


13 - Childhood Trauma

Childhood Trauma

Outside Contractor

Presenter: Jim Henery, PhD
*Southwest Michigan Children's
Trauma Assessment Center*





Goals of presentation

- Expand understanding of the impact of trauma (prenatal and postnatal on development) and the child welfare implications
- Create more Trauma Informed, Child RESPONSIVE child welfare system

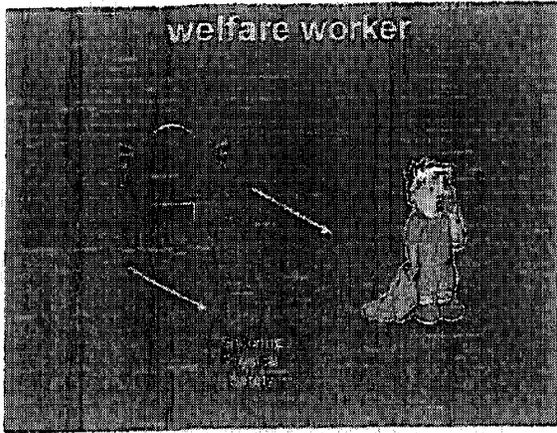
Goals of presentation

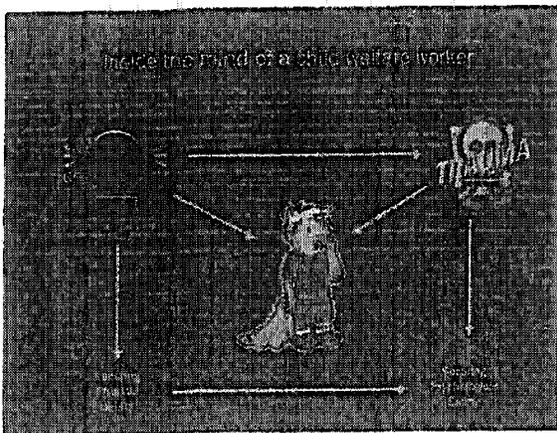
- Develop realistic expectations of maltreated children's behaviors based on an understanding of traumatic stress.
- Provide a framework for interventions for both case workers and caregivers.

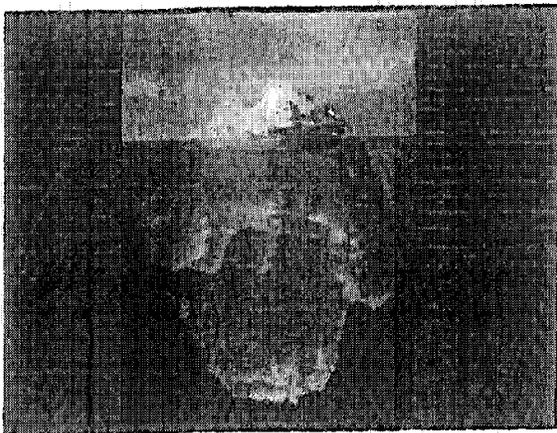
Let's Make it Real

- 12 year old boy responding to question of the three most significant events in his life.
- Drawing a picture of mother buying crack from a dealer. He drew his face "sad."
- Drawing a picture of father at a bar "that is where he is all the time." He drew his faces "sad."

- His third drawing was of a school. He described himself as "angry and mad" because of being in so many schools.





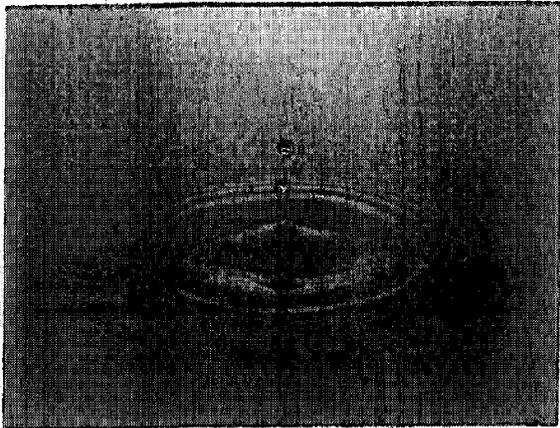


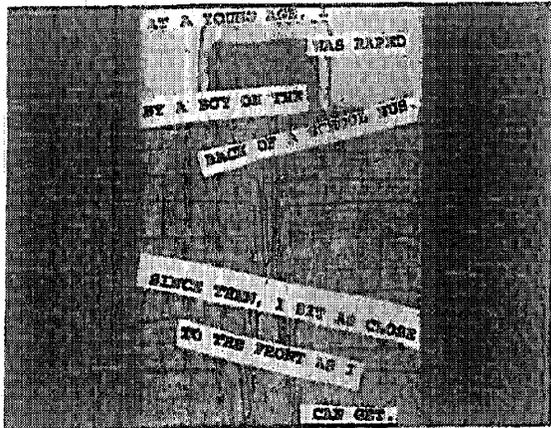
"I don't care what they do to me at school. I have been through everything from snoring weed with my mother at eight to 15 placements. Their threats at school do not scare me. What could they possibly do to me" (16 year old boy)

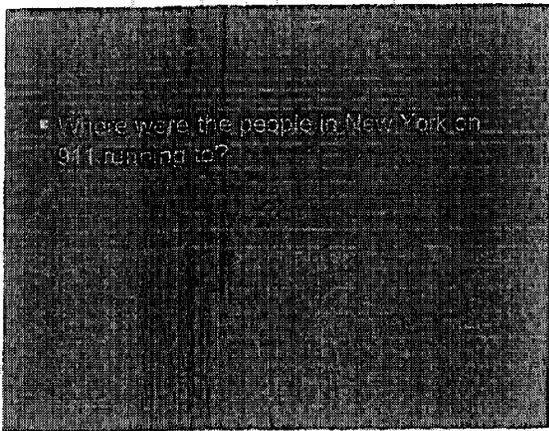
What is trauma?

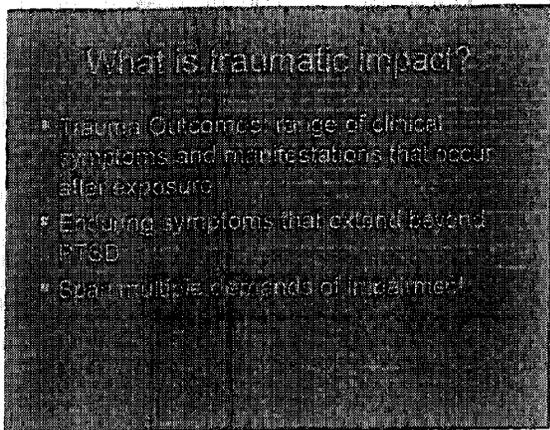
A. Overwhelming event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

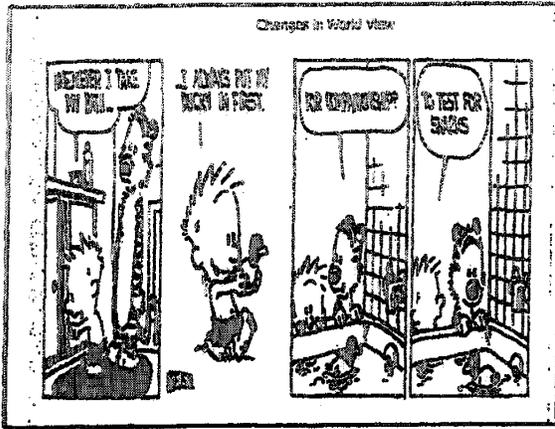
B. Internalization of the experience that continues to impact perception of self, others, world, and development.

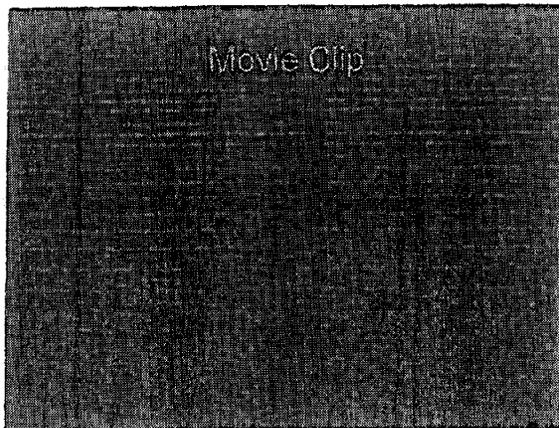


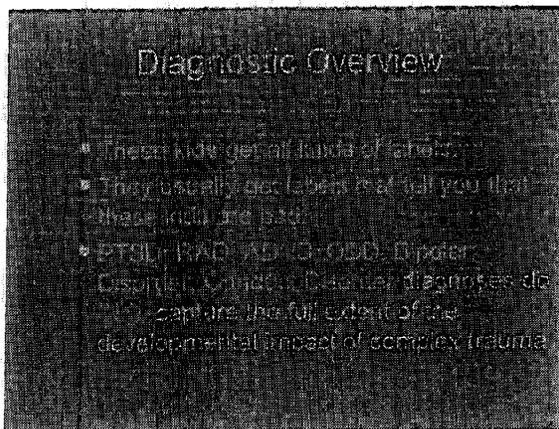


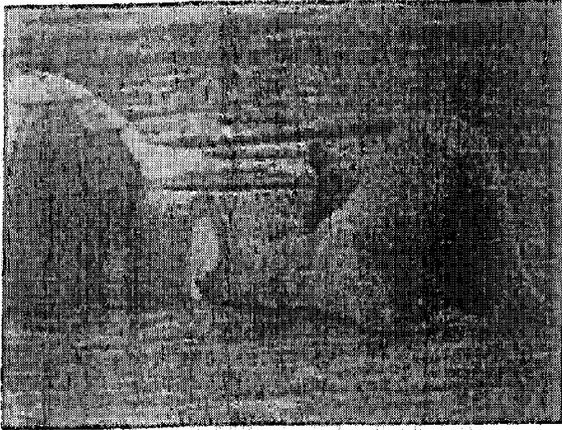












Paradigm Shift

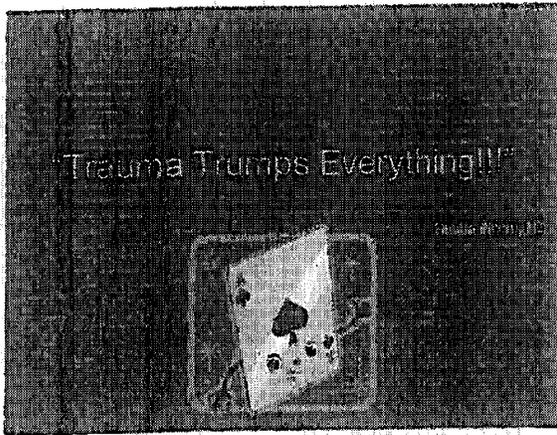
Reasoning and Understanding of Behavior

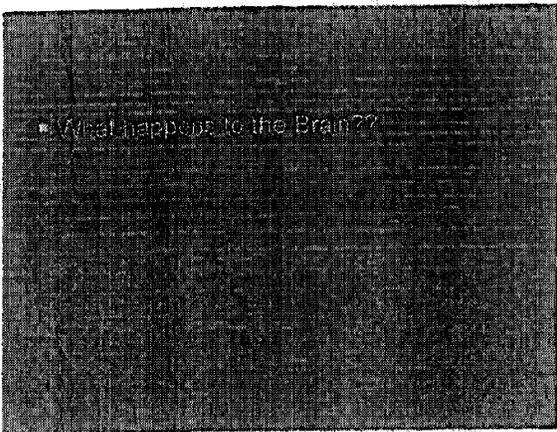
- Why do children act out?
 - To repeat patterns of relationships from the past
 - To increase interactions, even if the interactions are negative
 - To keep caregivers at a physical or emotional distance
 - To prove his beliefs in the invisible sciences
 - To recreate the conditions of their prior home
 - To vent a significant area of anxiety

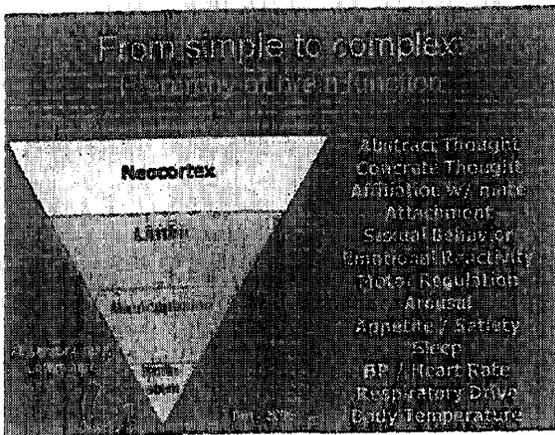
Paradigm Shift

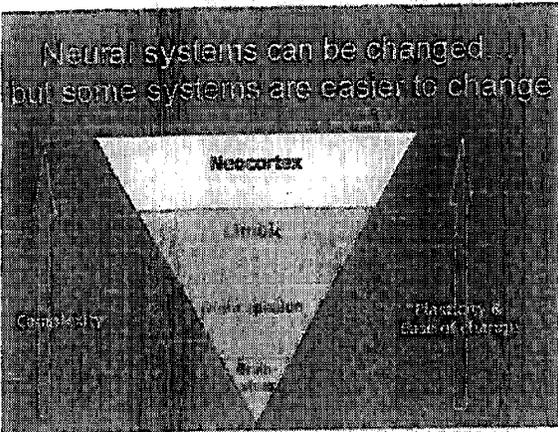
Reasoning and Understanding of Behavior

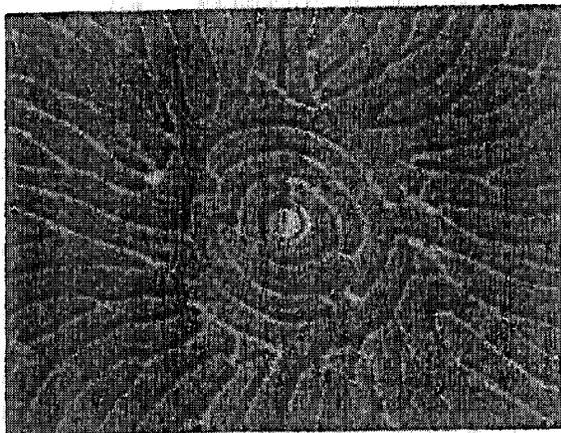
- Perceived bad children do NOT have the skills of flexibility/adaptability, often have low frustration tolerance, and also have significant difficulty applying these skills when they are most needed (Greene, 2001)











The brain-behavior connection:
Three primary components

- Genetics
 - what you inherit from both parents
- Environmental and social context
 - During pregnancy
- Environmental and social context
 - After pregnancy

FAS Frequency in High-risk CTAC Children

- 50-80% of parents of children in foster care have substance abuse histories.
- Fetal Alcohol Syndrome
• 11 children out of 47 (23%)
- Fetal Alcohol Spectrum Disorder (also Fetal Alcohol, Liters of Alcohol Related Neurodevelopmental Disorder)
• 17 children out of 47 (36%)

FASD Facial Abnormalities



Microretrognathia
(small jaw)

Micrognathia
(small chin)

Wide mouth
(large lips)



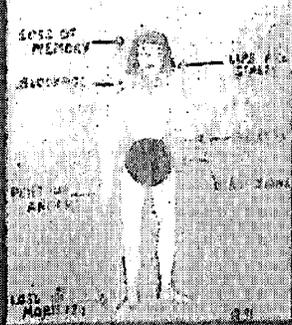
Brain damage resulting from prenatal alcohol



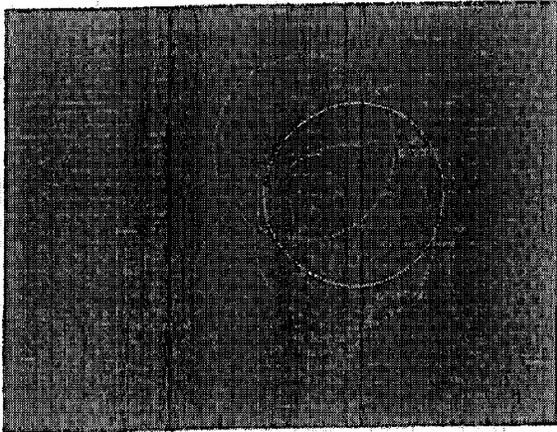
What is complex trauma?

- Traumatic exposure: experiences of multiple traumatic events that occur within relational system
 - Sequences of occurrences of child maltreatment
 - Often chronic and extend childhood

SYMPTOMS OF CHILD ABUSE







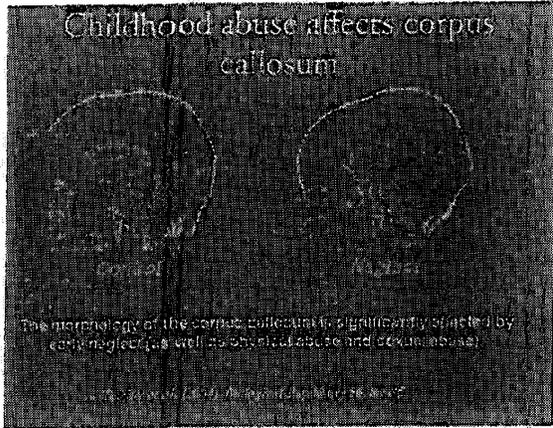
Complex Trauma

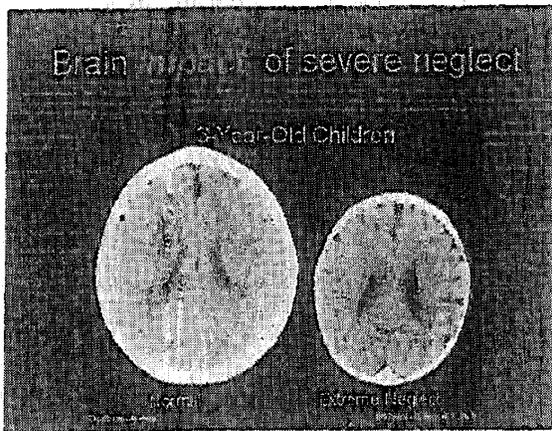
Biology

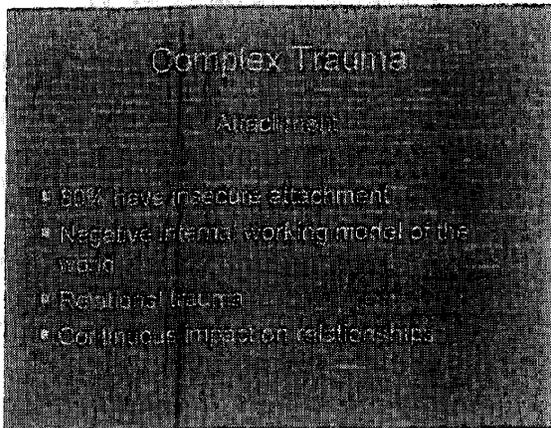
- Early childhood trauma results in *physical changes* in the brain, resulting in profound implications regarding behavior and the development of subsequent Psychiatric conditions

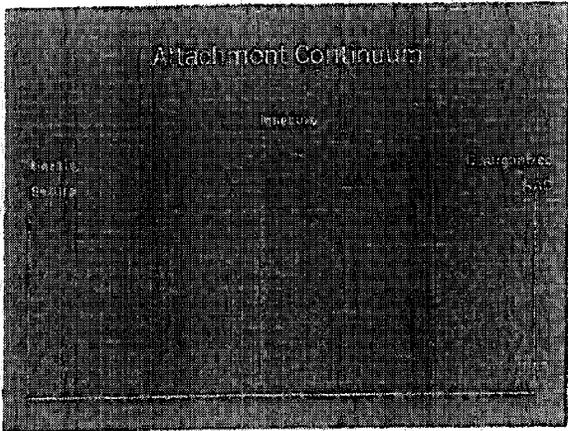
Corpus callosum abnormalities

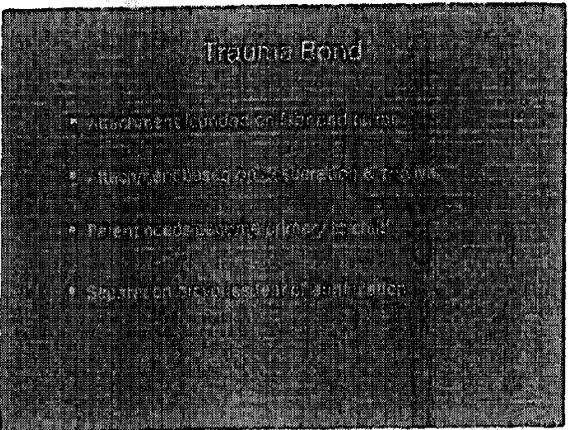
© 2000 by The American Psychiatric Association

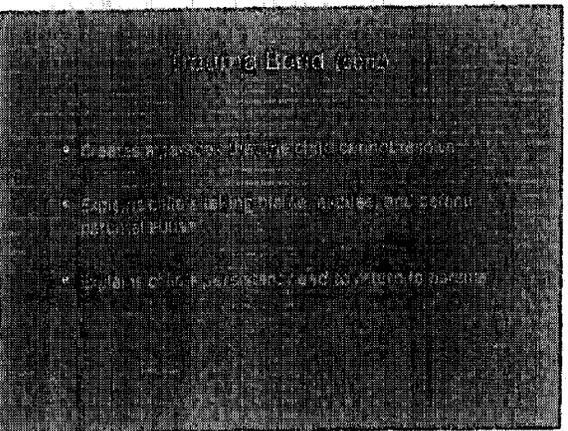




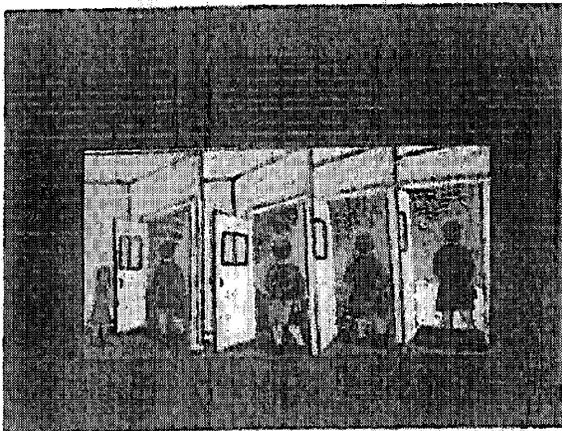








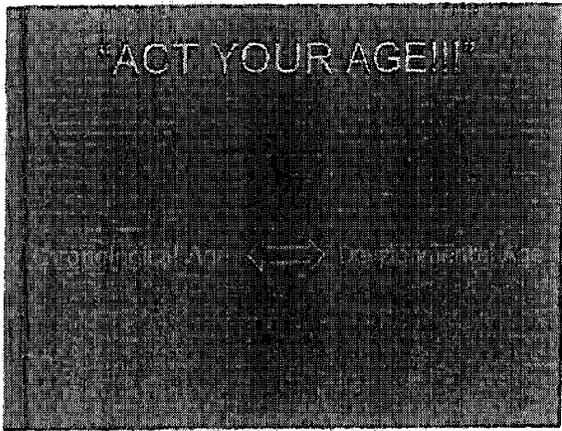


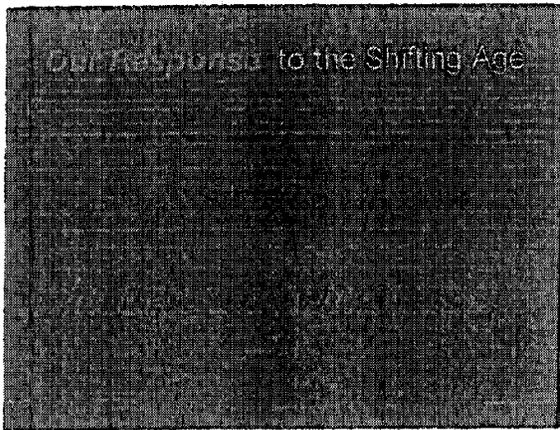


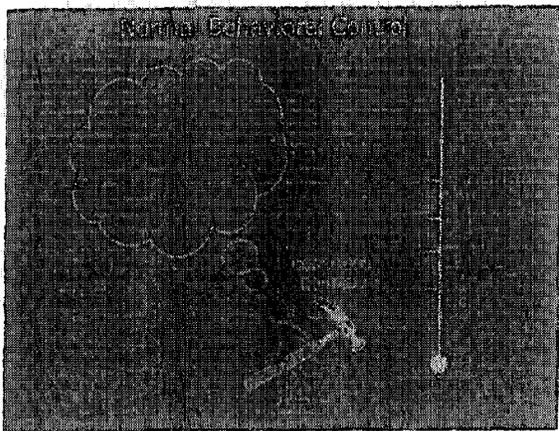
Emotional Control: Making a Deal

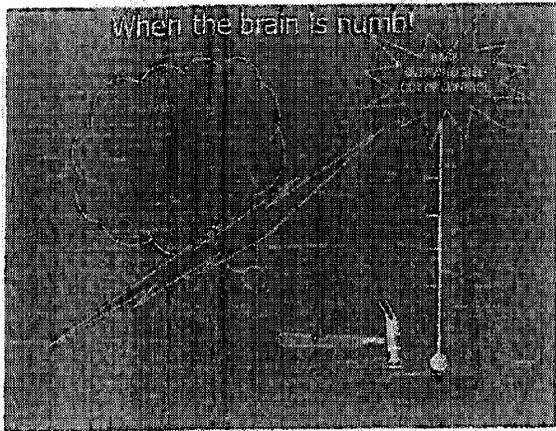
• Traumatized kids often have significant difficulty *regulating* emotional experience:

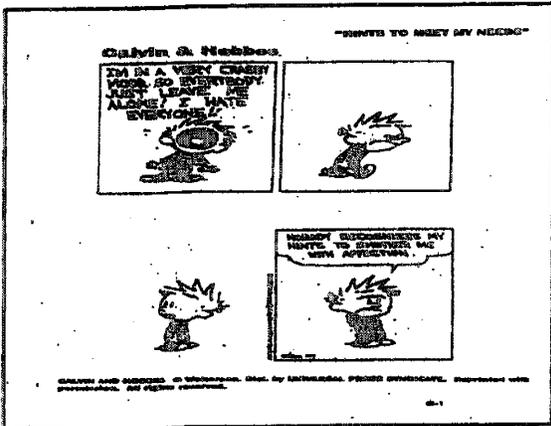
- Difficulty with inner interactions
- Processes underlying emotions in a safe manner
- Impaired *availability* of emotional experience

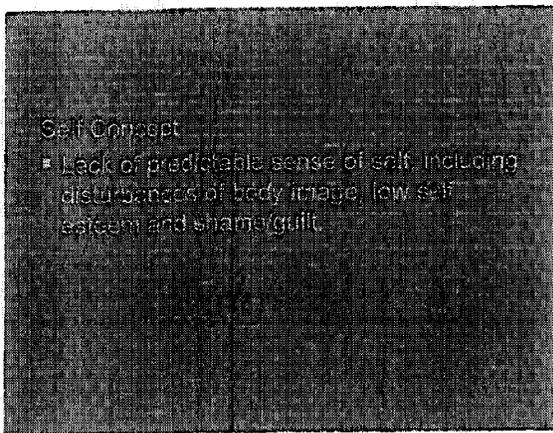




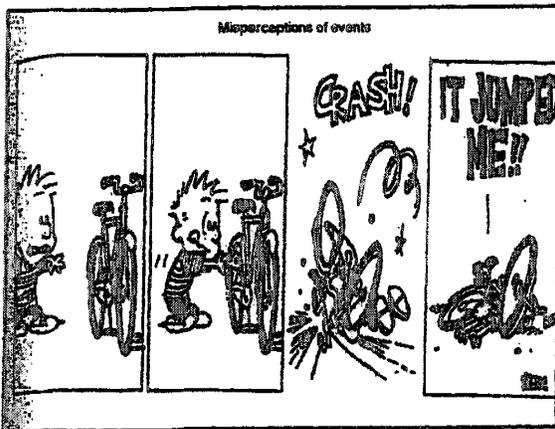














Handout Essential Elements

Maximize Child's Sense of Safety

- Are less likely to feel safe than children who have not experienced trauma
- May have real life worries pertaining to safety
 - What are their potential worries?

- Address with the caregiver and other professionals in the child's life
- Promise to do all we can to keep the child physically safe
- Let the child know that you want to hear what he or she needs
- Ask directly what he or she needs to make the child feel safe

Give a Safety Message. Cont'd

- Empathize
- Acknowledge that the child's feelings make sense in light of past experiences
- Be reassuring and realistic about what you can do
- Be honest about what you do and don't know

I know that no school can't do shit to me. I have been through that. My mum did not want me. My dad did not want me at his time but now he does. My grandma decided she did not want me then. So now she want foster care and convinced that she wants me. Although I am in this foster home that really makes me feel safe.

Go a Guide

- Acknowledge how strange coming into a new home must feel
- Give permission to ask questions
- Provide the basics:
 - Exercise

I was only six when I went into foster care. I remember vividly just sitting outside the courthouse, my birth mother crying. And then eventually I was living somewhere else, in some house I don't know. No one was doing anything. For five years, no one told me anything.

Luis

Explain rules with the caregiver in the context of safety

- Don't over-protect the child
- Stress protection
- Be flexible

... I was only six when I went into foster care. I remember vividly just sitting outside the courthouse, my birth mother crying. And then eventually I was living somewhere else, in some house I don't know. No one was doing anything. For five years, no one told me anything.

Luis

How You Can Help

- Differentiate yourself from past caregivers
- Model the emotional expression and behavior you expect
- Tune in to your child's emotions
- Encourage positive emotional expression and behaviors by supporting the child's strengths and interests
- Don't let go of negative emotional expression and behaviors and help children to build new emotional skills and positive behaviors

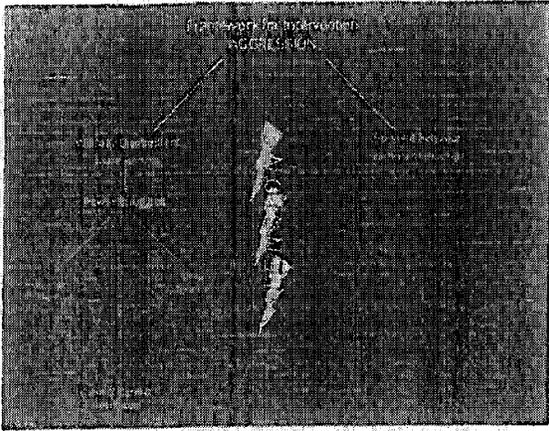
Disasters

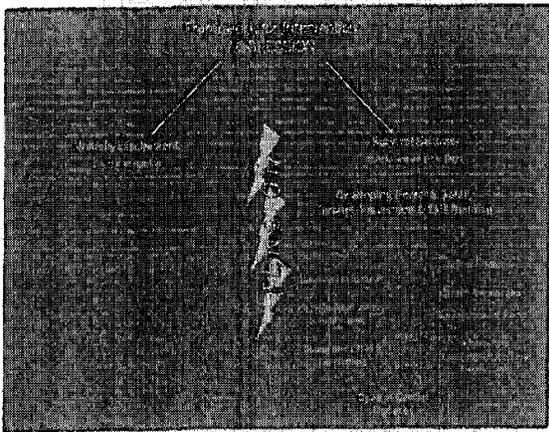
Children who have been through trauma or loss are at a higher risk for anxiety. We must take care of them.

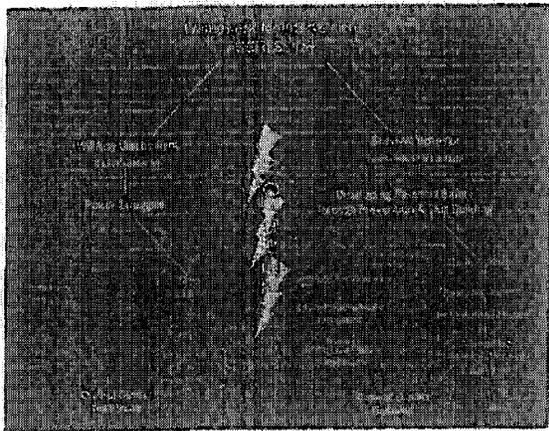
- Based on their experience what might they expect?
- How might they test us?

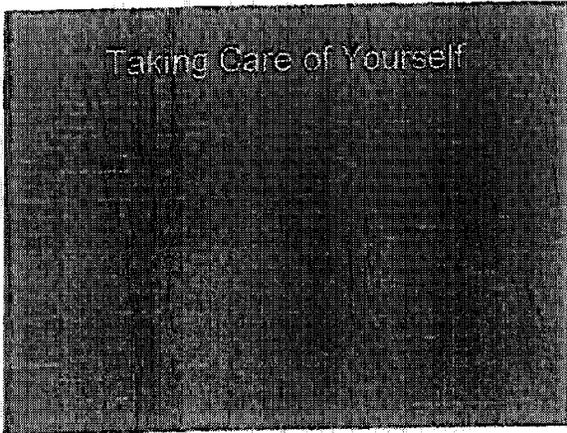
Network of Behavioral Interventions

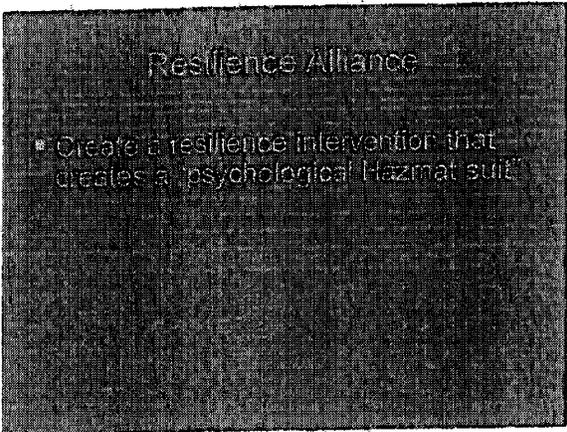


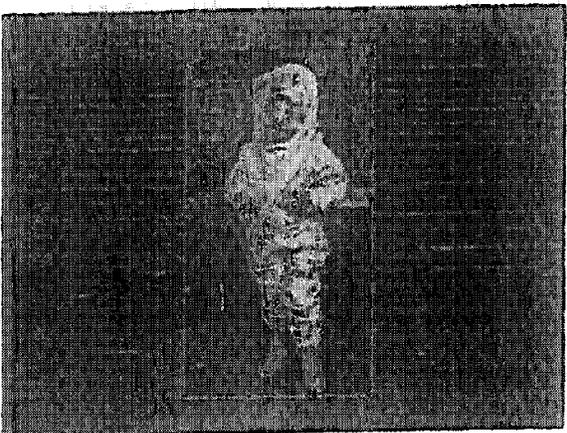








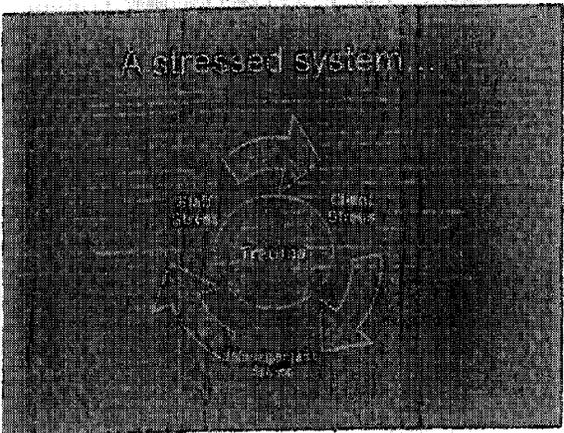


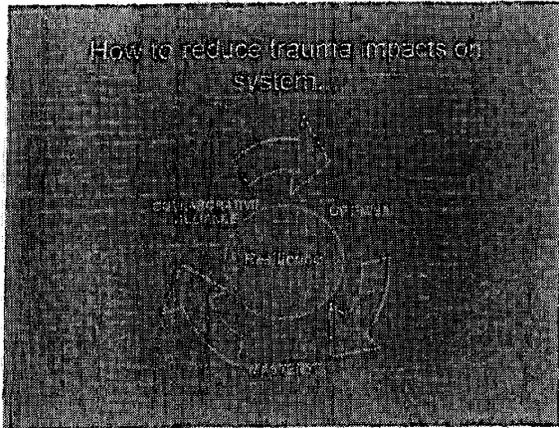


▪ Intervention teaches new Child Protective Specialists, and their supervisors and managers, about secondary trauma and how to proactively manage work-related stresses and challenges.

▪ Pilot project in Harlem Field Office demonstrated:

- Increased job satisfaction, optimism, resilience
- Improved productivity
- Decreased stress reactivity, burnout
- Decreased attrition

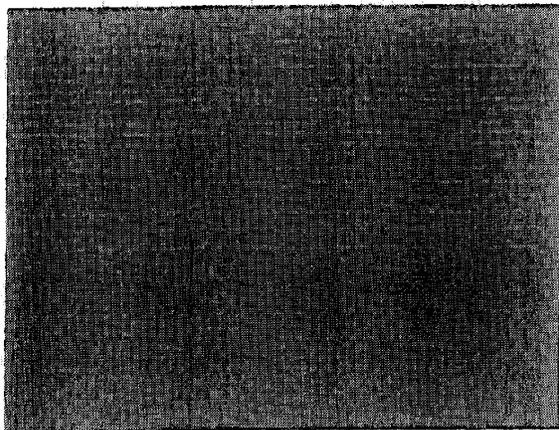


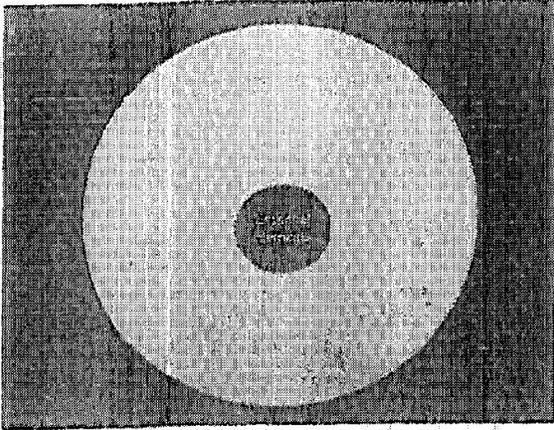


Resilience Intervention Goals

Three Pillar Intervention – skills focused:

- **Optimism**
 - Identify and challenge negative thoughts and beliefs
 - Develop and practice positive thoughts
- **Positive Coping Skills**
 - Identify and practice effective coping strategies
 - Develop and practice positive coping strategies
- **Community Alliance**
 - Develop and practice skills for connecting with others
 - Develop and practice skills for seeking help

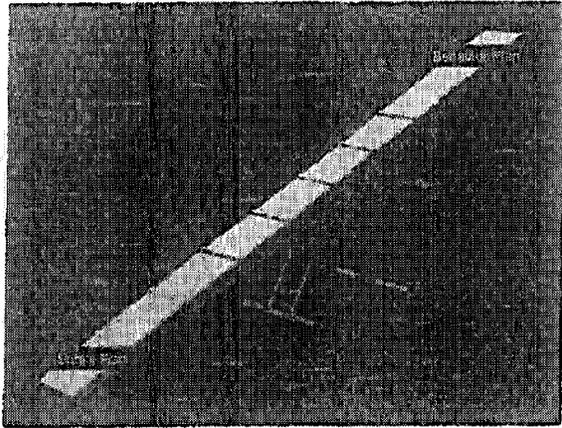




ESSENTIAL ELEMENTS

- Support and promote positive and stable relationships in the life of the child.

- Maximize the child's sense of safety.



ESSENTIAL ELEMENTS

- Services to the child should be guided by a thorough assessment of the child's trauma experiences and their impact on the child's development and behavior.

- Provide support and guidance to the child's family and caregivers.

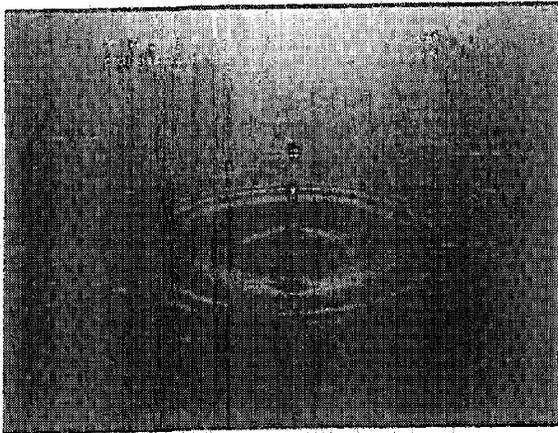
ESSENTIAL ELEMENTS

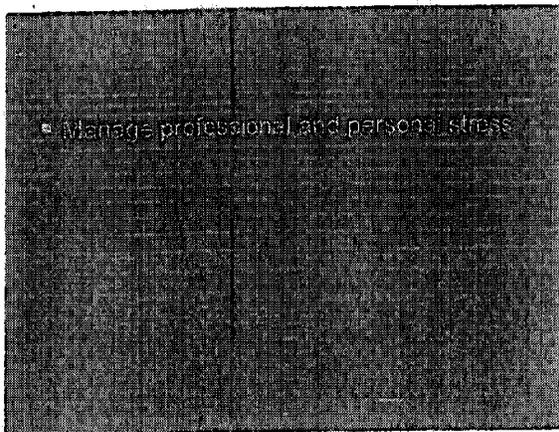
- Coordinate services with other agencies.
- Assist children in reducing overwhelming emotion.

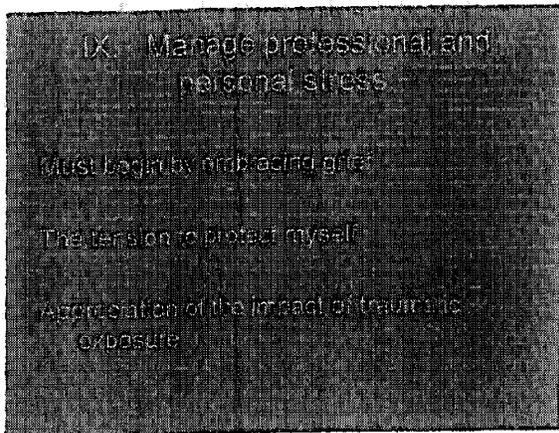
ESSENTIAL ELEMENTS

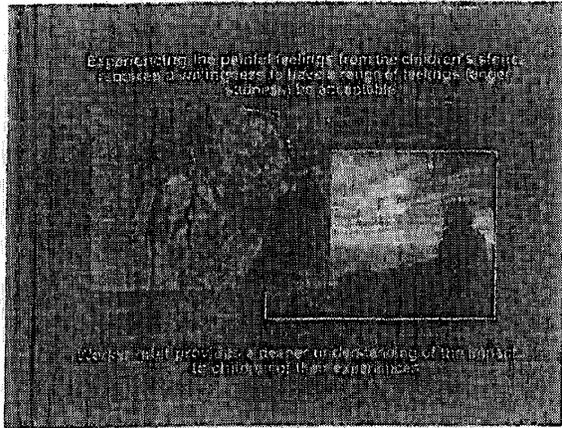
- Help children make new meaning of their history and current experiences.

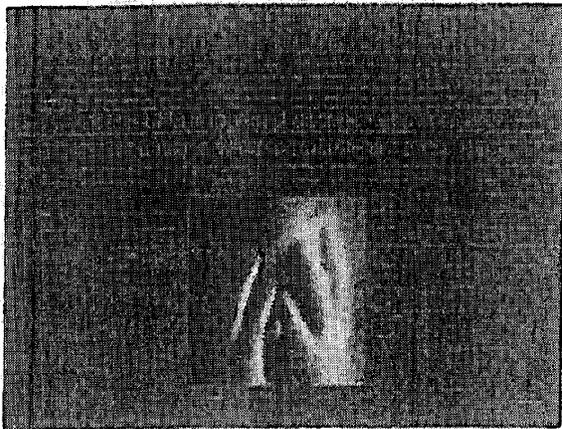
- Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

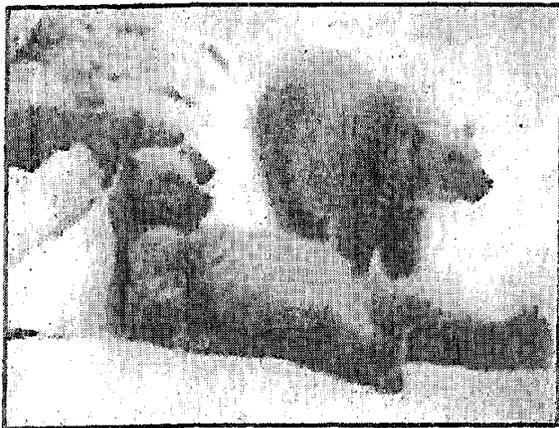






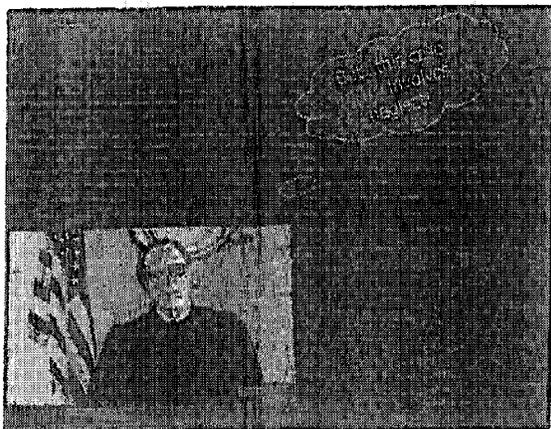






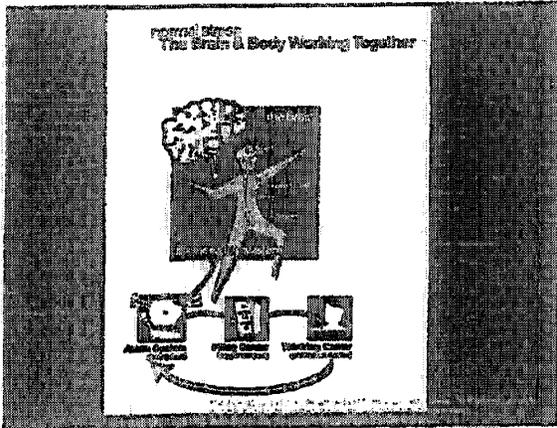
The Challenge of Caring for Difficult Young Children

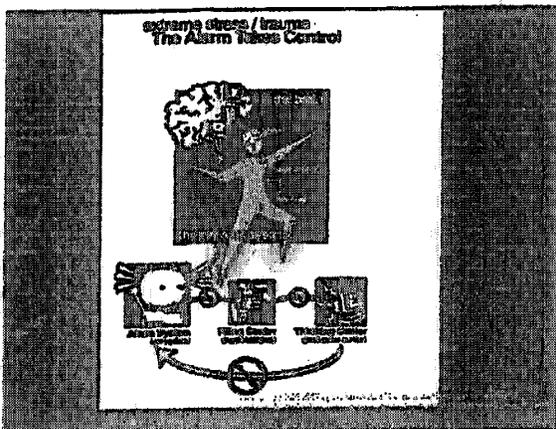
"It may be when we no longer know what to do, we come to our real work, and when we no longer know which way to go, we have begun our real journey." (Wendell Berry)

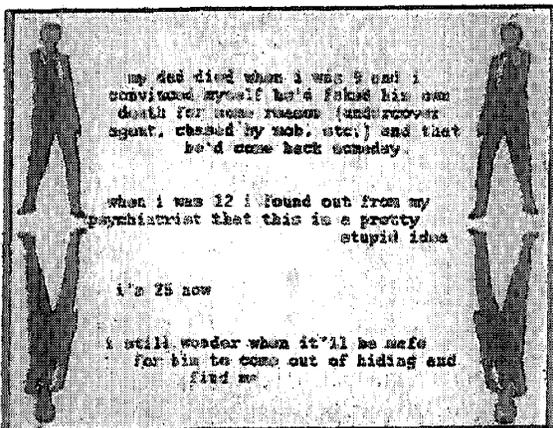


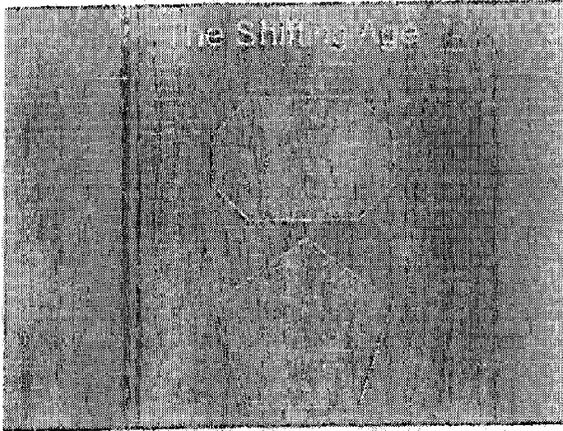
Unique features of child neglect

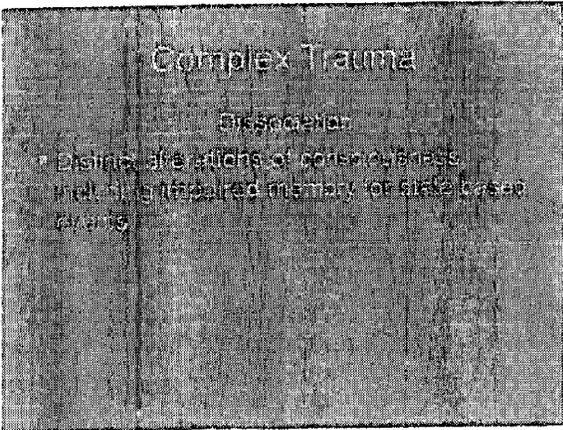
- Most common and least studied form of child maltreatment
- In 2002, 60% of new US child maltreatment cases were cases of neglect
- Difficult and slow to determine due to many confounding factors, but researches including:
 - Child's physical health
 - Genetic cause
 - Poverty
 - Neglect incident
 - Unhappy child's environment





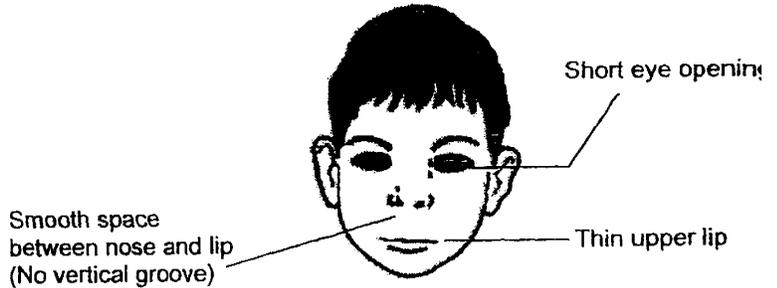






**Michigan Department of Community Health
Fetal Alcohol Spectrum Disorders Program
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.



FACIAL FEATURES

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name/s:		Home Phone:
<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other		Work Phone/Cell:

If 2 or more of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (any one of these qualifies as an identifier) <ul style="list-style-type: none"> • Sleeping/eating problem • Mental retardation or IQ below familial expectations • Attention problem/impulsive/restless • Learning disability • Speech and/or language delays • Problem with reasoning and judgment • Acts younger than children the same age 	
5. Maternal alcohol use during pregnancy	

Any previous diagnosis: _____

Screener _____ Agency _____

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

FAS DIAGNOSTIC CENTERS IN MICHIGAN

Ann Arbor: 734-936-9777

Grand Rapids: 616-391-2319

Marquette: 906-225-4777

Detroit: 313-993-3891

Kalamazoo: 269-387-7073

Traverse City: 231-947-8110

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:
 - Physical abuse
 - Suspected neglectful home environment
 - Emotional abuse
 - Exposure to domestic violence
 - Known or suspected exposure to drug activity *aside from parental use*
 - Known or suspected exposure to any other violence *not already identified*
 - Parental drug use/substance abuse
 - Multiple separations from parent or caregiver
 - Frequent and multiple moves or homelessness
 - Sexual abuse or exposure
 - Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
 - Excessive aggression or violence towards self
 - Excessive aggression or violence towards others
 - Explosive behavior (Going from 0-100 instantly)
 - Hyperactivity, distractibility, inattention
 - Very withdrawn or excessively shy
 - Oppositional and/or defiant behavior
 - Sexual behaviors not typical for child's age
 - Peculiar patterns of forgetfulness
 - Inconsistency in skills
 - Other _____
3. Does the child exhibit any of the following emotions or moods:
 - Excessive mood swings
 - Chronic sadness, doesn't seem to enjoy any activities.
 - Very flat affect or withdrawn behavior
 - Quick, explosive anger
 - Other _____
4. Is the child having problems in school?
 - Low or failing grades
 - Inadequate performance
 - Difficulty with authority
 - Attention and/or memory problems,
 - Other _____

If any of the items are marked under question 1, you should complete the balance of the checklist and forward to a designated representative of the Trauma Assessment Project.

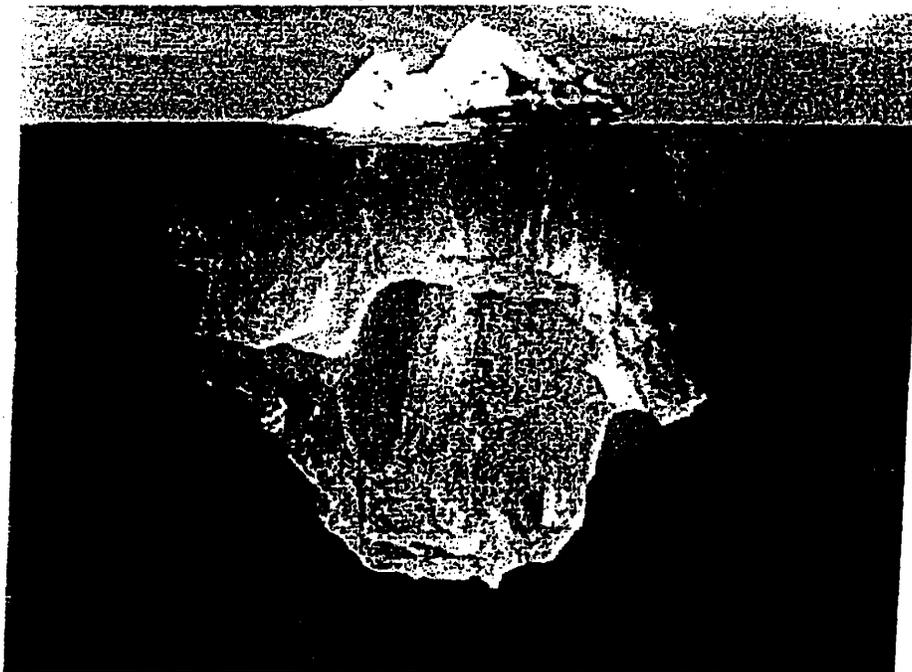
Is the child demonstrating aggressive behaviors beyond the normal range? Yes No Don't Know

Is the child especially withdrawn? Yes No Don't Know

Does the child have excessive mood swings or explosive behavior? Yes No Don't Know

Is the child having significant academic issues? Yes No Don't Know

Are you aware of, or do you suspect, events of harm, witnessing violence, or significant loss in the present or past? Yes No Don't Know



**Court Report Checklist
 Trauma History, Trauma Symptoms, and Treatment**

Child _____ Date _____

Type of Hearing _____ Completed by: _____

I. Traumatic Experience

Newly Revealed Since Last Hearing	Potential Traumatic Events	Age Range of Traumatic Event
Yes No	Physical abuse	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Suspected neglectful home environment	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Mental injury/maltreatment/emotional abuse	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Exposure to domestic violence	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Known or suspected exposure to any other violence <i>not already identified</i>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Parental drug use/substance abuse	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Known or suspected exposure to drug activity <i>aside from parental use</i>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Multiple separations from parent or caregiver	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Frequent and multiple moves or homelessness	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Sexual abuse, exposure, or suspected sexual abuse	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Significant Loss	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Yes No	Other Traumatic Event:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Details regarding events above:

_____ Check if no changes this report period.

Has child moved since last hearing?
 Reason for move?

II. Trauma Symptoms

Traumatic Stress Reactions	0 = None	1 = Moderate	2 = Severe
Difficulty managing mood	0	1	2
Lack of behavioral control	0	1	2
Aggression	0	1	2
Numbing	0	1	2
Nightmares, flashbacks, and other re-experiencing	0	1	2
Overreaction to not getting own way	0	1	2
Other:	0	1	2
Relational Concerns			
Fearing/avoiding closeness in relationships	0	1	2
Poor peer relationships	0	1	2
Poor adult relationships	0	1	2
Other:	0	1	2

III. Trauma Assessment and Treatment

How Trauma History and Traumatic Stress Reactions are Being Addressed				
Assessment	Yes	No	Provider	Date
Trauma Assessment	Yes	No		
Mental Health Assessment	Yes	No		
Psychological Testing	Yes	No		
Educational Testing	Yes	No		
Other:	Yes	No		
Treatment				
What treatment/interventions have been implemented? (Provider and Date)				
Outpatient therapy -				
Homebased therapy -				
Wraparound -				
Hospitalization -				
Residential -				
Detention -				
Other --				

Therapist incorporating Core Elements of Trauma Treatment?	If no, why not?		
Psychoeducation about trauma for caregiver and child	Yes	No	
Affect regulation skill-building	Yes	No	
Trauma processing through trauma narrative or life story	Yes	No	
Recognition and management of trauma triggers	Yes	No	