Trauma Considerations

Prior to Meeting a Child:

- Child's age
- Child's development/functioning
  - Does the child have any developmental delays, cognitive impairments, or physical disabilities?
  - Does the child have a mental health diagnosis?
  - What language is the child MOST comfortable using?
  - Are there any accommodations that the child needs (dim lighting, the door open, comfort item, allergies, etc.)
- Is the child on any medications?
  - What are the side effects of the medication?
  - Do they take it at a certain time or need to take it with food?
- What time of day is best for the child to meet?
- What does the caregiver know about your role?

While interacting with a child and you notice a child's behavior shift:

- Your Presence:
  - If you are taller than the child, get down on their level.
  - Be mindful of your tone of voice and volume.
  - Present with open body language
  - If you have a badge or nametag what does the lanyard say?
  - Listen and be curious, do not interrupt, and use reflective listening.
  - Do not sit where you are blocking the child's exit.
- Basic Needs:
  - Consider offering the child and caregiver snacks and water.
  - What is the temperature of the room? Is the child too hot or cold?
  - Does the child need to use the restroom?
  - What sounds are happening that might be activating the child?
  - Does the child need the door open to feel safe?
  - Take breaks when needed.
- Where are you talking with the child?
  - If they are at home, where are their caregivers? Are they in the room where the abuse occurred?
  - Are they in a new environment?
- How are you feeling?
  - What experiences have been challenging today?
  - How can you manage your feelings so you can be present for this

Understanding Trauma Reactions And Behaviors

LEANNAH FARBOTKO, LCSW

What words or phrases come to mind when you think of trauma?

Presentation Topic: Responding to Child/Adolescent Trauma Reactions and Behaviors

Goals:

- Participants will demonstrate understanding around trauma reactions and child development and will identify trauma reactions in children.

- Participants will identify practical ways to respond to children and adolescents who are exhibiting trauma reactions.

- Participants will gain knowledge of practical considerations when working with children who have experienced trauma.

Activity (5-8 minutes)

- Use the chat box or shout out a situation that you have heard of or experienced involving a confusing or challenging behavior displayed by a child or adolescent.
- Give an example of a challenging behavior displayed by a caregiver.

PTSD Symptoms

Intrusive

Repetitive, unwanted memories

Avoidance

Resisting conversations about the event

Heightened arousal

Trouble falling asleep

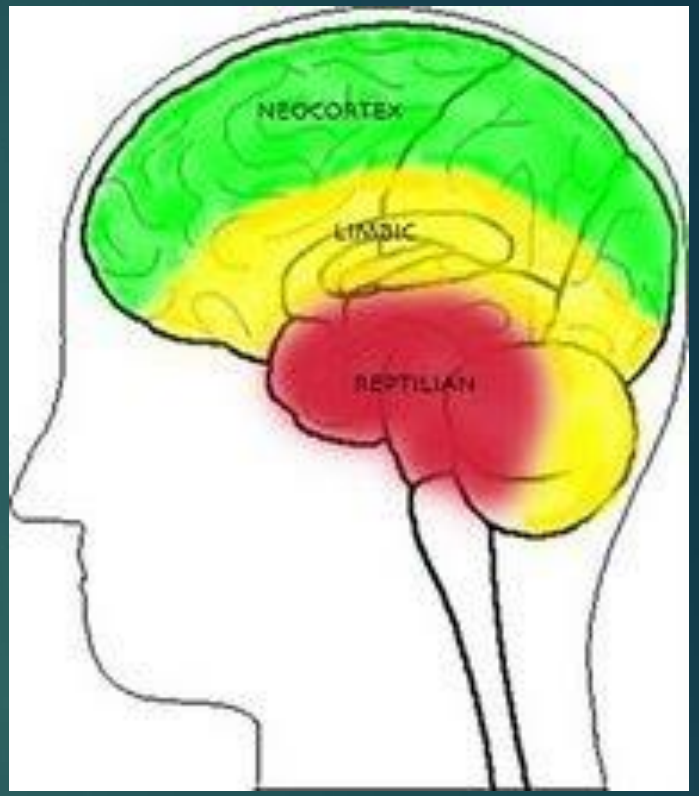
Changes in thoughts & feelings

Loss of interest in once-enjoyed activities

verywell

Trauma and the brain

- Prefrontal cortex: “Logic Brain” Regulates judgment, decision making, impulse control, cause & effect thinking, information processing, self-awareness, etc.
- Mid-brain: “Emotions Brain” Home to the Amygdala, the emotion control center and memory bank, the Hippocampus.
- Lower brain: “Survival brain” Controls automatic functions and sounds the alarm when there is danger, overriding the logic brain.




DANGER
WILL ROBINSON
DANGER

Activity

- Review situation presented and consider the following:
  - What part of the brain is dominating in this moment?
  - What feeling do you think the person is experiencing?
  - What is the trigger?
  - What can you do to help?
  - Other considerations?

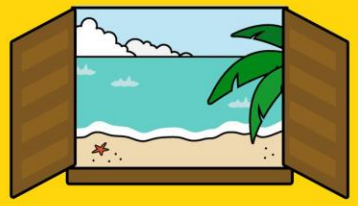
How Trauma Can Affect Your Window Of Tolerance

HYPERAROUSAL

Anxious, Angry, Out of Control, Overwhelmed
Your body wants to fight or run away.
It's not something you choose – these reactions just take over.

WINDOW OF TOLERANCE

When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.



When stress and trauma shrink your window of tolerance, it doesn't take much to throw you off balance.

Working with a practitioner can help expand your window of tolerance so that you are more able to cope with challenges.

HYPOAROUSAL

Spacy, Zoned Out, Numb, Frozen
Your body wants to shut down.
It's not something you choose – these reactions just take over.

nicabm
www.nicabm.com

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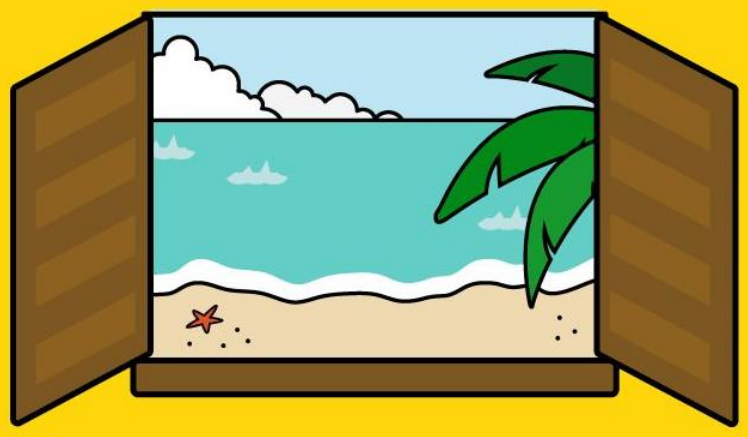

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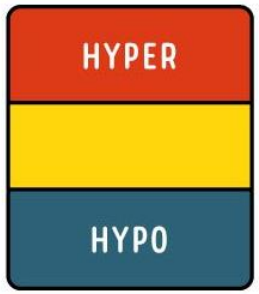

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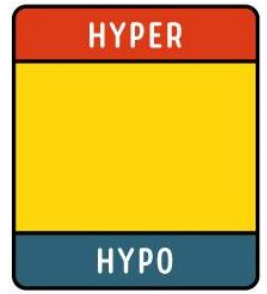

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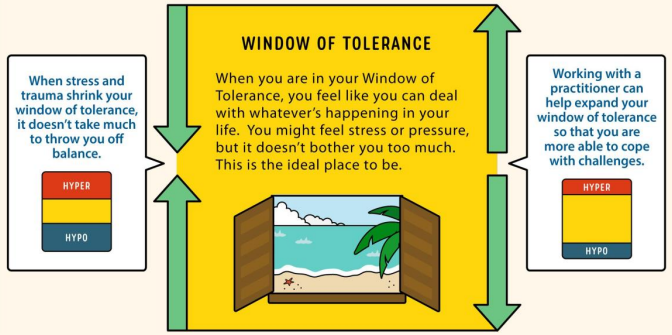

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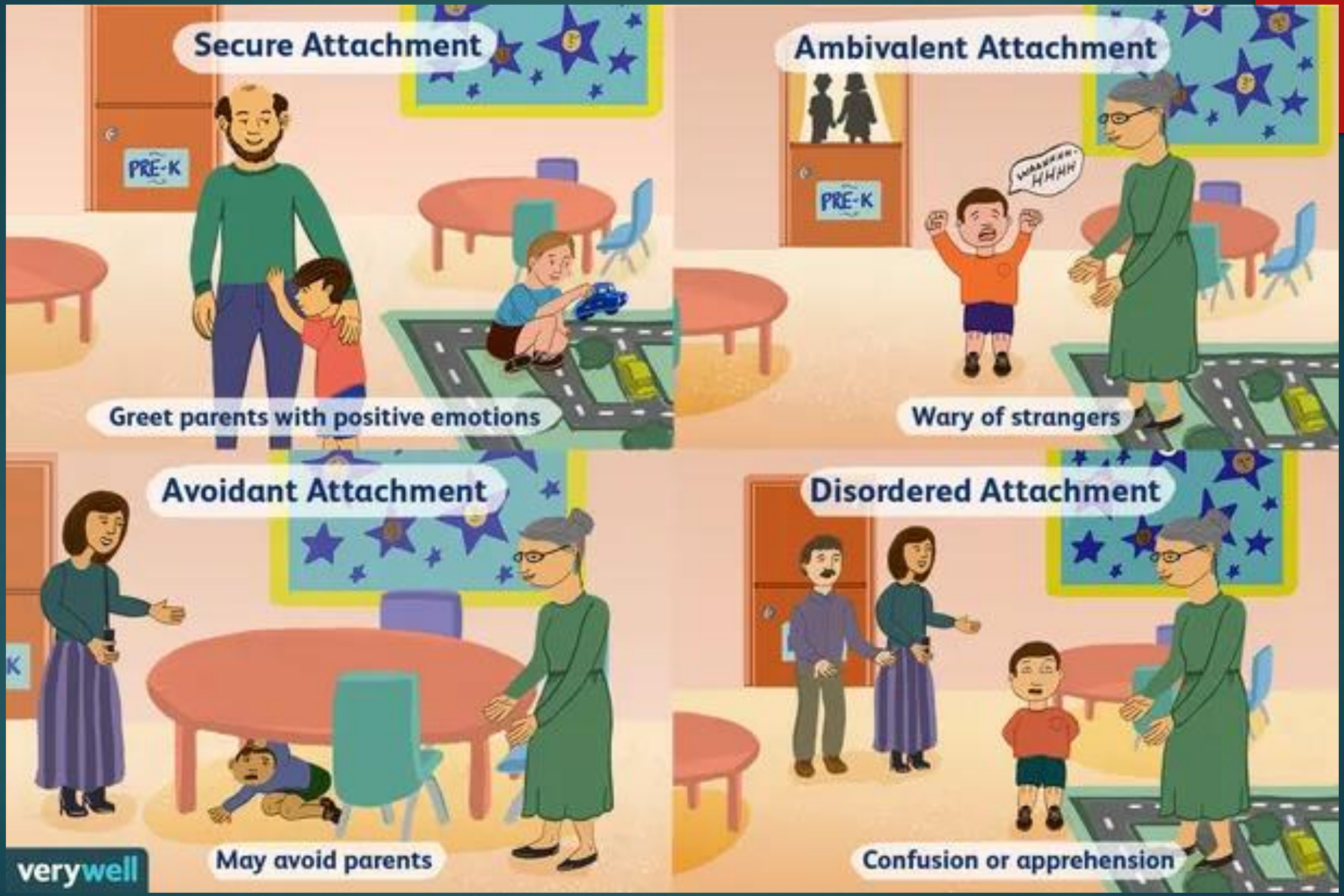
Secure Attachment
PRE-K
Greet parents with positive emotions
Ambivalent Attachment
PRE-K
WAAAAH-HHHH
Wary of strangers
Avoidant Attachment
May avoid parents
Disordered Attachment
Confusion or apprehension
verywell

Trauma reactions in younger children (Ages 2-5)

- Negative Cognitions and Mood:
  - May have difficulty describing in words what is bothering them
  - Increased tantrums or seeming to be disinterested in play
- Arousal/Reactivity:
  - General fear extending beyond the traumatic event (Fear of being alone, difficulty separating from caregivers, trouble sleeping on their own).
  - A loss of previously acquired developmental skills, regression (loss/delayed speech, loss of toileting skills).
- Intrusion:
  - Engaging in traumatic play- Children SHOW us their feelings through their PLAY.

Trauma Reactions in School-Aged Children (Age 5-11)

- Avoidance:
  - Fear of certain people, places, or things that remind them of the trauma
  - Fear of leaving caregivers

- Arousal/Reactivity:
  - Sleep disturbances (may include difficulty falling asleep, fear of sleeping alone, or frequent nightmares)
  - Difficulty concentrating and learning (may seem like ADHD symptoms)
  - Some may engage in unusually aggressive or reckless behaviors

- Intrusion:
  - Headaches and/or stomach aches without obvious cause
  - May engage in constant retelling of traumatic events
  - Frequent day-dreaming or less interested in activities/withdrawn

Trauma reactions in Children Ages 11+

- **Avoidance:**
  - Withdrawal from others or activities
  - Absenteeism or truant from school
  - Resistance going to places that remind them of the event

- **Intrusion:**
  - Re-experiences of the trauma (e.g., nightmares, flashbacks, memories)
  - Increased somatic complains (headaches, stomachaches, chest pains)
  - Self harming, suicidal or homicidal ideation

Trauma Reactions in Children Ages 11+

- Negative Mood and Cognition:
  - Anxiety, fear, worry about safety of self and others
  - Emotional numbing (seeming to have no feeling about the event)
  - Heightened difficulties with authority, direction, or criticism
  - Vulnerable to unhealthy/abusive teen relationships

- **Arousal/Reactivity:**
  - Decreased attention and/or concentration
  - Increase in activity level
  - Irritability, angry outbursts and/or aggression
  - Over or under-reaction to bells, physical contact, doors slamming, sirens, lighting, sudden movements (Hyperarousal)
  - Increase in risk taking behaviors
  - Increased risk of substance abuse

Activity

- Review situation presented and consider the following:
  - What part of the brain is dominating in this moment?
  - What feeling do you think the person is experiencing?
  - What is the trigger?
  - What can you do to help?
  - Other considerations?

Trauma Considerations

- Prior to the Meeting:
- Child's age
- Child's development/functioning
  - Does the child have any developmental delays, cognitive impairments, or physical disabilities?
  - Does the child have a mental health diagnosis?
  - What language is the child MOST comfortable using?
  - Are there any accommodations that the child needs (dim lighting, the door open, comfort item, allergies, etc.)
- Is the child on any medications?
  - What are the side effects of the medication?
  - Do they take it at a certain time or need to take it with food?
- What time of day is best for the child to meet with you?
- What does the caregiver know about your role and what power you may have?

Trauma Considerations

- While interacting with a child and you notice a child's behavior shift:
- Your Presence:
  - If you are taller than the child, get down on their level.
  - Be mindful of your tone of voice and volume.
  - Present with open body language
  - If you have a badge or nametag what does the lanyard say?
  - Listen and be curious, do not interrupt, and use reflective listening.
  - Do not sit where you are blocking the child's exit.

Trauma Considerations

- Basic Needs:
  - Consider offering the child and caregiver snacks and water.
  - What is the temperature of the room? Is the child too hot or cold?
  - Does the child need to use the restroom?
  - What sounds are happening that might be activating the child?
  - Does the child need the door open to feel safe?
  - Take breaks when needed.
  - Any medical considerations, chronic illness or pain for this child.

Trauma Considerations

- Where are you talking with the child?
  - If they are at home, where are their caregivers? Are they in the room where the abuse occurred?
  - Are they in a new environment?
- How are you feeling?
  - What experiences have been challenging today?
  - How can you manage your feelings so you can be present for this child?

Trauma Considerations

- What do I do to CREATE a safe space and presence?
- What strategies are appropriate for *me* to use?
- What are the limits of my expertise?
- Who can I reach out to for consultation and collaboration when a child needs more support?

Responding to Trauma Reactions

- Stay Calm, remember to regulate yourself.
- Think about what might be triggering the behavior.
- Remember that their behavior is not driven by logic. They are in survival mode and reacting to the trauma-related trigger.
- Offer a snack or water.
- Take a break.
- Use active and reflective listening. Don’t interrupt.
- Avoid judgment and offer advice and reassurance sparingly.
- Focus on providing choices so that children and youth can feel empowered to help THEMSELVES.

Recommendations and Treatment Options

- Individual Therapy (For child and caregivers)
  - Evidenced-based Models: TF-CBT & PSB-CBT, CFTSI, EMDR
- Family Therapy
  - Evidence-based Models: PCIT, AFCBT, CPP
- Psychological Evaluations vs. Psychiatric Evaluations
- In-patient vs. Outpatient, IOP and PHP Programs
- Parenting Classes & Parenting Coaching
- Supervised Visitation
- Parent Coordination
- Custody Evaluations
- Reunification

Individual Outpatient Therapy

- Normally weekly sessions
- The clinician should have training in trauma and child development.
- Not able to make recommendations for custody in court, can only speak to what they observe, and facts related to child's presentation.
- Effective Treatment Models:
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Child and Family Traumatic Stress Intervention (CFTSI)
  - Problematic Sexual Behaviors- Cognitive Behavioral Therapy (PSB-CBT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
- Caregivers should participate in their own individual therapy.

Family Therapy

- Can involve the child and caregivers or siblings.
- Normally weekly or bi-monthly.
- Occurs parallel to individual therapy.
- Clinician should be aware of any investigation outcomes and court involvement for the child. Most will not accept court mandated cases.
- Effective Treatment Models:
  - Parent-Child Interactive Therapy (PCIT)
  - Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)
  - Child-Parent Psychotherapy (CPP)

Psychological Evaluations vs. Psychiatric Evaluations

- Psychological evaluations:
  - Completed by a psychologist
  - For academic (IEP or 504 plans) or emotional testing to determine a diagnosis and treatment focus.
  - These evaluations occur when requested, but the child does not see the psychologist regularly for therapy, unless the clinician is providing therapy.
- Psychiatric evaluations:
  - Completed by a psychiatrist
  - To determine if medication would help stabilize a child's mood.
  - A psychiatrist may check in with the child monthly or bimonthly but is not providing therapy.
  - Some pediatricians can also prescribe psychiatric medications.
- Why is this important?
  - Prior to the interview you need to know if a child has an IEP or 504 plan at school.
  - You also need to know if they are on any medications including psychiatric medications.

In-patient vs. Outpatient, IOP and PHP Programs

- In-patient: Residential Treatment Facility or Hospital
- Partial Hospitalization Program (PHP): Program following In-Patient care in which patient attends center for multiple hours a day, several days a week.
- Intensive Outpatient (IOP): Step down from PHP that involves patient attending center 1-3 times a week for groups and individual therapy.
- Out-patient: Individual, family, or group therapy. Normally attended once or twice a week. Most CAC's provide out-patient therapy.

Parenting Classes

- Normally a curriculum-based, short-term class for both caregivers and children to attend.
- Focus on developing a nurturing-parenting style that includes positive reinforcement, time-in, and positive praise techniques to minimize the use of corporal or negative punishment.
- Works best for willing and engaged parents.
- Types of Curriculums:
  - Nurturing Parent Program
  - Love and Logic
  - Parenting Inside-Out
  - Online/Self Study: Everyday Parenting: the ABC's of Child Rearing

Parenting Coaching

- Consists of in-person meetings in the coach's office, video sessions, emails or telephone conversations that are designed to improve the relationship the caregiver has with their children.
- Helps by examining the family values and motivations. Provides tools for behavior management and effective solutions to the problems between the caregiver and child.
- Normally short term and great for preventing child abuse and neglect by caregivers who are stressed.
- Coach may not have a clinical background and therefore could not make recommendations for custody.
- Limited resources in the area.

Supervised Visitation

- Center-based: Fairfax County Stronger Together
  - Provides a safe, supervised environment for caregivers to visit with their children for approximately 90 minutes, weekly.
  - Provides a child-friendly environment that promotes communication and bonding.
  - Must be court-ordered.
  - Supervision is minimal and non-invasive.
  - Multiple families in the room.
- Third-party supervision:
  - Someone identified by the parents to act as a supervisor during a child's visit with an identified parent.
  - Must be court-approved and willing.
  - Monitors the interactions between the caregiver and child.
  - Probably not trained specifically in child development, parenting skills, and may not be able to recognize a caregiver's limitations.

Parent Coordination

- Provides support to a caregiver to improve parenting skills with BOTH parents after a divorce or separation.
- Normally, monthly sessions with both caregivers and child.
- Step between supervised visitation and reunification therapy and can help determine if unsupervised visits are appropriate.
- Individualized to meet the family's needs.
- Needs to be defined with the lawyer in order to file the appropriate motions for a court order, using specific language.
- Needs to be referred to a TRAINED and appropriate clinician (i.e. forensic psychologist).

Custody Evaluations

- Extensive and costly but can be very helpful in determining appropriate custody recommendations.
- Must be completed by a trained and identified custody-evaluator.
- Does not have to be court-ordered.
- Includes individual sessions with the child and caregivers, and a thorough assessment of all areas of the child's life (i.e. school, day-care, activities, parents background, parent's capacity, etc.)
- American Psychological Association (APA) and the Association of Family and Conciliation Courts (AFCC) have set criteria and guidelines for completion of these evaluations.

Reunification

- Aims to help children and estranged caregivers become familiar with one another and rebuild healthy bonds.
- Can also be used to reunify a child with their sibling who presents with problematic sexual behaviors.
- It is a complex, lengthy, and costly process and may not work.
- Can be helpful if a child is refusing to see a parent after a long separation and visitation is court ordered.
- Therapy-based and clinical in nature so it needs to be completed by a trained clinician and is typically court-ordered.

Now, when you think about trauma, what words come to mind?

In Summary

- Remember to view a child's behavior as their way of communicating.
- When handed a new case, review the trauma considerations.
- Respond to all children, regardless of their trauma history with validation.
- Consult with collaterals and colleagues to determine the BEST course of action for the child.

Thank you for what you do. You are a critical piece to a child's life and well-being!

Questions, Comments, Realizations?

- Please contact me if you have any questions:

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Resources

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