Trauma Informed Care

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EXAMPLES OF TRAUMATIC EVENTS

- Military combat
- Violent personal assault
- Kidnapping
- Being taken hostage
- Terrorist attack
- Torture
- Being POW
- Dx of a life threatening illness
- Disasters
- Severe auto accident
Development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct, personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member of close associate. (Criterion A1)
The person’s response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2)
• The characteristic symptoms resulting from the exposure to the extreme trauma include persistent reexperiencing of the traumatic event, (Criterion B) persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). The full symptom picture must be present for more than one month (Criterion E), and the disturbance must cause significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F)
Clinicians and researchers have found that the current PTSD criterion does not capture the severe emotional harm that occurs with protracted, recurring traumatic events. Judith Herman of Harvard University has suggested that a new diagnosis that she calls Complex PTSD, is needed to describe the symptoms of long term traumatization (protracted, recurring traumatic events).
- Prolonged periods (months to years) of total control by another
- Alterations in Emotional Regulation
- Alterations in Consciousness
- Alterations in self-perception
- Alterations in the perception of the perpetrator
- Alterations in relations with others
- Alterations in one’s system of meanings/purpose
• 81% of perpetrators are parents
• 3 million cases of sexual abuse reported each year - 1/3 get treatment.
• 80% of all people diagnosed with Borderline Personality Disorder had severe childhood trauma prior to age 7.
• Kids who are also neglected have greater challenges to recover
• Traumatized females are often highly sexualized.
• Cannot form friendships
• Begin puberty 1.5 years prior to non abused females.
• Have 3-5 times more sex hormones than non abused females

......Van der Kolk, continued
People who have experienced trauma lack opioid receptors in the frontal lobe of the brain. Therefore, they cannot “drink the milk of human kindness.”

With heightened stress and arousal, the more the frontal lobe shuts down. Then, the limbic system takes over and judgment and self regulation disappears. Limbic system must be retrained so as not to over-react.

Frontal lobe = rational   Limbic = irrational

Must awaken all of the senses to get better. Those who have been traumatized are paralyzed with fear. Common ways to utilize all senses: songs, dance, yoga, meditation, drama, touch, arts. Good lives model-help kids to become good at something.
• Creating pathways
• Sensitive periods
• Non-abused people organize with left brain
• Traumatized people organize with right brain-the feelings side. Therefore, cognitive impairment.
• Regular talk therapy is not very successful due to the cognitive impairment.
<table>
<thead>
<tr>
<th>Brain Structure</th>
<th>Function</th>
<th>Impairment</th>
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<tbody>
<tr>
<td>Amygdala</td>
<td>Fear conditioning, aggressive behavior, fight/flight/freeze</td>
<td>Increased arousal</td>
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<tr>
<td>Hippocampus</td>
<td>Retrieval of verbal and emotional memory</td>
<td>Memory impairment; especially verbal memory</td>
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<tr>
<td>Left hemisphere</td>
<td>Regulate analytical responses; mediate emotional responses, language processing</td>
<td>Difficulties in accurate effective reading of a situation, poor language processing</td>
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<tr>
<td>Corpus collosum</td>
<td>Communication and integration between hemispheres</td>
<td>Poor integration modulation of responses to daily interactions</td>
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<tr>
<td>Cerebellar Vermis</td>
<td>Production and release of neurotransmitters</td>
<td>Problems regulating physical activity, attention, emotions</td>
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<tr>
<td>Prefrontal cortex</td>
<td>Executive functions</td>
<td>Poor organization, rigid problem solving, increased impulsivity</td>
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What works?

- 9/11 study
- Traumatized people need to have physical and sensory experiences to:
  - Unlock their bodies
  - Activate fight/flight/freeze response
  - Tolerate their sensations
  - Cultivate new actions
“Brain Gym is a series of simple enjoyable movements that we use with our students in Educational Kinesiology to enhance their experience of whole-brain learning. “

Brain Gym: Teacher’s guide, 1994

- Midline movements
- Lengthening activities
- Energy exercises
– Dialectics are the art of holding two things in balance that are in conflict, contrary, or mismatched: feelings and thoughts, being right and making mistakes, wanting to live and wanting to die...

– It was developed by Marsha Linehan to deal with BPD. Saw that “traditional” CBT did not work, needed to change things. Added more Eastern philosophy to her treatment.....it worked.

– Studies have shown it works with adults and adolescents with emotional regulation problems.
• Changed assumptions about kids
• Validation and acceptance
• 5 modes of DBT
• Skills training: mindfulness, distress tolerance, emotional regulation, interpersonal effectiveness
• Betrayal of Trust
• Self-Blame (self-esteem issues)
• Anger
• Difficulty modulating affect
• Hopelessness
COMMON PARENTAL ISSUES IN CHILD TRAUMATIZATION

- Inappropriate self blame and guilt
- Inappropriate child blame
- Over protectiveness
- Over permissiveness
- PTSD Symptoms
TF-CBT is an Evidence-based Treatment—What is evidence based treatment?

- Sound theoretical basis
- Clinical literature regarding efficacy
- Accepted in clinical practice
- No evidence of substantial harm or risk
- Manual sufficiently detailed to allow replication
- Efficacy based on at least 2 randomized, controlled trials
- Majority of outcome studies support efficacy
• Originally developed for treating sexually abused children
• Viewed working with parents as an integral part of treatment.
• Can be used with a range of traumas
• Youth between the ages of 3 and 18
• Time limited, structured model: 12-20 sessions
• Components Based-teaches basic skills
• Impact generalizes to a wide variety of problems
• Therapist: Directive and active

TF-CBT
• A... **PRACTICE**
• Assessment!
• *Psycho education and parenting skills*
• **Relaxation**
• **Affect Modulation**
• **Cognitive Processing**
• **Trauma Narrative**
• *In Vivo Desensitization*
• **Conjoint parent-child sessions**
• **Enhancing safety and social skills**

**TF-CBT Components**
TF-CBT Sessions Flow

Entire process is gradual exposure

Sessions 1-4
Psycho-education/
Parenting skills
Relaxation
Safety and
Development
Affective expression
And regulation
Cognitive Coping

Sessions 5-8
Trauma Narrative
Development and
Processing
In Vivo Gradual
Exposure

Sessions 9-12
Conjoint Parent
Child Sessions
Enhancing
Future

PARENT-CHILD WORK THROUGHOUT
Beginning of Treatment:
✓ About Trauma
✓ About Avoidance
✓ About PTS
✓ Instill hope for child and family recovery
✓ Educate family about the benefits and need for early treatment

Near the end of Treatment:
✓ Sex Education
✓ Safety

Psycho-education
Basic Behavior Management:
- Praise/Rewards
- Ignoring
- Consequences

Trauma Specific:
- Coaching kids in coping
- Reinforcing safety/protective parent role
- Not reinforcing avoidance
Rationale for Trauma Narrative
Why talk to kids about trauma...?

- Gradual Exposure...sense of mastery and control over trauma reminders
- **Resolve avoidance symptoms** (approach rather than avoid) and other trauma symptoms
- **Correction of distorted thoughts** re: self, others, the world
- Identify and prepare for trauma reminders
- Contextualize traumatic experiences into life
- Model healthy communication skills for parents
- Reduce future risk
• When a traumatized kid is acting out, that is their best attempt to cope @ that moment.
• Punishment does NOT work
• Example: Youth walks down the hall of in-patient facility. Staff directs kid to return to school. Youth yells @ staff to “Mind you own business”. Staff gives youth a time out and enforces it by calling more staff for a show of force. Youth continues to refuse, is escorted to his room, struggles and is placed into a restraint.

Punishment vs Trauma Informed Care Approach
New Scenario: Youth is walking down the hall. Staff says “Hey, how’s it going?” Youth says not so good and leave me alone. Staff says let’s go to the comfort room and toss the ball around. Youth discloses that school was a trigger due to a specific topic. Staff and youth work out a safety plan to return to school. Restraint avoided.
Thank you for working with this difficult population.

What does this information mean for you?

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“The world is changed one child at a time.” Maya Angelou