



CORE WELLNESS

TRAUMA FOCUSED PLAY THERAPY FOR CHILDREN & ADOLESCENTS

Sponsored by: CORE WELLNESS

Presented by

Dr. Sue Futeral, LCSW-C, C-EAT





About Core Wellness

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About the Presenter

Dr. Sue Futeral, PhD, LCSW-C, C-EAT, is a two-time graduate of the University of Maryland, School of Social work, earning both her Masters and PhD degrees there. She has won two awards from the University of Maryland, 50 heroes of Social Justice and Outstanding Social Worker, Alumni Association. Sue has served as a school counselor in BCPS as well as working in private practice and is known for her engaging presentations delivered with skill, passion and expertise.

Sue is married and has three adult children and one cat as well. Sue plays violin, piano, trombone, recorder, and many percussion instruments. She enjoys drawing, painting, sculpting, clay and crafts such as knitting.



Course Schedule

Trauma Focused Play Therapy for Children and Adolescents

Part One: Foundations of Trauma-Focused Play Therapy

Part 2: Neurobiology of Trauma

Part 3: Working with children and adolescents

Objectives

Provide at least two factors in trauma theory

Discuss a rationale for utilizing child-centered play therapy

List two play therapy ways in which children may feel comfortable showing their feelings

Name two play-therapy informed assessment strategies that might facilitate children's self-disclosure

List the three phases of treatment with traumatized children

THE IMPACT OF TRAUMA ON CHILDREN

Traumatic events can be stressful, debilitating, painful, and confusing. Recovery includes helping individuals restore physical and emotional control and safety. Treatment best done in context of a safe relationship and hope.

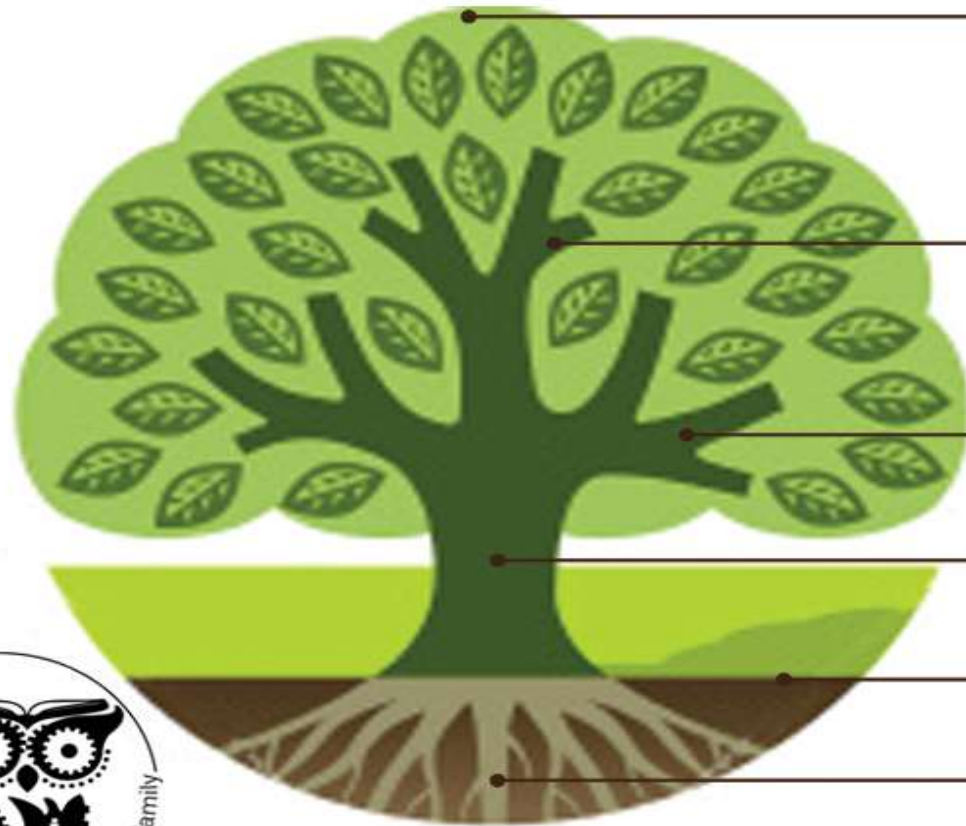
Play therapy is a form of counseling or psychotherapy that uses play to communicate with and help people, especially children, to prevent or resolve psychosocial challenges. Play therapy developed from psychodynamic theory and was practiced by Melanie Klein. This is thought to help them towards better social integration, growth and development, emotional modulation, and trauma resolution.

Through didactic and experimental teaching, this workshop will educate you on the background, technique, and applications of play therapy for use in your practice.



<https://www.steampoweredfamily.com/brains/the-impact-of-childhood-trauma/>

THE TRAUMA TREE



adult

teenager

childhood

infancy/toddler

birth

prenatal



www.STEAMPoweredFamily.com

- A traumatic event is one in which a person experiences (witnesses or is confronted with):
 - Actual or threatened death
 - Serious injury
 - Threat to the physical integrity of self or another
- Responses to a traumatic event may include
 - Intense fear
 - Helplessness
 - Horror
 - Attachment
- (Marcenich, 2009)

TRAUMA

- Trauma and traumatic events include personal and
- private experiences and public experiences

- Ask the question-
- What happened to my student?
- NOT
- What is Wrong with my student?

IMPACT of TRAUMA

If your child has experienced:

- Community Violence
- Domestic Abuse
- Sexual Abuse
- Loss of a Loved One

It can cause unusual behaviors, such as:

- Anger
- Nightmares
- Anxiety
- Illness
- Moodiness
- Inattention
- Depression
- Clinginess
- Distress

Effects of Trauma

- For students, a traumatic experience may cause ongoing feelings of concern for their own safety and the safety of others. These students may become preoccupied with thoughts about their actions during the event, often times experiencing guilt or shame over what they did or did not do at the time. They might engage in constant retelling of the traumatic event, or may describe being overwhelmed by their feelings of fear or sadness.

Pre-School

- Preschool students may lose recently acquired developmental milestones and may increase behaviors such as bedwetting, thumb-sucking, and regress to simpler speech. They may become more clingy to their parents and worry about their parents safety and return. These young students may also become more irritable with more temper tantrums and have more difficulty calming down. A few students may show the reverse behavior and become very withdrawn, subdued, or even mute after a traumatic event. These students may have difficulties falling or staying asleep or have nightmares about the event or other bad dreams. Typically these students will process the event through post-traumatic play.

ELEMENTARY

- Elementary students may show signs of distress through somatic complaints such as stomachaches, headaches, and pains. These students may have a change in behavior, such as increase irritability, aggression, and anger. Their behaviors may be inconsistent. These students may show a change in school performance and have impaired attention and concentration and more school absences. Late elementary students may excessively talk and ask persistent questions about the event.

Middle and High School

- These students exposed to a traumatic event feel self-conscious about their emotional responses to the event. They often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these students think about the world. Some of these adolescents may begin to engage in self-destructive or accident-prone behaviors, and reckless behaviors. There may be a shift in their interpersonal relationships with family members, teachers, and classmates. These students may show a change in their school performance, attendance, and behavior.

Variability among Students

- In spite of our ability to predict general responses to trauma depending on age and developmental level, there is still tremendous variability among students regarding post-traumatic symptoms and the extent to which learning and school behavior may be disrupted. The variety of individual responses to trauma is related to many factors, including a student's prior history of trauma or loss, prior or current mental health issues such as depression, anxiety, or behavior problems, and individual differences in temperament.

Ability to Learn

- A traumatic event can seriously interrupt the school routine and the processes of teaching and learning. There are usually high levels of emotional upset, potential for disruptive behavior, or loss of student attendance unless efforts are made to reach out to students and staff with additional information and services. Students traumatized by exposure to violence have been shown to have lower grade point averages, more negative remarks in their cumulative records, and more reported absences from school than other students. They may have increased difficulties concentrating and learning at school and may engage in unusually reckless or aggressive behavior.
- The involvement of the school is critical in supporting students through the emotional and physical challenges they may face following an exposure to a traumatic event.

3 R's

- Readiness: Readiness is the level at which a school is prepared to respond to a crisis or to an emergency if the crisis or disaster were to happen today.
- Response: Response is the sum total of the school's resources and skills to take decisive and effective action when a crisis situation has occurred.
- Recovery: Recovery is the process of restoring the social and emotional equilibrium of the school community.

A Quick Biology Lesson



The Brain-Neuroplasticity

- Amygdala



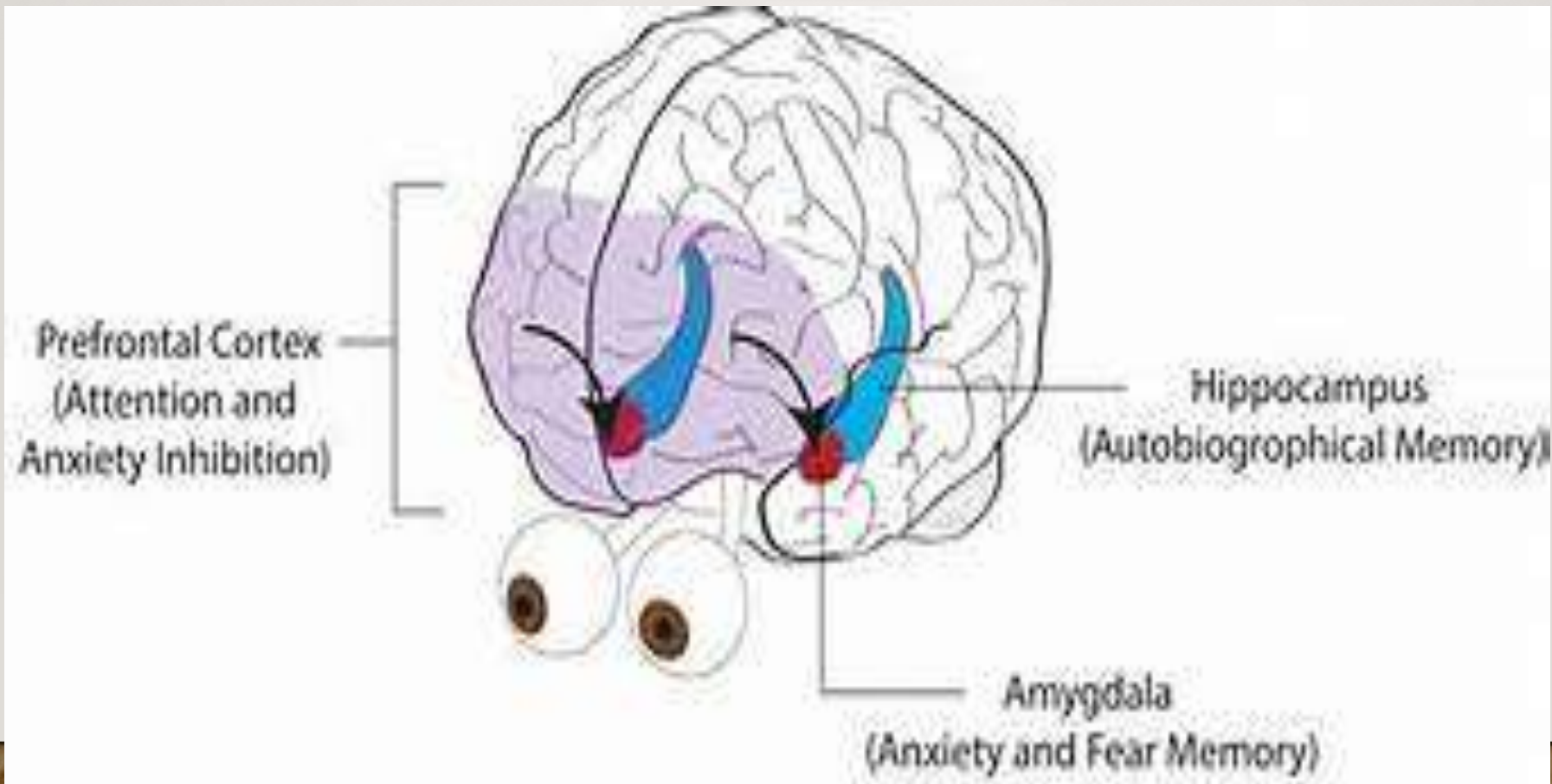
Amygdala



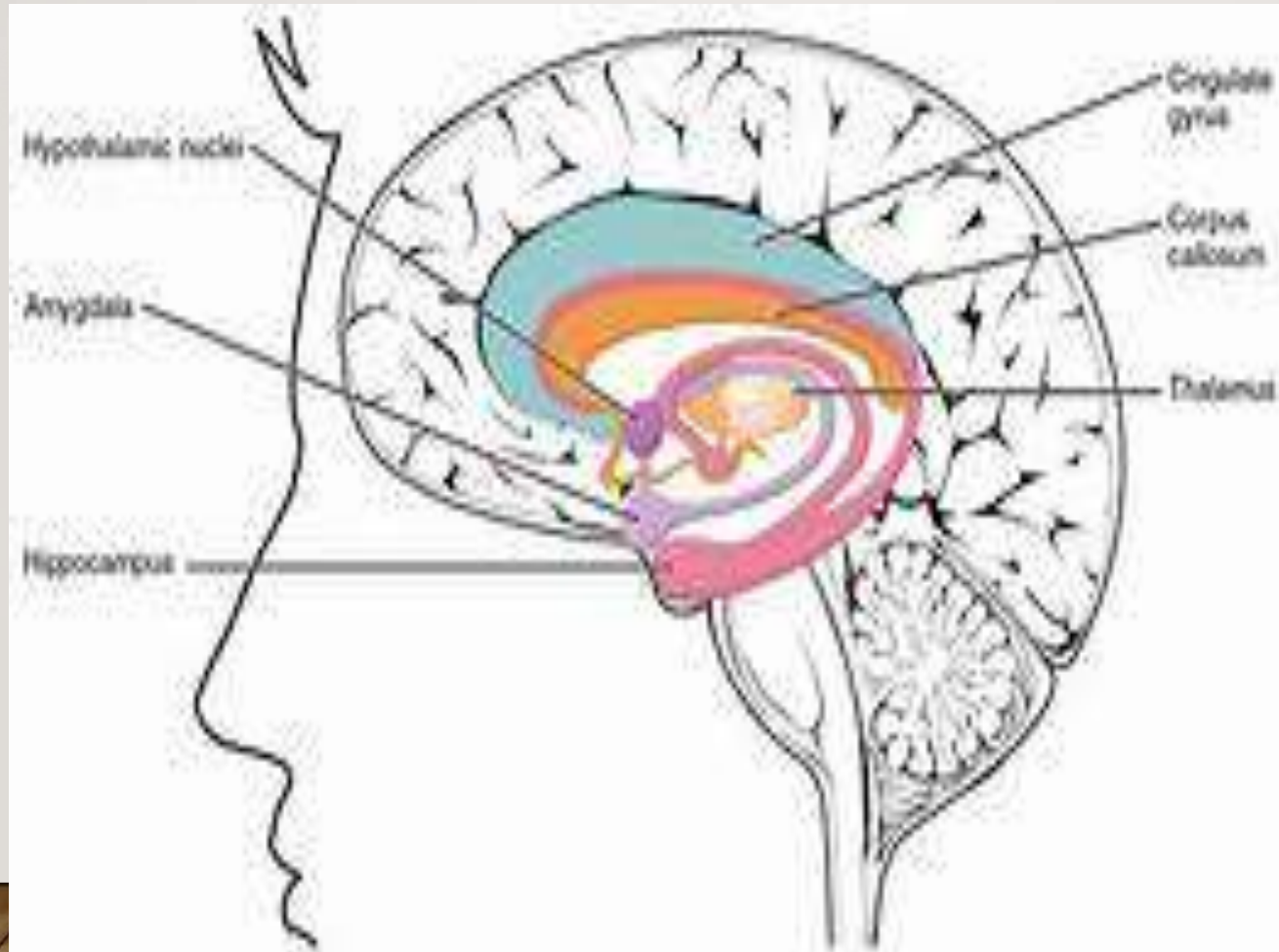
Neuroplasticity

- Is the ability of your brain to reorganize itself, both physically and functionally, throughout your life due to your environment, behavior, thinking, and emotions. The concept of neuroplasticity is not new and mentions of a malleable brain go all of the way back to the 1800s, but with the relatively recent capability to visually “see” into the brain allowed by functional magnetic resonance imaging (fMRI), science has confirmed this incredible morphing ability of the brain beyond a doubt.
- The concept of a changing brain has replaced the formerly held belief that the adult brain was pretty much a physiologically static organ or hard-wired after critical developmental periods in childhood. While it’s true that your brain is much more plastic during the early years and capacity declines with age, plasticity happens all throughout your life.

Prefrontal Cortex



The Limbic System



The 3 Part Brain

- The Triune Brain model, introduced by physician and neuroscientist Paul D. MacLean, explains the brain in three parts:
- Reptilian (brain stem): This innermost part of the brain is responsible for survival instincts and autonomic body processes.
- Mammalian (limbic, midbrain): The midlevel of the brain, this part processes emotions and conveys sensory relays.
- Neo-mammalian (cortex, forebrain): The most highly evolved part of the brain, this area outer controls cognitive processing, decision-making, learning, memory and inhibitory functions.

Reptilian Brain

- During a traumatic experience, the reptilian brain takes control, shifting the body into reactive mode. Shutting down all non-essential body and mind processes, the brain stem orchestrates survival mode. During this time the sympathetic nervous system increases stress hormones and prepares the body to fight, flee or freeze.
- In a normal situation, when immediate threat ceases, the parasympathetic nervous system shifts the body into restorative mode. This process reduces stress hormones and allows the brain to shift back to the normal top-down structure of control.

THE BRAIN

- However, for those 20 percent of trauma survivors who go on to develop symptoms of post-traumatic stress disorder (PTSD) — an unmitigated experience of anxiety related to the past trauma — the shift from reactive to responsive mode never occurs. Instead, the reptilian brain, primed to threat and supported by dysregulated activity in significant brain structures, holds the survivor in a constant reactive state.
- Reptilian (brain stem) to Mammalian (limbic, mid-brain) to Neomammalian (cortex, forebrain) is the normal development, 1,2, 3 in trauma, it can go 3,2,1

COMPLEX TRAUMA

Attachment & Relationships:

- Problems with boundaries
- Distrust and suspiciousness

Physical Health (Body & Brain):

- Developmental delays/regressive behaviors
- Somatization (the existence of physical bodily complaints in the absence of a known medical condition)
- Issues with brain development and cognitive problems
- Disruptive neuro-development

Complex Trauma

Emotional Responses:

- Difficulty with emotional self-regulation
- Internalizing symptoms such as anxiety, depression

Thinking & Learning:

- Difficulties with executive functioning and attention
- Problems focusing on and completing tasks

Behavior:

- Difficulties with impulse control
Substance abuse

Trauma Informed Approach

- “By adopting a trauma-informed approach, schools undertake a paradigm shift at the staff and organizational level to recognize, understand, and address the learning needs of children impacted by trauma... This effort positively impacts schools and changes the life-trajectory of vulnerable students”
- -Education Law Center of Pennsylvania
- Source: Education Law Center: Maura McInerney, Esq., Senior Staff Attorney and Amy McKlindon, M.S.W.
- www.ElC-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf

Private Experiences

- Child abuse
- Child neglect
- Domestic violence
- Sexual assault
- Sexual abuse
- Divorce or separation
- Death of a loved one

Public Experiences

NATURAL DISASTERS

- Hurricanes Tornadoes
- Earthquake Tsunami
- Fires

Other

- War/Death/Loss/Destruction
- Crime scenes/Community violence
- School shootings/terrorist attacks

How does Trauma affect the child's brain

- The child's stress response is exaggerated and prolonged resulting in changes in the child's brain organs
- Larger, more active Amygdala
- Smaller Hippocampus
- Smaller less active Frontal Lobes
- Smaller Corpus Callosum

What we see Behaviorally

Frontal Lobe Functions

- Impulse Control
- Organization
- Time Orientation
- Reading Social Cues
- Corpus Callosum
- Not well integrated having problems using words to solve problems

What we see Behaviorally

Amygdala Functions

- Problems w/emotional control
- Delays in cause and effect thinking
- Difficulty w/empathy
- Inability to describe own emotions
- Hyper-arousal, anxiety

What we see behaviorally

Hippocampus Functions

- Impaired learning
- Less ability to make memories learning
- Less ability to retrieve memories – recall
- More impulsiveness

Prevention Strategies

- Abused children often struggle with complex, goals directed behaviors, and have trouble adapting to transitions, changes and demands...

Prevention Strategies

- Universal, Selected & Indicated
- Prevent precursors of child maltreatment & trauma
- Targeted subset based on risk factors
- Designed for children with diagnosed problems

Restorative Strategies

- Safety comes first
- Build self-regulation skills
- Address relational poverty
- Promote enrichment
- Teach stress management
- Play developmental catch-up
- Focus on competency
- Instill HOPE

Trauma

- Trauma is something that overwhelms our coping capacity
- •Affects the whole self
- •Physical
- •Emotional
- •Intellectual
- •Spiritual

Prevalence

- A report of child abuse is made every ten seconds in the United States.
- (Childhelp, 2013)
- Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- (Child Welfare Information Gateway, 2006)
- ☐Trauma histories are pervasive among youth in America (especially youth from diverse cultural backgrounds).
- (Marcenich, 2009)
- ☐Children with disabilities are more likely to experience neglect than children without disabilities.
- (Child Welfare Information Gateway, 2006)

Prevalence

- 50% -66% of U.S. school-aged children have experienced 1 or more traumatic event
- •By age 4, 26% of children in urban environments have witnessed violence or another traumatic event
- •Yearly: 33% have been directly victimized 2 or more times, 11% have been directly victimized 5 or more times
- •Within Urban Environments: 41% of 6th,8th, 10thgrade students witnessed a shooting / stabbing in past year
- •Source: <http://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf>

3 Tier Approach

- Tier One: Interventions that are performed every day, for every student and encompass the entire classroom and its culture. They respond to the trauma we assume is there, even if we don't know about it.
- •Tier Two: Interventions that are every day, within the classroom, for select students. These students have a known history of trauma though the details may be unknown. These students likely receive additional supports outside of the classroom as well.
- •Tier Three: Interventions that are intensive and individualized for a specific student in response to either toxic stress or a specific acute event (Psychological First Aid).

ACE



Childhood trauma

- Child trauma is the single most preventable cause of mental illness
- Single most preventable cause of drug/ETOH abuse in women
- Single most preventable cause of high risk HIV behavior (Iv drug use, promiscuity)
- Significant contributor to leading causes of DEATH
- Infant mortality, heart disease, stroke, diabetes, suicide

PTSD IS NOT A MENTAL ILLNESS - IT IS A PSYCHOLOGICAL INJURY

HOW DOES YOUR BRAIN CHANGE WITH PTSD?



HIPPOCAMPUS SHRINKS

THIS AREA HELPS US DISTINGUISH BETWEEN PAST AND PRESENT MEMORIES



INCREASED ACTIVITY IN THE AMYGDALA

HELPS US PROCESS EMOTIONS AND IS ALSO LINKED TO FEAR RESPONSES



VENTROMEDIAL PREFRONTAL CORTEX SHRINKS

THIS REGION REGULATES NEGATIVE EMOTIONS THAT OCCUR WHEN CONFRONTED WITH SPECIFIC STIMULI

THESE CHANGES IN BRAIN CHEMISTRY ARE THE REASONS WHY ONLY TREATMENTS SUCH AS EMDR AND CBT CAN FULLY REVERSE THE EFFECTS OF PTSD.

Trauma

- Severe emotional trauma causes lasting changes in the ventromedial prefrontal cortex region of the brain that is responsible for regulating emotional responses triggered by the amygdala. Specifically, this region regulates negative emotions such as fear that occur when confronted with specific stimuli.
- Jan 24, 2015

THE BRAIN

- **LEFT Hemisphere**

- Motor (on the ...)

- Language

- Memory creation

- Detail

- Sequence

- Logical thought based on language

- **RIGHT Hemisphere**

- Motor (on the...)

- Emotional Processing

- Memory retrieval

- Spatial manipulation

- Facial Recognition

- Holistic Perception “Gist”

RESOURCES

- <http://www.childwelfare.gov/pubs/usermanual.cfm>.
- Author(s): Office on Child Abuse and Neglect, Children's Bureau. DePanfilis, Diane. Year Published: 2006
- <http://www.childTrauma.org>
- Perry, B.D. Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood CTA Parent and Caregiver Education Series Volume 1: Issue 3, ChildTrauma Academy Press 1999.
- Perry, B.D. The neurodevelopmental impact of violence in childhood. In Textbook of Child and Adolescent Forensic Psychiatry, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 191-203, 2002

There is a movement to get a new diagnosis recognized, Developmental Trauma Disorder, since in reality the issue is that PTSD or trauma experienced later in life, is different from trauma experienced while the brain is still forming. It needs it's own definition, but as a parent trying to get help for my son, it is incredibly frustrating that so little is known about the affect of trauma on children.

One of the most maddening things I hear is that my son was too young to remember the traumas he experienced as an infant and toddler, therefore he will be fine. This is completely and utterly wrong, in fact it is the complete opposite. Through my studies I came across a great image to explain the truth of childhood trauma and brain resiliency.

The roots represent the prenatal stage of growth, where the tree touches the ground is birth, the trunk is infancy and early childhood, lower branches are childhood, and up to adulthood at the top branches. If trauma occurs at any stage, the rest of the tree's growth (aka, the brain's growth) beyond that point is negatively affected. The older you are, the more life experiences and knowledge you have to cope and the less actively the brain is developing (ie. the more branches you have to compensate).



Childhood trauma is often complex and can be catastrophic, leaving a lifetime of struggles in almost all facets of life. This is significantly true of trauma exposure during the prenatal and infancy stages (roots and trunk) when the brain is at its most critical and active phases of development. The younger a person is when exposed to trauma, the higher their risk of developing trauma related disorders including learning disorders, developmental disorders, cognitive deficits, attention issues, attachment disorders, and so much more.

”Children are never too young to remember.

Learn the impact of childhood trauma.

#childhoodtrauma” quote=”Children are never too young to remember. “]



A young brain needs a healthy chemistry to develop properly.

A brain that is developing while flooded with trauma induced chemicals (such as cortisol and adrenaline) fails to form healthy, strong connections.

Children are never too young to remember.

Please don't belittle childhood trauma as being a lesser form of trauma

- The parents who are raising these children face enough struggles
- It is my hope to create greater understanding in the world about the effects of trauma on a child's brain.



Forms of Potential Trauma to Children

- * Abuse
 - * Physical, sexual or emotional
- * Neglect/maltreatment i.e.... relational poverty
- * Witnessing violence or domestic abuse
- * Lack of security and safety in a primary enduring relationship i.e.... attachment



Factors that Impact Trauma to Young Children

- * Often referred to as risk factors
- * Family structure
- * SES , poverty
- * Substance abuse
- * Domestic and community violence
- * Housing, access high quality preschool, education

It is important to be aware of:

- * Situational Risk Factors & Enduring Risk Factors
 - * Acute Family Relationship Conflict
 - * Acute Life Stress
 - * Acute Mental or Physical Wellness Crisis
 - * Social Isolation
 - * Impaired Caregiver-Child Relationship
 - * Everyday Stress

It is important to be aware of:

- * Enduring and Underlying Protective Factors:
 - * Family Strengths
 - * Healthy Coping Strategies
 - * Supportive Child-Caregiver Relationships
 - * Cultural Roots
 - * Economic Stability
 - * Community Connections



The Wonderful Brain

Name a few brain responsibilities

Left Hemisphere

- * Motor (on the ...)
- * Language
- * Memory creation
- * Detail
- * Sequence
- * Logical thought based on language

Right Hemisphere

- * Motor (on the...)
- * Emotional Processing
- * Memory retrieval
- * Spatial manipulation
- * Facial Recognition
- * Holistic Perception “Gist”

Brain Structures

How does trauma affect the child's brain?

- * The child's stress response is exaggerated and prolonged resulting in changes in the child's brain organs
- * Larger, more active Amygdala
- * Smaller Hippocampus
- * Smaller less active Frontal Lobes
- * Smaller Corpus Callosum



What Will We See Behaviorally?



Frontal Lobe Functions

- * Impulse Control
 - * Organization
 - * Time Orientation
 - * Reading Social Cues
- ### Corpus Callosum
- * Not well integrated having problems using words to solve problems

Amygdala Functions

- * Problems w/emotional control
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- * Hyper-arousal, anxiety

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Hippocampus Functions

- * Impaired learning
 - * Less ability to make memories learning
 - * Less ability to retrieve memories – recall
 - * More impulsiveness

Abused children often struggle with complex, goals directed behaviors, and have trouble adapting to transitions, changes and demands...



What We CAN do!



Prevention Strategies

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Restorative Strategies

- * Safety comes first
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- * Teach stress management
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- * Instill HOPE

Public Health Impact of Childhood Trauma

- * Child trauma is the single most preventable cause of mental illness
- * Single most preventable cause of drug/ETOH abuse in women
- * Single most preventable cause of high risk HIV behavior (Iv drug use, promiscuity)
- * Significant contributor to leading causes of DEATH
 - * Infant mortality, heart disease, stroke, diabetes, suicide

We live in an exciting time, clinically speaking, as different sciences come together to build a fuller picture of the human experience. This is especially true within the world of trauma. Numerous disciplines, including developmental, psychological, biological, neurological, physiological, medical and interpersonal, have banded together to form a multidimensional view of trauma. No matter what the situation is, each lens has something of significance to offer with regards to etiology, treatment or prevention. This is encouraging as a practitioner, for the more we can see these various layers, the more able we are to tailor our care to the individual's unique trauma presentation and underlying needs.



This is particularly important when working with complex developmental trauma. Complex developmental trauma refers to the domino effect across the lifespan for children who are raised in the context of chronic neglect, abuse and chaos. In the absence of supportive and responsive relationships, this context takes center stage by playing the primary and defining role on how the brain is wired, the degree of inter-connectivity between different functions, determining default settings within the nervous system and setting the foundational templates for all aspects of a child's development.



The Importance of Understanding Neuro-biological Development with Complex Developmental Trauma, Regardless of Age of Client

by

Sheila Sturgeon Freitas, Ph.D.

- Although our brains start off with billions of neurons and a basic genetic blueprint, the wiring between these neurons is sparse. Building the neural networks beyond those supporting autonomic functions is highly dependent on the child's environment and experiences. Through repeated stimulation, simple circuitry is established, then stabilized. Over time, more complex circuitry is built upon this simple layer, which allows for the development of highly specialized functions. Micro “serve and return” interactions between infant and caregiver are the strongest, most influential, building blocks for the construction and stabilization of all brain-based templates that underlie specialized functions. Moreover, the brain is designed to become a highly integrated organ. A rich and responsive environment is crucial for deepening the inter-connectivity between each of these specialized areas. This sort of care allows for the development of a more secure, developmentally strong and regulated being.



It is also important to understand that the circuitry of the brain is not done at once. It takes time and great deal of repeated stimulation by responsive adults. Furthermore, different areas of the brain become especially thirsty for stimulation at different critical times. These critical windows are when the brain is at it's most receptive for stabilizing the foundational neuronal networks that underlie various developmental skills. When these optimal time periods for wiring are met with minimal stimulation, weak foundational circuitry is established. As that critical time comes to a close, the brain becomes less responsive to environmental input for that particular area. So what was built, was built, regardless of the quality or frequency of stimulation. The circuit is formed, good or bad, and the brain moves on.



As a child grows, more complex skills are then layered upon these foundational weak circuits. These layers are undeniably influenced by the weaker foundation. The developmental trajectory has now been influenced. To get back on track, accommodations have to come from higher level circuitry, which is also best developed during times when they are most receptive to the environment. This requires active and responsive adults who help the child to strengthen these developmental weaknesses. It now takes much more effort, as those lower levels circuits are no longer as flexible or responsive as they were when their windows were open. Overtime, these accommodations can be established.



- However, if the child remains in a neglectful or chaotic environment, this trajectory becomes further skewed as the domino effect of trauma continues. Various critical windows will again be missed, another layer of weak circuitry is established and minimal inter-connections between various systems are made.

that stimulation that is occurring does so via the context of traumatic or neglectful experiences. When this occurs, the circuitry for survival, stress and fear is repeatedly stimulated by the child's environment. These circuits become overly strengthened because our brains are built to efficiently do what we do most often. The more neglect or trauma, the more the client's biology, brain and development are designed to cope within this environment. These then become our complex developmental trauma kids, who grow up to be our most complex adult clients. Healing and treatment is possible, but it requires focused neuro-biological and developmentally informed interventions on addressing these underlying issues.



Understanding the building blocks for development and neurodevelopment become a key component for understanding and, ultimately, treating complex developmental trauma without shame. By looking at the full-life picture, time periods of less optimal care-giving or environmental stimulation can be identified. Critical milestones across all domains of development can then be identified, their trajectories explored, and their impact understood – all within a context of how their individual brain and nervous system managed the overwhelming stress they experienced. This allows for a reassuring and genuine explanation that their bodies and brain did an excellent job of developing in response to their individualized experiences. The question now is if their current environment matches the environment in which they were developed. Are their established patterns of relating to others, or their distress management skills still effective? If not, identifying and tracing the trajectory of underdeveloped skills give clinicians an excellent place to start.



Safety (the child feels cared for)

- Self-regulation (helping child modulate arousal)
- Self-reflective information processing (reflect)
- Traumatic experiences integration (resolution)
- Relational engagement (appropriate attachments)
- Positive Affect Enhancement (self-worth)





PLAY THERAPY

Individual Play Genogram

- Draw a picture of a family play genogram
- Pick a miniature(s) that best show thoughts and feelings about everyone in your family
- Pick a miniature that shows relationship between you a

ENVIRONMENT PROJECT

- Developed by Barbara Sobol and Karen Schneider
- Projective Technique
- Basket of miniatures the child can take
- Pick an animal, then build an environment:
- Now make the environment safe
- New directive

Also color your feelings, angry, love, hate

Build a World: Sand Therapy

- As you can see, this box is filled with soft, white sand
- Pick as few or as many miniatures and build a world in the sand
- ...or anything that comes to mind
- No right or wrong way to do this
- Tell me about what you have built

Processing Art

- Right versus left-hemisphere activity
 - Subjective experience of “life of the picture
- Developmental issues: On or off target
- Words or messages
 - Spending time with the art
- Amplification questions/comments

CATHY MALCHIODI

- art tx benefit Staying with the metaphor
- Amplification
- Finding thematic material
 - Prioritizing and locating entry points
- Exploration vs interrogation

Malchiodi, C. (1998). Understanding children's drawings. NY: Guilford Publications

Play-Based Assessment Techniques:
Integrating directives gradually

- Art
- Free picture: Anything you want, anything that comes to mind
 - Self-portrait
- Kinetic Family Portrait: A picture of you and your family doing something together, some type

First Phase of Treatment –
Parental Engagement (Cont'd)

- Guiding parents to support, set limits, manage problem behaviors, answer questions

- ATTACHMENT-BASED THERAPIES

- Crisis intervention with parents:

Referrals to groups, readings (Common issues: family loyalty and splits; who knows; system procedures)

- Identify family strengths and available resources (w/attention to the presence of cultural practices and integration of

Phase One: Safety Efforts

- Advocate & Case Manager: Foundation
- Case coordination
- Finding those invested in child
- Clarifying what's going on to best of our ability
 - Maintaining focus on risks

The initial phase of treatment is designed to establish a therapy relationship (comfort and security); to orient the child to the environment; to gain some assessment information; and to create a treatment team that works in the best interest of the child. Looking for an invested other, who is primarily interested in the child, is critical. In addition, asking parents for assessment information assists us in helping the child.

- Parents' assessment instruments include:
 - Child Behavior CheckList (Achenbach – ASEBA)
 - Child Sexual Behavior Inventory (Friedrich – PAR)
 - Trauma Symptom CheckList for Young-Children (TSCC-YC – PAR) Children fill out:
 - Trauma Symptom Checklist for Children (Brier



Cautions

- Externalization does not necessarily mean child is ready to see, confront, or deal with externalized material in any other way than that provided through play
- Play therapy variables: Externalization, safe-enough distance, projection, management, processing
- The dangers of “rushing in”

The Benefits of ChildCentered Play Therapy

- Offers child opportunities for selfdirection
- Avoids power struggles
- Allows child to externalize whatever is on his/her mind
- Encourages self-regulation
- Based on belief that play offers child varied communication opportunity for building relationships

Brain science suggests play useful: Encouraging Plasticity

- Relationship (touch)
- Novelty
- Physical Exercise (Aerobic)
- Mindfulness or focused attention
- Nutrition
- Sleep
- Repetition & sensorimotor stimulation



Phase One: Safety and Assessment

- Orient the child to environment and clinician
- Establish therapy relationship (foundation of work) & set context
- Meet child where child is
- Provide nondirective therapy primarily
- Include play-based assessment techniques
- Allow for accessing of natural reparative resources- post trauma play

FORMS OF PLAY THERAPY and Therapy

- Art Therapy
- Doll-house, babies, bottles
 - Trucks, fire engines, cars
- Masks, capes
- Puppets and Theater
- Constructive toys
- Medical
- Food, plates
- Miscellaneous: Music

3 PHASES OF TREATMENT (Judith Herman)

- Phase One Goal: Focus on Safety
- Primarily active approach through advocacy and case management:
Safety in school and home (child's environment) (Medical): Parent services/coaching
- Predictability of child's therapy environment
- Assess child's utilization of Post-Traumatic Play and other natural healing strategies (Gil,2006)
- Observation of defensive mechanisms: Pacing
- Address acute symptoms w/caretakers/child

COMPLEX TRAUMA

Impact on specific domains in complex trauma

- Attachment is often a central issue
- Biology: Recent research on the effects of stress on the development of the brain (0- 4, most vulnerable: (Siegel, 1999; Perry & Szalavitz, 2006; Stien & Kendall, 2004)
- Affective and Behavioral Dysregulation
- Dissociation (more common in females)
 - Cognitive functioning (deficits in overall IQ, need special ed, lower grades, poor scores on tests, 3 x the dropout rate)
- Issues of Identity: Self-image and self

“not every child will be a success story, but we should assume everything is reversible until proven otherwise”
Bessel Vanderk Kolk

ASSIMILATION OF FRAGMENTS Removing Dissociative Barriers:

Mastery The process of assimilation

- What did you say to yourself about that?
- As you said that, what did your body do?
- What were you looking at/hearing?
- How did you feel?

THE ROLE OF MEMORY

Traumas are laid down differently in memory; explicit versus implicit memories

- Traumas are often fragmented or compartmentalized experiences
- Dissociation is highly linked to trauma
- Dissociation occurs along a continuum: normative, episodic, and a range of disorders
- Dissociating during traumatic events good predictor of development of later PTSD
- Brain chemistry and the impact of stress
- Trauma affects the whole person: Responses must
wholistic

TFIPT

TRAUMA-FOCUSED INTEGRATED PLAY THERAPY (TFIPT)

- Emerging technique with limited research—does incorporate other research based elements
- For youth who have experienced neglect, abuse or violence within the home
- Begins as a free space for creativity—Later allows for more direction given by counselor to guide in traumatic play themes
- Utilizes expressive outlets such as music, play, art and theatre and tactile materials like sand to allow the child space to explore any emotions linked with abuse or trauma
- Develops coping strategies, builds self-esteem, and aids in correcting negative thoughts

Specific trauma Focused and Disaster Intervention Approaches

SPECIFIC TRAUMA-FOCUSED AND DISASTER INTERVENTION APPROACHES

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS) and Support for Students Exposed to Trauma (SSET)
- Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma-Focused Integrated Play Therapy (TFIPT)
- Trauma Recovery and Empowerment Model (TREM/M-TREM)
- Trauma Sensitive Yoga
- Psychopharmacotherapy

Trauma Tx and Play Tx



Play Therapy Room

Toys Needed for Play Therapy Room

- *Scary toys*

- Client's can use these to deal with fears
- Plastic monsters, snakes, bugs, bears, lions, dinosaurs

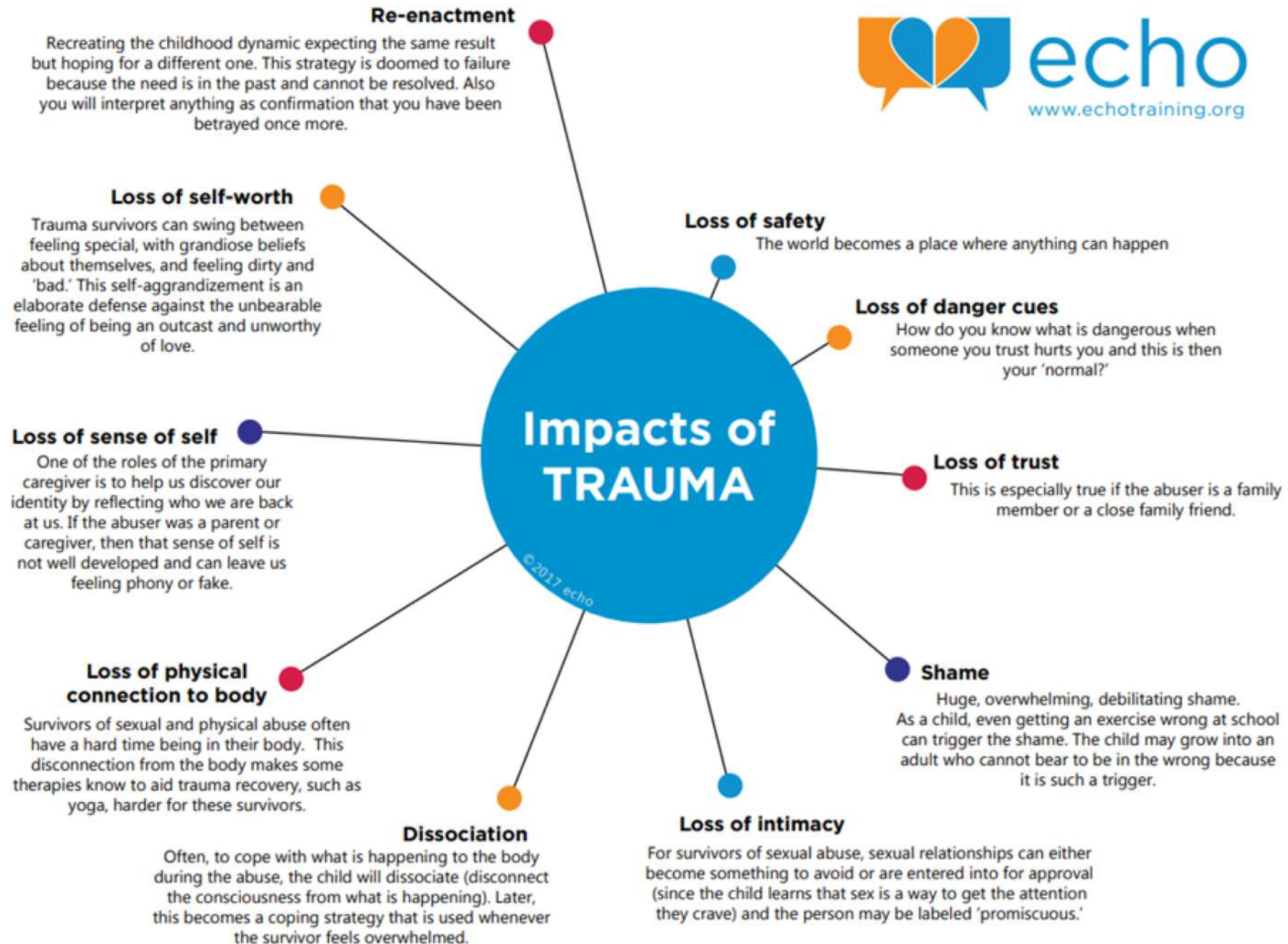


- *Nurturing Toys*

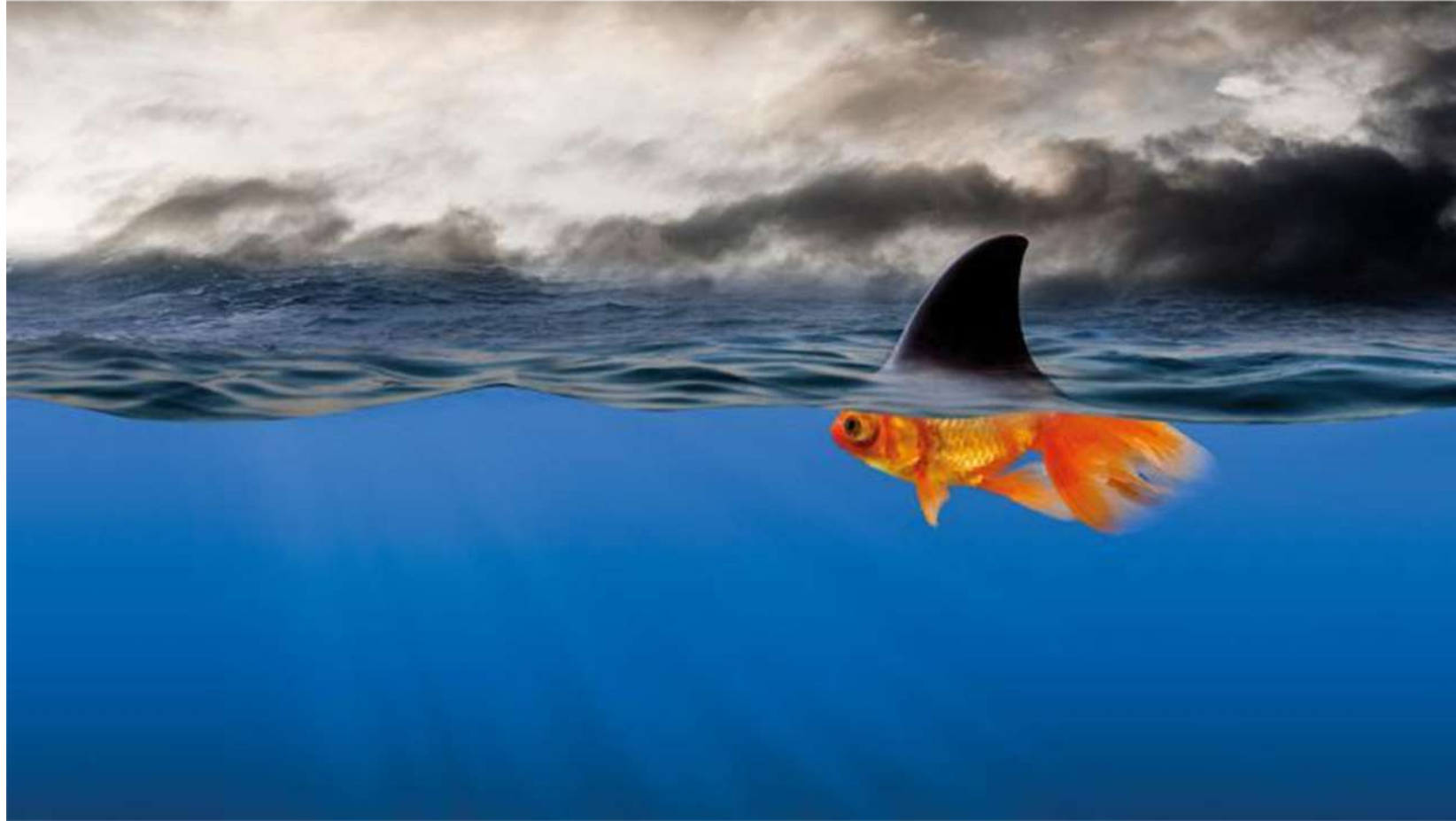
- Client's can use these to play out family relationships and events
- Doll house, dolls, puppets, baby dolls, kitchen set

Source: InAPT conference 2005





GOLDFISH SHARK



This is a goldfish shark. Children who are survivors of trauma often present with behaviors that look like the shark, but if we look below the water, we will realize they are really just scared goldfish trying to have a need met. Their behaviors might communicate anger and hostility, but below the surface is fear and a hurting child.

It is our job to stop seeing the shark fin, and look below the surface and meet the needs of the goldfish.



Consider all extreme behavior within the context of survival to better understand “why he/she keeps doing that”

The goal in healing trauma is when the child becomes agitated to help them learn skills to reduce the agitation. This repeated cycle is what most helps the child.

Traumatized children expect the worst and focus on the negative. If you understand this, you will be better prepared for it.

Don't give up hope! The human brain is capable of healing in ways we do not yet understand.

Adapted from: “The Trauma Informed Teacher – Silent Front Line” by Stacey Gagnon



How to **CONNECT** with your **CHILD** using the **LOVE LANGUAGES**

by Big Life Journal

#1 – PHYSICAL TOUCH

- sitting near or beside a child
- giving lots of kisses and hugs
- giving a pat on the back, holding hands, a high-five
- occasionally yelling, "Group hug!"
- playing games like Twister
- playing This Little Piggy, tag, piggyback rides
- creating a "spa night" and do manicures & pedicures
- making up hand-shakes
- gently squeezing their hands to say "I love you!"
- snuggling close on the couch and reading together



#2 – WORDS OF AFFIRMATION

- using encouraging words and phrases often
- saying "I love you" many times a day
- saying "I love to watch you..." (play, draw, sing, help)
- affirming both their efforts and achievements
- creating a name of affection for them
- when a child makes a mistake, acknowledging their good intentions, effort, determination, etc.
- painting rocks with encouraging sayings
- writing little love notes and leaving them around the house or in their lunchbox



#3 – QUALITY TIME

- being there and listening to their stories and feelings
- being your child's Journal Buddy while working on the Big Life Journal together
- bringing your child along during errands
- looking at the stars together
- drawing or journaling together
- allowing them to help you around the house
- taking walks together and having conversations
- stopping what you are doing and making eye contact
- finding silly things to laugh about together
- doing fun activities and playing games together



#4 – GIFTS

- choosing small, inexpensive tokens, or homemade presents
- choosing gifts that fit their interests
- making a collection of unique gift boxes and wrapping paper
- gifting your child a special song (create your own)
- keeping a chart and stickers to record their achievements
- creating a photo album or book about them
- buying a new shirt that captures their personality
- making them a special treat or their favorite meal
- gathering hand-picked flowers or anything from nature
- framing a special photograph of them
- gifting a book you and your child can read together.



#5 – ACTS OF SERVICE

- carrying them to bed and tucking them in
- making them a special treat or their favorite meal
- making them a drink and bringing it to them
- when running late for an appointment, helping your child quickly finish what they are doing
- making a list of your child's favorite things to do
- doing a chore they would normally do (e.g., cleaning the playroom, making their bed)
- brushing their hair
- organizing/cleaning their closet or drawers
- checking out library books you know they would like
- sitting down to do their homework together
- giving your child a surprise room makeover





CHILDREN LEARN WHAT THEY LIVE

- IF A CHILD LIVES WITH CRITICISM,
HE LEARNS TO CONDEMN.
- IF A CHILD LIVES WITH HOSTILITY,
HE LEARNS TO FIGHT.
- IF A CHILD LIVES WITH RIDICULE,
HE LEARNS TO BE SHY.
- IF A CHILD LIVES WITH SHAME,
HE LEARNS TO FEEL GUILTY.
- IF A CHILD LIVES WITH TOLERANCE,
HE LEARNS TO BE PATIENT.
- IF A CHILD LIVES WITH ENCOURAGEMENT,
HE LEARNS CONFIDENCE.
- IF A CHILD LIVES WITH PRAISE,
HE LEARNS TO APPRECIATE.
- IF A CHILD LIVES WITH FAIRNESS,
HE LEARNS JUSTICE.
- IF A CHILD LIVES WITH SECURITY,
HE LEARNS TO HAVE FAITH.
- IF A CHILD LIVES WITH APPROVAL,
HE LEARNS TO LIKE HIMSELF.
- IF A CHILD LIVES WITH ACCEPTANCE AND FRIENDSHIP,
HE LEARNS TO FIND LOVE IN THE WORLD.

DOROTHY LAW HOLTE



Parenting Creed

A child who is *respected*, will become
Respectful.

A child who is *loved*, will become
Loving.

A child who is treated with *fairness*,
will become *Just*.

A child who is *listened to*, will
become a *Great Listener*.

A child who is given *choices*, will
become *Responsible*.

A child who is treated with *kindness*,
will become a *Great Friend*.

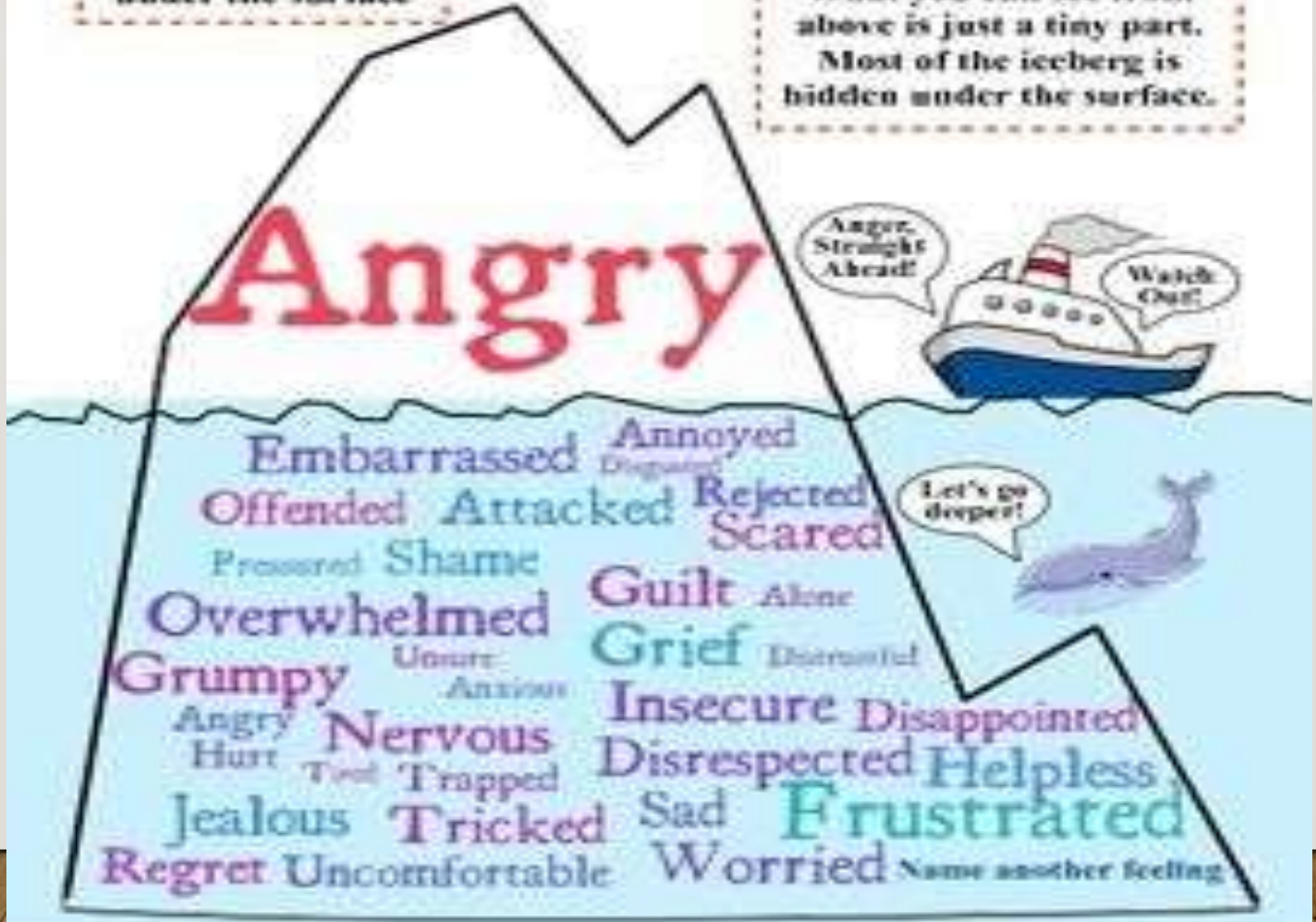
A child who is *nourished* in all these
ways, will become a *Leader*.

One Time Through

Anger Iceberg

Sometimes when we are angry, there are other emotions under the surface

Icebergs are giant floating pieces of ice found in the coldest parts of the ocean. What you can see from above is just a tiny part. Most of the iceberg is hidden under the surface.



SOME MUSIC

<https://www.youtube.com/watch?v=BI1AXYOseuY>

FLYLEAF with lyrics

https://www.youtube.com/watch?v=JdWwV_rZA4S

<https://www.youtube.com/watch?v=MxYsi5Y-xOQ>

Understanding why children misbehave

All children test the limits you set and try to cross boundaries some of the time.

This is an inevitable part of growing up, learning and becoming an independent person. Younger children particularly may test constantly. This is not them being naughty or disobedient – it is the only way they can learn when you mean what you say and what the limits to their behaviour are.

Attention seeking

Children will do just about anything to get the attention they crave from their parents.

Revenge

Trying to get back at someone they feel has treated them badly – a sibling, parent or friend. Children may not understand your reasons for insisting on a rule or limit – it helps to recognise their feelings of anger.

Feeling powerless

If a child feels upset at not having control, they may often hit out or get mad at an older sibling or friend.



Feeling sad

A child of any age may show that they are feeling sad or anxious by behaving badly and may need more sympathy and affection. Punishing them will only make matters worse.

Stage of development

Some children are simply not able to do what their parents want because of their age or stage of development.

<https://www.youtube.com/watch?v=95ovIJ3dsNk&t=36s>

COMPLEX TRAUMA-CT

CT consists of traumatic exposures that are repetitive or ongoing over a long period of time, resulting in a cumulative impact. Herman (1992) illuminated the distinct nature of CT, highlighting how chronic exposure to abuse, violence, or other traumatic experiences, especially in a relational context, results in symptomatology distinct from PTSD.

The survivor is likely to experience the usual post-traumatic stress disorder (PTSD) symptoms of re-experiencing, avoidance, hyperarousal, and negative symptoms, yet they may also experience CT.



The symptoms of complex PTSD. Complex PTSD symptoms include:

1. Changes in emotional regulation (e.g. depression, emotional lability),
2. Changes in consciousness (e.g. amnesia, dissociation),
3. Changes in the perception of oneself (e.g. shame, feeling inhuman),
4. Changes in the perception of the perpetrator(s) (e.g. trauma bonds),
5. Changes in relationships with others (e.g. isolation, distrust / overly trusting),
6. Changes in meaning systems (e.g. loss of faith; Herman, 1992), and
7. Somatic issues (e.g. health issues; Boon, Steele, & van der Hart, 2011; Korzinski, 2013).

While numerous modalities exist to treat CT, consensus among experts is that treatment should be based on a multi-stage approach, typically including at least three distinct stages:

safety and stabilization, working through traumatic memories, and resolution and reconnection (Courtois, Ford, & Cloitre, 2009).



Ted talks-Nadine Burke Harris-
Childhood trauma

Childhood trauma isn't something you just get over as you grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who've experienced high levels of trauma are at triple the risk for heart disease and lung cancer. An impassioned plea for pediatric medicine to confront the prevention and treatment of trauma, head-on.

TEDTalks is a daily video podcast of the best talks and performances from the TED Conference, where the world's leading thinkers and doers give the talk of their lives in 18 minutes (or less). Look for talks on Technology, Entertainment and Design -- plus science, business, global issues, the arts and much more.

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5-Day Challenge to Transform Your Parenting

Smile

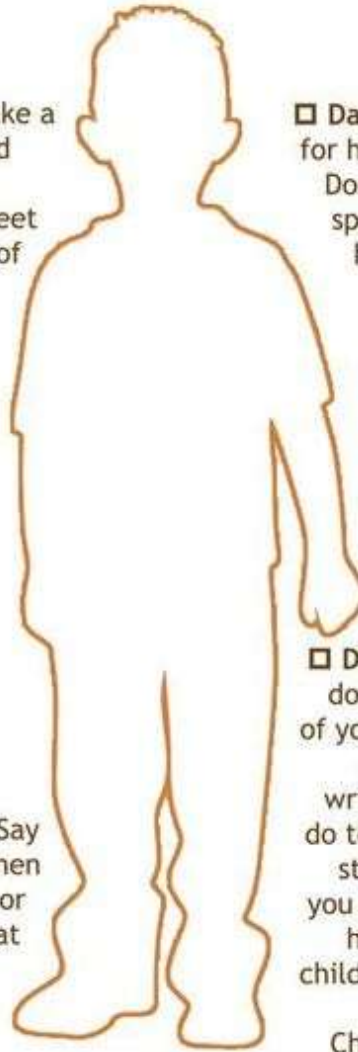
☐ **Day One Challenge:** Make a point to smile at your child whenever you make eye contact. Let your smile greet your children at the start of the day, and meet them throughout it.

Speak Softly

☐ **Day Two Challenge:** Whenever the volume in your house rises, lower yours. Also, ask requests in a soft and low voice.

Say Exactly What You Mean

☐ **Day Three Challenge:** Say exactly what you mean when speaking to your children or giving a request. Don't beat around the bush. Be as specific as possible.



Solicit Help

☐ **Day Four Challenge:** Ask for help when it is needed. Don't play the martyr. Be specific with the time of help you need. Finally, number your requests to make it easier for kids to follow.

Surrender Your Idea of Who Your Kids Should Be

☐ **Day Five Challenge:** Sit down and write out each of your children's strengths and weaknesses. Then write down what you can do to help her develop her strengths, and what can you do to help her combat her weaknesses. If your child is old enough, discuss these things with her. Choose one area to work on a week and praise change!

10 Things to Say instead of Stop Crying



1. It's ok to be sad

2. This is really hard for you

3. I'm here with you

4. Tell me about it

5. I hear you

6. That was really scary, sad, etc.

7. I will help you work it out

8. I'm listening


9. I hear that you need space.

I want to be here for you.

I'll stay close so you can find me when you're ready.

10. It doesn't feel fair

HOW TO SUPPORT *YOUR CHILD'S* MENTAL HEALTH

 @BELIEVEPHQ

www.BelievePerform.com



LOVE

Be there for your child and show care and love



EXERCISE

Encourage play, exercise and sport



BEHAVIOUR

Keep an eye out for any changes in behaviour



SUPPORT

Regularly support, encourage and praise your child



REST TIME

Help your child to manage stress by building in some rest time



BE PROUD

Tell your child that you are proud of them



PATIENCE

Be patient. Don't pressure your child



HELP

Don't be afraid to seek help from professionals



FEELING

Get to know how your child is feeling



EDUCATE

Educate yourself about mental health problems



PROBLEM SOLVING

Help your child to effectively problem solve



LISTEN

Make sure you take time to listen to what your child has to say



COPING

Help your child to learn some simple coping skills such as relaxation



SYMPTOMS

Be aware of signs and symptoms



CONVERSATION

Encourage your child to engage in conversation



ENVIRONMENT

Provide a positive environment for your child where they can thrive



Resources

- * <http://www.childwelfare.gov/pubs/usermanual.cfm>.
- * Author(s): Office on Child Abuse and Neglect, Children's Bureau.
DePanfilis, Diane. Year Published: 2006
- * <http://www.childTrauma.org>
- * Perry, B.D. Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood CTA Parent and Caregiver Education Series Volume 1: Issue 3, ChildTrauma Academy Press 1999.
- * Perry, B.D. The neurodevelopmental impact of violence in childhood. In Textbook of Child and Adolescent Forensic Psychiatry, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 191-203, 2002

MORE RESOURCES:

Association for Play Therapists info@a4pt.org

Gil, Eliana, Trauma Focused Integrative Play Therapy Workshop, in press, August, 2011. (Other books available by Dr. Gil on childhood trauma and treatment).

WWW.GILCENTER.COM

Gil, Eliana, Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches, Guilford Press, New York, 2006.

Gil, Eliana, Working with Children with Sexual Behavior Problems. Guilford Press, New York, 2014.

Lowenstein, Liana, ed., The Creative Use of Therapeutic Games with Children, Youth and Families. Champion Press, Toronto, Canada, 2011.

www.lianalowenstein.com

Steele, William and Raider, Melvyn, The National Institute for Trauma and Loss in Children, Trauma Learning

Center, Structured Sensory Intervention for Traumatized Children, Adolescents and Parents, The Edwin Mellen

Press,Ltd., 2001.

www.tlcinstitute.org

Kestly, Theresa A. PhD, The Interpersonal Neurobiology of Play

The END

- Questions??
- Comments
- Feedback
- Evaluations

THANK YOU

What's Your ACE Score? What's Your Resilience Score?) <http://acestoohigh.com/got-your-ace-score/>

There are 10 types of childhood trauma measured in the ACE Study.

Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect

Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one.

There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc.

The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No__ If Yes, enter 1__
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No__ If Yes, enter 1__
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No__ If Yes, enter 1__
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No__ If Yes, enter 1__
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No__ If Yes, enter 1__
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No__ If Yes, enter 1__
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No__ If Yes, enter 1__
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No__ If Yes, enter 1__
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No__ If Yes, enter 1__
10. Did a household member go to prison?
No__ If Yes, enter 1__

Now add up your "Yes" answers: _ This is your ACE Score _____

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

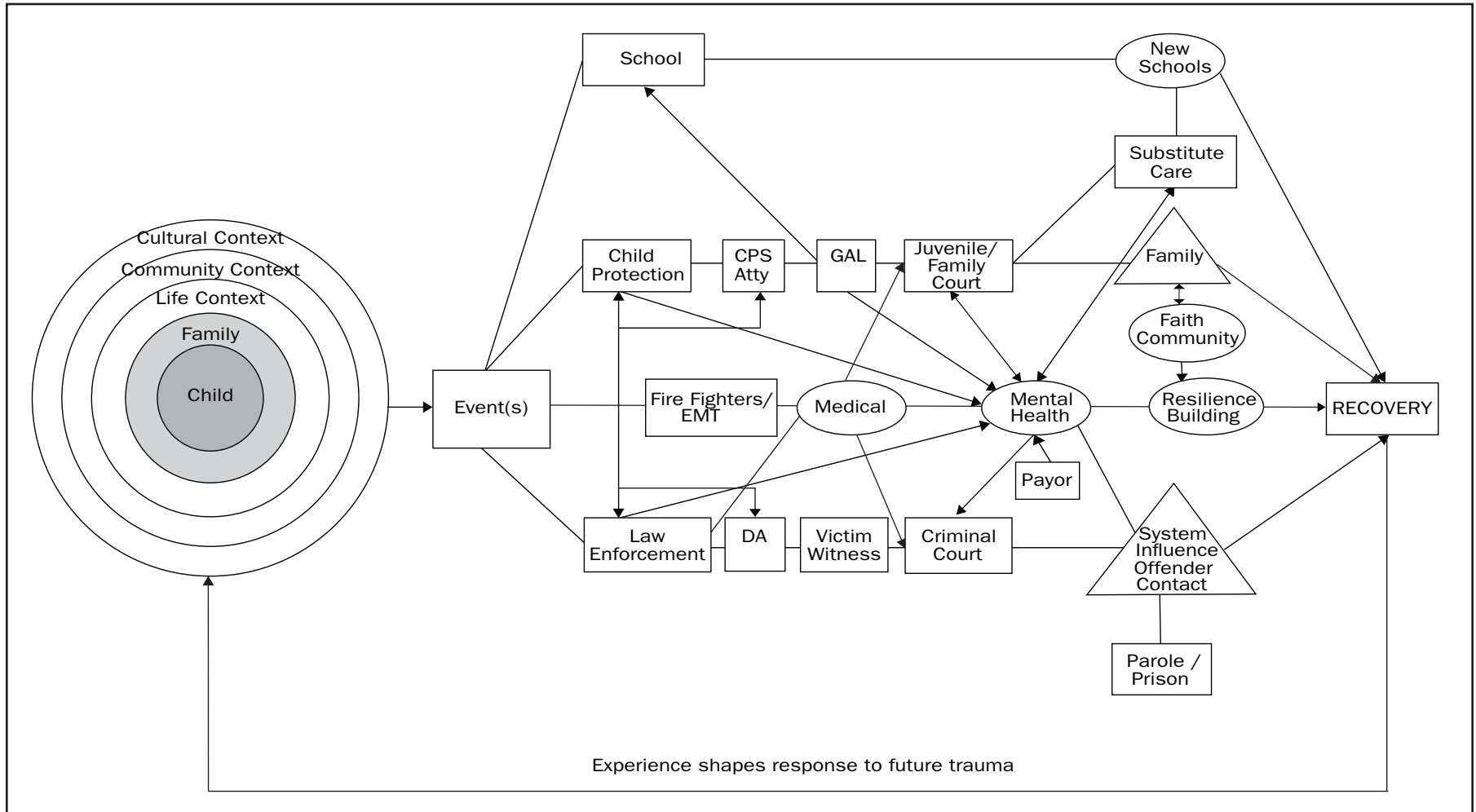
Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

<http://acestoohigh.com/got-your-ace-score/>

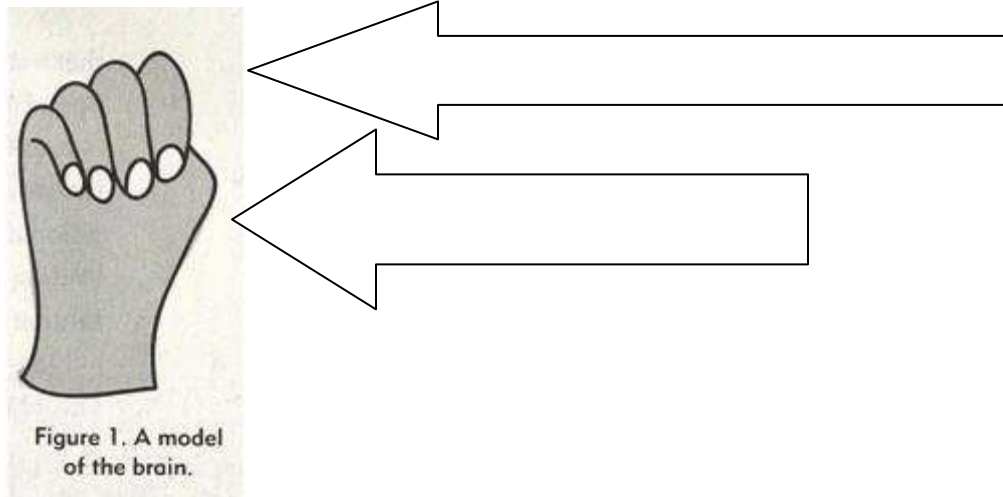
Emotional Chain of Custody



NOTES:

Hand Model of the Brain-Dr. Dan Siegel

Make a fist with your thumb tucked inside your fingers. This is a model of your brain; your fist is the brain and your wrist and forearm are the spinal cord.

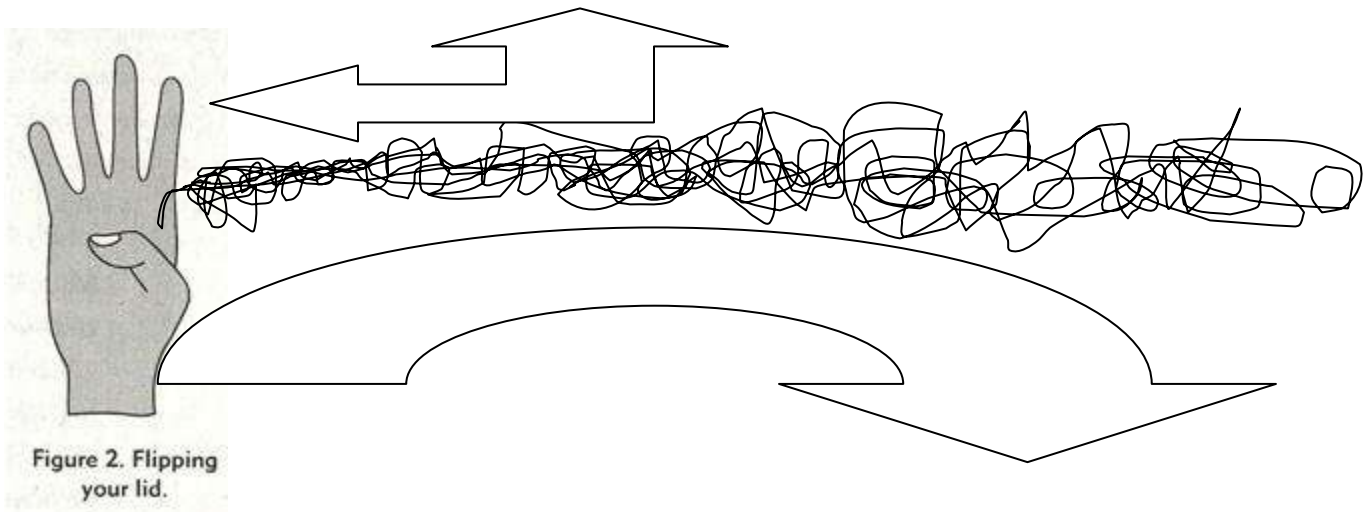


Your thumb, tucked in the middle of your fist, is the midbrain. This is where our emotions and memories are created and processed, as well as where the fight-or-flight reflex is triggered. The midbrain is our “emotional brain.”

The back of your hand and fingers, encasing everything, is the cerebral cortex. This is where higher functioning occurs. This part of our brain allows us to think logically, act with kindness and empathy, and it houses our reasoning and problem-solving abilities. The cortex is our “rational brain.”

The brain is set up to communicate with itself. It sends messages from section to section about what our bodies are feeling and needing. So, when a child screams, “NOOOO!” and lashes out to hit because he is angry, a parent’s brain interprets this data as, “Hmm, I don’t like this, and I need to be treated differently.” Only we don’t always react so calmly, right?

Take another look at your brain-fist. See where your fingernails are? This is the logic and reasoning part of the brain that kicks into gear when we have a problem to solve. But sometimes the emotional brain (thumb) and the rational brain (fingers) don't communicate so well. The emotions of the midbrain are simply too overwhelming, our fight-or-flight reflex triggers, and we "flip our lids." Now make all four of your fingers stand straight up. Flip.



See your fingertips now? See how far away from the midbrain they are? When we "flip our lids," our rational brains have a very poor connection with our emotional brains. Our feelings are intense, and we're not able to access the logical, problem-solving part of our brain. In order to restore our rational brain to its coherent state, we need to calm our anger and ease our fears (close fingers over thumb again).

Of course, our brains don't actually change shape like this, but this simple demonstration is a valuable tool in understanding how they function during emotionally charged situations. Both children and adults experience flipped lids. But as the human brain isn't fully mature (all parts communicating effectively) until the mid-twenties, children flip their lids much more often. They need a lot more help "re-connecting" the rational brain with the emotional brain—that is, calming down—and learning how to respond to strong emotions.

<https://www.youtube.com/watch?v=DD-lfP1FBfk>

Key Developmental Domains Effected by Complex Trauma

<p>Attachment and Relationships:</p> <ul style="list-style-type: none"> • Relationship problems with family members, adults, and peers • Problems with attachment and separation from caregivers • Problems with boundaries • Distrust and suspiciousness • Social isolation • Difficulty attuning to others and relating to other people's perspectives 	<p>Thinking & Learning:</p> <ul style="list-style-type: none"> • Difficulties with executive functioning and attention • Lack of sustained curiosity • Problems with information processing • Problems focusing on and completing tasks • Difficulties with planning and problem-solving • Learning difficulties • Problems with language development
<p>Physical Health: Body & Brain:</p> <ul style="list-style-type: none"> • Sensorimotor developmental problems • Analgesia • Problems with coordination, balance, body tone • Somatization • Increased medical problems across a wide span • Developmental delays/regressive behaviors 	<p>Behavior:</p> <ul style="list-style-type: none"> • Difficulties with impulse control • Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.) • Problems with externalizing behaviors • Sleep disturbances • Eating disturbances • Substance abuse • Oppositional behavior/difficulties complying with rules or respecting authority • Reenactment of trauma in behavior or play (e.g., sexual, aggressive)
<p>Emotional Responses:</p> <ul style="list-style-type: none"> • Difficulty with emotional self-regulation • Difficulty labeling and expressing feelings • Problems knowing and describing internal states • Difficulty communicating wishes and needs • Internalizing symptoms such as anxiety, depression, etc. 	<p>Dissociation:</p> <ul style="list-style-type: none"> • Disconnection between thoughts, emotions and/or perceptions • Amnesia/loss of memory for traumatic experiences • Memory lapses/loss of orientation to place or time • Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real) • Experiencing alterations or shifts in consciousness
<p>Self-Concept & Future Orientation:</p> <ul style="list-style-type: none"> • Lack of a continuous, predictable sense of self • Poor sense of separateness • Disturbances of body image • Low self-esteem • Shame and guilt • Negative expectations for the future or foreshortened sense of future 	

*The information above is adapted from Cook et al., 2005.

NOTES:

As defined by the National Child Traumatic Stress Network (NCTSN)

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

A service system with a trauma-informed perspective is one in which programs, agencies, and service providers:

- (1) routinely screen for trauma exposure and related symptoms
- (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
- (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment
- (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- (5) address parent and caregiver trauma and its impact on the family system
- (6) emphasize continuity of care and collaboration across child-service systems
- (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

NOTES:

“Vulnerability Mountain”

Self Care &
Protective Factors



Stressors

Negative
Self-Talk
Statements

Distress
Fight, Flight, Freeze

NOTES:



Trauma Informed Care: Perspectives and Resources

A collaborative project with JBS International, Inc.
and Georgetown University National Technical Assistance Center for Children's Mental Health

Resilience
treatment
Healing

Changing the fundamental question
from **“What’s wrong with you?”**
to **“What happened to you?”**

This tool is a comprehensive web-based, video-enhanced resource. It supports state and local decision-makers, administrators, providers, and youth and family advocates to become more trauma-informed.

Go to <http://trauma.jbsinternational.com/traumatool>
or to [http://gucchdtacenter.georgetown.edu/
TraumaInformedCare.html](http://gucchdtacenter.georgetown.edu/TraumaInformedCare.html)



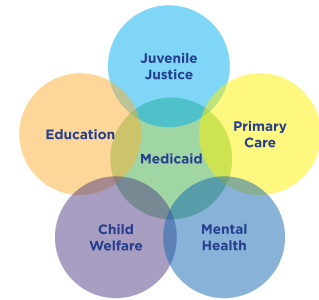
 **JBS**
INTERNATIONAL



National Technical Assistance Center
for Children's Mental Health
GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT

The resource tool includes video interviews, issue briefs, key resources, and links to help understand, build and enhance a trauma-informed workforce through the following eight modules:

1. Understanding Impact of Trauma (e.g., effects on the brain, screening and assessment, historic trauma)
2. Trauma-Informed Child-Serving Systems (Federal, State, and local levels) (e.g., building capacity, trauma-informed policies)
3. Creating Trauma-Informed Provider Organizations (e.g., Sanctuary, secondary trauma, trauma-informed care)
4. Evidence-Based Treatments Addressing Trauma (e.g., Trauma Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma in Schools)
5. Public Health Approach and Cost-Benefits of Trauma-Informed Care (prevention/early intervention initiatives or universal, targeted, intensive interventions)
6. Youth and Family Perspectives on Trauma-Informed Care
7. One Year Later (lessons learned from one year of trauma-informed efforts)
8. What's Next? The New Frontier for Research and Practice in Trauma-Informed Care.



Trauma Informed Care

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