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TRAUMA 101: UNDERSTANDING THE IMPACT OF TRAUMA

WITH MARGARET COMFORD

CENTER FOR PREVENTION, OUTREACH, AND PROFESSIONAL EDUCATION

Summary

Many people, children and adults alike, suffer experiences that meet the definition of trauma. The impact of traumatic events on individuals varies but approximately one third of people experiencing trauma will require professional intervention. A definition of trauma is presented; the impact that trauma has on individuals described; and various ways to treat trauma introduced. Several evidence based interventions are included among the various treatment modalities discussed.

Presenters

Margaret Comford is the founder of the Midwest Trauma Treatment Center with over 20 years experience working in the field of trauma. She is trained in the three identified best practices in treating traumatized youth and is committed to the spread of these interventions. Margaret provides individual and family therapy utilizing the evidence-based interventions. She continues to increase awareness and understanding of trauma, evidence-based treatments and other relevant topics by providing trainings to the community, mental health providers and agencies.

Contact Hour

The University of Missouri, Missouri Institute of Mental Health will be responsible for this program and will maintain a record of your continuing education credits earned. MIMH will award 1 clock hour or 1.2 contact hours (.1 CEU) for this program.

MIMH credit will fulfill Clinical Social Work, Counselor and Psychologist licensure requirements in the State of Missouri. Attendees with licensure from other states are responsible for seeking appropriate continuing education credit, from their respective boards for completing this program.

References

- Amaya-Jackson, Lisa & DeRosa, Ruth R. (2007). Treatment considerations for clinicians in applying evidence-based practice to complex presentations in child trauma. *Journal of Traumatic Stress*, 20, 379-390.
- Joyce, Nancy C. (2010). Review of Treatment of traumatized adults and children: Clinician's guide to evidence-based practice. *Journal of EMDR Practice and Research*, 4(2), 97-98.
- Munson, Carlton E. (2006). Evidence-Based Treatment For Traumatized and Abused Children. Roberts, Albert R [Ed], Yeager, Kenneth R [Ed]. *Foundations of evidence-based social work practice*. New York, NY, US: Oxford University Press, US; pp. 214-230.
- Silverman, Wendy K, Ortiz, Claudio D, Viswesvaran, Chockalingham, Burns, Barbara J, Kolko, David J, Putnam, Frank W, et al. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child and Adolescent Psychology*, 37, 156-183.
- Becker-Weidman, Arthur & Hughes, Daniel. (2008). Dyadic developmental psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment. *Child & Family Social Work*, 13, 329-337.
- Rubin, Allen [Ed] & Springer, David W [Ed]. (2009). *Treatment of traumatized adults and children: Clinician's guide to evidence-based practice*. Hoboken, NJ, US: John Wiley & Sons Inc.

Resources

Dr. Bruce Perry—The Child Trauma Academy

<http://www.childtrauma.org/>

Cognitive-Behavioral Intervention for Trauma in Schools

<http://www.rand.org/health/projects/cbits/>

Parent-Child Interaction Therapy

<http://pcit.phhp.ufl.edu/>

Abuse-Focused Cognitive Behavioral Therapy

<http://www.childwelfare.gov/pubs/cognitive/>

Trauma-Focused Cognitive-Behavioral Therapy

<http://tfcbt.musc.edu/>

PRIDE Skills

http://healthcare.utah.edu/home/resources/Summer2008_PRIDE.pdf

Glossary

Trauma: A traumatic situation is one involving an actual or threatened death or actual injury. The event is unexpected, shocking and sudden.

CBITS: Cognitive Behavioral Intervention for Trauma in Schools. CBITS provides mental health screening and a brief standardized series of therapy sessions in schools aimed at reducing a child's symptoms related to existing traumatic experiences and enhancing skills to handle future stresses. CBITS is founded on cognitive-behavioral therapy, which is recognized by the U.S. Task Force on Community Preventive Services as the only approach with strong evidence of effectiveness.

PCIT: Parent Child Interaction Therapy
Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior.

AF-CBT: Abuse Focused Cognitive Behavioral Therapy
AF-CBT is an evidence-supported intervention that targets individual child and parent characteristics related to the abusive experience, and the family context in which coercion or aggression occurs. This approach emphasizes training in interpersonal skills designed to enhance self-control and reduce violent behavior.

Transcript

TP: Thom Pancella

MC: Margaret Comford

Thom Pancella: Hi, I'm Thom Pancella with the Missouri Institute of Mental Health. Thank you for joining us today. It is unusual for us to take a live presentation, record it and distribute it like this. But from time to time a presenter and a presentation is so compelling, that we make the decision to do just that. This presentation is entitled "Trauma 101: Understanding the Impact of Trauma," and our presenter is Margaret Comford. She is the founder of the Midwest Trauma Treatment Center with over 20 years experience working in the field of trauma. She is trained in the three identified best practices in treating traumatized youth and is committed to the spread of these interventions. Margaret provides individual and family therapy utilizing the evidence-based interventions. She continues to increase awareness and understanding of trauma, evidence-based treatments and other relevant topics by providing trainings to the community, mental health providers and agencies.

We hope you enjoy today's presentation.

Margaret Comford: For those who don't know me, my name is Margaret Comford. I am clinical director here at Sheffield Place part-time, and I also have a private practice called Midwest Trauma Treatment Center. We're here today to talk about trauma. I am hoping to answer three questions: What is trauma? What's the impact that trauma has on individuals? And some ways to address trauma. So those are the questions I have. I would like to take just a hot minute and let you think what would I like to learn? Why did I say I would come? Other than to help Margaret out, maybe I am not sure? Think, if you might have a trauma, because at the end, I want to make sure I have answered your questions as well. Okay?

Just a little bit about me. What makes me think I can do training on trauma is that I have worked in the field of trauma working with kids and families for about 24 years and I've had some advanced and basic training on some of the interventions that are being used for young traumatized children. I'm actually a train-the-trainer

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for some of those interventions. So, I've been asked to do this and I appreciate you being here and wanting to learn more about trauma today. You will see me holding this. These are the same slides that you have. I use my notes because I want to make sure that I present the information that I want to present, that I think is gonna be helpful for you. So if you see me look, it is not because I don't know what I'm talking about, it's just that I want to make sure that I get my points across. Okay.

What I appreciate, is that—we certainly will have some time at the end for questions, but at any point in time ask a question if you have one because it will probably make more sense to ask at that time instead of saying, "I'm not sure what you are saying, but," so feel free at any time just to stop me and raise your hand and we can do questions. Okay.

Alrighty first, what is trauma? We have up here a definition of trauma which is a unexpected and sudden event; a shocking event. There's a feeling--there could be death, but there is actually a feeling of bodily harm or that somebody could hurt me physically and emotionally. It usually includes an intense terror and feeling of helplessness. What I really want to make sure we understand is that it is an individual perception and reaction. Okay.

Two people may experience the very same event and one might perceive it as a trauma and the other may not. In addition to the perception, their reaction, their response is going to be different. Two people in a car wreck, one person is like, "man that was cool we were going so fast," and the other one is like, "I'm not driving again." So understand that it is individual and that's really key. Okay. What is also important is if you are working with individuals or talking to folks about trauma, sometimes just the word 'trauma' can be a trigger. It's a big word. Some people don't want to look at what they've gone through as a traumatic event because when I ask people what trauma is, usually I get a couple of things: sexual abuse and physical abuse. Like if you haven't experienced that you haven't experienced trauma. What you will learn today and what I challenge you to do is to really expand your definition. It's much more than that, okay, but some people

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will minimize and not want to acknowledge their experiences as hard experiences. When I'm talking to children and when I'm talking to families, I sometimes don't even use the word trauma, I say have you experienced something that kinda knocked you off the tracks a bit, that was an overwhelming emotional experience that kinda got in the way of your typical coping and the way you handle everyday life? Has anything like that happened? Okay. So, I don't necessarily say, "what traumas have you experienced?" 'Cause they will look at you, "None I'm good." And so just pay attention to your language as well when you are working and talking with folks about trauma.

Here's a big ol' long list, certainly we do have physical and sexual abuse up there, but neglect--neglect is so powerful, right? You see children who are not walking when they should be, or talking when they should be talking. That they aren't getting the kind of exposure, love and attention and things that they need. Neglect is so powerful. Traumatic grief, now there is grief when someone dies that can be a traumatic experience, but it can't—you know, there is trauma and then there is if you know someone is going to die it can be really hard, but there is a violent trauma, there is what happened or you don't know what happened. Imagine being a mother where you are not sure—you know, these children who have disappeared. Not knowing where they are at. Are they alive? Are they dead? So there is some trauma, bigger things attached to it. Not your 99 year old grandmother, not that that wouldn't be tough to go through, losing a grandma, but we kind of expect that a little bit, okay. The traumatic grief really speaks to those that has the unexpected piece to it and also just kind of a more gory, in our minds we are putting in a gory spot. Domestic Violence: Domestic violence is traumatic for the adults that are in a situation, but also for the children in the situation. And actually studies show that, I think 3.3 million children have experienced some sort of abuse—are reported yearly. In domestic violence it's at least--the co-occurrence of domestic violence and child abuse is at least 3 to 10 times more likely to occur--in homes where there is domestic violence, child abuse will also occur. About 10 million children witness domestic violence every year.

School violence, and it's not only school violence inside the classroom or between

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the children, but 1 in 6 teachers will report that they've been a victim to some sort of violence on school grounds. So it's kind of also a safety hazard. That's why we're having problems finding teachers to come into schools that are violent or have a history of that. Well, it's because they can be harmed. 1 to 6 teachers, can you imagine? So we need to support our teachers and professionals in the world as well.

Complex trauma: What I mean by complex trauma is that trauma builds on one another. Okay. You can have somebody who has experienced physical abuse and maybe that's it. That has its own set of issues, but on top of that, maybe they were homeless, maybe they were neglected and that all builds on each other. So complex trauma is having many traumas, and over a prolonged period of time. Something that maybe started when they were 8 and then they were 13 and then early adulthood and adulthood--so it crosses many developmental domains, and that's why you may see adults acting not like adults and you think, "they didn't get that," they were experiencing trauma during that phase so maybe they missed some of those developmental lessons that are there for them. Make sense? Okay. Medical trauma, I don't know if you ever had to take your child to the hospital and they are tied down for a procedure. I had to do that, and I am not sure if I was more traumatized or my child was. But they had to some stitching and cleaning out of a wound and they literally--even though I was also holding him, they literally had to strap him down. I think they were trying to be as trauma-informed as they could and I was right there with him and letting him know that he was okay, and there was certainly medicine to help him, but that's a hard thing for him, and he doesn't like to have his arms held down because of that. Or if you had to go through painful procedures, chronic illnesses that you keep going back and now you may see a kid that sees somebody in a white coat and they run screaming, and you are like, "he just came in and said, 'hi, how are you today?'" but that is really reminding him or her of some really hard times in the medical field. Refugee and war trauma, natural disasters and terrorism.

I would like to talk a little about community violence. Are you are aware that homicide is the fourth leading cause of death for children 1-4? It is the third lead

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ing cause of death for kids 5-14, and it is the second leading cause for individuals 15-24--homicide. So it is a tough world out there. We are talking about violence within the home, in schools, and communities and that's why it is really important to understand what it is and how it may impact somebody and what you might do about it. So that is why we are here today. Okay?

So we are going to talk about the individual impact. Severe distress is almost universal. The first reaction is distress--the helplessness feeling, overwhelming. The first thing if you are a working with someone or somebody comes to you and talking to you about something that seems to be a trauma for them, the first thing you could do to help them, the first thing they need is to feel safe. Okay. Have a sense of safety. So if you can even say that, that is why I was saying to my son, "You're okay, mommy's here. You're safe. I know this hurts; we're going to get through this; there's medicine." So if you can just say, "You're going to be okay here; this is a safe place. Nobody can get you here." Those sort of things are helpful because of the initial stress they are feeling. Unresolved childhood trauma may lead to adult mental health problems. There is a study called "Adverse Childhood Experiences," the ACE Study, by Vincent Faletti. It was a 10 year study between Vicent Faletti and Kaiser Permanente and what it showed, it took about 8 domains that included domestic violence, divorce, sexual abuse, alcohol and drug use, these are just some of them. Looked at some of those domains and asked if patients had experienced any of those. What that study showed is that on average people had experienced adverse childhood experience and what was kind of overwhelming is on a average individuals had experienced 3 adverse childhood experiences, and what it went on to show is that there is a correlation between how many adverse childhood experiences you had with health and mental health issues. There is an increase in respiratory illnesses, increase in drug and alcohol use, the more--as you go up you have 3-4 of the domains--adverse childhood experiences you could meet the full criteria for 7 DSM diagnoses—you know what the DSM is, the Diagnostic and Statistical Manual—that's where we get those PTSD, Depression, Bipolar, all those diagnosis from--that as you--the more you experience, it will directly lead to meeting criteria. Doesn't mean that you always have those, deal with those issues, but you will be exhibiting behaviors that meet

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that criteria. Okay?

Trauma impact may be long lasting, especially if there is no intervention at the time. Okay. It could lead to issues into adulthood. Trauma impact varies and I hope that all of us mothers in this room hold on to and believe and know that children recover over time. Often, most children recover over time and there was a study that showed that even a 1/3 of kids without intervention did okay. In a minute, we will get to what makes that difference--what was kind of different for those 1/3 of kids vs. 2/3 of kids that needed a little more intensive help with that. Okay. Any questions?

Alrighty, Developmental Domains Impacted by Trauma. The first one is attachment, by attachment, I mean the relationship between the mother and the child, okay. What might you guess would be the issue there? Anyone have a guess.

Guest: a not-good attachment, or too-much

MC: Exactly, the clinging; too much attachment. There are different attachments and what they talk about attachment and trauma is a disorganized attachment a come-to a go-away. Not really feeling comforted by the mother, that the relationship is not easy. It isn't really comforting, and so that's why you'll see as we get to the what can you do about it, some of the interventions really address that attachment piece. Okay. Biology, really biology? Yeah. I am going to talk for a minute about the human stress response. The thing is that our body and our brain is pretty helpful. Okay. It automatically does some things for us. So imagine yourself for a minute, you are in the car and driving from here to there, I don't know where you are going. Your cell phone is in the seat next to you, you're turning on the music, it's a pretty nice day; you're driving; things are good; you have the good songs on, it's the 80's and you really know all the songs, that would be for me, and so you are feeling good. And your phone rings and you are waiting for a phone call from the doctor about your child has strep or what that is, and you look and your phone has slid off as it does and it's down on the floor, and you're like, "I gotta get this call, I gotta get this call," and you're on the highway now

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because you are almost there and you reach down and you get it and you look up and when you look up, you see brake lights. What do you think happens to you? Panic, slam on the brakes what would you say?

Guest: Freeze up.

MC: You just freeze; my knuckles are white, right? Anything coming out of your mouth? DADADADA, did you think about that or did that just automatically happen to you? It's an automatic human stress response. We all have them. The good thing is that yours is working. Okay. We have two things going on in our brain though. We had the thinking brain, which is up here, and the feeling brain which is back here. Okay. What happens in these stressful events is that our feeling brain kinda takes control. There is a cortisol wash, our heartbeat starts going maybe we are sweaty, right? That's the biological response--all that kind of goes on. And we want that to happen don't we? We don't want our brain to go, "okay, I could pull—" "you don't want to start reviewing your options. You want to act, you don't want have to pick X,Y and Z. Okay. So you have this wash goes on. What happens though, those that are in, I mean, hopefully it happens once, let's say you are going to work, hopefully you're not taking that stressful drive to work, you know, your phone isn't always on the floor, that you aren't always having to slam on the brakes. Hopefully that's not going on every day. But for those of us that have lived in trauma that does go on for more than 1 day, what happens is that our minds are so nice, our brain—it's efficient—it says--it starts cutting out the middle man. It stops going, "Is this something bad? No it's good so we can settle down." It turns off and it automatically thinks this is bad and so we have that maybe numbing or that cursing that flight, fight—fight, flight or freeze response. That just will automatically happen in situations that seem like the same. Okay. That's the human stress response that happens every day. Normally for all of us, that is why we need to learn to take care of ourselves and not be stressed all the time, but remember for those that are in stressful situations frequently--repeated over and over--our brain is going to not want to go to the thinking, I don't have time for that. Always respond. Affect regulation, which means if we are in fright, flight and freeze all the time you are seeing aggression, your seeing maybe some

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depression, some withdrawing right? Mood swings, not sure what is going on, you were laughing and then all of a sudden boom. All of sudden they are tearing up your office, your like what is going on here? Affect regulation behavior and so oopsy, my bad, so behavior and impulse control. What do you see in that for kids who have experienced trauma? They act out. They don't have the impulse control, they aren't thinking before they react. Okay. Because our thinking is in our Lymbic system and that is what has been activated and that is where we are working from our feelings. We are not really in control of them, they are all over the place so our behavioral is all over the place or it is withdrawn. We get a lot of responses in regards to kids who are acting out, who are hitting, kicking, biting, scratching, screaming, running, throwing the toys. We get a lot of referrals for that, but I am just as worried about those kids who are in the corner, quiet, withdrawn and seem depressed. The teacher is like, "she is perfect." Hello, she is not learning a thing because she is over there needing to leave. So we need to remember there is both sides going on and both sides are just as important. As I am thinking about our brains and the reaction to this, this is kind of hard material, and so if it any point you are like poof, this a little much for me, feel free to walk out, get a drink, whatever. That is cool, I am good with that. So just know that even learning about this can trigger some stuff in yourself as well. So try to hang with me and please take care of yourselves. My audience is not what is important it is you.

So cognition and attention. The kid in the corner is who is disassociated who is not really with us, right, withdrawing are they able to attend to the A,B,C's? The kids that are fighting or suspended who are not even allowed in school are they able to attend? NO. The other thing is those are their behavioral things, but their brain's not letting them attend. They are staying back here in the feelings, not up here in our president/CEO—our thinking part of the brain. They can't even think, that is why you may be working with adults and kids that for one minute they can everything and the next minute they say tell me again, and they may not be able to remember it. Okay. Depending on where they're at in their trauma reaction, they may not be able to remember it. Okay, and so that's why repetition, that's why nursery rhymes are made. So we go over it, over it, and over it and as you

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are learning new skills and as you will see in their intervention they go over it and over it, it is to relearn, it is to help our brains say, “simmer down, simmer down it is okay,” we can move up here. We can come up to the thinking part. It is going to be okay, alright.

Self concepts, by that, I mean how do we look at ourself, our self-view and how do we look at the world. The world view. If your life is including domestic violence, drug and alcohol use, physical abuse, bully at school. How do you think that is going to impact your self view? You are not going to feel very good about yourself. You are going to feel, maybe being pulled by those that are hurting you that it’s your fault, “I know you like it that is why I am doing it. If you would just do this, I would not have to do this.” Those are the messages that folks are getting. Okay. So you start believing it after a while, right? Our world view if every where we go, man each relationship, each house, I am just trying to do this- the same sort of traumatic even happen, you start to have these thinking mistakes that all men are hateful, you can’t trust anyone, the world is a dangerous place. Now I said earlier that the world is a dangerous place and it is. Statistics show that, but today could I walk from here to there? At this moment, in this daylight, with these kind of precautions going on can it be safe for me? You can make your world safe, right. Okay. Do you see how these life experiences impact feel about yourself and your ability to do something or not do something and being just comfortable in the world and wanting to be a part of it. Be engaged in community activities in a church, taking your child to the park. It may limit that, so you may want to pay attention to that.

Okay. This just speaks a little bit more how violence impacts learning, we’re seeing lower IQ’s, lower reading ability, lower GPA, increased absences, if they have to stay home to take care of mom or if they bruises and so they don’t send them to school to hide them. We have increased depression which means they are not attending to the school. We are not having as many high school graduates as we use to. High school grad numbers are down. We are seeing more expulsions and suspensions cause of the increased aggression and also we are seeing increased substance abuse in the school systems. Okay. So kids aren’t learning, adults

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aren't learning. Same thing for kids and adults. You're seeing all that going on. Now there is help, remember the third part of this talk is are interventions okay.

So trauma in the brain, I am not a brain specialist, not a neuro-anything. I like to give a disclaimer that I know enough just to be dangerous and there are plenty of resources out there that are experts in the field. Dr. Bruce Perry, Child Trauma Academy, is a website you can go to that has lots of information about trauma in the brain, but I just wanted hit some high points and I have a little bit, as you're working with folks--because we take their behavior and emotions as personal, what I am trying to get across is sometimes people experience trauma--it is a coping skill and it is also physically--they are not able to do that, so you need a little more grace and more understanding around that to help to make them feel safer and be able to address it. So here are some hot spots: the brain stem and mid-brain. Our brain is efficient and use-dependent, it starts back here with the brain stem moves up to our frontal cortex our president/CEO. Back here, this helps us breathe, our heart rate, our heart beats, beats, okay. That is what that does. Mid-brain is where our limbic system is, that is where our feelings are going on there and then our president/CEO here. Example of things going on with us that we are not even aware is going on. Remember the last time you lost your keys or set down a note and came back to find them. Now what happens you may start out, but as you are late for the meeting or appointment, what starts happening? Panic, you ran around the room, you are tearing things up, okay. At some point do you stop to think for a minute, what happens. You bring your hand right up here, like what. Do you know what you are doing? Hello, blood flow can we all get up here, you are trying to bring yourself to your frontal cortex to your present CEO thinking and you know what, sometimes it helps and so you will find yourself in conversations trying to find the right words, and your like wait just you know. So these things we do by ourselves. So that is the understanding it moves from here to here and feel free to do this and you trying to think of something. An alarm reaction. All of us have an alarm reaction. We hope that we start everyday with calmness okay. But we may not, that is also arousal of the alarm reaction is when something happens and we react to it and that is where fight, flight, freeze happens, right? And that is automatic, typically if you think about yourself it is usu

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ally the same one. Think about yourself, do I usually have flight, fright or freeze. And you may not know, but there might be something interesting after this if you want to talk to me or talk to someone else to try to figure out what do I do, what is my coping mechanism, what does my brain exactly do for me? So you can kind of pay attention because the thing about the interventions is that you have to be aware of what is going on for yourself. And the first part is just paying attention and noticing what are my reactions in these type of situations, okay. No the arousal continuum, what I was trying to say was going from calm to terror. We hope that everybody wakes up in the day with calmness, okay. But we know is that of those folks we have studied that have experienced complex trauma, prolonged or frequent trauma is that we are need to open our eyes open to calm. Let's say on a scale of 1-5 we may be a 3 at hello, okay. For example, this morning I woke up okay it is a great day, oh, oh, I have a presentation so I already started moving up, then I'm like is this room going to be hot, so my brain starts doing that to me as well, and so I start up that continuum, and I said up, you are going to be fine. So as you start to start to rise you can start to use your coping skills, take some deep breaths, open some doors, turned on the fan, I'm okay, I'm okay, but this important to note, start noticing if you are going up and do some things to bring yourself down the continuum, but also I worked for a ??????

Program and we brought the kids by van and we would all go out and greet the van and as the kids go off, we would know what kind of day we were going to have, okay. We would say hi, how are you? And they would say MF right away, and we would be okay, okay, I would be saying hello and could I get you a snack or go breakfast is ready, okay. Don't take it personal, teachers, mothers, case managers, whomever. Kids are the same way and they are going to know that, and it is good to know where kids are at. It good to kind of judge them where are we today so that you can do the same kind of like I can see they are a little anxious today. Let us doing some jumping jax, blow some bubbles, so that you can help calm them down because the higher that you are on your arousal continuum, the less you are going to be able to attend and be in here, you are going to be back here, okay. So we all need to calm ourselves down, we all need to keep the house calm, we need to keep each other calm, okay. So paying attention to that, and so

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as you are going to bed, check in with each other, that is why it is important why we always talk about a bed time routine because what is consistency. It is that sense of safety will help bring that down, okay. States to traits, and by that our brain states are as we experience something templates are kind of laid down in our brain, okay, so the state flight, fright or freeze could happen, it is a state in that first one, but as it continues it may come down to be laid down as a trait, okay. The way that things are going to bring it laid down are a couple of way 1. Intensity, 2. Frequency, okay. So losing a mother could laid down your depressed and kind of wanting to fight, but imagine that you are 6 years old, now you are only going to lose your mother once, but you are 6 years old and you hear a pop and you turn and you are in the car with your mom and you see her eyes are closed and there blood running down her face. It happened to be a driveby shooting, okay. The little girl lost her mom that day, now does she have to go through that that much to have that imprinted on her brain. NO. Not at all, but what we don't want to happen she is living with her grandma and it is the 4th of July and grandma has a picnic and all the cousins and uncles everybody comes over, and the fire crackers happen. So what do you think happens? That had been laid down, she heard the popping sound that sounded similar to that in the car and what did she do, she tore up the picnic. We should have seen that coming. Okay. Will she always be like that. Do we want it to go from states to traits? The way we address the traits, even though it was a one time thing, the way we address it is over and over again, let them know that they are safe. Over and over again practice their self calming skills. Okay. So that one time, you think here it 2 years later and I am still doing this, yep! You are still doing that, that was pretty intense. It is going to take repetition, repetition. So that is the difference between states and traits and there are windows of opportunities. Okay. In our brain that automatically kind of cuts some neurons apart then we lose some of our brain. So we want to be paying attention to this as quickly as possible, okay, and then moving to the frontal cortex. That is what this whole talk is about, moving from the reacting and the feeling part of our brain to the thinking part of our brain. We want to be thinking, we want to know that on a scale, if we use this window as a scale of 1 or 5 as actual being closed and 1 being totally open, we want to be able to move that up so that kids and adults have an opportunity to learn and actually be in their

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frontal cortex a little more than they are reacting brain. Make sense? So you want to create experiences that are going to be calming and safe. Okay. So we have talked a little about this already. Some of the emotional responses we see, anger, depression, anxiety, hopelessness. It is sad enough to look at an adult of domestic violence victim and to just see the depressions of an adult, but have you ever seen hopelessness in a child's eye? It is hard. It is hard. So we want to work really hard at turning that around. The sense of hopelessness that nobody cares, not important that this is going to continue to happen forever. Difficulty with affect regulation. We just learned why. They are back here, they are not thinking, okay. Affect regulation really is a skill. It is skill, it is not something that we are necessarily born with, it is something that takes practice and knowledge. Okay. So we want to work and support everyone in being able to have those skills. Not just have them, but to use them. That is why parent's serve such a vital role in the work with kids because a therapist or case manager or teacher working with a kid for a while, but you're the parent their first teachers, you are that rock in their life and so we look to you to prompt kids to learn the skills that we are hopefully teaching them. So all of us as parents have a very important role with helping with that. Low self-esteem, again, it goes back to experiences these rough things that people say it is my fault, or because I am stupid, ugly, or fat or whatever. You have taken that on. Okay. So, if you don't feel good about yourself what might be some of the things you might push people away before they start call you names. You might never leave the house. You might make fun of yourself. You might drink so you feel better. You might use drugs cause you feel better. These are some of the emotional responses. I just put down three groups, some trauma centers in general. What we see from toddlers is generalized anxiety, they don't want to leave your side, they are attached to your hip. Really I can go to the bathroom I have been doing it for myself for while, I can do this, I can do this. You are like no your not, I am going with you I am going with you okay. Separation fears. They don't want to go to daycare. They don't want to go to Uncle Jim's or Suzie's. Anxiety fears, behavioral regression, you thought you had some potty training going on or using a spoon and all of a sudden they can do nothing. The talk goes back to baby talk, all that is going on. That is expected. They get preoccupied with different things and we may not see the connection, but it typically will have something to do with

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the event they have experienced. Okay. They may all of a sudden everytime they see on T.V. clowns that may freak them out, may be someone was dressed up or had makeup you don't know that, we have not been to the circus I don't know what this is about. It may not make sense, but do pay attention to it. They are letting you that something is not quite right and may need help regulated myself. Okay. Children, post traumatic play. Tell you what, in my therapy office with my doll house, frequently the mommy doll is thrown down the steps. Frequently that happens, or kids are sent to their room or there is no food on the table and so kids will act out in their play what is going on in their life. For children, play is their natural language, right. So you see that happening and so that is why we use play a lot and we do therapy with kids. The thing is that is our job as a therapist if they keep throwing the mom down the steps or somebody is being threatened. At some point it would be nice if you introduced the police car and the fire truck okay. You make sure you bring a phone number and you practice safety skills because sometimes they can't figure out what to do next cause it is such a crisis for them, okay. So they don't know who to work that out, and so you can work that out if you keep see something going on, say hay what can we do next? I often say to my 9 year old, that is one way you can do it. You can hit your sister if she is irritating you, you can shove her sure. I just saw you do that. I am wondering what you could have done differently. If that he has learned and he is seeing, children from the children's division there is a history of domestic violence, drug and alcohol abuse. He has seen a lot of that so initially that was his initial reaction, right. Okay. What else can you do. Now he can say I can't tell you, he is still rolling his eyes because his sister is still on his nerves, but we want a whole range of opportunity, it does not have to be that automatic because some of it is out of our control. It is just automatic, it just happened, okay. We just need to work on it some more. Every day in life I think I have good coping skills, there are times I do not have good coping skills, everyday we all have to work on this. An omen formation, you can't leave something is going to happen, you are not going to get back. Something bad is going to happen, okay. You are going to get killed, it not that you are going to stub your toe, but it is really really bad things are going to happen to you and then to me while you are gone, and again behavioral aggressions. A 6 year old who starts soiling can't go on the Boyscout or does not want to do that

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or afraid to go to school because he will have to wear a pull up or who is going to need to know. You are going to see some aggression, that is expected.

Adolescent, they look more like adult PTSD (Post Traumatic Stress Disorder), okay. Avoidance of certain situations and the depersonalization that they set back from yourself. Anyone come up to you “how you doing” and you say “I’m good” and you look in their eyes and they are so not good. Okay, but they are not even aware that their affect that the way that they are feeling does not fit with how their body looks, that they are really not connected. Okay. So that is what I mean by depersonalization, that they are really not connected with their body and their feelings. It is pretty separate, so helping to bring that back together. Self injury are risk taking behaviors, I worked with a lot of pre-teens and teens that cut. I am working with a 9 year old who likes to bite herself. Because that is the way they are controlling their situation, okay. We want to make sure that we are paying attention to that. They don’t want to commit suicide necessarily, that is part of it, but it really is just trying to manage everything that is unmanageable. I mean I would like to say that these coping skills that they get out of being in a traumatic event are normal, typical. It makes perfect sense that you would act this way know that this was your experience, right. It is like, oh she is non-compliant, she is dadah, or this kid is aggressive oppositional and we want to put labels on it, or could it be or that they are coping as well as they could, as best they could at that moment with the information they had about themselves and about what was going on in the world. Absolutely coping the best they can, right. I believe that, I say you have to start that way with everyone you come across. You expect and know that the person across from you is doing the best they can, the absolute best they can with what they know, and with the moment. Okay. Substance abuse intermittent aggression and anger. Okay, any questions about those?

So I said I would talk to you about what makes the difference. Remember I said 1/3 of kids are okay without going through any kind of formal treatment or anything like that. Well these are the things that make the difference. Resiliency, anybody know what I mean by resiliency what the studies might show? There is a study that shows how bounce back comes having just one person in their life that

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says you are worth something, okay. That non-judgemental, unconditional love person. We want that to be the parents, right, and it may not be. I have a story I like to tell about this. My very very best friend, her and her brother two, single home domestic violence, poverty and then there was about 9 other people living in the home because people got kicked out and lots of people living in the home drug and alcohol abuse, stealing from one another. She loved school, he skipped kindergarten. Now you are thinking what is going on, when I was in kindergarten we had a snack, we read a book, now I know they are doing language skills, spanish, I get it, but they are my age, so back then so I am thinking woo, he must of never gone or never knew. Like what really is going on? And as I grow up, she goes to college gets a job, he never moves out of home, he is shot arrested, he has alcohol and drug issues, he is stealing from family and she is a Sergeant with the Kansas City Police Department. Exact home. He did not run away, same home he grew up in. So I said I need to know what, why is this different for you? You know what she said, she says that she got her library card at 2, so the librarian was the first person that felt she was worthy, but she was walking home one day and she stopped at a bull diamond and there were people playing softball, and she just stopped and a coach came over and asked if she wanted to play? She backed off, because her world view “not safe”, she continues to back off, but she is curious because there are other kids there so what do I know, there are kids here, what do I do. He says come on we have extras come on, it was one of those community or Y, AAA or what they are called, but community using different parks around the community and so he was just one of those coaches that thought she was pretty good at it, okay, and invited her to continue and so she did. She started playing basketball in school and don't you know it, turned out she was good, and her coach in school said I will pick you up, she did not have a ride for practice to go home. There was no car, it was going to be dark. Mom agreed and he took her home and on the way home he stopped for chicken and not just for her, but brought home buckets of chicken. So he also supported the family, he was consistent, he was there. He took her home. So she got a college scholarship for basketball, and I understand she was on the CMSU in the 80's the women and men both won at one point something big in basketball. I don't what it is not a basketball fan, but she was on that team. That coach said wow, you have skills,

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you are important, I want you to be here, I want it so badly I am going to pick you up, take you home and help people recruit you, I will talk for you when you want some support. That is resiliency, one person showing that you know what I am going to sit here and spend some time with you. So everyday we wake up with that opportunity. I challenge everyone of us, everyday we wake up and we can be that one person. We can be that one person for our kids, we can be that one person for, you if you routinely go have you ever been to Quick Trip and there are people who walk in and the clerk says “how you doing Jim”, they know the people I think that could even be one of those situations. How you present yourself to other people that you are friendly, that you think they are worthy or give them some eye contact. Your cousin, aunt, your best friend, co-worker, everyday we have that opportunity to do that, to give that gift to someone.

Okay, temperment those of us moms, babies. If your first baby was a difficult temperment, you had to be completely quite, there could be no tags on their clothes, no music going on. I see some smiles and nodding, would that want you to go ahead and have another one? Right, because there is that easy child that is like oohh slept through night first night from the hospital, right, wow they don't care if they are dressed, not dressed in a bath, swing, they don't care how loud it is or anything they don't care. That is their temperment, we are born with a temperment. Some of us, and it carries on, and it carries on. I can be kinda of grumpy if it gets too much noise. Some people can still watch TV and there is like I don't know going on in the world. They are laid back. I wish I was more like that. I am not, I was probably a more difficult child I would say. So the temperment that we were born with. Trauma history, if it was a one time event or if it is stacked. Age, you think it is better to have experienced trauma early or late?

Audience member: Late.

MC: Why do you say that?

Audience member: Because I am older there are some things that happen in life now that, I'm like Yeh and you rework the way you think and then you can

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just cope with it and move on. When I was younger, I think if things would have happened to me that have gone on now happened when I was younger, I probably would have been frazzled, dazzled and either been a maniac or shut down because you think that is traumatic and think life ends for you there. You don't realize that you have these things down the road that it is not going to be that important. It is not going to be that big an issue.

MC: If I had a prize, you would have it. That is true, that is true, that is absolutely true. Older, it is really a double edged sword. I could argue both sides of this and am going to argue both sides of this. The older the more coping skills that you have, okay, the more safety net you have around you and the thought you have life to compare it to, right. Younger though if it happens quickly you can, if an older one has not gotten intervention for that, then it is going to be harder. It is like buying a house an old house, then building a house from scratch. If you buy a house, it is great it has those knoks and crannies and pocket doors and all those things you love, but it needs new wiring and plumbing, okay. Or, you build from the ground, it is going to be more expensive to rework that old house, okay, then to build from the ground up. It is not going to be as hard. It is going to take more time and be more costly. So that is the flip side, it will take more time and more costly, but it still can happen. The other thing is that it is the appraisal of threat, right, if there is domestic violence in the home and the abuser has a gun the infants see something shiny, the 10 year old knows it is a gun. So the meaning they give to the event what you were talking about, the meaning they give to what is really happening in the house. It is like oooh, and the kids are backing away and calling 911. So it is the appraisal of threat, is this something that is going to be harmful to me and the attribution of meaning saying that it is this and then just having coping skills. Older kids might have good coping skills. We hope they do. Then the other thing that I really liked what you said, that I want to highlight is the expectation of recovery is that littler kids and older kids, there is a difference, but each of us has an expectation of recovery in healing because it is there, okay. Coping skills, so just having coping skills makes a difference.

We doing okay? Do we need a break? Okay.

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What is the family impact? Well if there has been a trauma, let's say it is domestic violence and you get kicked out and have somebody go to jail, you are going to lose a bread winner, you are going to lose someone helping you raise the kids and do things. So roles and responsibilities change. What is important here is that you notice that roles and responsibilities change, you want to make sure that the kids are not picking up those roles. Ever met a 2 year old who can set a table? I have, I am talking about knowing which side of the knife, I don't even know which side the knife or fork go, but they could. They could set a table. Taking on those parent roles. So we have to do that as adults, talk on both roles as mom and dad's sometimes, but we want to make sure our kids don't do that. And often times out of love and respect to us, they will take those roles on, and sometimes it is helpful quite honestly. It's helpful if my kids pick up after themselves and put the clothes in the dirty clothes basket, but is it their job. Some of it is, as they get older they have chores, but want to make sure it is age appropriate and again it impacts each person differently. Someone might be relieved in that they have hope and make it through this. I have resources, I am going to call my church, get back to this again, and another person may be just stunned and not be able to function at all. So there are individual differences here.

Communication issues, what do you think that is? If there is chaos and trauma going on, it is likely that stories are mixed up, it is likely we are not talking to one another, it is likely it is misunderstood, we might be a little sensitive, and so communication issues, and also who do we have to communicate with? I am always amazed when I get a referral can you see my kid, they are just having trouble transitioning to middle school. Sure, they come into my office and after a month I find out that their grandma died, they had just moved and that there was sexual abuse at age 6. Didn't think to tell me that, just really saw the issue as transitioning to middle school, and so you have to pay attention to all the new people you have to communicate to. You may be communicating to law enforcement, or lawyers or such, but teachers, counselors taking advantage of that situation and making sure they understand what is going on.

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Trust issues, sure it is pretty easy trust after experiencing a hard event, don't you think? You cannot trust. Even someone standing across from you smiling may be saying here is the way I can help you. We don't running after them do we? In fact, we may go running from them, okay. So being aware and giving yourself permission, I understand that I don't trust right now, do you have to give the thought that I will never, never trust again? I am never going to do that again, I am never going to be in a relationship, I am never going to do anything like that again, that is not helpful either. So start knowing where you are with that, start paying attention. What is trust? What does trust mean to me? How do people know they can trust me, what do I look for in somebody to know that I can trust them. Because sometimes what happens is we look back, what we see know if we had know then, right with the information we have now looking back, oh yeah, that is when it happened or that is when it started, oh I remember that now. Okay you have that with you now, so pay attention to that. I do have some gut feelings that I should pay attention to, but I also wanted to make sure that this going to go on. I will pay attention to the red flags, but also check out with other people and I will make sure that I live to my standards. Have standards, have things you expect from other people and see what happens you have to try. Trust does not just come automatically, I think there are people who do trust automatically, okay, that can get you in trouble and some of trust until proven differently, but as long as the lessen is that you don't trust again, we live in relationships, we are humans, we have to have to live give and take. So trust is something you have to pay attention to and want to make sure we are aware of it for ourselves and giving a go. It can go slow, be gentle to yourself. It makes perfect sense that you are going slow okay.

Caregivers traumatized in their capacity to support and protect may be reduced. If you left a house because you found out that your boyfriend was sexually abusing your daughter. Is the daughter the only one impacted? No, no, because most parents make the thinking mistake that I should have known, it was my job to protect. It is our job to protect, but we can't know we don't automatically think I know who is responsible, it is this person responsible, we like to take it on ourselves and so we put ourselves through some drama don't we. So pay attention

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to the thinking mistakes that you are having about yourself. It absolutely is hard, you need to be angry and sad and deal with all the emotions that come from that and at the same time note that you are strong and identify your strength in how you are coping. Can I tell you that remember the story that you left because your boyfriend, you left. Let's start with that because not everybody leaves. It is really hard to leave and there are lots of reasons why people don't leave, but you are going to start with saying, huh, I left, okay. Really with the sexual abuse stuff, the number 1 thing that shows how a child will recover sexual abuse is how the adults respond, okay. How do you think if you go up to your mom and said mom so and so did this, I believe get you out, or that is not true you sit on Uncle Harry's lap every family reunion. You must have wanted, no I don't believe you. How is a child going to do? Right? So, it is your response and so remember you are doing things everyday that is supporting your kids.

Audience member: Trust issues, I trusted to tell you and then you don't believe me.

MC: In fact might be saying just what so and so said you'd say, nobody believe you, they said you liked it, or you wanted it. You sat on my lap on purpose. Yeah, in addition to the sexual abuse, they have that experience impacted their self view and the world view and the world view. Wow, in my house here I am not even safe. I knew that there, but I really thought that you were going to be here for me or my aunt or teacher. And another thing about sexual abuse, I don't mean to be off a tangent here, but let us teach our kids the right names for body parts, okay. Because it is really sad to hear a story about a little girl who went to the teacher that her dad smelled flower and it was not a rose that she was talking about. So adults can miss the telling, so let's make sure we are telling the proper names for their body parts. That is going to help in the whole situation as well.

So financial impact, you may have to flee. You don't have any of your things. You don't have you Social Security card and you just go. It is an emotional reaction and behavior reaction and just for safety. Okay, so it may take a bit to get

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back on your feet. So there is a financial impact.

Housing, you may lose your house. You may have to leave your house. You may have to leave where you are living. You are no longer there or it was no longer a safe environment and so you don't have housing anymore, okay.

Families, it has a community impact and we don't talk a lot about this because really in our work with families who are really working on strengthening individuals in families, but just keep in mind that 4.5 billion dollars goes to the Child Welfare System taking those million hot line calls and doing investigations and supporting the Child Welfare System. There is 658 million dollars lost in productivity because of our views in neglected kids are not growing up to their full potential, they are not graduating and they are not getting the jobs they were meant to get. So the loss of potential and earnings, 658 million. Juvenile delinquency costs 14.9 million dollars going into that system that could be spent hopefully not on war.

Increased health care costs, okay. You don't have health care, you don't have a job. We are using the Emergency Room as if it were our primary care physician. That is not really helpful, okay.

So what are we doing to do, let me check our time?

What can teachers do or those working with kids? Early detection and really these sort of things are really for everyone. We want you if you are working with children to pay attention to their emotional, behavioral, developmental. Are they not talking, not crying. Are their social skills off, are they clumsy, what's going on, what is that about? Okay, we don't jump to that they have experienced some sort of trauma of course. We want to identify areas of concern and check it out. Offer support. Get them tested. Offer the family resources. Maybe they had the same concern too, but did not know where to go, so engage people in a discussion. Teach coping skills. Remember what makes a difference, is that at some point we hopefully have other coping skills that are tool kit of coping skills is not just from automatic stress response. Right. It is not the fright, flight or freeze response, but

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we also have the deep breathing that we have a muscle relaxation that we have go to a safe place that we have thought replacement, right. That we go to talk to our best friend. We ask for help. We don't like to ask for help. That is some craziness too. Ask for help and be willing to accept it. So teach coping skills. My kids have been deep breathing since 2, (she breaths in and out) and when she is crying and losing herself, I am like hold on, hold on, breath in through your nose, through your nose and then through your mouth. You know that that anxiety and stress and calmly can't really go on at the same time. They can't. So if you force yourself or help prompt your child to do that breathing, it will help move from the automatic response, okay. To a little more breathing and get a little bit more, she is actually able to tell me what she wants to tell me. So teach those coping skills as early as possible. I want this to be an early head start for parents everywhere, teach coping skills, and problem solving skills. Pay attention. I notice sometimes if it is a busy day at my house, if kids come up to me, I just do it. Mom..... this is what you do. Mom... This is what you do. You know what, it is best to say Na....., then you say "what are you going to do?" Think about it in your life growing up, how many times did somebody turn it back on you? And that you were part of a problem solving process, okay, that you think, well first of all I have to use all kinds of skills to do that. You have to identify what is the problem? What is going on here that we are having a hard time with, okay. Secondly, what could we do about that and remember we are just brainstorming on this, yeah you can't hit your sister. You can come to me. You can use your words instead of your hands. You can leave the room. There are all kinds of things to do, to help go through that. What do you want to try. Well I have to take the hitting your sister out, so of these others, what would you like to try? Try it and let me know how it works. Come back, you have to make sure you go back and make sure that you did that, how did work? You know with the bully on the playground or somebody that won't share, they always go first in kickball, whatever that is. Whatever the issue is, okay. Help them learn the problem solving skills and support for teachers. We really have to support each other. I put teachers in here just because of the 1 in 6, that was a little shocking to me to know that. Alrighty.

What can parents and caregivers do? Check that first one off, you have already

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done it. Learn about trauma and its impact. Done. Encourage your child to talk. It can be, it does not have to be sit down, tell me. We have initiated dinner conversation. 1. Is a good social thing. At my house we sit down at the table, and typically now it is one of the kids that starts, “mommy how was your day?” Well, okay. So I talk about my day and then I say “How was your day?” It was good, and I say back “what was good about it?” Well, na.....how did that feel? Oh my gosh that is awesome, alright and using that label praise I like that you are at the table sharing dinner with me, okay. We want to do all of that. We want to practice all of that. So it does not have to be like you know a doctor and patient talking, just in the course of day, honey it is time to fold clothes, so what did you do today, whatever it is. Encourage talk, listen and understand without being critical, that is the hard part. If there were a gash in my daughter’s head, I am going to have a harder time not being “what are you hitting your sister for” okay, that might want to be my first reaction. I have to stop and listen without being critical. It is hard, but that is going to help, that does not mean that aren’t consequences, it does not mean that you want to teach different things, because remember all along all through life we are teaching our values. Okay, we are teaching our family rules. We are teaching what our culture has to say about different things. We are not going to just listen, and say oh, that is how you think, great. Well in our family the rule is that we don’t hit. Okay. And in our religion, whatever your family beliefs are you are making sure that you are sharing those and then you can relate in these conversations back to those that is going to support with the culture standing and the relationship that you have with your kids. Be patient and tolerant. I often say that I wish there were a pill for that patience, because sometimes it is hard, what’s going on with them may not having anything to do with you, right. We can be in chaos and look okay and then we come home and then there is all this going on. So be patient, that is where taking those deep breaths that sometimes the best thing is say oof, mommy is taking a time out, I will be right back any minute. It is okay to do all that. It is okay, give yourself permission to do that.

Patience and tolerance, what does that look like? Think of it for yourself. When was somebody patient with me, when I was trying to explain something that was not making sense, help me get. Is it helpful to say “that is just how it is?” Okay,

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no that was not helpful. Or is what are you having a hard time with? Well this is what I meant by that, or what did you think I said, okay. So those kind of things, think about what it was. Think about how it felt when someone was patient and tolerant with you and try to model that back. Let them know you are there to help keep them safe. That is our primary job, and that is what they need if they experience trauma. All of us need that, your safe, this is a safe place. Understand their emotions and reactions and don't take it personal. That is so easy to say, isn't it. It just rolled off my tongue, don't take it personal. Well tell you what, I do take it personal if somebody runs up and says I hate you and they are 5 and they are mine. I do, I take it personal, or I think I have this relationship with one of my client's and they no show. What! We were going to work on this today, and we were all ready to do it. Non-compliant. When really my trauma information would tell me, that wow, we had just gotten to a really hard part of our work. Doesn't it make perfect sense, that they say woof, I can't do it today and they are not going to call and tell me because they know they are going to hear my friendly voice and they are maybe going to want to come or worse off, I might just say, do what you need to do for yourself and then ooh, it is going to be a bigger I don't want any of that. So it makes perfect sense. Can't take it personal it is not the reflection of me as a mom, or me as a therapist, it is just what it is, and sometimes we have to remember what it is, and not what it feels like at that moment. We have to think from our brain of trauma informed care. Okay, just understanding. Seek professional help when needed. Hoh, this is bigger than all of us, I have said that many of times, this is bigger than all of us, okay. What are the red flags I look for, or you just have concerns, here is the deal, professional help sounds grandiose doesn't it. It just sounds big and exciting. I love it when I get a referral from somebody who says, "I don't know if we need therapy, I just have some concerns" and maybe I just have a conversation over the phone and we are like you know, I think that sounds age appropriate. I think you are good, but this is what I would look out for, or why don't you come in for a couple of times and we will kinda just shore this up and you're good. You are not committed to a lifetime of mental health and diagnosis and medication. Sometimes you just need somebody who has a little more knowledge in life understanding this, to give you some information. Cause you are doing the best you can, it does not mean that you love

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or care for your parents, kids or that you don't know. It just means things are a little confusing right now, so don't let that get in the way. So here are some things you might want to look out for, you want to know if you see someone withdraw from friends or family. They were like an Eagle Scout and they now don't want to go. I think it takes a lot to be an Eagle Scout, I don't know, my brothers were Eagle Scouts. I hear it is a big deal and there is lots to do, patches and projects and things. Now they put that much energy and years of their life into that and all of a sudden boom, they don't want to go. Something is going on, check it out, red flag, does not mean abuse is happening, just means check it out. ?????????? I mean there were many a times, I was tired and just did not want to go, okay. Sometime you don't want to go school for a day or two. We are talking about long periods of time or they are really refusing to do their normal daily activities, day care or school. Focus on fear, guilt or grief. They are afraid of everything, they are having nightmares, okay. Mom I am sorry, you get a lot of apologizies. Sorry, Sorry, Sorry. New fears, they were going to be on their own, they are teenagers they are fine, now their light is on, their Ipod is in or radio is on, they are sitting up and it is 3 o'clock in the morning. If that goes on for a period of time, they can't do that or they want to come and hang out with you a bit, or can I sleep with you, or I am just going to be at the end of the bed, or they are draggin in. When the kids first came to me, I woke up one night and my son was under the bed, under the bed. First of all, honey that is not safe what if it falls? Okay. When you start seeing some behaviors that are like what? What is that? And then regression, and it may not be trauma it may be a new baby. My 3 year old was potty trained, the baby came my 3 year old was not potty trained. He may think it was traumatizing because he was no longer the baby, but it was really not trauma. That is what happens, okay. So when to seek professional help does not mean that if this is not going on there is abuse, neglect or trauma going on, it just may be a confusing time and need a little exta support to get through it.

So some effective treatments. I brought in just a few that I am going to talk about here. There are many. The first one is medication, now there are two camps in the world around medication. You are never putting my child on medication and when can we get it? Or, you are not putting my child, but I will take it, if you

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don't put my child on it, then give it to me. Medication, people, there are a whole range of beliefs and thoughts on this, what it is important to note is what your belief is on that and what the medication can do or cannot do for you. I think medication can be useful. Do I think that you put kids on meds and they are on meds for the rest of their life, you never reassess or re, no. Remember trauma in the brain? Remember things automatically happen, the window of opportunity, the arousal continuum is at a 4, they wake up at a 4. Do you think we are going to teach many skills if they are meeting me at a 4 everyday? No, no.

So I might want them to be on some medication for anxiety or depression and try to get that window open a bit to do the other piece. We don't do medication and not do skill building or therapy at the same time. We want them to not just have medication, but learn how to handle those emotions. Learn different coping skills, okay, but that is absolutely the family's decision. There is no hard and fast. These other interventions are, medication is not required in these, I just bring that up because it is one that is frequently talked about.

Alrighty, effective treatments. I am going to talk about a few and these are have been identified as evidence-based. Best practices for young traumatized kids, and evidence means is that through randomized clinical trials this is parent child interaction therapies showed to work better than this therapy, okay. That you get better outcomes if you use these kinds of interventions vs. another kind intervention, okay. Yeah, I thought I went through each of them. Um, yeah I thought I went through each of them. Again, stress is biological, so helping with that, discuss with your doctor.

Cognitive behavior intervention for trauma in school. It is called Cbits, Dbits. Most of the trauma interventions include cognitive behavioral approach. It's learned coping skills. This is a group approach sessions with a school setting. There are some individual sessions to help children learn if they need some real focus attention on learning the coping skills and there is parent involvement. The key with all these interventions that we are talking about, is that even though it's been the child that has been identified experiencing a trauma, all the interventions

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are family focused. You can't extract a child and just work with the child, you have to work with the whole family, and I think that is really important for you as helpers to know that because if you are talking to somebody and suggesting they do it, you want them to know because I don't want a family to come work with me and then the first time I say hey can I have you in the session, they take it personal. That somehow I think their parenting skills are not good. So I want them to know from the beginning, you are key to this because you are the mom or dad or the foster parent of whomever it is, that you need to be part of the safety net for the kido, and you are going to be a part of this, because you are going to learn skills and you will need to help prompt the skills that the kids are learning, and so it is always a family intervention. It is never just a child, and so in Cbits, they have parent groups come in where they are explained the kind of coping skills that they are going to teach the kids, and they involve them in it.

Parent Child Interaction Therapy: We call this PCIT. It was developed in the 80's by Sheila Iberg and Cheryl McNeal. It was originally created for oppositional defiant kids. Kids who would just not follow the rules, always said no. Turns out, it also works for traumatized kids as far as enhancing the parent child relationship. Because many times when you experience a trauma, the parent child relationship is somehow compromised, and so we want to enhance the parent child relationship. There are two phases of PCIT: A child directed phase, and a parent directed phase. It is you move from one to the other based on learning skills. Pride skills are? Wonder if anybody knows them?

Audience member: ??????

MC: If I had another prize, it would be yours. Pride, label praise, reflections, imitate, describe and enthusiasm. You rock, you rock, yeah. I am so excited. That is awesome, and so parents learn them when you are taught as a professional, you have to use the skills using so many in a 5 minute period and the whole idea is that you are having fun with your kido, it is child directed first because you want to enhance that relationship. The parent directed is more of behavior mode, it is more of giving directions, giving commands, learning how to give good commands, but

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you want to have the child directed first because you want the child to do what the parents ask them to do because they respect them and love them, not because they are scared of the consequences necessarily, okay. So that why the child directed comes first. So you are enhancing the skills. It is very different then if you think about child therapy or going to see a child therapist and you are in the room together, the therapist does life coaching with the parent. Speaks through walkie talkie, say this, there are different levels of coaching. Say this, say this, and then it could just do a label praise. So it really is skill enhancement for both and it is I would say the closes thing to a magic pill I really do believe I really love PCIT around parent child relationships. It is amazing what I have seen families that are laughing in my waiting room vs. sitting at two different ends or just the kid just throwing blocks at, seriously, mom in the waiting room or just kinda sitting on each other's lap and they are singing and just enjoying each other. The best story, I have a colleague in one family she worked with. The mom actually had a parent aide 20 hours a week and had gone through she could probably lead a parent class, seriously, she knew all what there was to say, but put trauma on top knowing what to say and actually being able to implement, right. When we are stressed as parents, the first thing isn't is to say a label praise, the first thing is to say "stop" or do this, or ask questions, right. So it takes repetition, hence the coaching. Even though the mom had all this great information and clearly loved her child, it just was not working and so she came in for PCIT and she came back and told us she was leaving her apartment one day and a neighbor came out the same time and said oh! You have your kids, she is like yeah have my kids, what do you mean? I did not hear you screaming so I did not think you had them anymore. It was a backhanded compliment sure enough, but she had really been able to take the skills with the intense kind of coaching it is that repetition, that is that laying down the template in the brain that that was more of an automatic response to her child, than screaming was. So, it was awesome. So that is PCIT.

Abuse focus cognitive behavior therapy was created by Dave Colco. It is not just when there is physical abuse between parents and children, but negative parent and child interaction patterns. By that, I mean when it is a lost of ??? attitude, a lot of scarcism. Sure mom, you betcha, I am doing that right now, and it is

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negative does not feel good even when people were just watching it were like I am depressed seeing this negative interaction patterns. This has a no violence contract. You ask them not to use physical punishment at all, so you are having to help them learn other ways to use discipline. The responsibility letter. The adult when there is physical abuse the adult has to right a responsibility letter. This often times takes several drafts, cause it may start off sounding a little like yeah I hit you, but I told you if you did not get home by 12 noon, who is taking responsibility in that? She is blaming and so it takes a bit of time and processing that, you see where the processing has to happen, and support and relooking and understanding trauma. Even mom's trauma or dad's trauma, whomever. Bringing it through and being able to be responsible in there and say yes, I did this, and yes I did this. We are looking for improved communication. One of the interventions in this, is that you actually videotape just a conversation and so there are many times that people do even know how many times the role their eyes, put their arms like this, or turn their body away. Okay, and so you are paying attention and identifying through their live interaction things you want to work on. You have a checklist of interactions, sarcasm, rolling of eyes of different things you look at and then you bring them together and you all watch it together and say what are we going to work on here. Okay. You start working on improved communication. Learning affective communication, learning respectful communication, okay.

Trauma focus cognitive therapy. We have therapists, I am actually a trainer in TSCBT and there are 150 new therapists here in the Kansas City area and in Troy, Jefferson City through the Department of Mental Health and through private agencies who train in TSCBT. So that is pretty exciting, that if you identify somebody that has experienced sexual abuse or trauma, that you could actually request this. I think it is important for people to know that interventions not just if you are a therapist, if you are a parent or in the world, you can let people know. Ask for this, do they know anything about this? If a child has experienced trauma, you want to make sure a therapist knows about trauma. They may not use these interventions, and I am not saying that they have to, but you want as a consumer you can say "what do you know about trauma" how are you going to support us, and

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now you kinda have more of an understanding what you might hear back from a therapist that is going to say, yeah I think I can trust you and I think this will work out for us. There are 8 components to TSCBT goes from stress management, relaxation. Again those coping skills to learning about your feelings, not just that you have feelings, but the whole range of emotions. We teach kids to notice when they are going up or down. We talk about thermometers of I learned from one child actually in a residential center, he decided it was more like a volcano. He could feel it bubbling in his feet the anger or anxiety, and moving up. So when we check in doing activities, before I would start I say where are you? Oh, I am just bubbling at my feet right now and say okay and start going into some work, trauma work or some feelings work and I could check in again and say where are you, "it's about right here" oop let's stop, okay. So the first part is knowing that you have feelings. Second part is know that they change. There is not just happy is there? There is okay, glad, happy, ecstatic. Right, there are all levels, so helping them identify maybe when they are going up on a feeling that is not so great, or a feeling that is good and learning to regulate that and bring it down, and how are we going to do that? With the coping skills we have just learned.

Okay, let's take some deep breaths. I had a kido, music, she turns on some music and we dance around my office. We have fun doing that or we get the playdo out, we pound it. Okay. Or we go to our happy or safe place. Visualize a safe place so we will go to that. The written part here, the trauma narrative you go through psycho ????? about the intervention. You are giving them information about their specific trauma if is grief and loss, if it is sexual abuse whatever. You are going through the coping skills, the feelings, your are giving them skills like learned optimism because what our thoughts come to us automatically and so we want to start our day with a positive thought and we want to stop those negative thoughts, and then we going we are going to deal with a trauma narrative. Even though it says narrative, it is just telling the story. It can be done, I have kids that do it in a book, coloring book, board game, I have had it done with a mask or art project. I have had teenagers do it, they will burn a disc for me, and there is always a written part, but it may be that it is writing it as if, let's say they have burned a disc and they bring it in and telling me that it was the first time it happened. I picked this

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song because, I am writing this down, okay. I am writing this down and I am listening to the song and they are able to tell me how that fits their story, what is going on during their story that this relates to. So there is always a written piece because what we find, remember those self views and world views, thoughts that we have picked up. Who have you met that cannot tell you it is not my fault. I mean we have prevention classes all the time. If somebody touches you or makes you feel uncomfortable so no, go and tell. It is not your fault it is their fault. We can all say that, okay, but what we might not be quite as aware of, is well it was not my fault that time, but I did go sit on his lap, the thoughts that come in that might be a little questionable. That is what we are looking for when we do the narrative. We are looking for those inaccurate or unhelpful thoughts, okay. Now it may be that I am 16 and snuck out and drank and I was hot and took my shirt off, but then I woke up and someone was on top of me. So I did all that, so really part of it is my fault. No, no. You have regrets. So teaching the difference between responsibility and regret. You miss some of that unless you get the story, and so this is a hard part though and I hear from families and therapist, isn't it retraumatizing. Can't we just let a sleeping dog lie. My response is, are they lying. Does the dog really lie. You are here with me, the dog is not lying. Right. It is ready to jump out, okay. So I would like to talk about the trauma narrative is like, anybody play softball seen somebody and they slide into second base, what happens. They got this big old strawberry going on. Well we could just put a bandaid on it and keep going, that is a option, or we could like sandblast it. That is another option or we could softly, gently play with the softest towel with some warm water and clean it out. Pick out the glass and rocks, we might even put some Neosporin, my mom told me to use Neosporin takes care of everything, okay. Then you are going to cover, next morning what you going to do? You might even take it off again and clean it again. The retoweling, okay.

Now does that mean you are guaranteed to not have a scar on it doing it that way. No. Because it has happened, okay. Doing the narrative and going through trauma treatment does not extract it from you. You experiences are your experiences, but what it does by retelling land going over it, it takes away its power, okay. We don't want the traumatic experience to be what defines what who you are, controls

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your behavior. You want it to be another one, just another one of those experiences. What have you learned from it and that is how we end all our narratives, how am I different? What did I learn from this? What would I tell other kids?

Okay, so that is how I talk about the trauma narrative and people are like uh isn't that retraumatizing? Also understanding between traumatizing and stress. Is it hard? Will they cry? It is distressing. It is not traumatizing if you take it slow. We don't want to sandblast, right? We want to take it slow. Learn the connection between thoughts, feelings and behavior. Do I wish again, this is another thing I want to be taught in kindergarten, early start whatever, that our thoughts lead to our feelings, lead to our behaviors, okay. If you think a teenager walks into the lunch room and there is a group of kids over there, they are laughing and talking and she walks and they are quite. She thinks, what? They are talking about me, what does she feel? Bad. What might you do? Act out or leave and not join them, okay. Let's change that. Your birthday is this weekend, okay, so you walk up to this group of people you know and they stop talking, what could another thought be? They are planning something for my birthday, how does that make you feel? Pretty good. What are you going to do? You are going to sit down and join them, okay. You don't have to feel bad about reself, so you can have one of many thoughts going on. So those that are unhelpful or inaccurate, we want to make sure we limit those, okay. So teaching everybody the connection between thoughts, feelings and behaviors, and then we confront. So after we have the narrative, we are going to identify and put in thoughts, feelings and behaviors and look at which ones are not helpful helping them right now that is impacting their reaching their full potential, okay. That is my information. What questions do you have? No because I just put it all out there, clear. Just clear.

Thank you.

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