

**Trauma Informed Practices**

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There was a child went forth every  
day, and all that he looked upon  
became part of him.

Walt Whitman

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What we see

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What is underneath

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If we don't look for or acknowledge trauma in the lives of children and adolescents, we end up chasing behaviors and limiting the possibilities for change.

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What does the word "trauma" mean?

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## What is trauma?

**Trauma is an event or experience that:**

- Threatens the life or physical integrity of a person or of someone critically important to that person (such as a spouse, child, parent, sibling)
- Produces intense physical and emotional reactions, including:
  - An overwhelming sense of terror, helplessness, and horror
  - Physical sensations such as rapid heart rate, trembling, dizziness, or loss of bladder or bowel control

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## Types of Trauma

**Acute trauma** is a single, time-limited event, such as:

- A serious accident
- An act of community violence or crime
- A natural disaster (earthquakes, wildfires, floods)
- The sudden or violent loss of a loved one
- A physical or sexual assault (e.g., being shot or raped)

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## Types of Trauma, Continued

**Chronic trauma** is the experience of multiple traumatic events:

- May be *recurrent trauma* of the same kind—such as physical or sexual abuse—or *varied traumas* such as witnessing domestic violence and then becoming a victim of community violence
- The effects of chronic trauma tend to build on each other, as each event serves as a reminder of past trauma and reinforces its negative impact

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How do children respond to trauma?

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The behavioral and emotional adaptations that maltreated children make in order to survive are brilliant, creative solutions, and are personally costly.

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### Trauma Responses

Children who have been through acute or chronic trauma may show a range of symptoms, including:

- Nervousness, jumpiness, and quickness to startle
- Rapid shifts in mood, including irritability and uncharacteristic anger or aggression
- Difficulty sleeping, nightmares
- Difficulty concentrating, taking in new information, or paying attention in school
- Play that recreates the trauma or moments from it
- Withdrawal from ordinary activities and relationships

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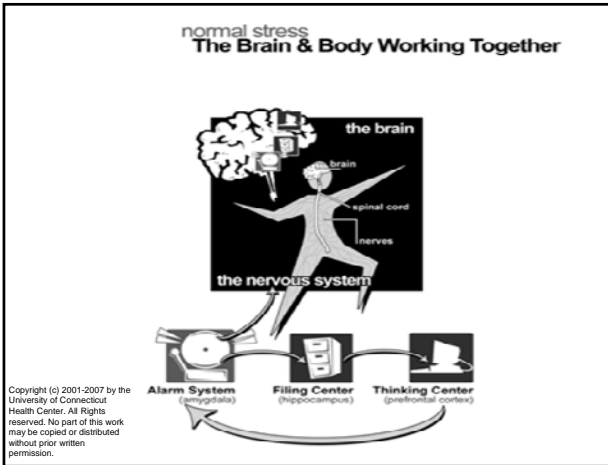
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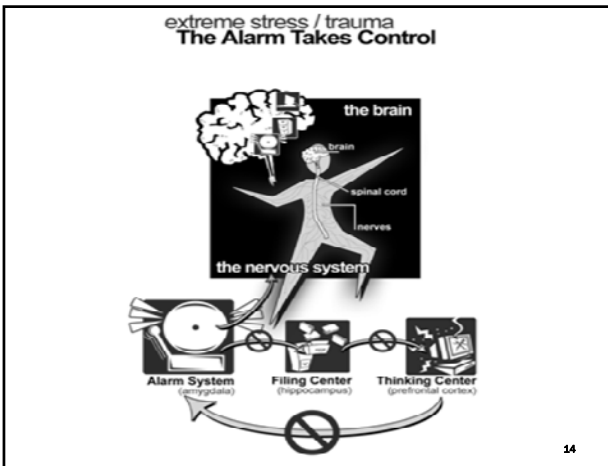
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### Trauma Responses, continued

Over time, complex trauma can get in the way of healthy development and affect the child's:

- Ability to trust others
- Sense of personal safety
- Emotional reactions and ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress

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## Factors that impact Trauma Responses

The impact of a potentially traumatic event on a child is determined by both:

- The objective nature of the event
- The child's subjective experience

Something that is very traumatic for one child may be less traumatic for another.

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## Factors that impact Trauma Responses

Factors that affect a child's experience of a potentially traumatic event include:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The challenges the child faces following the trauma
- The presence/availability of adults who can offer help, reassurance, and protection

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## Factors that impact Trauma Responses

Factors that may help a child "bounce back" from traumatic events include:

- **A strong relationship with a competent, caring adult**
- Feeling connected with positive role models/mentors
- Being able to reach out to others for help
- Having his or her talents/abilities recognized and appreciated
- Having empathy and caring for other people
- Good communication and social skills
- A sense of humor

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## Prevalence of Trauma

### Mental Health Population – United States

- 90% of public mental health clients have been exposed to (and most have actually experienced multiple experiences of trauma (Goodman, Rosenberg et al., 1997; Mueser et al., 1998)
- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood (Goodman et al., 1997)

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## Prevalence of Trauma

### Child Mental Health/Youth Detention Population - U.S.

- Canadian study of 187 adolescents reported 42% had PTSD
- American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD
- 70-90% incarcerated girls – sexual, physical, emotional abuse

(DOC, 1998, Chesney & Sheldon, 1991)

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## What does the prevalence data tell us?

- The majority of adults and children in psychiatric treatment settings have trauma histories
- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories (Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

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## What does the prevalence data tell us?

- Growing body of research on the relationship between victimization and later offending
- Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- **Victims of trauma are found across all systems of care**

*(Hodas, 2004, Cusack et al., Mueser et al., Lipschitz et al., 1999, NASMHPD, 1998)*

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“80% of the children we serve at CMH have multiple traumatic experiences”  
CMH administrator

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## Therefore.....

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.

*(Hodas, 2005)*

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**Building a Trauma Informed  
Mental Health System for Children  
and Families**  
MDCH's Initiative

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**Foundations of the TF-CBT Initiative**

- Provides clinical staff with a set of skills for screening, assessing, and treating traumatized children and their families.
- Learning Collaborative Approach
- Provides CMHSP with a curriculum designed to support caregivers of traumatized youth.

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**Components of the Initiative**

- Trauma Informed Screening
- Trauma Informed Assessment
- Trauma Treatment through Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent / Caregiver Education through Resource Parent Training curriculum

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## Resource Parent Training component

- Curriculum designed as a resource to caregivers of traumatized youth
- Training of trainers model enables CMH's to share this resource with caregivers in their system and community
- Goal is for participating sites to incorporate this into their system of services available for children, their families, and their community
- Desired outcome is to equip caregivers and the community to effectively intervene and support the healing of children with a history of trauma

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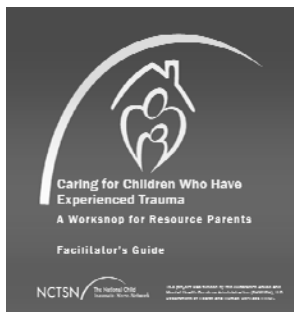
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## Resource Parent Curriculum



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## Resource Parent Training Modules

- Module 1: Introductions
- Module 2: Trauma 101
- Module 3: Understanding Trauma's Effects
- Module 4: Making a Safe Place
- Module 5: Dealing with Feelings and Behaviors
- Module 6: The Importance of Connection
- Module 7: Becoming an Advocate
- Module 8: Taking Care of Yourself

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## St. Clair County's Experience

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## Overview of Resource Parent Workshops

- Training Team Composition
- Audience Composition
- Referrals and Key Community Partners
- Successes

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## Benefits of the Resource Parent Curriculum

- From a parent trainer perspective
- From a children's mental health perspective
- From the audience standpoint as parents and recipients of the material

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## Resource Parent Curriculum

Sharing resources with caregivers

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### The Invisible Suitcase

Children who have experienced chronic trauma at the hands of their caregivers can become “wired” with beliefs and expectations:

- About themselves
- About the adults who care for them
- About the world in general

These beliefs and expectations are like an invisible suitcase that children carry with them from placement to placement, from school to school, everywhere they go.

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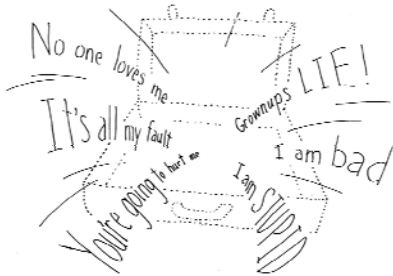
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### The Invisible Suitcase



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## The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child's behavior, development, and relationships.
2. Help your child to feel safe.
3. Help your child to understand and control overwhelming emotions.
4. Help your child to develop a strength-based understanding of his or her life story, trauma history, and current experience.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Be an advocate for your child with service providers, teachers, and others who can help foster his or her growth and development.
7. Promote and support trauma-focused psychological assessment and treatment for your child.

### 8. Take care of yourself.

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## Building a Safe Place

Trauma = Chaos  
Structure = Healing

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## What is Safety?

**Pronunciation:** \ˈsāf-tē\

**Function:** Noun

From the Middle English *saufte*, from the Anglo-French *salveté*, *saufte*, from *salf* safe

**Definition:**

- 1) the condition of being safe from undergoing or causing hurt, injury, or loss

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## Building a Safe Place: The Caregiver's Roles

- **Protector:** I will keep you safe from harm and set limits to protect you.
- **Provider:** I will make sure you have the food, clothing, shelter, and emotional and psychological support you need to grow.
- **Guide:** I will help you understand how the world works and your place in it. I will provide you with examples of how to express feelings, respond to challenges, and adjust to life's changes.

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## Building a Safe Place

- As much as possible, keep up with routines and activities that are predictable, familiar, comforting, and reassuring. This helps children feel safer and more secure at a time when everything may feel different and unsettled.
- After a trauma, or an incident where your child is "triggered," your child might cling to you more, have trouble separating or be extra fearful. When separating, reassure your child in concrete ways that you will be back. For example, you might say, "I will pick you up right after school."
- Pay attention to what your child is communicating through his/her words AND behaviors. While some children will be able to verbalize what they are experiencing, others (especially the youngest) might not know what they are feeling or how to express it in words. "Listen" to what your child is telling you in words, behaviors, or physical complaints.
- Keep an eye out for trauma-related reminders or "triggers" that may be difficult for your child. A child who gets overly upset or angry when seeing people involved in the trauma or hearing about what happened may need some additional help to learn how to cope with painful events or images.

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## Building a Safe Place

- "Respond" to your child rather than "react." Be mindful that because children often react to stressful situations with acting out rather than with words, discipline may need to be flexible. Rather than just punishing behavior, it is important that behavior be explored and understood.
- Offer your child consistent praise and reinforcement for adaptive coping strategies that the child might exhibit.
- Recognize that even the youngest child needs an explanation of what has happened. Use simple language and follow your child's cue as to how much information to offer at any given time. Be prepared to repeat the information.
- Recognize that as time goes by, and a child becomes older, new situations will stir up trauma reactions. Be prepared to revisit the traumas with your child and see professional support as needed.

Tefera, Graybill, Parks, and Kiser

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**“I have all the anger management skills I need. . I just can’t use them when I’m angry.”**

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### Triggers – What are they?

- Any reminder in the environment (or from within) of overwhelming events.
  - Smells
  - Sounds = **“Alarm”**
  - Touch
  - Feelings

*May cause pleasant or unpleasant memories, feelings or thoughts*

*Traumatized children may experience terror or panic reactions when triggered*

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### Recognizing Triggers

- Triggers lead to alarm reactions.
- Recognizing triggers in advance makes it possible to use Filing and Thinking Centers that turn down the alarm reactions.
- Recognizing triggers increases sense of personal control.

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## Coping with triggers: Creating a Safety Plan

- **Stop**
  - Stop and take several long, deep, breaths
- **Orient**
  - Look around and take in where you are *right now*
  - Note what’s going on in your body
- **Seek Help**
  - Use a “stress buster” to help you calm down
  - If needed, call a friend or adult you can trust

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## Resources

- Treating Trauma and Traumatic Grief in Children and Adolescents by Judith A. Cohen, Esther Deblinger, Anthony P. Mannarino (2006)
- [www.nctsn.org](http://www.nctsn.org)
- [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt) (Web based trauma training)
- [http://www.nctsn.org/nctsn\\_assets/pdfs/TF-CBT\\_Implementation\\_Manual.pdf](http://www.nctsn.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf)

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