Interventions for Children Exposed to Trauma

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Disclosure Statement

- The content of this presentation does not relate to any product of a commercial interest. Therefore, there are no relevant financial relationships to disclose.

Goals and Objectives

- Goal: To increase knowledge and understanding of how exposure to violence and trauma impacts children and interventions for supporting children following trauma.
  - Objectives:
    - Participants will learn trauma informed intervention strategies for children exposed to trauma.
    - Participants will understand the theoretical framework for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) including the specific treatment components.
    - Participants will understand the theoretical framework for Child Parent Psychotherapy (CPP) including the specific treatment components.

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PORTLAND
DEFENDING
CHILDHOOD
PROTECT HEAL THRIVE

- Portland Defending Childhood (PDC) is one of eight sites in the country funded by the U.S. Department of Justice focused on preventing children's exposure to violence and reducing the negative effects of violence.
- PDC focuses on promoting safe and thriving communities by offering information, support and evidence-based treatments.
- A collaborative effort, PDC is also aimed at building a coordinated information and referral network of violence prevention, intervention and treatment resources.

Community Counseling Center
Maine Mental Health Partners

Public Health
Portland Public Health Division

The Maine Children's Trauma Response Initiative

The Maine Children's Initiative

- A SAMHSA funded National Child Traumatic Stress Network (NCTSN) project site.
- A state-wide trauma-informed system of care for children who are suffering as a result of exposure to violence and other traumas.
- Provides a full range of trauma-informed services: outreach, community education, assessment and triage, training and treatment.
- Provides education, training, evidenced based treatment, and coordination of care to children who are suffering as a result of exposure to violence and trauma.

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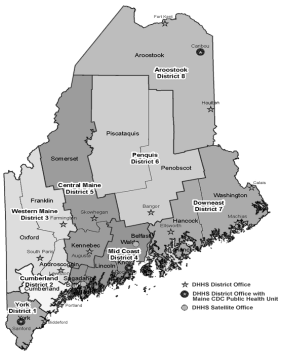
Aroostook Mental Health Center

Community Health and Counseling Services

Community Health and Counseling Services

Community Counseling Center

Counseling Services Inc.



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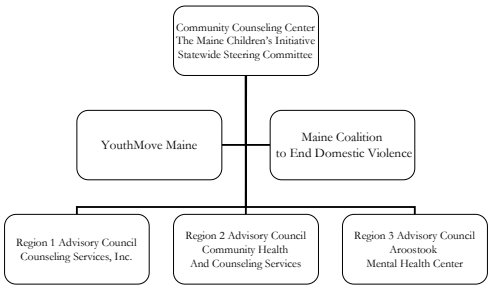
The Maine Children's Initiative



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Core Concepts for Understanding Traumatic Stress in Children

- Traumatic experiences are inherently complex.
- Trauma occurs within a broad context.
- Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
- Children can exhibit a wide range of reactions to trauma and loss.
- Danger and safety are core concerns in the lives of traumatized children.

Source: NCTSN Core Curriculum on Childhood Trauma Task Force (2012). Available at: www.nctsn.org

Core Concepts Continued…

- Traumatic experiences affect the family and broader caregiving systems.
- Protective factors can reduce the adverse impact of trauma.
- Trauma and post-trauma adversities can strongly influence development.
- Developmental neurobiology underlies children's reactions to trauma.
- Culture is closely interwoven with traumatic experiences, responses, and recovery.

Source: NCTSN Core Curriculum on Childhood Trauma Task Force (2012). Available at: www.nctsn.org

Secondary Traumatic Stress

- *Secondary Traumatic Stress* is "the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person"

~Charles Figley, 1999

Signs & Symptoms

- Symptoms mirror post traumatic stress symptoms
  - Avoidance, Arousal, and Re-experiencing
    - Increased irritability or impatience with clients/avoidance of clients
    - Difficulty sleeping
    - Increased sensitivity to violence, threat or fear
    - Persistent anger or sadness
    - Intense feelings and intrusive thoughts about the client's trauma (including nightmares).
    - Changes in how you experience yourself or others.
    - Increased fatigue or illness.

Risk Factors

- How exposed not as important as what is taken in
- Risk factors include:
  - High case load of clients who have experienced trauma
  - Lack of experience
  - Lack of training in EBT's
  - Lack of adequate supervision/support
  - Personal trauma history

Preventing (??) STS

- Build self-awareness
- Avoid self-care pitfalls: manage personal and professional stress
- Maintain and protect optimism
- Recognize resilience and survival mode
- Finding Inspiration: what motivates you?
- Build and maintain connections/collaboration
- Manage reactivity

Adapted from: ACS-NYU Children's Trauma Institute (September, 2011). The resilience alliance.

Managing STS : Views from the Field

- Visualization
- Stretching, breathing, getting fresh air
- Humor
- Supervision
- Scents (lavender, citrus, sage)
- Transition to home – leave it at the office
- Physical activity - exercise

Take Away Messages

- Be aware of the signs.
- Don't go at it alone.
- Recognize STS as an occupational hazard, not as a sign of weakness or incompetence. Use supervision and co-workers.
- Seek help with your own trauma history.
- If you see signs, talk to a professional.
- Attend to self-care – find that work/life balance.
- Identify and use coping strategies.

What is Trauma?

- "An overwhelming demand placed upon the physiological human system that results in a profound sense of vulnerability and/or loss of control." -*Robert Macy, The Trauma Center- Boston*
- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being – *(working definition), samhsa.gov, 2013*
- An event that overwhelms a person's ability to cope. - *Risking Connections, 1999*

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Types of Trauma

- Simple/Acute: a one time event or single incident of trauma that can lead to an extreme stress response that inhibits a person's ability to cope.
- Chronic/Complex: describes the impact of a person's exposure to multiple or prolonged traumatic events at critical developmental stages.
  - Typically, complex trauma occurs within the primary care-giving system. These types of exposures can have immediate and long term effects on a person's well being and can significantly impact neurobiological and psychosocial development.

Source: Gabowitz & Konnath, 2008.

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Examples of Traumatic Events

- Exposure to domestic violence
- Natural Disasters
- Medical procedures/Illness/Serious Accident
- School Violence/Bullying
- War/refugee trauma
- Dating violence
- Community violence
- The unexpected death of or separation from a loved one
- Prolonged illness or death of a loved one
- Physical violence/abuse
- Sexual violence/abuse
- Neglect
- Impaired caregiver (mental illness, substance abuse, etc.)
- Emotional/psychological abuse

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All children are impacted by a traumatic event; however, not all children are traumatized. Children are resilient and they just need the opportunity to strengthen that resilience through the help of people like you.

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The Scope of the Problem… Some Facts and Figures

•Research suggests that approximately 25% of American children will experience at least one traumatic event by the age of 16 (National Child Traumatic Stress Network, 2008).

•Childhood sexual abuse is all too common. One in four girls and one in seven boys experience sexual abuse during childhood (National Child Traumatic Stress Network, 2008).

•Anywhere between 3 and 10 million children are exposed to domestic violence in the United States every year. (Jouriles, McDonald, Norwood & Ezell, 2001).

•A study of adolescents showed that 48% had witnessed violence in their home, school, or community (National Child Traumatic Stress Network, 2008).

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Activity

- Emma's Story
  - •How does Emma act?
  - •What do you think Emma's response is when you try to speak/work with her?
  - •How do you feel when trying to interact with Emma?
  - •What are Emma's strengths/protective factors?

•Questions to Consider
  - •When children/adolescents experience chronic exposure to traumatic events…
  - •How do they feel?
  - •What do they learn?
  - •How do they act?
  - •What do you see (i.e. symptoms, behaviors, attitudes, etc.)?

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Child Traumatic Stress

- Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.
- Early childhood stress can impact the developing brain, nervous system, and immune system.
- Repeated exposure to traumatic events can affect the child's brain and nervous system and increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships.

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How Children Respond to Trauma

- A child's reactions to trauma will vary depending on:
  - Age and developmental stage
  - Temperament
  - Perception of the danger faced
  - Trauma history (cumulative effects)
  - Adversities faced following the trauma
  - Availability of adults who can offer help, reassurance, and protection

Adapted from: Caring for Children Who've Experienced Trauma: Resource Parent Workshop. NCTSN (2010).

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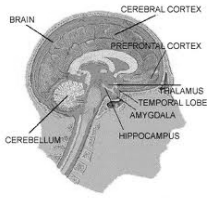
The Biology of Trauma

- Experiencing trauma, especially complex or early trauma, can affect neurobiological development in a variety of ways.
- Experiencing childhood trauma can impact developing neural systems and brain structures such as the…
  - Hypothalamus/Pituitary/Adrenal Axis (HPA)
  - Hippocampus
  - Amygdala
  - Prefrontal Cortex



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Brain Structures and Functions

- HPA: physiological regulation (appetite, sleep, emotions)
- Amygdala: emotion regulation
- Hippocampus: forms and stores memories and is involved in learning
- Pre-frontal cortex: Reasoning, planning, judgment, impulse control, problem solving, emotion regulation

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/

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Trauma and Threat Response

- The brain has difficulty relaxing and is more sensitive to both real and perceived threats.
- The brain is always on alert and its ability to distinguish between real or perceived threats is limited.
- This can impact the brain's ability to integrate new information.
- When triggered by a trauma reminder or threat, the "thinking brain" shuts down and the "doing brain" takes over.

Source: Kinniburgh and Blaustein, 2005.

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Common Reactions in Infants and Preschoolers

Cognitive	Social	Emotional	Behavioral
▪Inability to understand the situation ▪Self-blame ▪Loss of some speech skills	▪Uncertainty of danger ▪Stranger anxiety ▪Trouble interacting with peers ▪Decreased responsiveness	▪Feeling of helplessness ▪General fear ▪Difficulties describing the event with words ▪Sadness, worry, fear/anxiety ▪Attachment difficulties	▪Trouble Sleeping ▪Trouble eating ▪Aggression ▪Yelling, irritability ▪Being fussy ▪Loss of previous toilet training

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Common Reactions in School Age Children

Cognitive	Social	Emotional	Behavioral
▪Self-blame ▪Distracted, inattentive ▪Poor academic performance ▪Pro-violent attitude ▪Decrease IQ ▪Poor memory	▪Poor peer relationships ▪Radical shift in how they view the world ▪Fear of being labeled "abnormal"	▪Persistent concern over safety ▪Fear/Anxiety ▪PTSD ▪Numbing ▪Shame ▪Low self-esteem	▪Nightmares ▪Aggression ▪Physical Complaints ▪Disobedience ▪Regressive Behaviors ▪Reckless behavior ▪Protective behavior

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Common Reactions in Adolescents

Cognitive	Social	Emotional	Behavioral
▪Defensive ▪Short attention span ▪Pro-violent attitude ▪Poor academic performance ▪Fantasy of retribution or revenge ▪Poor memory	▪Dating violence (victim or offender) ▪Increased risk of pregnancy ▪Withdrawal from family and friends ▪Less empathy for others	▪Feeling of helplessness ▪Rage/Shame ▪Numb ▪Depression ▪Anxiety ▪PTSD ▪General fear ▪Suicidal Thoughts and/or Attempts	▪Substance use ▪Alcohol use ▪Early Sexual Activity ▪Self-Harming Behavior ▪Running Away ▪Aggression ▪Truancy

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Protective Factors

- Factors that can increase resilience include:
  - A strong relationship with at least one competent, caring adult.
  - Feeling connected to a positive role model/mentor.
  - Having talents and abilities nurtured and appreciated.
  - Feeling some control over one's own life.
  - Having a sense of belonging to a community, group, or cause larger than oneself.

SOURCE: Caring for Children Who've Experienced Trauma: Resource Parent Workshop. NCTSN (2010).

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The Basics…

- Social support is a key mediating factor in determining adaptation to victimization.
- Believe and validate the child's experience.
  - Tolerate the child's feelings.
  - Manage your own emotional response.
  - Encourage self-regulation.

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Common Themes in Evidence Based Interventions for Child Traumatic Stress

- Screening and Assessment
- Psychoeducation
- Behavior Management
- Emotion/Affect Regulation
- Trauma Narrative/Processing
- Safety
- Caregiver Involvement

Note: The following strategies are based upon some of those found in TF-CBT and CPP. However, many of these strategies are common to other evidence based treatments for child traumatic stress.

Screening and Assessment: Purpose

- Leads to earlier identification, intervention, and treatment.
- Provides comprehensive history of trauma exposure.
- Leads to more accurate diagnosis.
- Determines appropriate treatment approach.

Examples of Standardized Screening and Assessment Tools for Child Traumatic Stress

- UCLA PTSD-RI
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Child Behavior Checklist (CBCL)
- Strength and Difficulties Questionnaire (SDQ)
- Traumatic Events Screening Inventory (TESI)
- Child and Adolescent Needs and Strengths (CANS)

Reference to these tools can be found at: www.nctsn.org

Psychoeducation: Purpose

- Provide information regarding evidence based treatment model.
- Provide information that normalizes child's and parent's responses to the traumatic events.
- Instill hope.

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Psychoeducation Strategies

- Screening and Assessment
- Fact Sheets (www.nctsn.org)
- Developmental Guidance
- Psychoeducational Games/Activities

Behavior Management: Purpose

- Reinforce strategies that decrease frequency of disruptive/non-compliant behavior. Decrease unhealthy/ineffective or unsafe parenting techniques.
- Increase the use of positive/effective and safe parenting strategies for child behavior problems.
- When used correctly, these tools should increase positive behavior, decrease behavior problems, and improve parent-child relationship.
- Identify triggers to disruptive/non-compliant behavior.
- Help parents understand the meaning behind disruptive/non-compliant behavior.

Behavior Management Strategies

- Use of specific praise.
- One-on-one time.
- Active ignoring of negative behavior.
- LOW and SLOW: specifically during times of escalation.
- Coaching, modeling, in-vivo practice.
- Explore the meaning of a child's behavior.

LOW and SLOW

- LOW
  - Lower the volume and pitch of your voice.
  - Keep a matter of fact tone regardless of the situation.
  - Speak in short sentences without a lot of questions.
  - Don't preach- this is about talking with the child, not at the child.
- SLOW
  - Slow your self down by slowing down your heart rate. Take slow, deep breaths.
  - Slow down your rate of speech and make sure to pause between sentences.
  - Slow down your body movements.
  - Slow down your agenda and take your time.

Source: Community Counseling Center (2008). TF-CBT Clinician Implementation Guide: 1st Edition.

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What behavior management skills do you teach?

Emotion/Affect Regulation: Purpose

- Help children/caregivers learn safe relaxation exercises that can help reduce physiologic manifestations of fear, anxiety, stress, and PTSD.
- Help children and caregivers learn skills to accurately identify, process, express, and regulate emotions.
- Teach children/caregivers to accurately identify and talk about a range of feelings and feeling intensity.
- Help children/caregivers identify different feelings and find appropriate strategies for expressing feelings.
- Support transfer of emotional expression/regulation skills to daily living and interactions.

Emotion/Affect Regulation Strategies

- Relaxation/Mindfulness Activities
- Identify and label emotions and emotion intensity.
- Connect emotions to body sensations
- Identify coping strategies to decrease emotional intensity.

Trauma Narrative/Processing: Purpose

- Help the child/caregiver approach rather than avoid negative feelings associated with the traumatic event(s).
- Reduce intensity of overwhelming negative emotions such as fear, anxiety, helplessness, guilt, and shame associated with the traumatic event(s).
- Elicit, identify, and dispel cognitive distortions held by the child/caregiver about the traumatic event(s).
- Learn how to talk/communicate about the traumatic event(s)

Creating Safety: Purpose

- The more successful we are at helping children/families feel safe and comfortable, the more likely we are to keep them engaged.
- Children and families understand your role in keeping them safe and that they are not alone in their experience.
- Helps identify points of fear or potential danger for the child/family in the present/future.
- Help the child/family build the skills necessary to keep them safe in the present/future.

Steps to Building Safety

- Provide children/caregivers opportunities for choice and control.
- Identify and practice specific safety skills and strategies.
- Be predictable and prepare children/caregivers for changes.
- Provide structure, routine, and boundaries.
- Develop safety plans for specific areas of danger and fear.
- Create/Identify opportunities for the parent to provide physical and emotional safety for the child.
- Create/Identify opportunities for the parent/child to experience safety in the context of the therapeutic relationship.

How do you address safety in your practice?

Note: Our perception of safety and what is "safe" may be very different from that of our clients.

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TRAUMA FOCUSED
COGNITIVE BEHAVIORAL THERAPY
(TF-CBT)
Developers:
Anthony Mannarino, MD, Allegheny Hospital
Judy Cohen, MD, Allegheny Hospital
Esther Deblinger, PhD, CARES Institute

The What and Why of TF-CBT

- Evidenced based treatment model
- Short term (16-18 sessions), skilled based components that combine CBT, mindfulness, behavioral interventions, gradual exposure, and trust/empowerment enhancement strategies
- Flexible treatment model can be provided in variety of treatment settings (i.e. school, residential, home, outpatient)
- Provided to children 3-21 yo (evidence base for 5-18)
- Caregiver involvement
- TF-CBT has been found to reduce symptoms in over 80% of children/adolescents who receive treatment protocol
- Designated model practice by SAMHSA's National Registry of Effective and Promising Practices and by the National Child Traumatic Stress Network
- Maine's DHHS Office of Child and Family Services (OCFS) supports the statewide implementation of TF-CBT

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Efficacy of TF-CBT

Randomized controlled trials showed TF-CBT to be extremely effective in decreasing post traumatic stress related symptoms such as: depression, anxiety, sexualized behaviors, hyper-vigilance and feelings of shame and mistrust.

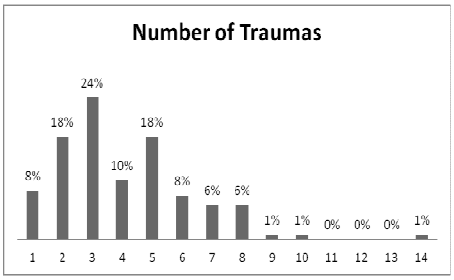
- Cohen, J.A. & Mannarino, A.P. (1996). A treatment study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 42-50.
- King, N.J., Tonge, B.J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., Martin, R. & Ollendick, T.H. (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 1347-1355.
- Cohen, J.A., Deblinger, E., Mannarino, A.P. & Steer, R. (2004). A multisite randomized controlled trial for multiply traumatized children with sexual abuse related PTSD. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(4), 393-402.

Efficacy of TF-CBT

Positive results from TF-CBT (i.e. decrease in negative symptoms and increase in positive thoughts, feelings and behaviors) maintained over time.

- Cohen, J.A., & Mannarino, A.P. (1997). A treatment study of sexually abused preschool children: Outcome during one year follow-up. *Journal of American Academy of Child and Adolescent Psychiatry, 36*, 1228-1235.
- Deblinger, E., Steer, R. & Lippman, J. (1999). Two year follow-up study of cognitive behavioral therapy for sexually abused children suffering posttraumatic stress symptoms. *Child Abuse and Neglect, 23*, 1371-1378.
- Cohen, J.A., Mannarino, A.P. & Knudsen, K. (2005). Treating sexually abused children: One-year follow-up of a randomized controlled trial. *Child Abuse and Neglect, 29,* 135-145.

CCC *The Children's Initiative* Data 2007-2012



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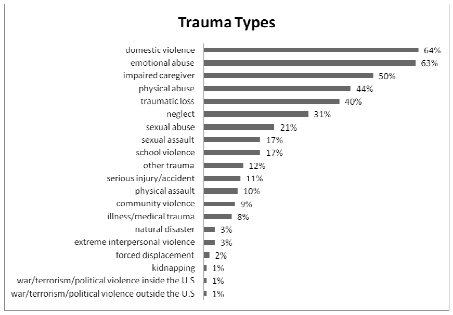

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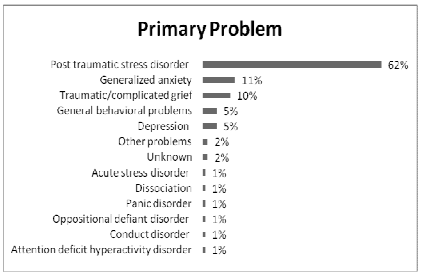

Treatment Results

CCC *The Children's Initiative* Data 2007-2012

- By the end of treatment, 98 percent of clients are in the normal range for PTS and depression, 95 percent are in the normal range for anger and anxiety, and 91 percent are in the normal range for dissociation.

TF-CBT Treatment Approach PRACTICE

- **P**sycho-education and **P**arenting Skills
- **R**elaxation
- **A**ffective expression and regulation
- **C**ognitive Coping
- **T**rauma narrative development and processing
- **I**n vivo gradual exposure
- **C**onjoint parent child sessions
- **E**nhancing safety and future development

TF-CBT Testimonial

- "I have also seen TF-CBT be helpful with an Iraqi boy who demonstrated symptom reduction prior to reaching the trauma narrative stage in counseling sessions. In this case, psycho ed about the model unintentionally encouraged the mother to be more open to talking with the child about the trauma at home, thus resulting in symptom reduction via home-based trauma reprocessing."

Kim Nagy, LCSW
Clinician, Community Counseling Center

Child Thoughts

- "You only have one life. You don't want to spend most of your life being mean and yelling at your kids for no reason. I have learned since coming to therapy that I am sweet and kind. I've learned that just because my parents were mean to me, I don't have to be mean to other people. I have learned that just because it has happened to me, I'm not alone. It has happened to a lot of kids and I can relate to a lot of people."

11 year old

TF-CBT Testimonial

- "TF-CBT is a fantastic evidence based model that is able to be adapted to compliment almost any child's personality and therapist's style. It's structured approach aids in staying focused and on track and lends itself to being predictable to the client. The various modules build upon one another helping the client gain mastery and preparedness needed as they move towards symptom reduction and healing."

Nathan Hallowell, LCPC
Generalist, Chelsea Day & Residential Treatment Programs

Child Parent Psychotherapy (CPP)

Developers:

Alicia Lieberman, PhD

Patricia VanHorn, PhD

University of California, San Francisco

The What and Why of CPP

- Evidence-based trauma treatment for infants, toddlers, and preschoolers, aged 0-6.
- Focus of the treatment is to help the child and the caregiver reconnect and heal from past trauma. This healing can lead to decreased anxiety, and more confident and trusting relationships.
- Focuses on helping the caregiver understand and manage child's behavior.
- Helps foster communication between child and caregiver about past trauma.
- Treatment usually lasts up to a year and incorporates the use of play, parenting and safety skills, and attachment based interventions.

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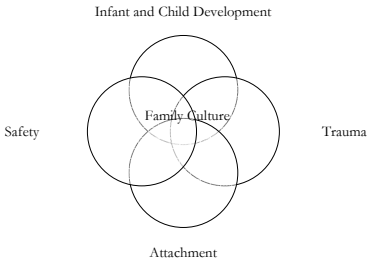
Efficacy of CPP

- Lieberman, A.F., Van Horn, P., & Ghosh Ippen, C. (2005). Toward evidence based treatment: Child Parent Psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry, 44 (12),* 1241-1248.
- Lieberman, A.F., Van Horn, P., & Ghosh Ippen, C. (2006). Child-Parent Psychotherapy: 6 month follow up of randomized control trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 45 (8),* 913-918.
- Toth, S.L., Rogosch, F.A., & Cicchetti, D. (2008) *Attachment theory informed intervention and reflective functioning in depressed mothers.* New York, NY: Guilford Press.
- Lieberman, A.F. & Van Horn, P. (2005). "*Don't hit my mommy!: A manual for Child Parent Psychotherapy with young witnesses of family violence.* Washington, D.C.: Zero to Three Press.

The Theoretical Lenses of CPP



Source: CPP Learning Collaborative Handouts (2010). NCTSN.

CPP Objectives: The Why

- Develop empathic relationship with family members
- Enhance Safety
- Strengthen family relationships: Promote emotional reciprocity
- Coordinate Care
- Strengthen dyadic affect regulation capacities
- Strengthen dyadic body based regulation
- Enhance understanding of the meaning of behavior
- Support child in returning to normal developmental trajectory
- Normalize the traumatic response
- Support dyad in acknowledging the impact of trauma
- Help dyad differentiate between past and present
- Help dyad put the traumatic experience in perspective

Source: Ghosh Ippen, Van Horn, & Lieberman (2013). CPP Fidelity Assessment Toolkit.

CPP Testimonial

- "What I appreciate the most about CPP is that this therapeutic approach is no longer aimed at the parent's expectations of "fixing" the child. It's geared towards building and nurturing the strengths of the child's mode of expressions and communication while nurturing the parent/caregiver to become the role of protector, strong role model, and positive parent. At the end of the day, I get to see the changes in their relationship and attachment from withdrawn/conflicted to loving, protecting, and healthy relationships."

  -Kristine Dach, LCPC
  Community Counseling Center

CPP Core Elements: The How

- Provide concrete assistance with problems of daily living.
- Help parents provide physical safety- support parent as protector.
- Provide unstructured reflective developmental guidance.
- Help parents provide emotional safety.
- Interpret feelings and actions: Link past to present.
- Remember that the past includes ghosts as well as angels.
- Be a conduit: Construct a joint trauma narrative with a shared understanding of trauma.
- Participate in reflective supervision.

Source: CPP Learning Collaborative Handouts (2010). NCTSN.

CPP Ports of Entry: The Where

- Child's or parent's behavior
- Parent-child interaction
- Child's representation of self or parent
- Parent's representation of self or child
- Inter-parental conflicts
- Child-therapist relationship
- Parent-therapist relationship
- Child-parent-therapist relationship

Source: CPP Learning Collaborative Handouts (2010). NCTSN.

CPP Testimonial

- "CPP has been a breath of fresh air for me to learn and practice. It uses reflective listening and reflective supervision as a touch stone for everything it stands for. It encourages us as clinicians to slow down, to breath and to stay nimble based on our instincts. It has been a joy to re- define our client as the relationship between the caregiver and the child. This focus helps guide our decisions within the sessions as well as in our case formulation."

  -Patti Ross, LCSW
  Community Counseling Center

Reflective Supervision

- Focus is on the:
  - Parallel process
  - Professional and personal development within one's discipline
  - How relationships affect emotional response, which then impacts the relationships
  - Self-discovery
- "Do unto others as you would have others do unto others." J. Pawl

Source: Michigan Association for Infant Mental Health. *Best Practice Guidelines for Reflective Supervision/Consultation.*

Points to Consider…

- All adults can support children and families who have experienced trauma using trauma-informed interventions and approaches.
- Child traumatic stress reactions are broad and reach beyond the diagnostic classification of PTSD. Protective factors can reduce these reactions and promote healing following exposure to trauma and violence.
- Thorough trauma screening and assessment is necessary for accurate diagnosis and understanding of a child and family's experience and presentation to services.
- Practitioners should utilize evidence based treatments or refer to evidence based treatments whenever possible when children present with traumatic stress reactions.

Conclusions

- Children and adolescents deserve a home and community that is safe.
- Children and adolescents are impacted by violence and trauma both directly and indirectly, and not all will react in the same way. The impact of violence and trauma on children can be short or long term.
- Children and adolescents are resilient and should have every opportunity to lead happy and healthy lives. When given the proper support following exposure to violence and trauma, children can heal and thrive.
- Early intervention, coordinated support, and/or evidence based treatment following exposure to violence and trauma can help children and adolescents recover from these experiences.
- There should be no wrong door to quality, evidence-based services for children and families that have been exposed to violence and trauma. Responses and services should be coordinated, collaborative, and culturally competent.

Source: MC-TRI (2013) Core Messages

Resources

Child Trauma Resources
www.nctsn.org

TF-CBT web training
www.musc.edu/tfcbt

Child Trauma and Brain Research
www.childtrauma.org

Childhood Exposure to Violence Resources
www.futureswithoutviolence.org

Model Developers

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- TF-CBT was developed by Judy Cohen, Anthony Mannarino, and Esther Deblinger of Allegheny University and the CARES Institute.

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