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**CHILDHOOD EXPOSURE TO VIOLENCE
AND TRAUMA:
IMPACT, INTERVENTIONS, AND
TREATMENT**



The Maine Children's Initiative



NCTSN The National Child Traumatic Stress Network

**PORTLAND
DEFENDING
CHILDHOOD**
PROTECT HEAL THRIVE



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Agenda

- **Goals and Objectives**
- Definitions of trauma
- How trauma and violence can impact children
- What YOU can do to build resiliency in children exposed to trauma and violence
- Evidence-Based Treatment Models
- Compassion Fatigue and Self-Care



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Objectives

- Participants will understand the prevalence of childhood exposure to violence (CEV) and trauma.
- Participants will be able to identify examples of childhood exposure to trauma and symptoms of child traumatic stress.
- Participants will develop concrete skills to support children experiencing traumatic stress reactions related to childhood exposure to violence and trauma.



Core Training Messages

- Self Care
- Resiliency
- Coping and Strength
- Support and Supervision



Why are we talking about trauma?

- Many children have lived through traumatic experiences.
- Children bring their traumas with them into our interactions.
- Children's trauma affects us too:
 - Compassion fatigue
 - Secondary traumatic stress



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

The Push-Pull of Trauma Informed Care



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What is trauma?

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Trauma

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, 2014



Psychological Trauma

- An overwhelming event - witnessed or physically experienced - that threatens our physical and/or mental wellbeing.
- A sense of vulnerability or a loss of control
- A feeling of helplessness and/or fearfulness
- Impact on relationships and belief systems

Types of Trauma

- Acute
- Chronic/Complex



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
- Cult violence/abuse
- Fire/forced displacement
- Neglect
- Impaired caregiver (mental illness, substance abuse, etc.)
- Emotional/psychological abuse



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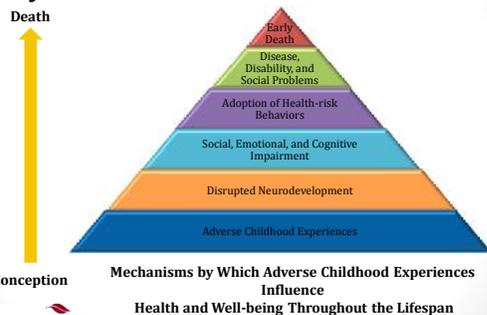
Brief Overview of ACEs Study

- Examines the health and social effects of Adverse Childhood Experiences (ACEs)
- 10-item questionnaire about occurrence of adversities in childhood such as abuse and neglect
- Two-thirds reported at least one ACE
- 1 in 5 participants reported 3 or more ACEs

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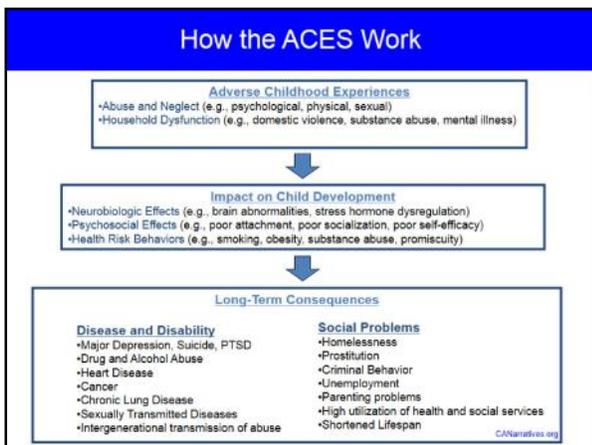
Source: Anda et al., 2006

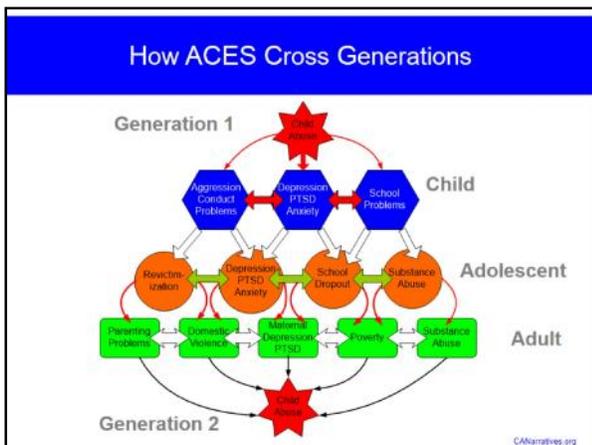
Long-Term Trauma Impact ACE Pyramid

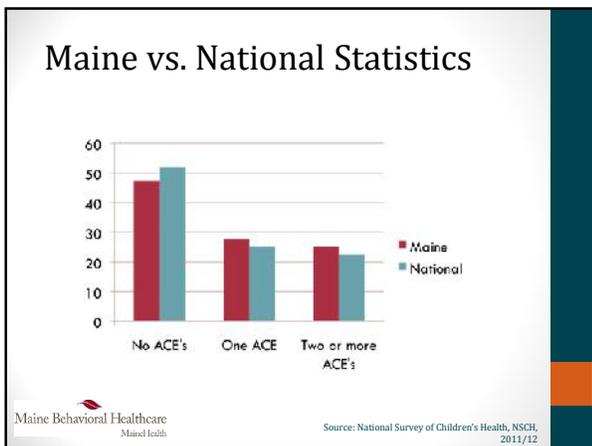


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Source: Center for Disease Control, 2014







The Numbers

- More than 3 in 5 American children have had at least some exposure to violence, crime, or abuse, direct or witnessed (National Survey of Children's Exposure to Violence, 2011)
- More than half a million children were victims of child abuse and neglect, with children under 1 year-old having the highest rate of victimization (U.S. Department of Health and Human Services: Administration for Children & Families. Child Maltreatment, 2012)
- In a sample of American Indian and Alaska Native youth (N=89), an average of 4.1 lifetime traumas were reported, with threat or witnessing of violence towards another being the most common (Deters, Novins, Fickenscher, & Beals 2006)
- Children with developmental disabilities are two-three times more likely, than typically developing youth, to experience exposure to trauma (Sullivan, 2009; Turner et al., 2011)
- In 2016, an estimated 37,500 children entered the U.S. as a documented refugee or asylee; close to 90,000 arrived without legal status (ChildTrends.org. Moving Beyond Trauma Child Migrants and Refugees in the U.S., retrieved February 2017)

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Think of an Iceberg...



Trauma & Brain Development

- 90% of brain development occurs by age 5.
- In the first few years of life, at least 700 neural connections are made each second.
- [Experiencing trauma and toxic stress can seriously affect brain development in children.](#)

Flipping Your Lid...



Trauma and Threat Response

- The brain:
 - has difficulty relaxing
 - is always on alert
 - is always scanning for threat
- When triggered, the “thinking brain” shuts down and the “doing brain” takes over.
- Fight, Flight or Freeze response



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
 - Culture



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

Common Reactions in Infants and Preschoolers

Cognitive	Social	Emotional	Behavioral
<ul style="list-style-type: none"> ▪ Inability to understand the situation ▪ Self-blame ▪ Loss of some speech skills 	<ul style="list-style-type: none"> ▪ Uncertainty of danger ▪ Stranger anxiety ▪ Trouble interacting with peers ▪ Decreased responsiveness 	<ul style="list-style-type: none"> ▪ Feeling of helplessness ▪ General fear ▪ Difficulties describing the event with words ▪ Sadness, worry, fear, anxiety ▪ Attachment difficulties 	<ul style="list-style-type: none"> ▪ Trouble Sleeping ▪ Trouble eating ▪ Aggression ▪ Yelling, irritability ▪ Being fussy ▪ Loss of previous toilet training



Common Reactions in School-Age Children

Cognitive	Social	Emotional	Behavioral
<ul style="list-style-type: none"> ▪ Self-blame ▪ Distracted, inattentive ▪ Poor academic performance ▪ Pro-violent attitude ▪ Decrease IQ ▪ Poor memory 	<ul style="list-style-type: none"> ▪ Poor peer relationships ▪ Radical shift in how they view the world ▪ Fear of being labeled "abnormal" 	<ul style="list-style-type: none"> ▪ Persistent concern over safety ▪ Fear/Anxiety ▪ PTSD ▪ Numbing ▪ Shame ▪ Low self-esteem 	<ul style="list-style-type: none"> ▪ Nightmares ▪ Aggression ▪ Physical Complaints ▪ Disobedience ▪ Regressive Behaviors ▪ Reckless behavior ▪ Protective behavior



Common Reactions in Adolescents

Cognitive	Social	Emotional	Behavioral
<ul style="list-style-type: none"> ▪Defensive ▪Short attention span ▪Pro-violent attitude ▪Poor academic performance ▪Fantasy of retribution or revenge ▪Poor memory 	<ul style="list-style-type: none"> ▪Dating violence (victim or offender) ▪Increased risk of pregnancy ▪Withdrawal from family and friends ▪Less empathy for others 	<ul style="list-style-type: none"> ▪Feeling of helplessness ▪Rage/Shame ▪Numb ▪Depression ▪Anxiety ▪PTSD ▪General fear ▪Suicidal thoughts and/or Attempts 	<ul style="list-style-type: none"> ▪Substance use ▪Alcohol use ▪Early Sexual Activity ▪Self-Harming Behavior ▪Running Away ▪Aggression ▪Truancy



Culture Matters

- Culture shapes an individual's experience of the world.
- Culture shapes how someone responds to intervention.
- Culture shapes access to other services that might be crucial for people.
- The culture of the advocate/professional, the system, and the other person will impact outcome.

Intercultural Stressors

Systems and institutions, in addition to prejudice creates added stress disproportionately impacting non-white people.

- Systems trauma (discrimination and/or alienation)
- Historical trauma
- Racism
- Biased and secularized social environment
- Language barriers & acculturation

In other words...

Children's emotional and behavioral reactions to trauma can be challenging. They are not always calculated or conscious and may act out for a variety of unconscious reasons:

- To reenact patterns or relationships from the past
- To increase interaction with a caregiver- even if the attention is negative
- To keep people at a distance
- To vent frustration, anger, sadness, or anxiety
- To protect themselves



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Adapted from: Zero to Six Collaborative Group, National Child Traumatic Stress Network. (2010). Early childhood trauma

Think about an invisible backpack...

- Trauma affects how children feel, behave, and think...
- The Invisible Backpack
 - Beliefs about self
 - Beliefs about adults who care for them
 - Beliefs about the world
- What is in the child's invisible backpack?



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

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What YOU Can Do

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



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Protective Factors

- Factors that can increase resilience include:
 - Strong relationships
 - Feeling connected
 - Feeling nurtured and appreciated
 - Feeling some control over one's own life.
 - Having a sense of belonging.



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

All Adults Can Help A Child Who Has Experienced Trauma

- Tune in to the child's emotions.
- Help the child identify and put into words the feelings beneath the actions.
- Acknowledge and validate the child's feelings.
- Correct negative behaviors and inappropriate or destructive emotional expression and help the child build new behaviors and emotional skills.
- Encourage positive emotional expression and behaviors by supporting the child's strengths and interests.



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

What is Cultural Healing?

- Connecting people to their identity through understanding traditions, customs, and practices.
- Examining the effects of historical and/or cultural trauma, not only within a single individual or family, but across entire communities.
- Listening, caring, and giving voice to what is carried forward across generation.

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

How do you create safety?

How do you create hope?



Creating Safety



- Do not make a promise unless you know you can keep it.
- However, you can say, "I will do everything I can to keep you safe." and "Here is what I will do to help keep you safe."
- Physical safety and emotional safety are different.
- A child's definition of safety may not be the same as yours.
- To help children feel safe, we need to look at the world through the "trauma lens."
- The more successful we are at helping children feel safe and comfortable, the more likely we are to keep them engaged.

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

Steps to Building Safety

- Objective:** Children understand your role in keeping them safe and that they are not alone in their experience.
- Promoting Safety**
 - Give children control over some aspects of their lives.
 - Set limits.
 - Be predictable and prepare children for changes.
- Give a safety message**
 - Messages:
 - "You are not alone."
 - "These are the things I will do to keep you safe."
- Provide structure, routine, and boundaries**
 - Set clear and simple rules, but be flexible.
 - Be willing and prepared, to tolerate strong emotional reactions.
 - Be consistent.
 - Respect and teach physical boundaries.



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Coping with Feelings

- Objective:** Help children learn safe relaxation exercises that can help children control anxious/upset feelings through...
 - Breathing exercises: controlled belly breathing
 - Progressive muscle relaxation
 - Guided imagery
 - Rapid relaxation
 - Safe place visualization
 - Other relaxation techniques for children/adolescents: music, exercise, stretching, meditation

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Dealing with Behaviors

- **Objective:** Manage challenging behavior
 - Use of specific praise
 - "You did a great job." v.s. "You did a very good job cleaning up the toys you were playing with."
 - 10:1 (Ratio of positive to negative statements for traumatized children/adolescents)
 - Active ignoring of negative behavior
 - Reinforce positive behavior
 - Behavior charts and rewards systems
 - LOW and SLOW: specifically during times of escalation.



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**
 - Slowing down your heart rate by taking slow, deep breaths.
 - Slow down your rate of speech and pause between sentences.
 - Slow down your body movements.
 - Slow down your agenda and take your time.

Working With Parents...

- Understand that parent reactions can be related to their own traumatic experiences or reactions to their child's traumatic experiences.
- Remember that traumatized parents are not "bad" and that blaming them or judging them can worsen the situation.
- Build on parents' desires to be effective in keeping their children safe and reducing their children's challenging behaviors.

Patience

- Working with children who have experienced trauma can be rewarding but also extremely challenging.
- You may not understand why children behave in certain ways.
- Be patient with yourself and the children you serve.
- Recognize that change happens very slowly. You may never see the outcomes of your efforts.
- Trust that your simple compassionate gestures are important elements to healing and surviving.



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When to Get Help

- If a child's responses (e.g., acting out, nightmares, recurrent thoughts or fears) have been getting worse, consider seeking a referral to a trained and qualified mental health professional for evidence-based treatment.

Evidence-Based Treatment: Child Parent Psychotherapy (CPP)

- Evidence-based dyadic trauma treatment for infants, toddlers, and preschoolers, aged 0-6
- Strengthens the parent-child relationship so that both parent and child can heal from trauma
- Focuses on helping the caregiver understand child's reactions and manage child's behavior
- Helps foster healthy attachment and communication between child and caregiver about past trauma
- Addresses intergenerational transmission



Evidence-Based Treatment: Child & Family Traumatic Stress Intervention (CFTSI)

- Evidence-based brief (4-8 sessions) treatment for children, ages 7-18 and their caregivers
- Designed to be delivered immediately after traumatic event or disclosure
- Reduces negative reactions or symptoms related to trauma
- Strengthens communication between caregiver and child
- Helps families learn and practice skills to reduce trauma reactions



Evidence-Based Treatment: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Evidence-based trauma treatment designed to help children and adolescents and their parents or caregivers overcome the negative effects of traumatic life events
- Short term: 12-20 sessions
- Parent/Caregiver Involvement
- Skill-Based Components and Gradual Exposure
- Strengthens communication between caregiver and child



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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen,
Kitchen Table Wisdom 1996

From: Françoise Mathieu, Compassion Fatigue Solutions walking on water | sagejournal | July 2002

Burnout

Burnout is "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations"

Related to "lack of fit" in...

- Workload -workload vs. resources
- Control - influence vs. accountability
- Reward - pay, recognition, satisfaction
- Community - relationships
- Fairness - equal treatment
- Values - ethical/moral



Compassion Fatigue

Compassion Fatigue is "a combination of physical, emotional, and spiritual depletion associated with caring for others in significant emotional pain and physical distress"



Prevalence of Compassion Fatigue

- **Child Welfare Workers (N = 187)** (Bride, Jones, & MacMaster, 2007)
 - 92% experienced some symptoms of STS.
 - 43% scored above the clinical cutoff.
 - 34% met core criteria for PTSD.
- **Social Workers (N = 529)** (Bride & Lee, 2012)
 - 48% met at least one of the core criteria for PTSD
 - 15% scored above the clinical cutoff.
 - 11% met the core criteria for PTSD.
- **Substance Abuse Counselors (N = 936)** (Bride & Roman, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.

Signs & Symptoms

- Increased irritability or impatience with others; "silencing response".
- Intense feelings and intrusive thoughts about the traumatic experiences you are being secondarily exposed to.
- Changes in how you experience yourself or others.
- Persistent anger or sadness.
- Increased fatigue or illness.
- Disconnection from loved ones and/or co-workers; disconnection from spirituality.

Specific Self Care Tools

- Stretching, exercise, getting fresh air, taking a time out
- Music
- Healthy eating
- Scents (lavender, citrus, sage)
- Engaging in a hobby or creative activity
- Professional supervision and/or support from co-workers
- Self-care buddy
- Transition to home – leave it at the office
- Humor!
- Knowing your limits
- Develop/implement plan to increase personal wellness/resilience
- Support from family and/or friends
- Professional counseling
- Attend to spiritual relationships

Managing Compassion Fatigue & Building Resilience

- Building awareness
- Avoid "self care" pitfalls
- Optimism
- Build and maintain connections
- Know your "triggers"
- Satisfaction with the job
- Finding Inspiration: what motivates you?
- Making Meaning



Why does this matter?

“To put the world in order, we must first put the nation in order; to put the nation in order; we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right.” - Confucius



Next Steps

- You can be a key to helping a child recover and heal from past trauma.
- Use a “trauma lens” when interacting with children and families.
- Think about evidence-based clinical treatment when a child shows signs of being unable to cope with traumatic stress.
- Seek self-care to decrease/manage “compassion fatigue.”
- Be patient and compassionate – to your clients, their families, your colleagues and yourself



Resources

- National Child Traumatic Stress Network: www.nctsn.org
- Futures Without Violence: www.futureswithoutviolence.org
- Maine Resilience Building Network <http://maineaces.org/wp/>
- Professional Quality of Life Screening (ProQOL) http://www.proqol.org/ProQol_Test.html
- ACS-NYU Children’s Trauma Institute – The Resilience Alliance
Promoting Resilience and Reducing Secondary Trauma Among Welfare Staff



Contact Us

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