

Trauma Informed Care



**Brevard Family
Partnership**

Protecting Children, Strengthening Families, Changing Lives.

http://www.ncdsv.org/ncd_911.html



Objectives

- Define traumatic stress and how it impacts children
- What does a child who experiences traumatic events look like to you?
- Understand how children experience trauma and how interactions and care can either help mitigate the impact of trauma or inadvertently add new traumatic experiences
- Determine how child and family resiliency after trauma can be enhanced
- To define what it is to be trauma informed

Definition of Trauma and Child Traumatic Stress

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or someone critically important to the child (e.g., a parent or sibling). Exposure to a single traumatic event that is limited in time (e.g., an auto accident, a gang shooting, or a natural disaster) is called an *acute trauma*.

Definition of Trauma and Child Traumatic Stress continued

Chronic trauma refers to repeated assaults on the child's body and mind (e.g., chronic sexual or physical abuse, exposure to ongoing domestic violence, emotional or physical neglect).

Complex trauma is a term used by some trauma experts to describe both exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child, and the immediate and long-term impact of such exposure on the child.

Common Reactions to Traumatic Stress

■ Emotional	■ Physical
■ Terror	■ Rapid Heart Rate
■ Intense Fear	■ Trembling
■ Horror	■ Dizziness
■ Helplessness	■ Loss of Bladder or Bowl Control
■ Disorganized or Agitated Behavior	

How Do Children Experience Trauma?

- Increased vulnerability when compared to adults for developing negative outcomes after trauma
- Separation and loss, although not life-threatening, may be perceived as so to children
- May manifest in destructive and maladaptive ways
- May impair the child's ability to relate to others, to succeed in school, and to control his/her emotions and behaviors

Review Henry Case Scenario

Preschool Age Children

- Crying, whimpering, screaming
- Appearing to be frozen
- Moving aimlessly
- Trembling
- Speech difficulties
- Irritability
- Repetitive reenactment of trauma themes in play or other activities
- Fearful avoidance and phobic reactions
- Magical thinking related to trauma (e.g., “...and then I jumped out the window and flew away.”)

Elementary School-Aged Children

- Sadness and crying
- Poor concentration and other behaviors commonly seen in attention-deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD)
- Irritability
- Fear of personal harm, or other anxieties and fears (e.g., fear of the dark)
- Nightmares and/or sleep disruption
- Bedwetting
- Eating difficulties
- Attention-seeking behaviors
- Trauma themes in play/art/conversation

Adolescents

- Feel extreme guilt if he/she were not able to prevent injury to or loss of loved ones.
- Fantasize about revenge against those he/she feels/knows caused the trauma.
- Be reluctant to discuss his/her feelings or even deny any emotional reactions to the
- Show traumatic responses similar to those seen in adults, including flashbacks, nightmares
- Emotional numbing, avoidance of reminders of the trauma, depression, suicidal thoughts, and difficulties with peer relationships

Adolescents

- Delinquent and/or self-destructive behaviors
- Changes in school performance
- Detachment and denial
- Shame about feeling afraid and vulnerable
- Abrupt changes in or abandonment of former friendships
- Pseudo mature actions, such as getting pregnant, leaving school, or getting married

**“Trauma...has
biological
consequences
on the
regulation of
brain
functions...”**



<http://www.youtube.com/watch?v=rVwFkcOZHJw>

TOXIC STRESS VIDEO

Why Is All of This So Important?

Leo Boatman

A Story of Abuse

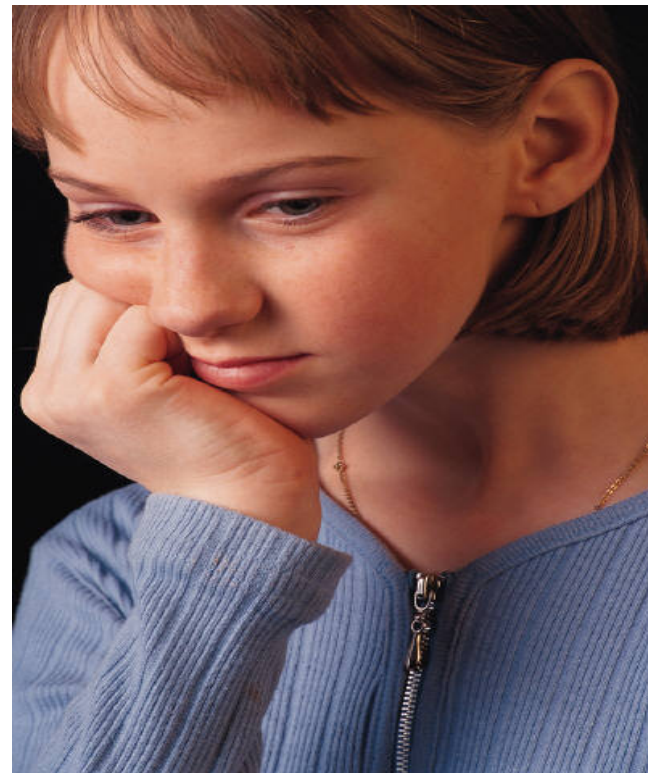






Applying a Trauma Informed Care Lens

Symptoms due to traumatic stress may be misinterpreted, misdiagnosed, and go untreated.



A Trauma Informed Care Practice

- **Understand Trauma** by recognizing that many behaviors and responses are ways of adapting to and coping with past traumatic experiences.
- **Promote safety** by establishing a safe physical and emotional environment where basic needs are met through ensuring your agency's discipline and behavior management practice do not add new traumatic experiences
- **Competency** by ensuring your staff responses are consistent, predictable, and respectful

A Trauma Informed Care Practice

- **Supporting Control, Choice, and Autonomy** by helping children regain a sense of control over their daily lives
- **Cultural Competence** by respecting diversity of families
- **Integrating Care** by believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
- **Recovery is Possible** by understanding that recovery is possible for everyone regardless of how vulnerable they may appear

Promoting Child and Family Resilience

Protective Factors		
Individual Characteristics	Family Characteristics	Community Characteristics
<ul style="list-style-type: none">• Cognitive Ability (thought process)	<ul style="list-style-type: none">• Family Connection	<ul style="list-style-type: none">• Positive school experiences
<ul style="list-style-type: none">• Self-efficacy (belief in one's ability to succeed in a particular situation)	<ul style="list-style-type: none">• Supportive parent-child interaction	<ul style="list-style-type: none">• Community resources
<ul style="list-style-type: none">• Internal locus of control (i.e., a sense of having control over one's life and destiny)	<ul style="list-style-type: none">• Social support (e.g., extended family support)	<ul style="list-style-type: none">• Supportive peers and/or mentors
<ul style="list-style-type: none">• Temperament		
<ul style="list-style-type: none">• Social Skills		

What Have We Done So Far?

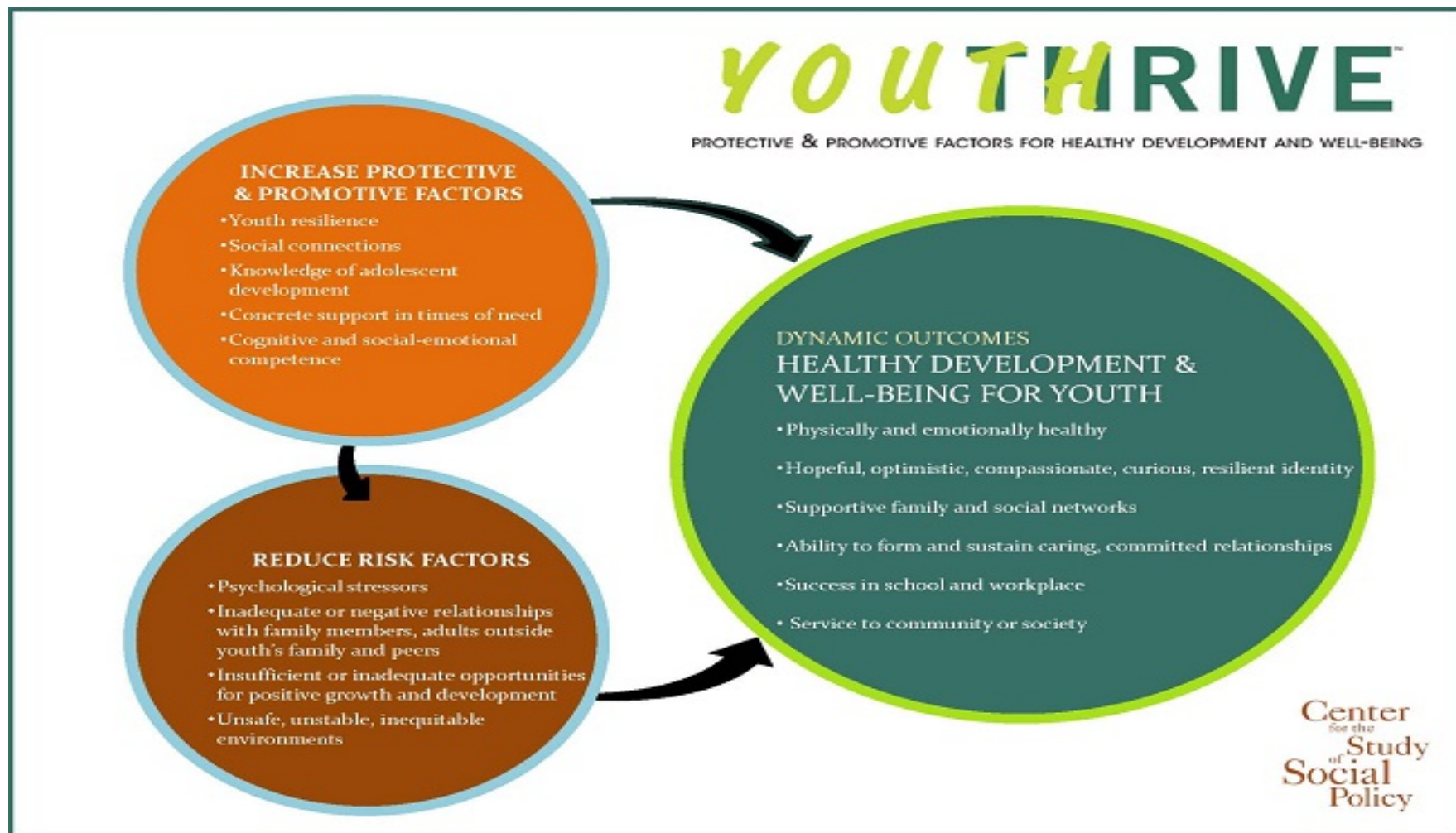


- October 2013 BFP developed a system transformation project which entailed establishing a framework for the incorporation of trauma informed care (TIC) across the community of practice.
- May 2013 we established a cross-system committee of champions to lead, guide and direct the initiative.
- June 19, 2013 Conducted Youth and Young Adult Café.
- June 20, 2013 Conducted TIC & PYD Summit.
- Brevard was selected by the Center for the Study of Social Policy to become a pilot Youth Thrive site.
- September 12, 2013 BFP was selected as a Leadership Action Project!
- Development of Youth Advisory Council

Brevard Family Partnership Trauma Informed Care/ Positive Youth Development Summit June 2013

<http://www.youtube.com/watch?v=4qn6vUbcSag>

Youth Thrive Framework



What We Ask of You

- Attend trainings, get educated, ask questions!
- Lend your talents in your area of expertise and learn new ones.
- Serve as leaders, guides and mentors.
- Help children and families see what commitment and perseverance can achieve!

Recommendations For The Future

- Understand that all children have strength and resilience
- Realize that research shows that successes at school/daycare can serve an important buffer in the lives of children exposed to a range of adverse childhood experiences
- Give children who are suffering from the effects of traumatic stress exposure opportunities to master new skills and experience success to help develop or strengthen & enhance their self-esteem

Resources

- <http://www.chadwickcenter.org/CTISP/images/TICWPracticeToolkit.pdf>
- http://www.safestartcenter.org/pdf/Resource-Guide_Polyvictim.pdf
- <http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>
- <http://www.thenationalcouncil.org/galleries/default-file/Seminole%20Strategic%20Plan.pdf>

Questions or Comments?

“No one can whistle a symphony. It takes a whole orchestra to play it.”

Halford E. Luccock -