January 2013
Volume 2, Issue 4

Focus on Trauma

Child Welfare Strategies to Promote Resiliency and Well-Being

Helping Children Heal

Research shows even when a young person has experienced complex trauma, the brain is capable of overcoming trauma and there is hope for healing.

Helping children heal from trauma must involve all parts of a child's life… "interventions cannot be limited to weekly therapy appointments, they must address the totality of the child's life, providing frequent, consistent replacement experiences so that the child's brain can begin to incorporate a new environment—one that is safe, predictable and nurturing. "[1]

That is why it is important to engage foster parents, teachers, and parents to set the stage for healing and structure positive experiences in all domains of the child's life, to strengthen healthy neural connections, and promote rehabilitation and learning.

This practice bulletin focuses on interventions and therapies to help children and adults deal with past abuse and trauma.

Our Responsibility

When referring a child for a trauma assessment or treatment, the social workers should:

- distinguish between a trauma-informed therapist and a generalist,
- know when to refer to which type of treatment, and
- know how to screen for providers who provide evidence-based trauma-informed treatments.

Trauma Interventions[2]

Addressing trauma starts with a comprehensive trauma assessment by a trauma-informed treatment specialist.

Treatment techniques are used for assisting with the following:

- Building a strong therapeutic relationship
- Affect expression and regulation skills
- Anxiety management
- Relaxation skills
- Cognitive processing/reframing
- Construction of a coherent trauma narrative
- Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience
- Personal safety/empowerment activities
- Resiliency and closure

Trauma treatment is designed to address the physical, emotional, and developmental symptoms of trauma, as well as address the underlying feelings, thoughts, and behaviors that accompany a trauma response. Skill building and psycho-education are important parts of trauma treatment.

[2] NCTSN http://www.nctsnet.org/

Issue Resources and References:

1. **Complex Trauma in Children and Adolescents,** pg 390 – 394, Psychiatric Annuls, May 2005, Cook et al
2. Child Welfare Committee, National Child Traumatic Stress Network. (2008). ***Child welfare trauma training toolkit:*** *Comprehensive guide* (2nd ed.). Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
3. Child Welfare Committee, National Child Traumatic Stress Network, NCTSN Empirically Supported Treatments and Promising Practices

Understanding Trauma Reminders:

Many children in the child welfare system have been through multiple traumatic events, often at the hands of those they trusted to take care of them. When faced with people, places, situations, or things that remind them of these events, *children may re-experience the intense and disturbing feelings tied to the original trauma.* These "trauma reminders" can lead to behaviors that seem out of place in the current situation, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.

When faced with a trauma reminder, children may feel frightened, jumpy, angry, or shut down. Their hearts may pound or they may freeze in their tracks, just as one might do when confronting an immediate danger. Or they may experience physical symptoms such as nausea or dizziness. They may feel inexplicably guilty or ashamed or experience a sense of dissociation, as if they are in a dream or outside their own bodies. Children's reactions may vary somewhat by age. [See Coping with Trauma Reminders, http://www.nctsnet.org/sites/default/files/assets/pdfs/cwt3_sho_reminders.pdf]

Child Welfare Trauma Training Toolkit: Comprehensive Guide
2nd Edition March 2008
http://www.nctsnet.org/

How Interventions Address the Effects of Trauma

Prior practice bulletins in this series have identified the effects of trauma on the development, emotions, physical health, functioning, and behaviors of children. Trauma interventions or treatment must not only address symptom reduction but also help the child change their thinking and feelings about the traumatic events and learn coping skills. The following components are included in trauma therapy or treatment.

Addressing Safety: *Creating a home, school, and community environment in which the child feels safe.*

Initial and ongoing interventions must assure that the child has physical and emotional safety in all domains of his/her life. Emotional or psychological safety means the trauma victim not only is safe, but they *feel* safe.

Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of trust. Child welfare workers are in a unique position to help these children recognize safety and begin to trust adults who do indeed deserve their trust.

Despite reassurance, these children may be convinced that danger is imminent or that the "bad thing" is about to happen again. It is therefore critical to create as safe an environment as possible. Children who have experienced trauma need repeated reassurances of their safety. When a child is experiencing a trauma reminder, it is important to state very clearly and specifically the reasons why the child is now safe. Each time a child copes with a trauma reminder and learns once more that he/she is finally safe; the world becomes a little less dangerous, and other people a little more reliable.

Engaging the child in strategies about how to feel safe promotes the child's resiliency and builds self-esteem.

Managing overwhelming emotions: *Enhancing a child's capacity to modulate arousal and restore equilibrium following disregulation of affect, behavior, physiology, cognition, interpersonal relatedness and self-blame.*

It's very difficult for children in the midst of a reaction to a trauma reminder to calm themselves, especially if they do not understand why they are experiencing such intense feelings.

Social workers need to learn as many specifics as possible about what the child experienced so that they can help caregivers and treatment specialists to identify when the child is reacting to a trauma reminder. Often there are patterns (time of day, month, season, activity, location, sounds, sights, smells) that will help understand when the child is reacting. When the child is able to recognize these trauma reminders, and have the skills to calm themselves, they have an opportunity to manage overwhelming emotions. Sometimes just realizing where a feeling came from can help to minimize its intensity. A child should never be forced into situations that seem to cause unbearable distress, and should be allowed to avoid the most intense trauma reminders, at least initially, until he or she feels safe.

How Interventions Address the Effects of Trauma

Managing overwhelming emotions, continued.

When the child is reacting to a trauma reminder, they need help discriminating between past experiences and the present one. Helpers or caregivers should calmly point out all the ways in which the current situation is different from the past. Part of the way children learn to overcome their powerful responses is by distinguishing between the past and the present. They learn, on both an emotional (feeling) and cognitive (thinking and understanding) level, that the new experience is different from the old one

It is our responsibility as social workers to assure that the child has tools to manage emotional and physical reactions. Deep breathing, meditation, or other techniques may help a child to manage emotional and physical reactions to reminders and often are part of trauma informed therapy or treatment.

Self-reflective information processing: *Helping the child construct self-narratives, reflect on past and present experience, and develop skills in planning and decision making.*

Constructing a self-narrative of the trauma events allows the child, with the support of the therapist, to put words to what may have been only undefined feelings and experiences. Constructing and reviewing the narrative is an 'exposure and processing exercise' designed to gradually but increasingly help children to master the experience; to face increasingly anxiety-provoking trauma-related memories until they can tolerate those memories without a dysfunctional response.

The trauma narrative offers an opportunity to normalize the child's reaction to trauma. It also offers an opportunity for the therapist to correct mistaken beliefs and perceptions, help clarify the connection between thoughts, feelings and behaviors, and challenge self-blame.

Traumatic experiences integration: *Enabling the child to transform or resolve traumatic reminders and memories using such therapeutic strategies as meaning-making, traumatic memory containment or processing, remembrance and mourning of the traumatic loss, symptom management and development of coping thinking and behavior.*

This phase of treatment helps children put trauma into perspective and helps them understand what happened to them does not have to define their lives. To put trauma into perspective, children need to be connected to the positive aspects of their lives and history and build connections that will sustain them across the disruptions in their lives.

As part of this process, they may need to grieve their losses, recognize their strengths, and be encouraged to look forward to positive future events in their lives.

Psycho-education can be provided during this phase of the treatment to help children and parents understand the effects of trauma, differentiate the past and the present, develop coping and decision-making skills, and look to the future through planning.

Relational engagement: *Teaching the child to form appropriate attachments and to apply this knowledge to current interpersonal relationships, including the therapeutic alliance, with emphasis on development of such critical interpersonal skills as boundaries and limit-assertiveness, perspective-taking, reciprocity, social empathy, and the capacity for physical and emotional intimacy*.

Attachment and positive relationships are basic needs for a child, along with safety and nurturance. The focus of this phase of therapy or treatment is to help the child have the capacity to effectively build meaningful relationships with others and may include skill building as well as relationship work.

Positive affect enhancement: *Enhancing a child's sense of self-worth, esteem and positive self-appraisal through the cultivation of personal creativity, imagination, future orientation, achievement, compedtence, mastery-seeking, community-building and the capacity to experience pleasure.*

This phase of treatment or therapy builds resiliency for the child through:

- Positive attachment and connections to emotionally supportive and competent adults within a child's family or community

Cont. next page

The next practice bulletin will focus on trauma-informed child welfare practice and feature pre-removal conferences and family interaction; two practices designed to mitigate stressors resulting from a family's involvement with the child welfare system.

Trauma treatment should help a trauma victim in the following ways:

- Understanding how past experiences trigger current responses
- Containing traumatic reminders and mourning losses
- Differentiating fearful memories/body responses from current danger
- Shifting from reactive to active lifestyle
- Being able to live in the moment
- Addressing and mastering frightening experiences in a safe environment
- Incorporating historical experiences into a larger sense of self and identity

Positive affect enhancement, continued**.**

- Development of cognitive and self-regulation abilities [affect regulation, cognition, altered consciousness, biology]
- Positive beliefs about oneself [self-concept]
- Motivation to act effectively in one's environment [behavioral control].

Treatment phases: It is recommended by the National Children's Trauma Stress Network that a phase approach be used for therapy, focusing first on providing safety, typically followed by teaching self-regulation. This can help avoid overloading children, who already may have cognitive difficulties, with too much information at one time. As children's capacity to identify, modulate and express their emotions stabilizes, treatment focus increasingly incorporates self-reflective information processing, relational engagement, and positive affect enhancement. These additional components play a critical role in helping children to develop in positive, healthy ways, and to avoid future trauma and victimization.

Individual and contextual differences in the lives of children and adolescents affected by complex trauma requires the flexible adaptation of treatment strategies in response to such factors as age and developmental stage, gender, culture and ethnicity, socioeconomic status, and religious or community affiliation.

Examples of Evidence-Based Treatment Models[3]

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related to traumatic life events; and enhance safety, growth, parenting skills, and family communication.

TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of post-traumatic stress disorder, fear, anxiety, or depression) related to traumatic life events; who have experienced a single trauma or multiple traumas in their life; who are experiencing traumatic grief; or with children and adolescents residing in many types of settings, including parental homes, foster care, kinship care, group homes, or residential programs.

According to SAMSHA and NCTSN, TF-CBT is the most well-supported and effective treatment for children who have been abused and traumatized. Multiple clinical research studies consistently have found it to help children with PTSD and other trauma-related problems and for use with abused and traumatized children.

Evidence-Based Treatment Models cont.

Attachment, Self-Regulation, and Competency (ARC)

ARC is a guideline for individuals working with traumatized children in the community and proposes systematic interventions that are based in phase-oriented treatment approaches. Interventions focus on building secure attachments, enhancing self-regulatory capabilities, and increasing competencies across multiple domains.

Each area of focus (attachment, regulation, and competency) is grounded in trauma-informed interventions, techniques, and auxiliary treatment methods. Based upon the child/adolescent's needs and strengths, the practitioner chooses appropriate interventions from a menu. Therapeutic procedures include psycho-education, relationship strengthening, social skills, parent-education training, and psychodynamic, cognitive, behavioral, relaxation, art/expressive, and movement techniques. The number of sessions, frequency, and duration all vary depending on client needs. ARC can be used in clinic, school, or community settings (e.g. transitional housing for homeless clients who have experienced domestic violence).

ARC targets both male and female participants ranging from early childhood through school age and teenagers (15–17). ARC targets children who have experienced chronic trauma such as sexual abuse, physical abuse, neglect, domestic violence, and community violence. Presenting problems typically include anxiety symptoms, depression, PTSD symptoms, bereavement/traumatic grief, sexualized behaviors, and multiple functional impairments.

Child-Parent Psychotherapy (CPP)

CPP is a trauma-informed evidence-based treatment for families with domestic violence and maltreatment, using dyadic attachment-based treatment for young children exposed to interpersonal violence and focuses on the way the trauma has affected the parent-child relationship. The components include a focus on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma related response, and joint construction of a trauma narrative, with the goal of returning the child to a normal developmental trajectory. Research demonstrates using CPP results in an improvement in the parent -child relationship, a decrease in behavioral problems and symptoms of anxious attachment and PTSD for both the child and the parent.

CPP targets children ages birth to 5. CPP is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

SPARCS is a group intervention specifically designed to address the needs of chronically traumatized adolescents who still may be living with ongoing stress and are experiencing problems in several areas of functioning. These areas include difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. Overall goals of the program are to help teens cope more effectively in the moment, enhance self-efficacy, connect with others and establish supportive relationships, cultivate awareness, and create meaning.

SPARCS demonstrates, in research, a decrease in symptoms resulting from chronic stress and improvement in social competency and emotional regulation.

SPARCS is designed for adolescents ages 12 -20 and is based in Cognitive-Behavioral Therapy and Dialectical Behavior Therapy for Complex Trauma. Components include: mindfulness, problem-solving, meaning making, relationship-building/communication skills, and distress tolerance.

NCTSN[3]

http://www.nctsnet.org/