Child Trauma Think Tank
Have you ever heard a politician, administrator, therapist, judge, or caseworker say “I am not for helping children”? 
“I get excited for new things”

“I like to sit on the sideline and see if it really works”

“I know what I’m doing. I don’t need anything else”
Our own recognition

WILLINGNESS TO

• Learn Something New
• Confront Own Resistance
• Move Beyond Habits/Pattems
• Fail
• Consider Importance of Supervisors
“Things do not change: we change.”
Henry David Thoreau
How do you experience these picture differently?
What is Trauma?

- **Overwhelming** event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

- **Internalization** of the experience that continues to impact perception of self, others, world, and development.
AT A YOUNG AGE, I WAS RAPED BY A BOY ON THE BACK OF A SCHOOL BUS.

SINCE THEN, I SIT AS CLOSE TO THE FRONT AS I CAN GET.
“I wake up every morning and I think about my grandma telling me I’ll never amount to anything, and I’ll end up just like my mom, then she’d slap me. When other things happen during the day, I hear my grandma’s words in my head and feel her hitting me. Then I’m rude and assault other kids and adults.” (15 year old girl)
Nine year old girl:

“Every day my cousin would come over to the house and they would do drugs. All the kids had to stay upstairs for hours, like three hours. We’d sneak down and they’d be in the kitchen with the door closed, laughing and acting weird. If they saw us, they yelled at us to go back upstairs.”

“I’d keep telling mom to stop, that it was bad for her. She’d say, ‘No it’s not, it’s good for me.’”
12 year old girl:

Have you ever asked your mom to stop using?

“Yeah. Mom said, ‘There ain’t no way – you keep dreaming.’”
Exploring the “Why” Behind Challenging Behavior

- Requires a *reframing* of often long-standing paradigms re the etiology of “bad behavior”
- Multiple factors: This is *complex* !!!
- Requires a *community-wide shift* of thinking differently
- The power of the *trans-disciplinary* mindset
Witnesses testified that the 3 year old, Prhaze was “evil” which led to her being repeatedly struck and tied to her father’s arm while she was in bed so that she could not move.
• “I know that the school can’t do shit to me. I have been through it all. My mom did not want me. My dad did not want me at the time but now he does. My grandma decided she did not want me. I am 15 now and am in foster care and convinced that no one wants me. Although I am in this foster home that really makes me feel safe.”
Paradigm Shift: Reframing Our Understanding of Behavior

• Perceived “bad” children:
  – Do **NOT** have sufficient flexibility & adaptability
  – Do **NOT** tolerate frustration well

• They also have significant difficulty applying these skills when they are most needed. (Greene, 2006)
The Shifting Age

Expectation
- Chronological Age

Reality
- Developmental Age
• Recurrent emotional abuse
• Contact sexual abuse
• An alcohol and/or drug abuser in the household
• An incarcerated household member
• Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
• Mother is treated violently
• One or no parents
• Emotional or physical neglect
Our Response to the Shifting Age

Willfulness!

Willfulness!!

Willfulness!!!

Willfulnessness!

Willfulnessness!!

Willfulnessness!!!
Our typical response to “Bad” Behavior

- These kids get all kinds of labels
- They usually get labels that tell you that these kids are BAD
- PTSD, ADHD, ODD, Bipolar Disorder, Conduct Disorder diagnoses do NOT capture the full extent of the developmental impact of what is going on for these kids
Behavior Exercise
Robert Guthrie
The PKU Story
A CRUSADE AGAINST MENTAL RETARDATION

Jean Holt Rohr
• What happens to the Brain??
From simple to complex: Hierarchy of brain function

Neocortex

Limbic

Diencephalon

Brainstem

All sensory input enters here

Abstract Thought
Concrete Thought
Affiliation w/ mate
Attachment
Sexual Behavior
Emotional Reactivity
Motor Regulation
Arousal
Appetite / Satiety
Sleep
BP / Heart Rate
Respiratory Drive
Body Temperature

Perry 2006
Neural systems can be changed... but some systems are easier to change.
The brain-behavior connection: three primary components

- Genetics
  - What you inherit from both parents
- Intrauterine environment
  - During pregnancy
- Extrauterine environment
  - After pregnancy
Building the Brain:
Using Mirrors

- **Mirror Neurons**: "smart brain cells" that explain how we connect and relate to each other
Floorin’ it: 0 to 60 in 4.3 seconds!
Importance of the **accelerator**
Accelerator Components

- Arousal
- Anxiety / Panic
- Anger / Aggression
Arousal Genesis / Regulation

Way too wound-up / “wild” (“Tigger - on crack”)

Too wound-up (Tigger)

No energy / tired & sleepy (Eeyore)
The Anxious World of Piglet

Fight-Flight-Freeze is in the breeze

“It’s not easy being brave when you’re only a Very Small Animal”
Anger / Aggression

• Many faces of anger

• Aggression = Anger \textbf{plus} “bad” brakes
The Prefrontal Cortex: The home of Executive Function

Executive Function: The “brakes” of the brain

- Working memory
- Attention regulation
- Planning / organizing
- Impulse control
- Mental flexibility
- Self-monitoring
The Delicate Balance: Brain control of emotion / behavior

Top-Down “Brakes” (Prefrontal Cortex)

Bottom-Up “Accelerator” (Brainstem/Limbic System)
Don’t Forget About the Steering

• Conscious control of behavior

• Willfulness misconceptions
Neurobehavioral “Secret”
The Good Life in the “Comfort Zone”

Optimal Mood / Arousal Regulation =

Optimal Learning, Behavior, Attention, Memory
FAS Frequency in High-risk CTAC Children

• 50-80% of parents of children in foster care have substance abuse histories.

• Fetal Alcohol Syndrome
  – 11 children out of 471 (2%)

• Fetal Alcohol Spectrum Disorder (AKA Fetal Alcohol Effects or Alcohol Related Neurodevelopmental Disorders)
  – 172 children out of 471 (37%)
FASD Facial Abnormalities

Palpebral fissure (size of the eyes)
Smooth & thin upper lip
Smooth philtrum (groove in upper lip)
Brain damage resulting from prenatal alcohol

photo: Clarren, 1986
Corpus callosum abnormalities in FASD

Mattson, et al., 1994; Mattson & Riley, 1995; Riley et al., 1995
FASD Secondary Disabilities: Recent research findings

- A recent L/T study of individuals with FASD:
  - Mean age: 14 yrs (range 6-51 yrs)
  - N = 415
  - Mean IQ = 86 (Range 29-126)
  - 80% of the sample not raised by biological parents
  - 60% had trouble with the law
  - 50% were in confinement
  - 49% had repeated inappropriate sexual behavior
  - 35% had drug / alcohol problems
  - Early diagnosis 2-4 times more likely to prevent or lessen impact of these secondary disabilities

Streissguth 2004
Harsh Reality: Combined Brain Impact of FASD + Traumatic Stress

- CTAC Assessment Data: 37% of sample had significant trauma exposure + FASD (Henry, et al. 2007)
- Essential to factor-in both of these issues when dealing with at-risk children
Child Traumatic Stress & the Developing Brain
“Trauma Trumps Everything!!!”

Sandra Bloom, MD
Impact of Trauma in to the Brain in Adults

- EEG findings in POWs experiencing long-term solitary confinement were indistinguishable from traumatic brain injury

- The lack of sustained social connection in adults causes significant permanent neurobehavioral consequences

Gawande 2009
Neglect and the Brain: Final thought

• If neglect (solitary confinement) can do this to adults with fully developed brains…

how much worse is the impact of neglect on children with still developing brains
Why neurodevelopment is important: Understanding children’s behavior

– Ability to make meaning of their experiences – (memory, language, attention)

– Frustration they experience in understanding their world (e.g., social cognition, verbal/nonverbal intelligence)

– Frustration in making their wants/needs understood (expressive language, social cognition)
Infusion of Trauma Language

TRAUMA INFORMED SYSTEM
Calista’s journal:
‘I want to be free’

Chaining reported,
but child got no relief

BY REX HALL JR.,
KALAMAZOO GAZETTE

ALAMAZOO — By
the sixth grade, Calis-
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“I have problems with my
family and I miss my school,”
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nal entry. “I am tired of my
family and I feel like doing
these things: run away, kill
myself… I want to get out of
this prison at home… I want
to be free as possible as any
other teenager!”

Peggy Roach, Calista’s sixth-
grade teacher during the 2004-
2005 school year at Centerville
Elementary School, read the
letter to jurors Thursday.

Reaction: Anthony and Marsha Springer react after Peggy
Roach read an entry in which Calista said she wanted to
“run away, kill myself.”

During the third day of testi-
mony in the murder trial of
Calista’s parents, Anthony and
Marsha Springer.

Roach, who said she turned
Calista’s journal entry over
to the school’s social worker,
was among several of Calista’s
former educators called to the
witness stand Thursday.

Other testimony about light
on actions of two former Child
Protective Services workers,
as well as the agency’s hand-
ing of a report by Calista
in 2004 that she was being
chained to her bunk bed after
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Anthony Springer has said
Calista was chained to her
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Defense attorneys for the
Springers contend Calista was
a “falsely extended” child who
required drastic measures as
she grew older to keep her
from wandering and poten-
tially harming herself.

See Springer, A5
‘We call them energy vampires’

Children with Calista’s disorder can drain families, defense expert says

BY REX HALL JR.
KALAMAZOO GAZETTE

KALAMAZOO — A psychologist called Tuesday by attorneys for Anthony and Marsha Springer said that children with a developmental disorder the couples’ daughter was diagnosed with prior to her death can drain families of their energy.

“We call them energy vampires because they suck the energy from everybody,” Dr. Susan Carter, a clinical child psychologist, said of children diagnosed with pervasive developmental disorder.

Carter was the first witness called by defense attorneys Victor Bland and John Bush as they began presenting their case to jurors Tuesday afternoon in Kalamazoo County Circuit Court.

The Springers are charged with felony murder, torture and first-degree child abuse in connection with a Feb. 27, 2008, fire that killed their 16-year-old daughter, Calista, and destroyed the family’s Centreville home.

SEE TRAIL, A5
“Children with this Pervasive Developmental Disorder will stop at nothing to manipulate people to make others feel sorry for them.” Counselor testifying in Springer Trial.
Impact of Substance Exposure to Children Ages 0-5

- Developmental: 9% No Concern, 37% Moderate Concern, 54% Significant Concern
- Cognitive: 22% No Concern, 41% Moderate Concern, 38% Significant Concern
- Family: 11% No Concern, 35% Moderate Concern, 54% Significant Concern
- Behavior: 3% No Concern, 41% Moderate Concern, 56% Significant Concern
- Trauma: 3% No Concern, 27% Moderate Concern, 70% Significant Concern
Below Age Levels – Ages 0-3 (n=43)
Substance Exposed vs. No Exposure
Moderate to Major Concerns-Age 4-6
(n=43)
Substance Exposed CTAC children vs. Community Sample

- Gross Motor: 65% CTAC Kids, 31% Community Sample
- Visual-Fine Motor: 88% CTAC Kids, 18% Community Sample
- Sequencing: 93% CTAC Kids, 21% Community Sample
- Linguistic: 83% CTAC Kids, 15% Community Sample
- Preacademic: 86% CTAC Kids, 7% Community Sample
- Attention: 13% Community Sample
Moderate/Major Concerns  6-9 yrs  (n=87)
Substance exposure vs. No substance exposure
Children’s Internalized Behaviors - Ages 1 ½ - 5 (n=72)

- Emotionally Reactive
- Anxious Depressed
- Withdrawn
- Sleep Problems
- Internalized

- No Substance
- Substance
Children’s Externalized Behaviors
1 ½ - 5 years (n=72)

- Attention:
  - No Substance: 58
  - Substance: 64

- Aggression:
  - No Substance: 62
  - Substance: 67

- Externalizing:
  - No Substance: 60
  - Substance: 66
Behaviors in kids 6 and over – no difference between substance exposure and no substance exposure

Kids 6 and Older

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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<tbody>
<tr>
<td>Anxious/Depressed</td>
<td>60</td>
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<tr>
<td>Withdrawn</td>
<td>62</td>
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<tr>
<td>Social Problems</td>
<td>64</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>64</td>
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<tr>
<td>Attention</td>
<td>69</td>
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<tr>
<td>Rule Breaking</td>
<td>65</td>
</tr>
<tr>
<td>Aggression</td>
<td>67</td>
</tr>
<tr>
<td>Internalizing</td>
<td>60</td>
</tr>
<tr>
<td>Externalizing</td>
<td>67</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
</tr>
</tbody>
</table>
Six year old girl whose brother died of neglect:

“When my mother would fight with her boyfriend, I would put my brother (age 9 with CP) on my back and take him up the stairs so he would be safe. It was my job to keep him safe because he could not walk. It was my job to give him his breathing treatments so he could breathe.”
NEURODEVELOPMENTAL FINDINGS
Fine Motor

N=89

Percentile

No Delay

Moderate-Major Delay

No Substance Exposure

Substance Exposure

N=89
NEURODEVELOPMENTAL FINDINGS
Receptive Language

N=89

Percentile

No Delay

Moderate-Major Delay

N=89

No Substance Exposure
Substance Exposure
NEURODEVELOPMENTAL FINDINGS

Expressive Language

- No Delay
  - No Substance Exposure: 30
  - Substance Exposure: 16
- Moderate-Major Delay
  - No Substance Exposure: 70
  - Substance Exposure: 83

N=89
NEURODEVELOPMENTAL FINDINGS

Memory

N=89

Percentile

No Delay  Moderate-Major Delay

No Substance Exposure  Substance Exposure

N=89
NEURODEVELOPMENTAL FINDINGS

Attention

N=89

Percentile

No Delay

Moderate-Major Delay

N=89

No Substance Exposure

Substance Exposure
Always Remember...
Kids steer as well as they can!
What is Complex Trauma?

• **Traumatic exposure:**
  – Experiences of multiple traumatic events that occur within relational systems

• **Sequential occurrences of child maltreatment**
  – Often chronic and early in childhood

*Cook, A., Blanstein, M., Spinazzola, J., & van der Kolk, B.*
*(Complex Trauma in children and adolescents. National Child Traumatic Stress Network)*
SYMPTOMS OF CHILD ABUSE

LOSS OF MEMORY

LIPS ARE SEALED

HELPLESS

DEAD ZONE

PENT UP ANGER

LOSS OF MOBILITY

*Date: 91*
Attachment

• The parent-child history permanently shapes the child’s *perception of the world*

• The ability to form and maintain *relationships* is altered
Rescuing Hug

This is a picture from an article called "The Rescuing Hug". The article details the first week of life of a set of twins. Apparently, each were in their respective incubators, and one was not expected to live. A hospital nurse fought against the hospital rules and placed the babies in one incubator. When they were placed together, the healthier of the two threw an arm over her sister in an endearing embrace. The smaller baby’s heart rate stabilized and her temperature rose to normal.

Let us not forget to embrace those whom we love.
Complex Trauma

Attachment

- 80% have insecure attachment
- Negative internal working model of the world
- Relational trauma
- Continuous impact on relationships
When Parent is Unresolved……

• Parent becomes source of protection and also source of harm
  – “fear without solution”
  – “caught between approach and avoidance”
  – “intractable emotional dilemma”
  – “source of solution and source of alarm”
  – “parent as traumatic reminder”
Substance Abuse Stories from CTAC: A Teen’s Perspective

“I want to live with my mother, but she has promised so many times to stop using drugs and alcohol. Sometimes I blame myself, the system, or my mom’s depression and anxiety. I am confused and angry at my mom, but if I tell her, she will only get mad at me and blame me.”

Teenage girl, age 15
Attachment and Caregiver Response

• Result:
  – Child refuses to seek out caregiver comfort
    • Experience of relational trauma
  – Child rejects parent attempt to give comfort – can’t trust them
  – Parent then withdraws from child – rejected
    • Reinforces this cycle

These challenging behaviors often overwhelm birth parents and/or resource parents
Making Sense of Distorted Relationships:
The Trauma Bond

• Relationship founded on *fear, terror, and survival*
• Parent needs become *primary* to child
• Separation provokes fear of *abandonment*
• Creates a *paradox* that the child cannot resolve
Complex Trauma: Approach-Avoidance Conflict

• The child needs to feel connected in order to heal, but….

• Is too afraid to trust therapists and/or caregivers and…

• Becomes fearful / dysregulated in all intimate relationships, thus…

• The child is “stuck”

Cozolino 2006
Normal Behavioral Control

CONSCIOUS CONTROL
When the brain is wired differently
• Link between emotional dysregulation and:
  – Internalizing symptoms
  – Social adjustment
  – Reactive aggression
• 80% of sample exhibited dysfunctional regulation while only 30% of the controls did

• More likely to show inattention, distractibility, poor concentration and overactivity
I believed it was all my fault. I should have done something differently. I'm bad. I could have done more. I deserved to be beaten. I let them rape me. Guilt.
The Mystery of Dissociation

My body is here

My mind is somewhere else where it is safe
Adolescent experiencing traumatic stress and into substance abuse:

• “If I don’t do drugs, I feel like I’m going to go insane because I have all these thoughts and all this pain in my heart and I can’t get rid of it, you know? Drugs is the only thing that takes it away. That’s why I do drugs. Because it keeps me, not happy, but keeps me from being so sad that I want to die.”
The Process of Intervention

I. Creating Safety for our children!!

– How come this is so difficult?
WHENEVER I TAKE MY BATH...

...I ALWAYS PUT MY DUCKY IN FIRST.

FOR COMPANIONSHIP?

TO TEST FOR SHARKS
The Role of Rules

Control versus ?????????

Authority versus ?????????

Order/rigidity versus ???????
Safety Plan Exercise
II. Teach affect regulation strategies

• Children can only learn how to regulate their affect through practice not lecturing or punishing them.
normal stress

The Brain & Body Working Together

the brain

the nervous system

Alarm System (amygdala)

Filing Center (hippocampus)

Thinking Center (prefrontal cortex)
extreme stress / trauma
The Alarm Takes Control

the brain
the nervous system

Alarm System (amygdala)
Filing Center (hippocampus)
Thinking Center (prefrontal cortex)
SOS: Three Steps to Focusing

Step #1: SLOW DOWN
Take a time out; sit comfortably; allow one thought at a time; pay attention to the natural rhythm of your breathing.

Step #2: ORIENT YOUR SELF
Notice your surroundings – where you are and who is with you; Focus on something of interest that you can see or hear.

Step #3: SELF - CHECK
How much stress? How much control?

Stress Level:  Low Stress  1  2  3  4  5  6  7  8  9  10  High Stress

Personal Control:  No Control  1  2  3  4  5  6  7  8  9  10  Complete Control
Calvin & Hobbes

I'M IN A VERY CRABBY MOOD, SO EVERYBODY JUST LEAVE ME ALONE! I HATE EVERYONE!!

NÓBODY RECOGNIZES MY HINTS TO SMOTHER ME WITH AFFECTION.

CALVIN AND HOBBES © Watterson. Dist. by UNIVERSAL PRESS SYNDICATE. Reprinted with permission. All rights reserved.
III. Create new meaning for student experiences

- Help them to reframe their experiences

- “I am bad.” “You do not have to tell me for me to know.”

- Ask them “what happened” rather than “why did you do that?”
When I was 3 my dad liked me to brush his thick red hair. One day he asked and I said I didn’t want to, I never saw him again. He went away and then he died.

I am 65 & some days I still think it was my fault.
my dad died when i was 9 and i convinced myself he'd faked his own death for some reason (undercover agent, chased by mob, etc.) and that he'd come back someday.

when i was 12 i found out from my psychiatrist that this is a pretty stupid idea

i'm 25 now

i still wonder when it'll be safe for him to come out of hiding and find me
IV. Building relationships

• Early attachment does significantly affect students ability to:
  – Trust in others
  – Self hate
  – Establish and maintain relationships
  – Feel safe with authority figures
Repetition Repetition Repetition Repetition Repetition Repetition
Repetition Repetition Repetition Repetition Repetition Repetition
Repetition Repetition Repetition Repetition Repetition Repetition
Repetition Repetition Repetition Repetition Repetition Repetition
Repetition Repetition Repetition Repetition Repetition Repetition
Collaborative Problem Solving

• Ross Greene:
  – The Explosive Child
  – Treating Explosive Kids
  – Changing One School at a Time
Framework for Behavioral Intervention
AGGRESSION

Willfully Disobedient
Could if wanted too

Survival Behavior
Spontaneous Fight or Flight
Framework for Intervention
AGGRESSION

Willfully Disobedient
- Could if wanted too
- Power Struggles
  - Caregiver/Teacher
  - Caregiver/Teacher Response
  - Cycle of Conflict Reinforced
  - Increase Frustration
    - Enforcing More Rules
  - More Resistive
    - Oppositional Behaviors Increase
      - Social Problems
        - Rejection
        - Alienation
        - PEERS

Survival Behavior
- Spontaneous Fight or Flight
- Caregiver/Teacher Response
- Enforcing More Rules
- Cycle of Conflict Reinforced
- More Resistive
- Oppositional Behaviors Increase
- Social Problems
  - Rejection
  - Alienation
  - PEERS
Framework for Intervention
AGGRESSION

Willfully Disobedient
Could if wanted too

Survival Behavior
Spontaneous Fight or Flight

Developing Personal Safety
Through Prevention & Skill Building

TENSION

Caregiver/Teacher

Caregiver/Teacher Response

Reduce Frustration
Affirm Feelings
Create Awareness
Recognition of Fears
Alternative Language/Behavior Expression

Provide Appropriate Expression
Recognize Child’s Limitations

Cycle of Conflict Reduced
“Core Components or Trauma Informed Treatment”

Jim Henry PhD
Connie Black-Pond MA LMSW LPC
February 1, 2010
• Help practitioners base their case conceptualization and treatment plan on an empathic understanding of the nature of the child’s individual experience and surrounding ecology, rather than only on his or her symptom profile, diagnosis, or type of trauma exposure.
Intense Negative Emotions

Emotional Regulation Skills to enhance Emotional Regulation

Complexity of Traumatic Experience(s)

Making Sense of Traumatic Experience(s)

Trauma Narrative Skills

Interpersonal Estrangements

Bridging/Tolerating Estrangements

Skills to address Estrangement

Manage Ecology & Reactivity to Reminders

Skills to manage Reminders

Trauma Reminders

NCCTS Treatment & Intervention Development Program
Core concepts

• Twelve concepts provide rationale behind why skilled practitioners do what they do when they work therapeutically with their traumatized clients—such as choosing one course of action instead of another.
Core Components (Elements) of Trauma Treatment

- Psychoeducation about trauma for caregiver and child
- Affect regulation skill building
- Trauma processing through trauma narrative or life story
- Recognition and management of trauma triggers
Psychoeducation-Assessment

Administer standardized instruments for PTSD, depression, and anxiety
Behavior checklists (parent/teacher) are also useful
Common Reactions to Stress and Trauma handout
The neutral narrative
  “Tell me a time you went to a birthday party…”
  “Tell me about your favorite school trip…”
Psychoeducation-Engagement

• Cultural Reciprocity – understand family’s and community’s response to trauma and healing

• Engagement strategies enhance parents’ faith in the therapist and therapy when you …
  • validate their concern and
  • get (even moderate) symptom relief early in treatment.

• Psychoeducation begins here – normalize and describe treatment
Psychoeducation

Goal…
To normalize and de-stigmatize the effects of trauma and exposure to trauma.

Resources:

“What do you Know?” card game Deblinger
Affect Regulation

• Write down different feelings in three minutes
• Take turns picking feelings from list and describing last time felt this feeling
• Feeling games – Mad, Sad, Glad Game etc.
• Color Your Life (O’Conner, 1985)
• Feeling Wall
• Family Sculpture
• Plays and role play
• Be Creative – use your expertise!
Affect Regulation - Skill Building

- Music
- Soothing/Calming Objects
- Belly Breathing
- Progressive muscle relaxation
- Squeezing lemons
- Blowing bubbles (float like a bubble)
- Feathers
- Robot/wet noodle
- Be creative
Focusing Activities that anyone can model and participate in

- Progressive Relaxation
- Alphabet Game
- Colors in the room
- Painting to music
- Drumming
- balloons
Cognitive Coping

What Else Can You Think that isAccurate and Helpful?

Feelings Thinking Behavior
Goals…

To expose child to distress of trauma memories in tolerable doses.

To correct cognitive distortions.
Trauma Narrative

• Help child put chapters in chronological order
• Address distortions, add in feelings and thoughts AFTER all chapters are written
• Create positive ending
Working Through the Narrative

• Identify thinking that is:
  – Permanent (My child will never be happy again; I’m damaged goods)
  – Pervasive (No one can be trusted to care for my child; no one else is as weak as me)
  – Too Personalized (I am a bad parent, that’s why this happened; I was being sexy and flirty – that’s why it happened)
ESSENTIAL ELEMENTS OF A TRAUMA INFORMED CHILD WELFARE SYSTEM

BUILDING CAPACITY FOR ASSESSMENT AND TREATMENT
Trauma Informed Child Welfare System

Trauma Informed Evidence Supported/Based Service Delivery

Improve Child Outcomes
Infusion of Trauma Language

Current Child Welfare System

A. Driven by Physical Safety
B. Crisis Driven
C. Organizational Stress

TRAUMA INFORMED SYSTEM
Calista’s journal: ‘I want to be free’

Kalamaazoo Gazette

Chaining reported, but child got no relief

By Rex Hall Jr., Kalamazoo Gazette

ALAMAZOO — By the sixth grade, Calista Springer didn’t know if she wanted to live anymore.

“I have problems with my family and I miss my school,” she wrote in a school journal entry. “I am tired of my family and I feel like doing these things: run away, kill myself and want to get out of this prison at home. I want to be free as possible as any other teenager.”

Peggy Roach, Calista’s sixth-grade teacher during the 2004-2005 school year at Centerville Elementary School, read the letter to jurors Thursday during the third day of testimony in the murder trial of Calista’s parents, Anthony and Martha Springer.

Roach, who said she turned Calista’s journal entry over to the school’s social worker, was among several of Calista’s former educators called to the witness stand Thursday.

Other testimony about child protective services workers, as well as the agency’s handling of a report by Calista in 2004 that she was being chained to her bed at night, Anthony and Martha Springer, who remain free on bond, are charged with first-degree murder, torture and child abuse in connection with Calista’s death in a Feb. 27, 2008, fire that destroyed the family’s Centerville home.

Firefighters found Calista, 10, chained to her bunk bed after the flames were extinguished.

Anthony Springer has said Calista was chained to her bed because she was prone to wandering during the night.

Defense attorneys for the Springers contend Calista was a problem child who required drastic measures as she grew older to keep her from wandering and potentially harming herself.
‘We call them energy vampires’

Children with Calista’s disorder can drain families, defense expert says

BY REX HALL JR.
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“We call them energy vampires because they suck the energy from everybody,” Dr. Susan Carter, a clinical child psychologist, said of children diagnosed with pervasive developmental disorder.

Carter was the first witness called by defense attorneys Victor Bland and John Bush as they began presenting their case to jurors Tuesday afternoon in Kalamazoo County Circuit Court.

The Springers are charged with felony murder, torture and first-degree child abuse in connection with a Feb. 27, 2008, fire that killed their 16-year-old daughter, Calista, and destroyed the family’s Centreville...
“Children with this Pervasive Developmental Disorder will stop at nothing to manipulate people to make others feel sorry for them.” Counselor testifying in Springer Trial.
Trauma Informed System

• Infusion of Trauma Language
• Trauma Questions Asked…Informed Decision Making
• Driven by Emotional, Psychological, and Trauma Recovery of Child
• Infusion of Essential Elements of Child Informed Practice
• Cultural Competency and Reciprocity
What does it take for systems to change?
The Team
What does it take for systems to change?

- Champions
- Generating passion for something different
- Shared values
- Willingness to change
- Shared accountability
- Strategic use of resources
Recognition and Managing of Triggers Safety Planning

Identifying Triggers and Reactions to Triggers

Heroes Project – Personal Power Plan

Planning for triggers and engaging others in the safety plan.
Examples of Intervention Questions

• What aspects of my client’s response to treatment should I monitor, and why?
• How do I determine whether my client is “on track” to achieve therapeutic success versus not respond favorably to my intervention?
• When and how should I make appropriate “course corrections” if my client does not appear to be on track to achieve a good therapeutic outcome?
• How should I select and sequence specific treatment components to form an optimal treatment plan?