Family Engagement and Trauma-informed Care

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Objectives

- Become familiar with trauma-informed care principles for working with families and young children in different systems and populations
- Practice applying trauma-informed care principles using specific case examples
- Identify specific strategies to engage families using trauma-informed care within their professional settings.

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Case Example: Cathy

- 4 y.o. girl with language delay and behavior problems
- Lives with family in transitional housing program
- Mother declined mental health treatment for her, expresses continued frustration with her behavior.
- A recent evaluation identified a language delay and she was enrolled in preschool.
- School behavior includes tantrums, isolation and aggression towards other children

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Levels of Stress

- Positive stress:
  - Normal part of healthy development
    - Cathy begins preschool
- Tolerable stress:
  - More severe, longer-lasting stressors
    - Family moves
- Toxic stress:
  - Strong, frequent, and/or prolonged adversity
    - Exposure to domestic violence, unsafe/unstable adult behaviors at shelter, chronic homelessness

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Impact of Toxic Stress

- How does toxic stress derail healthy development?

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

Center on the Developing Child at Harvard University

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Toxic Stress: Long-term Impact

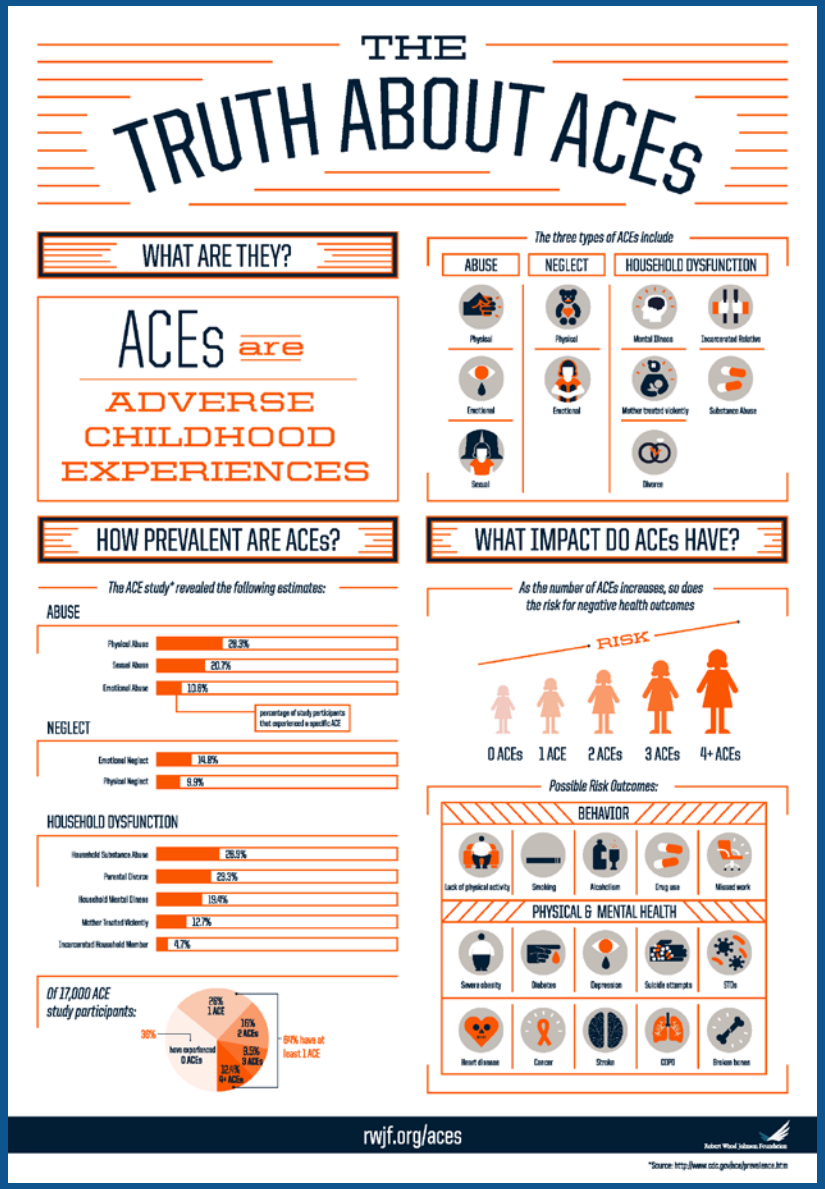
17,000 adult participants enrolled between 1995 and 1997 at Kaiser Permanente.

Completed a 10 question survey of experiences prior to age 18.

Participants continue to be followed over time.

The first large-scale study to identify the link between childhood trauma and health outcomes.

A second unexpected finding was the high rate of exposure to ACES in the general population.



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How does stress alter the course of development?

- Infants react to stress with heightened neural responses, showing brain response, even during sleep. There is no such thing as "too young to understand/be affected"
- Rapid brain development in the first 2 years of life means that toxic stress exposure has a physical impact on the child's lifelong development. Young children are uniquely vulnerable
- Early adversity increases vulnerability to later stressors
- Developmental capacity changes the impact of stress
- Developmental disabilities change the impact of stress
- Supportive relationships buffer the impact of toxic stress

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Developmental Capacity Changes Impact of Stress

- Developmental level of child
  - Chronological age
  - Social emotional history
  - Biological vulnerability to stress
  - Ability to create a verbal narrative

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Developmental Capacity Changes Impact of Stress

- Examples:
  - 4-year-old child's parents separate and his father moves out of state. The child talks about his father, draws pictures about him, and looks at a book they used to read together.

    versus
  - 12-month-old child's parents separate and his father moves out of state. The child searches for his father, cries more, has less pleasure in activities, pushes his mother away.

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Prior Traumatic Experience Changes Impact of Stress

- Prior medical traumatic stress
  - Neonatal intensive care unit or other inpatient stay
  - Painful medical procedures
  - Separation from parent when in pain
  - Intrusive procedures in mouth

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Prior Traumatic Experience Changes Impact of Stress

- Examples:
  - 3-year-old child with history of hospitalizations and tubes down her throat has routine medical exam; physician puts tongue depressor in her mouth. The child cries loudly, clings to mother, hits doctor.

    versus
  - 3-year-old child with no history of medical trauma has routine medical exam. The child allows physician to examine her, laughs with nurse, accepts comfort from mother after vaccination.

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Developmental Disability Changes Impact of Stress

- Presence of developmental disability
  - Mobility challenges
  - Communication difficulties
  - History of procedures/therapies
  - History of being "done to" rather than feeling in control

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Developmental Disability Changes Impact of Stress

- Examples:
  - 2-year-old child with cerebral palsy and intellectual disability starts in new childcare setting. Child has difficulty maneuvering around room and communicating with peers; he sits alone, missing his mother.

versus

  - 2-year-old typically developing child starts in new childcare setting. He has difficulty separating from mother at first, but gets distracted by running and playing in new space and approaching peers.

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Caregivers can Provide a Protective Buffer

- Availability and capacity of caregivers:
  - Protective buffer
  - Help child understand/make meaning
  - Help child cope with the stressor

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Caregivers can Buffer

- Examples:
  - 12-mo-old child bitten by dog while walking with his father. His father comforts him, takes him to the doctor, and stays with him while he gets medical care. Later he talks to him about different kinds of dogs, shows him books about dogs, helps him visit a friend's small dog where he stays with him while they pet and play with the dog.

    versus
  - 12-mo-old child bitten by dog while walking with his father. His father begins screaming at and threatening the owner. He takes his son to the doctor and stays in the waiting room while the nurse takes the boy into the examining room. Later, his father makes fun of him when he shows fear of a dog in the street.

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What about Cathy?

- Infancy and pre-natal period
- Possible early brain development
- Vulnerability to stressors due to early adversity
- Developmental capacity at the time of stress exposure
- Developmental delays or disabilities
- Supportive relationships with adults

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What is "trauma-informed care"?

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*."

http://gucchdtacenter.georgetown.edu/TraumaInformedCare/

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Principles of Trauma Informed Care

1. Safety

   Clients and staff alike feel physically and psychologically safe

2. Trustworthiness and transparency

   Decisions are made with transparency to build and maintain trust among clients, families and staff

3. Peer support

   Mutual self-help is a key to building safety, trust, and hope

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Principles of Trauma Informed Care (cont'd)

4. Collaboration and mutuality

   The leveling of power differentials between clients, professionals, support staff and the recognition that everyone has a role in healing

5. Empowerment, voice and choice

   Reflects a belief in the resiliency and ability to recover for clients and families exposed to trauma.

6. Cultural, historic and gender issues

   Moves past stereotypes and recognizes ways clients have historically been denied a voice. Respects individual cultural values of clients and families

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Applying Trauma-Informed Care

- Encounters with:
  - children and families in healthcare settings
  - children and families in early care and education
  - parents involved with the child welfare system
  - providers in community-based organizations
  - policy makers
- Instead of asking, "What is **wrong** with this child and family" ask "What **has happened** to this child and family?"

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Discussion

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Trauma-Informed Healthcare Encounters

- Assess and help with **Distress**
  - Assess pain; fears and worries; grief or loss
  - Provide child with as much control as possible
  - Actively assess and treat pain
  - Listen to how the child understands what is happening
  - Clarify any misconceptions
  - Provide reassurance and realistic hope
  - Pay attention to grief and loss

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Trauma-Informed Healthcare Encounters (cont'd)

- Assess and help with **Emotional Support**
  - Assess what the child needs to help cope; who is available to help; how can existing supports be mobilized?
  - Encourage parent presence
  - Empower parents to comfort and help their child
  - Encourage social support and involvement in "normal" activities

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Trauma-Informed Healthcare Encounters (cont'd)

- Assess and help with **Family**
  - Assess parents' or siblings' distress; gauge family stressors and resources; address other needs, beyond medical
  - Encourage parents' basic self-care
  - Remember family members' emotional needs
  - Be sensitive to resource needs of family

National Child Traumatic Stress Network: Pediatric Medical Traumatic Stress Toolkit

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Every Encounter Can Be Therapeutic

- Examples, 12 mo-old with dog bite:
  - He is greeted by name by everyone from the front desk to the medical provider. The PCP introduces herself to the family and examines his injuries while he is sitting in his father's lap. She checks in about both physical injuries and emotional distress. Before cleaning his wound, she explains what she is going to do, and asks his father what will help him feel calm. She tells father and child her impressions and what to expect in simple, child-friendly language.

    versus
  - Nobody looks at or talks to him at the clinic, they just get basic information from his father. The PCP greets them by telling his father to place the child on the exam table. She responds to his resistance firmly and calls an assistant into the room to hold him still so she can examine and clean his wound. She snaps off her gloves and says "check in at the window on your way out" before leaving the room to see her next patient.

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Trauma-informed Early Care and Education

- Center for Early Childhood Mental Health Consultation Tutorial 7: *Recognizing and Addressing Trauma in Infants, Young Children, and their Families*
  - Interactive, free on-line tutorial designed for Head Start and Early Head Start (takes about 30 – 40 minutes)

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Child Care and Education Provider Encounters

- Examples, 3-year-old boy with history of neglect; in first week of preschool:
  - When it's time for his mother to say goodbye, his teacher helps his mother to tell him she is leaving and will be back to pick him up after school. When he looks scared, she encourages his mother to give him a hug and say goodbye, and helps another child to invite him to join in her building activity. When his mother picks him up at the end of the day, the preschool teacher shares several positive behaviors she observed during the day.

    versus
  - When it's time for his mother to say goodbye, his teacher encourages her to "sneak out" so that he will not be upset by her leaving. When he realizes she is gone and cries, his teacher encourages him to be a "big boy."

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Trauma-Informed Encounters with Families involved in Child Welfare

- National Child Traumatic Stress Network resources:
  - Birth Parents with Trauma Histories in the Child Welfare System
  - Caring for Children who have experienced trauma: A workshop for resource parents
  - Child Welfare trauma training toolkit
  - Helping children in the child welfare system heal from trauma: A systems integration approach
  - Using trauma-informed child welfare practice to improve placement stability: Breakthrough series collaborative

http://nctsn.org/resources/topics/child-welfare-system

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Birth Parents with Trauma Histories

- Many parents involved in child welfare have their own trauma histories, which can lead to challenges with:
  - Forming trusting relationships
  - Regulating emotions
  - Using adaptive coping strategies
  - Trauma reminders—may lead to more extreme reactions
- Trauma-informed Child Welfare workers:
  - Remember parents' anger, fear, avoidance may be reaction to their own trauma history, not the caseworker
  - Help parents prepare for team meetings, home visits, visits to children in foster care so they will be able to manage feelings
  - Link parents with trauma-informed counseling/therapy

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Trauma-Informed Community-Based Organizations

- Tool for assessing strengths and areas for improvement regarding an organization's trauma-informed service
  - System of Care Trauma-Informed Agency Assessment: http://thriveinitiative.org/trauma-informed/trauma-informed-agency-assessment/
  - Designed to be completed by all agency staff and by families who are served by the organization

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Referrals for Families Impacted by Trauma

- Mental Health Treatment:
  - County Mental Health 24/7 access numbers (www.dhcs.ca.gov)
  - Ask for Evidence-Based Treatments:
  - Child-Parent Psychotherapy: dyadic, trauma-informed intervention for infants, toddlers, and preschoolers (birth – 5 years)
  - Trauma-focused Cognitive Behavior Therapy: trauma-focused intervention for children and youth
  - Cognitive-behavior therapy for Posttraumatic Stress Disorder (for teens and adults)

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Referrals for Family Support & Guidance

- Family Resource Centers (www.familyresourcenetworklac.org)
  - Provide family support and resources for families with a child with a developmental disability
- Early Head Start and Head Start
- Nurse Family Partnership

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First 5 LA Peer Support for Parents

Peer support groups:

- participation is voluntary
- groups are self-regulating and led by peer facilitators
- focus is to share experiences and strategies and problem solve in a supportive group-oriented context

Goals:

- Increase social connectedness
- Increase parents; knowledge, confidence and efficacy in parenting skills
- Raise parents awareness and use of resources available to support them as parents

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Resources

- Center on the Developing Child at Harvard University: www.developingchild.Harvard.edu
- National Child Traumatic Stress Network: www.nctsn.org
- National Technical Assistance Center for Children's Mental Health: Trauma Informed Care: www.gucchdtacenter.Georgetown.edu/traumainformedcare.html
- Center for Early Childhood Mental Health Consultation Tutorial 7: *Recognizing and Addressing Trauma in Infants, Young Children, and their Families:* http://ecmhc.org/tutorials/index.html
- National Center for Trauma-Informed Care (NCTIC): www.samhsa.gov/nctic/training-technical-assistance

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Comments? Questions?

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