

LESSONS LEARNED:

Effective Interventions and Support for Young Children with Trauma

Rachel Hanks, MSW, LCSW, RPT
Therapist
Therapeutic Preschool



safer, healthier relationships
for children and families

Learning Objective

1. Attendees will be able to identify the effects of chronic trauma and maltreatment on a young child's development.
2. Attendees will understand the role attachment play in self-regulation and development.
3. Attendees identify appropriate interventions for young children with high levels of dysregulation.
4. Attendees will increase their understanding of how to best support young children with trauma and their caregivers in a variety of settings.



LCSW, RPT

Therapist at the Therapeutic Preschool

Field instructor/task supervisor

**5+ years of experience in various support and
therapeutic roles**

MSW, University of Missouri-St. Louis, 2016

To better serve the community, Children's Home Society of Missouri and Family Resource Center officially united to become FamilyForward on April 1, 2017. Together, the agencies have 169 years of experience helping children and families. FamilyForward is a movement and the name for the merged entity of two of St. Louis' most accomplished, leading-edge non-profit organizations. FamilyForward is the direction for hope and for new opportunities to build safer, healthier relationships for children and families.

**FamilyForward leads the community in
providing innovative solutions for
advancing safer, healthier relationships
for children and families.**

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

- ▶ Trauma Assessment and Psychological Evaluation
- ▶ Therapy
- ▶ Coaching and Education
- ▶ Foster Care and Adoption
- ▶ Therapeutic Preschool
- ▶ Care for Children with Developmental Disabilities

The Therapeutic Preschool



safer, healthier relationships
for children and families

The Therapeutic Preschool Program is a unique program designed to improve the well-being of children who have experienced moderate to severe developmental trauma, and help meet their basic emotional and safety needs.

The work of the Therapeutic Preschool is informed by the most up-to-date trauma informed practices, including consultations with some of the foremost experts in child development and trauma. Our approach is holistic and non-medicated.

Our program teaches and practices lessons that children can carry with them into adulthood:

To feel valued

To feed their thirst for exploration and excitement

To help them recognize that they really can succeed

We believe every child has the right to safety, to unconditional positive regard, and to experience the world with joyful, playful, and safe relationships.

- ▶ Create a feeling of safety
- ▶ Trigger warnings
- ▶ Take care of yourself
- ▶ Debrief and release



A note on the Neurosequential Model of

T

ChildTrauma
a • c • a • d • e • m • y

Therapeutic

NMT™
childtrauma.org

A note on sources and images...

- ▶ Bruce Perry, M. D., Ph.D.
- ▶ Karyn Purvis, Ph.D.
- ▶ Bessel van der Kolk, M.D.
- ▶ Garry Landreth, EdD, LPC, RPT-S
- ▶ Ann Jernberg, Ph.D., and Phyllis Booth, MA; LCPC; LMFT; RPT/S

Unless otherwise noted, all images in the presentation were found on stock image websites.

**FAMILY
FORWARD**

Becoming and remaining trauma-informed is a complicated process.



What is trauma?

The Three “E”s:

Event

Experience

Effects of Event



WHAT CONSTITUTES A TRAUMA?

- ▶ Physical abuse
- ▶ Sexual abuse and sexual violence
- ▶ Psychological abuse
- ▶ Loss of a loved one
- ▶ Parental separation
- ▶ Neglect
- ▶ Homelessness
- ▶ Community violence
- ▶ Natural disaster
- ▶ Motor vehicle accident
- ▶ War
- ▶ Witnessing physical or sexual violence
- ▶ Domestic violence/ interpersonal violence
- ▶ Serious injury or illness of loved one
- ▶ Medical trauma
- ▶ Institutionalization

In 2014, out of 6.6 million children, **3.6 million cases** of child maltreatment were referred to CPS.

2.1 million of these cases involved **repeated** and **frequent** reports of child abuse and neglect.

98.9% of child maltreatment cases are estimated to involve a **main caregiver**.*

-U.S. Department of Health and Human Services,
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Child Maltreatment 2014

Prevalence in Missouri in 2017



safer, healthier relationships
for children and families

1,300,000 children
under the age of 18
lived in MO in 2017.

4,585 confirmed child
victims of
maltreatment.

12,000 plus children in
foster care.

**(U.S. Department of Health and Human
Services, 2015)**



Prevalence in Missouri in 2017



safer, healthier relationships
for children and families

Ages of confirmed victims of maltreatment in MO 2017

Age	Per 1000
< 1 year old	7.5
1 year old	6.7
2 years old	6.2
3 years old	6.2
4 years old	5.6
5 years old	6.0

(U.S. Department of Health and Human Services, 2015)

Prevalence in Missouri in 2017



safer, healthier relationships
for children and families

Rates of reported child maltreatment in MO 2017

Type of abuse	Per 1000*
Emotional	10.5
Medical neglect	3.6
Neglect	60.3
Physical abuse	30.5
Sexual abuse	28.0

*Numbers are not unique

(U.S. Department of Health and Human Services, 2015)

Impact of trauma on the individual

- ▶ Emotional dysregulation
- ▶ Somatic symptoms
- ▶ Dissociation/numbness
- ▶ Social isolation/withdrawal
- ▶ Intrusive thoughts/nightmares
- ▶ Flashbacks to traumatic event
- ▶ Sleep disturbances
- ▶ Hypervigilance
- ▶ Heightened startle response
- ▶ Problems with memory
- ▶ Lack of focus
- ▶ Broken trust/ broken social contract
- ▶ Feelings of betrayal
- ▶ A shattered sense of safety and disillusionment in the world

Developmental trauma

- ▶ Severe reactivity
- ▶ Chronic dissociation
- ▶ Difficult behaviors
- ▶ “disobedient” child
- ▶ Developmentally low
- ▶ Impulsivity
- ▶ Dysregulation
- ▶ Hypervigilance

- ▶ Motor, social, cognitive delays
- ▶ Sensory processing issues
- ▶ Attention/focus
- ▶ Relational and attachment problems
- ▶ Physical health problems
- ▶ Low self-concept
- ▶ Poor inner working model



Fight, Flight, Freeze, or Fawn

Fight: controlling of their environment, disruptive and aggressive behaviors

Flight: avoidance, need for perfection, eloping

Freeze: isolation, dissociation through sleeping, soothing behaviors, and too much screen time

Fawn: codependent, lacks boundaries



Lesson 2

They
probably
aren't in
control of
themselves.



Lesson 2: They aren't in control.

- ▶ The brain controls the functions of the body.
- ▶ Between 80-100 billion neurons
- ▶ Brain development is formed by the patterned messages we receive from the external.
- ▶ Neurons carry the information we receive and networks are formed to process it.
- ▶ The neurons that “fire together, wire together”.



Lesson 2: They aren't in control.

Erickson's Stages of Psychosocial Development

Approximate age	Psychosocial crisis
Infant to 18 months	Trust vs. Mistrust
18 months to 3 years	Autonomy vs. Shame & Doubt
3-5 years	Initiative vs. Guilt

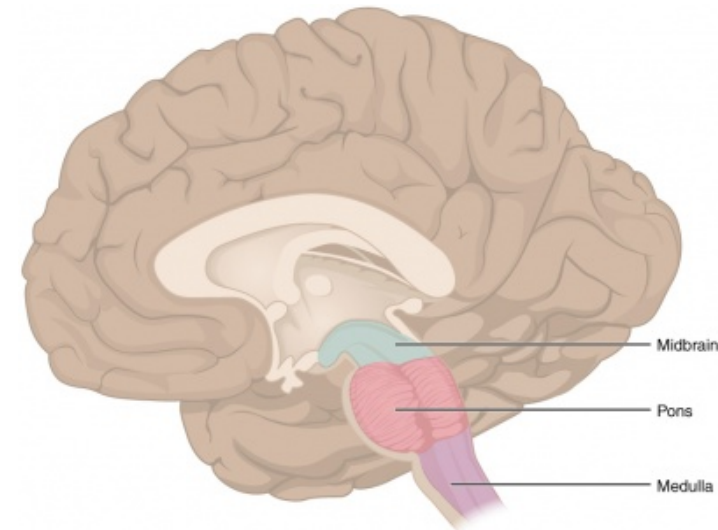
Piaget's Stages of Cognitive Development

Stage	Age range	
Sensorimotor	0-2 years	Coordination of sense, motor response, object permanence, etc.
Preoperational	2-7 years	Symbolic thinking, full speech, intuition, etc.
Concrete operational	7-11 years	Conceptual thinking applied to real life; sense of time and space
Formal operations	11 +	Theoretical, abstract, reason, logic

Lesson 2: They aren't in control.

BRAINSTEM

- ▶ Formed between 4-10 weeks gestation and matures during first year of life
- ▶ Milestones: regulation, attachment, resilience
- ▶ Needs: Patterned sensory input and caregiver attunement
- ▶ Regulates:
 - ▶ Heart rate
 - ▶ Blood pressure
 - ▶ Breathing
 - ▶ Metabolism
 - ▶ Body temperature
 - ▶ Attention
 - ▶ Arousal

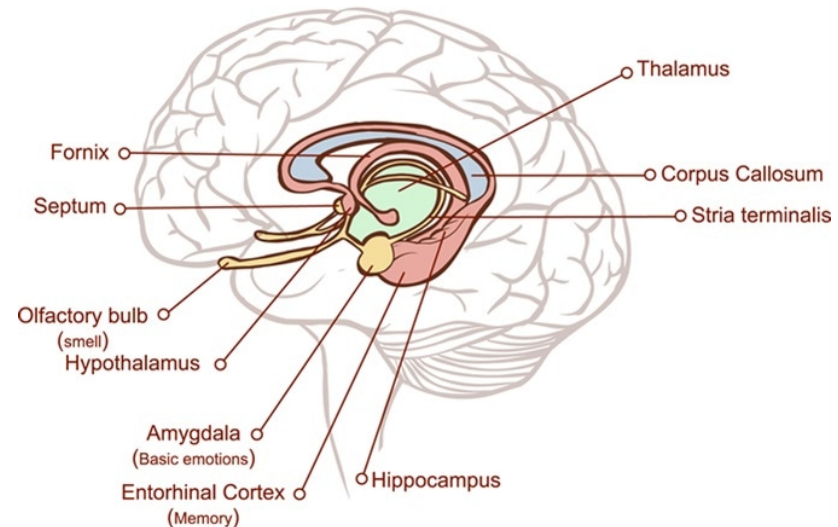


Lesson 2: They aren't in control.

Limbic

- ▶ Develops during early childhood
- ▶ Milestones: Sensory integration, motor control, attunement with others
- ▶ Needs: rhythm, movement, emotional and physical warmth
- ▶ Regulates:
 - ▶ Attunement
 - ▶ Emotions
 - ▶ Pleasure
 - ▶ Reward
 - ▶ Coping skills
 - ▶ Affect regulation
 - ▶ Short-term learning and memory
 - ▶ Relational abilities

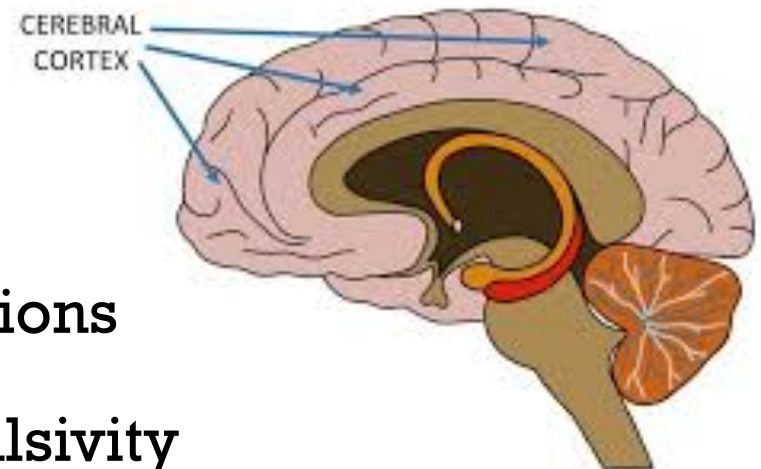
The Limbic System



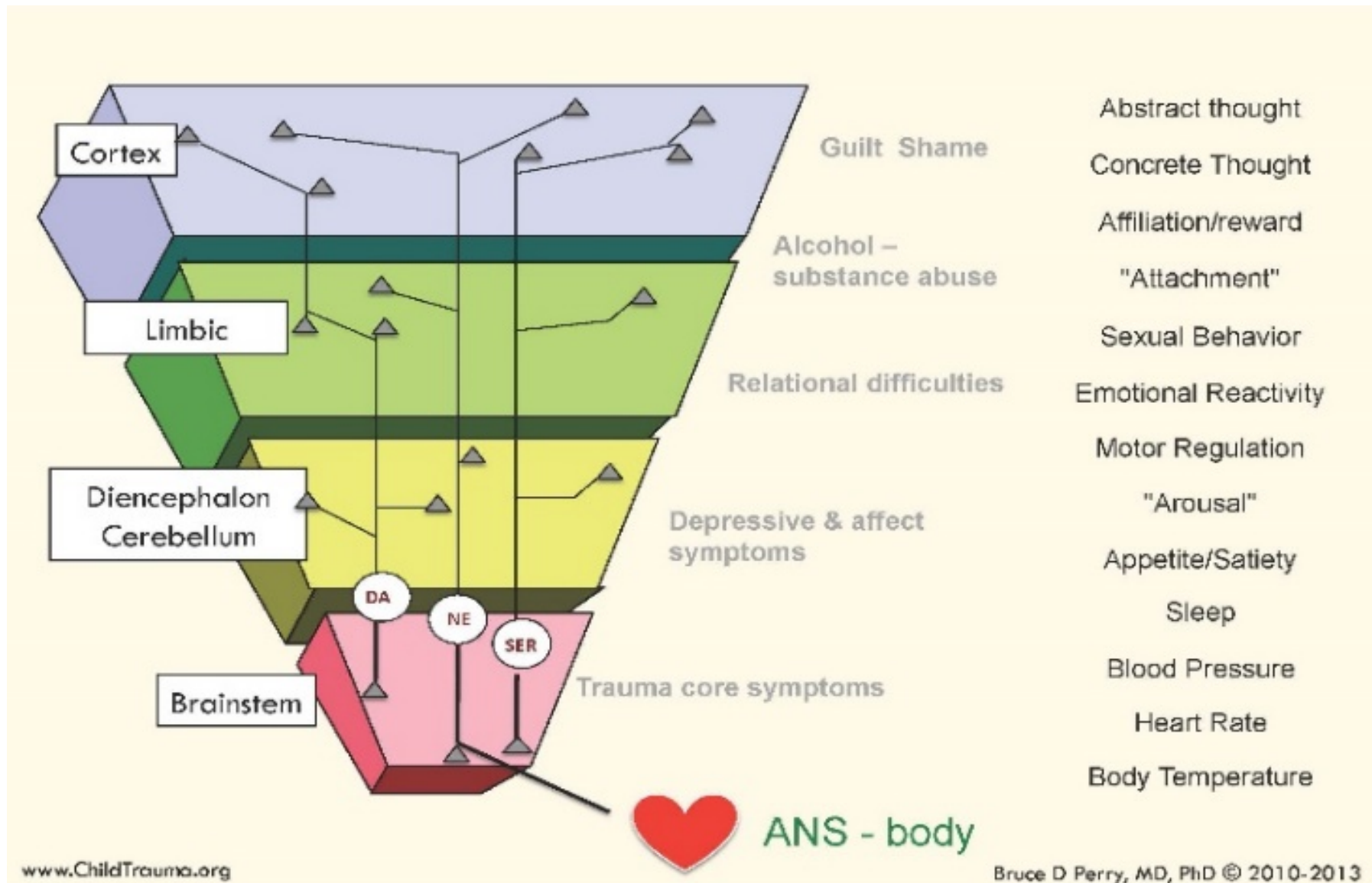
Lesson 2: They aren't in control.

Cortex

- ▶ Starts to develop more fully at childhood
- ▶ Milestones: Social, emotional integration; creativity and morality
- ▶ Needs: Healthy social interactions and self-reflection
- ▶ Regulates:
 - ▶ Communication
 - ▶ Self-Image
 - ▶ Speech
 - ▶ Concrete and abstract cognitions
 - ▶ Math
 - ▶ Modulate reactivity and impulsivity
 - ▶ Relational/attachment

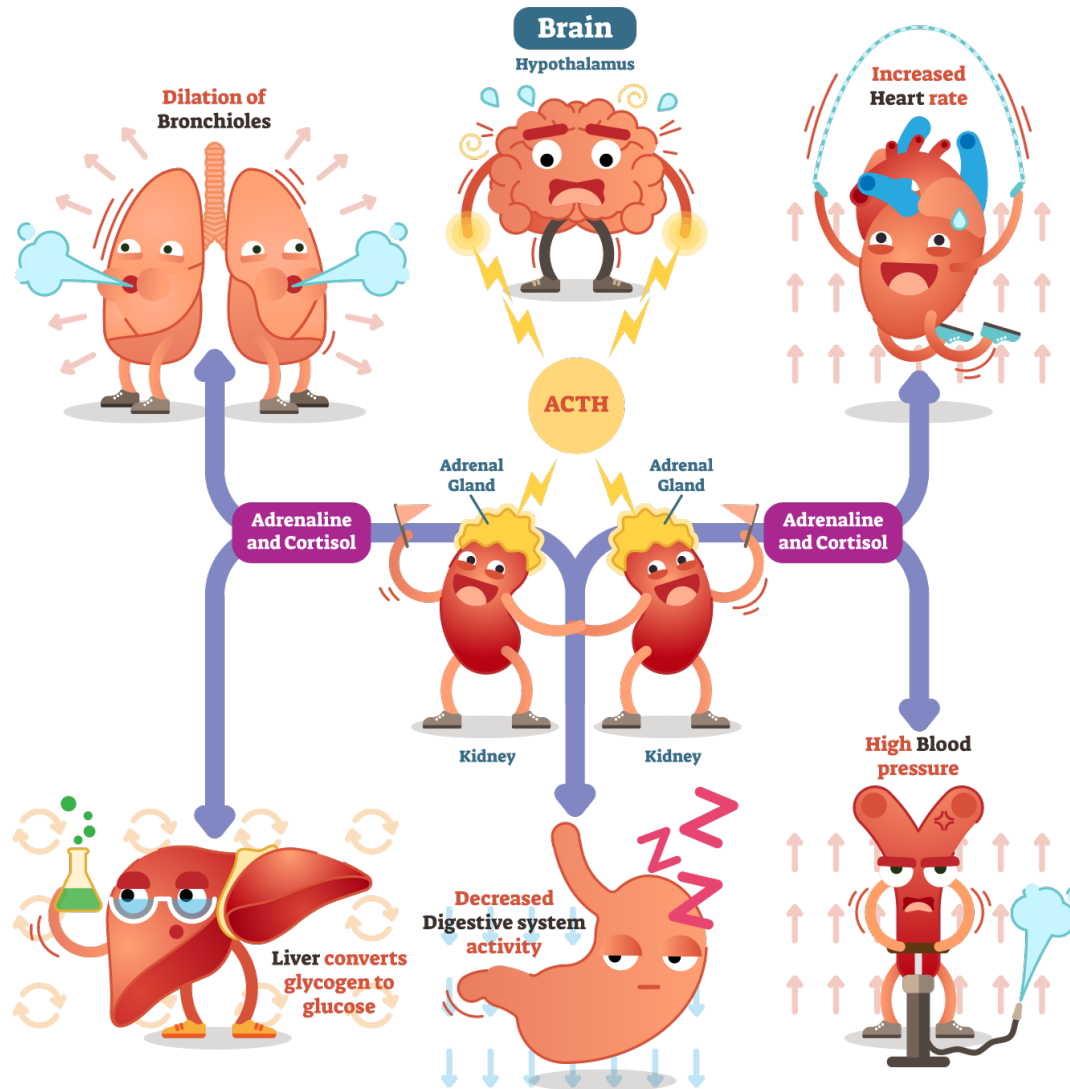


Lesson 2: They aren't in control.



Lesson 2: They aren't in control.

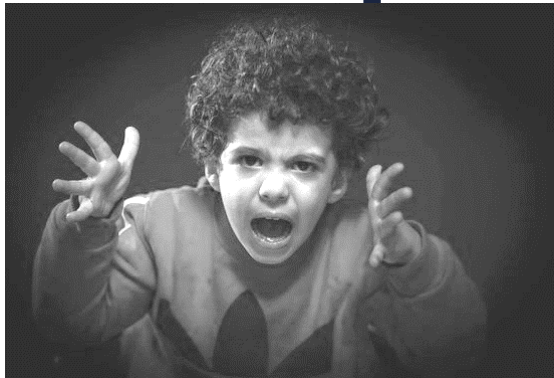
STRESS RESPONSE SYSTEM



Lesson 2: They aren't in control.

Implications of a chronically-activated stress response system:

- ▶ “burnt out” neurons and brain systems
- ▶ Chronically unregulated system response
- ▶ Damage to the body
- ▶ Problematic social interactions
- ▶ Compromised cognition



Lesson 2: They aren't in control.

DISSOCIATION

▶ “...the disconnection or lack of connection between things usually associated with each other... dissociated experiences are not integrated into the usual sense of self, resulting in discontinuities in conscious awareness.”

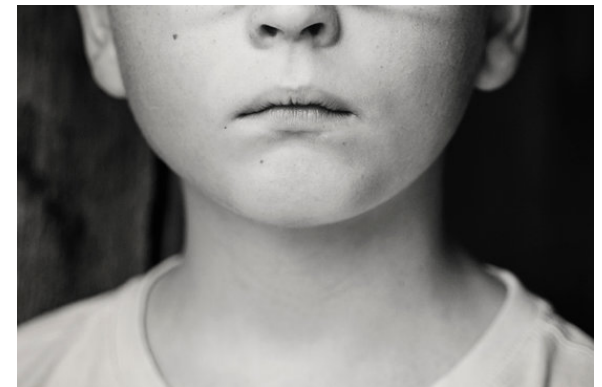
- International Society for
the Study of
Trauma and
Dissociation (n.d.)



Lesson 2: They aren't in control.

DISSOCIATION

- ▶ Depersonalization- “out of body” experience
- ▶ Derealization- the world feels unreal
- ▶ Dissociative amnesia- unable to recall important or troubling incidents or periods of time
- ▶ **Identity confusion- confusion about who the person is**
- ▶ **Identity alteration**
 - International Society for the Study of Trauma and Dissociation (n.d.)



Implications of treatment of developmental trauma

- ▶ Top-down approach vs. Bottom-up approach
- ▶ Sensory integration
- ▶ Attunement, attachment, and the inner working model
- ▶ Impulse control
- ▶ Self-regulation

Lesson 3

Change your approach.



Lesson 3: Change your approach.

▶ “Remember:

Fear will bully your child into
poor behavior.”

Karyn Purvis

The Connected Child, p. 49

Lesson 3: Change your approach.

► CASE EXAMPLE:

“SCOTTIE”



Lesson 3: Change your approach.

Physical signs of dysregulation

- ▶ Tense muscles
- ▶ Lack of eye contact
- ▶ Low attention span
- ▶ Elevated heart rate
- ▶ Wiggly bodies
- ▶ Running into people
- ▶ Crashing into walls
- ▶ Clumsy
- ▶ Hyper-reactive
- ▶ Easy to anger, frustrate, or distress
- ▶ Screaming
- ▶ Covering ears
- ▶ Dissociation
- ▶ Low attunement
- ▶ Aggression
- ▶ Sensitivity to different textures, lights, sounds

Lesson 3: Change your approach.

Part of the brain	Potential student behaviors	Potential staff response
Neocortex <i>Stress chemicals will shut down the thinking, logical portion of the brain first. If sufficiently stressed, the child cannot physically think. Ask them to think, they become more anxious.</i> <i>Need: Problem-solving</i> <i>"What can I learn from this?"</i>	Talking to students and staff, interacting with others, parallel play, able to respond to and follow directives appropriately; smiling, laughing; might reference Scooby Doo or Frozen.	Reason final Positive verbal and physical reinforcement, offering verbal and visual choices. Further encouragement can come from games that encourage/teach compliance, self-regulation and positive interactions with others. One-on-one time with a preferred staff member.
Limbic <i>The emotional brain shuts down after the higher parts of the brain. This, along with attachment trauma, makes people seem threatening. Emotional/relationship interaction will not be as affective.</i> <i>Need: Connection</i> <i>"Do you love me? Am I loved?"</i>	Scowling, ignoring direct statements and directives; talking to herself angrily, talking to people who aren't there, talking about situations that never occurred; profanity; dramatic play involving violence; may refuse to sit with other peers; if people get in her space, she might hit or kick at them. May threaten others or herself.	Relate second Validate her feelings ("You seem really mad/upset/sad about xyz...."); offer options and choices for self-regulation; firm, clear boundaries ("If you choose to hit your friend, you are choosing to sit in a Thinking Time"). Ask if she needs to go to a safe spot for space. Deep breaths. If she's dissociating, try some mindfulness or grounding techniques (<i>note: these techniques may only work if she's practiced them before in a calmer state of mind.</i>)
Brainstem/Diencephalon <i>The primitive parts of the brain. Fight, Flight or Freeze. Until this part of the brain is regulated, relational rewards and cortical thoughts will not be possible.</i> <i>Need: Safety</i> <i>"Am I safe? Is it safe?"</i>	Screaming; aggression; dissociation may become more intense; if you touch her when she's in her brainstem (even a well-meaning, comforting touch), she may hit, kick, or possibly even bite. Reasoning with her when she is this dysregulated will only cause her further distress.	Regulate first Give her space. Keep other people away from her. Maintain firm, clear boundaries. Assure her she's safe; assure her you're there and will help her as soon as she lets you know she's calm enough ("I'll know you're ready for me to help you when you're sitting on the blue mat.")

Lesson 3: Change your approach.

SENSORY INTEGRATION

- ▶ Yoga
- ▶ Rocking/Swinging
- ▶ Patterned, rhythmic, repetitive movements: music, movement, drumming, massage, running, jumping, climbing, dancing, swimming, martial arts
- ▶ Sand and water tables
- ▶ Wiggly cushions, sensory bags and fidgets
- ▶ Piggyback rides, running, robot walks, animal walks
- ▶ Stepping on bubble wrap
- ▶ Daily, structured, predictable dosing of enjoyable activities!
- ▶ And have fun 😊



SENSORY INTEGRATION

across all environments

- ▶ Box of “fiddle” or calm down objects
- ▶ Tactile experiences
- ▶ Light controls; low visual stimulation
- ▶ Seating modifications
- ▶ Bath time
- ▶ Handclapping games
- ▶ Weighted blankets*
- ▶ Integrate sensory experiences with academics:
 - ▶ Tracing letters in shaving cream
 - ▶ “Scavenger hunt” in water beads or sand
 - ▶ Find letters of name in rice tray

Lesson 3: Change your approach.



safer, healthier relationships
for children and families

SENSORY AVOIDANT*

Calming, Rhythmic, Repetitive

Proprioception (joint & muscle)	Pushing down on chairs, carrying or pushing heavy objects, wrapped up in a blanket, yoga, jump rope
Vestibular (back & forth, up & down)	Swinging, rocking, trampoline jumps, slow movement
Oral/taste	Chewing, sucks on hard candy, blowing bubbles, drinking from a sports bottle,
Tactile (feeling)	Brushing, drawing in sand tray, water play, kinetic sand, weighted vests
Sound	Quiet noise level, soft and gentle music, noise cancelling headphones, nature sounds, white noise
Vision	Low lighting, minimal visual stimulation, sunglasses, hats and visors, simple prints and patterns on walls and clothes, natural lighting
Smells	Lavender, rose, rosemary, and vanilla scents, familiar smells, scented markers, scented lotions

***List compiled by Maryville University OT graduate students**

Lesson 3: Change your approach.

SENSORY SEEKING*

Arrhythmic, unpredictable

Proprioception (joint & muscle)	Eating crunchy foods, animal walks, jumping jacks, stacking chairs, dancing, exercise, “foot fidgets”
Vestibular (back & forth, up & down)	Irregular and quick movements, vibrations, bouncing on yoga balls, gymnastics
Oral/taste	Crunchy, cold, chewy, sour, spicy, combination flavors
Tactile (feeling)	Sensory rollers, gentle and unpredictable touch, finger paint, cold water, finger paint, “gloop”, shaving cream
Sound	Loud and fast music or sounds, singing, whistles, kazoos, drums, rain sticks, “listen and name” game
Vision	Bright, flashing lights, bright colors, Hoberman spheres, kaleidoscopes, sensory or iSpy bottles, bubbles, colored light bulbs, mazes, dot-to-dot
Smells	Strong scents, using herbs and spices in craft projects, scratch and sniff stickers, scented bubbles or Play Doh

***List compiled by Maryville University OT graduate students**

Lesson 3: Change your approach.

Environmental changes to avoid SENSORY OVERLOAD



Lesson 3: Change your approach.

- ▶ Reduce visual and auditory stimuli
- ▶ Smells
- ▶ Clearly defined areas
- ▶ Reduced/no screen time
- ▶ Neutral colors
- ▶ Sensory rich options
- ▶ Natural lighting
- ▶ Safe, cozy spots set up with pillows, blankets, and stuffed animals
- ▶ Up-regulating stations for proprioceptive and vestibular seeking activities

Lesson 3: Change your approach.



safer, healthier relationships
for children and families

Therapeutic Preschool before...



Lesson 3: Change your approach.

...and after



Lesson 3: Change your approach.

Therapeutic Preschool before...



Lesson 3: Change your approach.

...and after



Lesson 3: Change your approach.

Therapeutic Preschool before...



Lesson 3: Change your approach.

...and after



Lesson 3: Change your approach.

Therapeutic Preschool before...



Lesson 3: Change your approach.

...and after



Lesson 3: Change your approach.



safer, healthier relationships
for children and families

Therapeutic Preschool before...



Lesson 3: Change your approach.

...and after



SELF-REGULATION

- ▶ Structure, predictability, and routines
- ▶ Sleep hygiene and bedtime rituals
- ▶ Daily parallel play with a trusted caregiver (intentional relational regulation)
- ▶ Gross motor activities throughout the day
- ▶ Breathing exercises
- ▶ Appropriate sensory input
- ▶ Attachment/relational strength with a trusted and engaged caregiver

SELF-REGULATION

across all environments

- ▶ Special, safe, cozy spot
- ▶ Deep breaths
- ▶ Progressive muscle relaxation
- ▶ Animal walk transitions
- ▶ Balancing beanie animals on different body parts
- ▶ Breathing exercises: pinwheel, “pick a flower, blow out the candle”, stuffed animal on belly, blow bubbles
- ▶ Wall pus-ups/Make the room bigger
- ▶ Guided imagery breaks

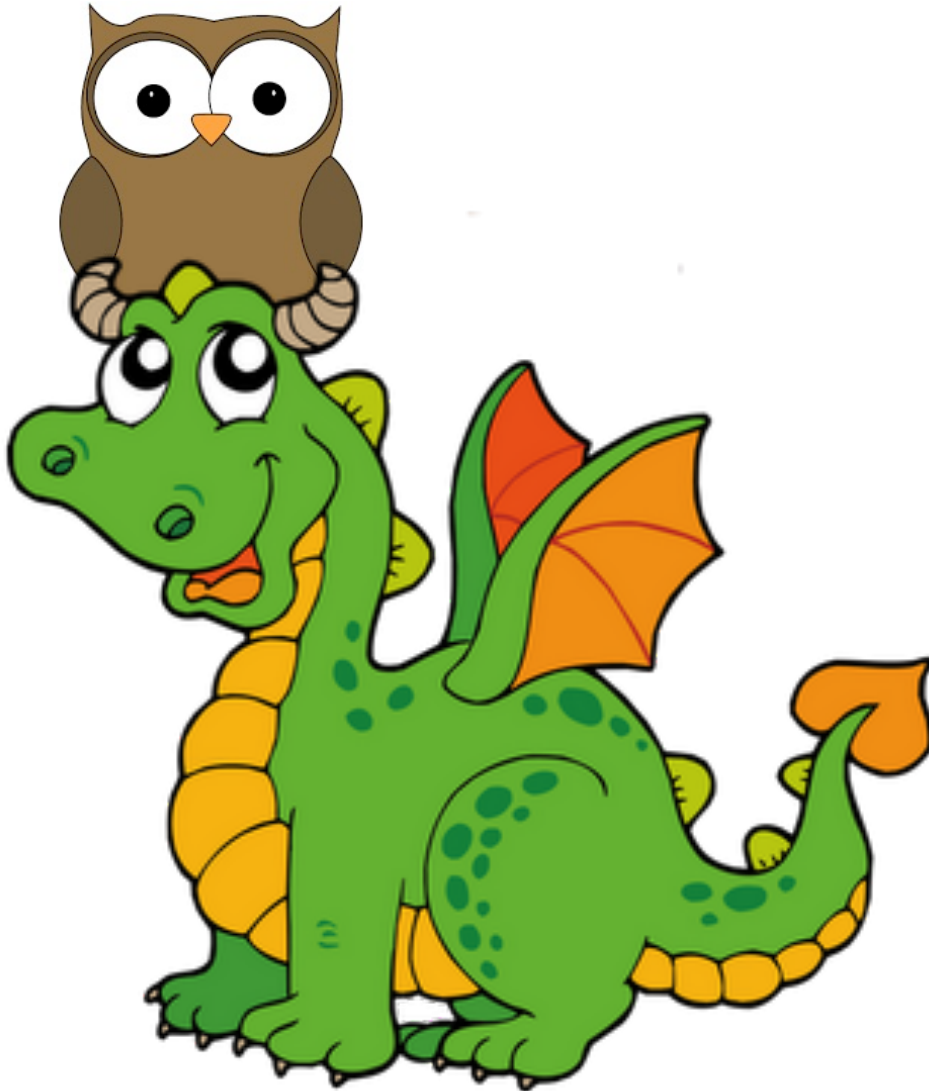
Lesson 3: Change your approach.

SELF-REGULATION ACTIVITY



Lesson 3: Change your approach.

SELF-REGULATION



Angry Dragon and Wise Old Owl

Lesson 3: Change your approach.



RELATIONAL/ATTACHMENT

Lesson 3: Change your approach.

Attachment Styles

Secure

Feels protected by caregiver, may be distressed when caregiver leaves but trusts they will return



Insecure Avoidant

May avoid or ignore caregiver; may indicate a pattern of needs not being met; gives child semblance of control



Insecure Ambivalent /Resistant

Hard to soothe, may be “clingy” or nervous without parent, but may reject caregiver during interactions; could be indicative of a pattern of inconsistent nurturance and love or pattern of nurturance being withdrawn



Disorganized

Odd, ambivalent, confusing behavior toward caregiver; may indicate pattern of fearfulness from the child in the relationship due to parental behavior



Lesson 3: Change Your Approach

Affect attunement:

In which the infant perceives themselves as the caregiver perceives them

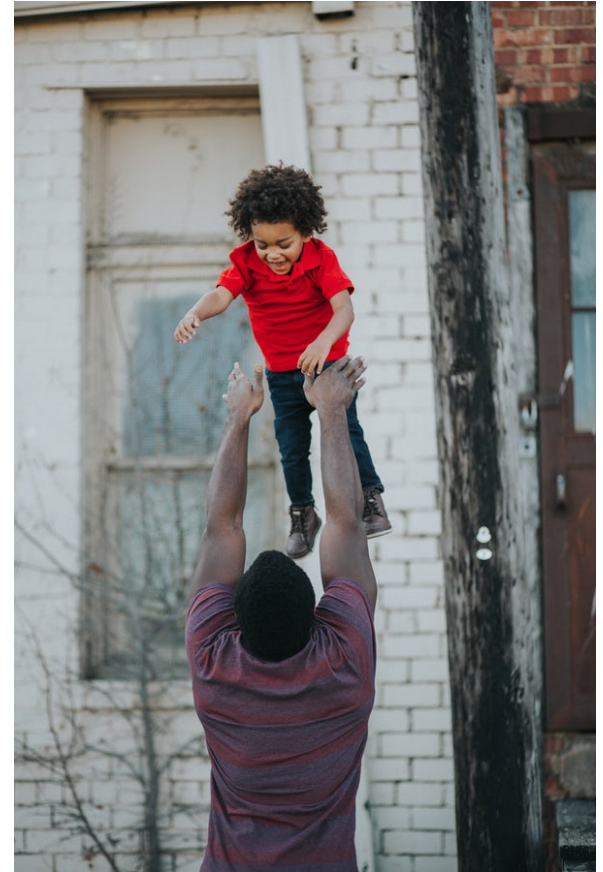
Matching behaviors, expressions

Verbal and nonverbal (and vocal quality counts!)

Creates the foundation for a child's exploration of the world and their place in it

Intertwined with attachment

Sets a foundation for “harmonious social interactions”



Lesson 3: Change your approach.

“...the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment”

- John Bowlby

Child Care and the Growth of Love, 1953



Lesson 3: Change your approach.

RELATIONAL/ATTACHMENT

across all environments

- ▶ Unconditional, positive regard
- ▶ “Mirroring” games
- ▶ Sunshine Circles
- ▶ Storytime
- ▶ Build a fort
- ▶ Group compliments
- ▶ Cotton Ball Blow/ Cotton Ball Soccer
- ▶ Breathing back-to-back
- ▶ Notice what special things the child has today (“I see you have all of your freckles today!”)
- ▶ Gentle massage
- ▶ Singing
- ▶ Hand games
- ▶ Games that require face-to-face engagement
- ▶ Balloon tennis

“I Love You” Rituals

- ▶ Step 1: Learn the game and whatever rhymes or songs go with it.
- ▶ Step 2: Pick a specific time and place for the rituals (note: bedtimes, goodbye times, and transitions are perfect for I Love You Rituals)
- ▶ Step 3: Be open and responsive to the child’s verbal and especially nonverbal cues. Don’t be afraid to go “off script”.
- ▶ Step 4: Know the difference between the child trying to show initiative and contribute to the relationships and the child trying to control the relationship. The adult is in charge.
- ▶ Step 5: Have fun 😊

(Bailey, 2000)

Pick the appropriate therapy

Child-Centered Play Therapy

Developed by Virginia Axline

Child-led, permissive environment for young children

Sensory

Allows for developmentally appropriate expression and communication

Facilitative responses honor the child's decision-making and creativity, track the child's emotional expression and actions

Gives space for introspection

Therapeutic limit setting

"You may play with the toys in a lot of different ways that you may want to play with them"

Lower brain

Limbic system

Cortex

Lesson 3: Change your approach.



Lesson 3: Change your approach.







Pick the appropriate therapy

Theraplay

Child and family play therapy that increases a child's attachment to safe caregivers, builds self-esteem, and builds up the joy of the relationship through the natural patterns of the child-caregiver relationships

Support caregiver in being attuned with their child's needs

Structure, Nurture, Engagement, and Challenge

Develops co-regulation through a series of up and down-regulating activities

Multi-sensory experience with basic supplies

Activities can be used anywhere

Adapted into group therapy called Sunshine Circles

Helps to develop positive social skills

“Preverbal, social, right brain level of development”

<https://theraplay.org/>

(Booth & Jernberg, 2009)

Pick the appropriate therapy

Parent-Child Interaction Therapy (PCIT)

Developed by Dr. Sheila Eyberg, Ph.D.

Play and behavioral therapy for children and caregivers

“Coaching” sessions to develop specific skills and structure for caregiver

Requires a playroom and observation room with one-way mirror or live video feed and a listening device for the caregiver in which the clinician provides immediate coaching and feedback on the skills

Two sections: Child-Led and Parent-Led

Caregiver must learn specific, structured, and appropriate responses and give specific type and number of responses before moving onto the parent-led portion

Requires five minutes of “special play time” in addition to weekly sessions

Lower brain

Limbic system (amygdala)

Cortex

<http://www.pcit.org/>

Pick the appropriate therapy

Trust-Based Relational Intervention (TBRI)

Developed by Drs. Karyn Purvis, PhD, and David Cross, PhD

Lower brain
Limbic system

<https://child.tcu.edu>

Pick the appropriate therapy

Child-Parent Relationship Therapy

Developed by Garry Landreth, EdD, LPC, RPT-S, and Sue Bratton, Ph.D., LPC-S, RPT-S

Play-based therapy for children with dysregulation, behavioral and emotional problems, and social and attachment disorders

10 group therapy or coaching sessions with caregivers in which they are taught the basic and specific skills of child-centered play therapy

Builds and supports attachment, emotional regulation, and feelings of safety

Clinician/coach reviews videos of play sessions with caregivers; feedback is provided in a small group format

Cortex

Limbic system

Lower brain

<https://cpt.unt.edu/child-parent-relationship-therapy-certification>

(Landreth & Bratton, 2006)

Pick the appropriate therapy

Dyadic Developmental Psychotherapy

Developed by Dan Hughes, PhD

Trauma-focused therapy for children who have experienced trauma within their family units and are struggling with attachment and relationships

Affective-reflective dialogue

PACE: Playful, Accepting, Curious, Empathic

Explores and validates child's inner experiences

Reframes child's behaviors and sense of self for both child and caregiver

Can be paired directly with Theraplay

Cortex

Limbic system

Lower brain

<https://ddpnetwork.org/>

(DDP Network, n.d.)

Lesson 3: Change your approach.

OUTBURSTS



First... REGULATE



Then... RELATE



Last..... REASON



Lesson 3: Change your approach.

OUTBURSTS

Case study:

“Ronnie”



Lesson 3: Change your approach.

OUTBURSTS

Brainstem/Diencephalon need: Safety

“Am I safe? Is it safe?”



Limbic system need: Connection

“Do you love me? Am I loved?”



Neocortex need: Problem-solving

“What can I learn from this?”



Lesson 3: Change your approach.

OUTBURSTS



First..... REGULATE



Lesson 3: Change your approach.

OUTBURSTS

Second..... RELATE



Lesson 3: Change your approach.

OUTBURSTS

Third..... REASON



Lesson 3: Change your approach.

▶ Triggers and stressors:

- ▶ Transitions
- ▶ Being told “no”
- ▶ Loud noises
- ▶ Bright lights
- ▶ Too much visual stimuli
- ▶ Feeling small
- ▶ Feeling rejected by or having a conflict with peers
- ▶ Visits to biological families

Lesson 3: Change your approach.

“You are only as good of a therapist as you are an affect regulator.”

-Bessel van der Kolk



Lesson 3: Change your approach.

- ▶ “What happened to you?”, not “What’s wrong with you?”
- ▶ Don’t ask “What’s wrong with this child?” Ask yourself, “Where are they in their brains?”
- ▶ “Where am I in my brain?”
- ▶ Increase child’s ability to feel and experience safety
- ▶ Regulate affect
- ▶ Validate feelings
- ▶ Problem-solving when calm

Lesson 3: Change your approach.

**“Resilient
children are
not born.
They are
made.”
-Dr. Bruce
Perry**



Lesson 4

Less is
more.

Lesson 4: Less is more.

- ▶ Affect dysregulation
- ▶ Mood regulation
- ▶ Aggression
- ▶ Overwhelming distress
- ▶ Low threshold for frustrating situations
- ▶ Self-harming behaviors
- ▶ Suicidal ideation
- ▶ Need for control which manifests as manipulation, anger, cruelty, lying, and stealing
- ▶ Oppositional or defiant behaviors
- ▶ Hypervigilance
- ▶ Hyper-reactivity
- ▶ Attachment issues
- ▶ Low attention span/lack of focus

Lesson 4: Less is more.

- ▶ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ▶ ADD
- ▶ Borderline personality disorder (BPD)
- ▶ Bipolar disorder
- ▶ Attachment disorders
- ▶ Conduct disorders
- ▶ Oppositional defiant disorder
- ▶ Chronic pain
- ▶ Chronic fatigue
- ▶ Separation anxiety disorder
- ▶ PTSD
- ▶ Phobic disorders
- ▶ Substance Use Disorder
- ▶ Eating Disorders

Lesson 4: Less is more.

▶ FAMILY DYNAMICS CASE EXAMPLE:

“RYAN”



Lesson 5

Don't take it
personally



Lesson 5: Don't take it personally.

- ▶ Manage emotions and reactions
- ▶ Manage our own traumas
- ▶ Burn out
- ▶ Vicarious and secondary trauma
- ▶ Avoid power struggles
- ▶ Communicate needs to staff and managers
- ▶ Know when you're in over your head
- ▶ Communicate boundaries
- ▶ Know when you've lost your objectivity

Lesson 5: Don't take it personally.

Self Care???



Lesson 6

Relationships heal.



Lesson 6: Relationships heal.

► Relationships heal: CASE EXAMPLE:

“SAMI”



Lesson 6: Relationships heal

- ▶ The honeymoon period
- ▶ Accountability with compassion
- ▶ Accountability does not mean berating or shaming or being petty.
- ▶ Be the bigger, stronger, wiser adult



Now what?



Now what?

- ▶ Supporting the kids who need it now
- ▶ More education in mental health, the foster care system, judicial system, educational system, and medical systems on developmental trauma
- ▶ More mental health supports in the community and in schools
- ▶ More support for primary adults in child's life to give that unconditional, positive regard



► Prevention

- Identify families who are at risk for children with developmental trauma
- Accessible, trauma-informed care
- Parenting classes for high risk families
- Medical facts and education about health care and development
- Holistic approaches
- Increase support networks for all families, child care providers, and schools

That's it!



safer, healthier relationships
for children and families



CONTACT



safer, healthier relationships
for children and families

Rachel Hanks, MSW, LCSW, RPT
Therapist, Therapeutic Preschool
314.534.9350 ext. 1233
Rachel.Hanks@familyforwardmo.org
familyforwardmo.org

- Ainsworth, M., & Bell, S. (1970). Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation. *Child Development*, 41, 49-67. <https://doi.org/10.2307/1127388>
- Bailey, B. A. (2000). *I Love You Rituals*. New York, NY: HarperCollins.
- Booth, P. B. & Jernberg, A. M. (2009). *Theraplay* (3rd ed.). San Francisco, CA: Jossey-Bass.
- Christensen, G. (Ed.). (2013). *Parenting the Theraplay way*. Evanston, IL: Theraplay Institute.
- Cross, D.R. & Purvis, K. B. (2013). Non-pharmacological interventions for children and youth in care.
- Duschinsky R. (2015). The emergence of the disorganized/disoriented (D) attachment classification, 1979-1982. *History of psychology*, 18(1), 32-46. doi:10.1037/a0038524
- Erikson, E. H. (1950). *Childhood and society*. New York, NY, US: W W Norton & Co.
- Gaskill, R. L., & Perry, B. D. (2017). A neurosequential therapeutics approach to guided play, play therapy, and activities for children who won't talk. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *What to do when children clam up in psychotherapy: Interventions to facilitate communication* (pp. 38-66). New York, NY, US: Guilford Press.
- Hong, R. & Mason, C. M. (2016). Becoming a neurobiologically-informed play therapist. *International Journal of Play Therapy*, 25 (1), 35-44.
- International Society for the Study of Trauma and Dissociation. (n.d.). Dissociation FAQs, retrieved from <https://www.isstd.org/resources/dissociation-faqs/>.
- Karyn Purvis Institute of Child Development. (n.d.). Trust Based Relational Intervention, retrieved from <https://child.tcu.edu/about-us/tbri/#sthash.LtOTFQQi.dpbs>

- Landreth, G. L. (2012). *Play therapy: The art of relationship* (3rd ed.). New York, NY, US: Routledge/Taylor & Francis Group.
- Landreth, G.L. & Bratton, S. C. (2006). *Child Parent Relationship Therapy (CPRT): A 10-session filial therapy model*. New York, NY, US: Routledge/Taylor & Francis Group.
- McNeil, C. B., Hembree-Kigin, T. L., & Anhalt, K., Bjørseth, Å., Borrego, J., Chen, Y.-C., Diamond, G., Foley, K. P., Goldfine, M. E., Herschell, A. D., Masse, J., Tempel, A. B., Tiano, J., Wagner, S., Ware, L. M., & Wormdal, A. K. (Collaborators). (2010). *Issues in clinical child psychology. Parent-child interaction therapy* (2nd ed.). New York, NY, US: Springer Science + Business Media.
- National Child Traumatic Stress Network. (n.d.). *What is child trauma?* Accessed <https://www.nctsn.org/what-is-child-trauma>
- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. B. Webb (Ed.), *Traumatized Youth in Child Welfare*. New York, NY: The Guildford Press.
- Perry, B. D., & Szalavitz, M. (2008). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook : what traumatized children can teach us about loss, love, and healing*. New York: Basic Books.
- Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma. *Child & youth services*, 34(4), 360–386. doi:10.1080/0145935X.2013.859906
- Rees C. (2007). Childhood attachment. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 57(544), 920–922. doi:10.3399/096016407782317955

Sources

United States Department of Health and Human Services. (2017). *Child Welfare Outcomes Report to Congress 2015*.

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. (2019). *Trauma and Violence*. Accessed <https://www.samhsa.gov/trauma-violence>

van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35 (5), 401-408.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY, US: Viking.

Wadsworth, Barry J. (1996). *Piaget's theory of cognitive and affective development : foundations of constructivism*. White Plains, N.Y. :Longman Publishers USA,

Walker P. (2013). *Complex PTSD: From Surviving to Thriving: A Guide and Map for Recovering From Childhood Trauma*. 1st ed. Lafayette, CA: Azure Coyote.



More useful information



safer, healthier relationships
for children and families

Association for Play Therapy

www.a4pt.org

ChildTrauma Academy

<https://childtrauma.org/>

Tonier Cain, *Trauma-Informed Care*

<https://www.youtube.com/watch?v=SXCt0qO6LDY>

The Mehrit Center

<https://self-reg.ca/infographics/>

Karyn Purvis Institute of Child Development

<https://child.tcu.edu>

National Child Traumatic Stress Network

<https://www.nctsn.org/>

International Society for the Study of Trauma and Dissociation

<https://www.isst-d.org/>