The Impact of Traumatic Events on Children and Adults

Hearing a Voice of a Survivor

Dr. Allison Sampson-Jackson
CEO
Integration Solutions
Engaging the Whole Brain

Before Brain Gym

After Brain Gym

Oscillation every 90 minutes
Impact to Right and Left Hemisphere Talk
Look at the chart and say the COLOUR not the word.

YELLOW  BLUE  ORANGE
BLACK   RED   GREEN
PURPLE  YELLOW  RED
ORANGE  GREEN  BLACK
BLUE    RED   PURPLE
GREEN   BLUE  ORANGE

Left – Right Conflict
Your right brain tries to say the colour but your left brain insists on reading the word.
Effects of Stress On Your Health

Toxic Stress

Poor Health

violence abuse suicide crime
war murder assault disaster
terrorism political violence
sexual abuse family violence

TRUMA

fear terror shame guilt
nervous haunting panic
avoidance disconnected
numbness powerlessness
normal reactions to abnormal events

There is healing and hope
after trauma. Ask for help.
Defining Trauma:
https://www.youtube.com/watch?v=u1yYC08zz1o

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

- SAMHSA definition 2014
Key Component of Trauma

Is the experience of loss!
Loss of:
- boundaries
- safety
- trust
- power and control
- innocence
- protection
- attachment
- possessions
- consistency/predictability
- sense of self/body image

http://www.lisaferentz.com
Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.
A mirror neuron is a neuron that fires both when an animal acts and when the animal observes the same action performed by another.

Thus, the neuron "mirrors" the behavior of the other, as though the observer were itself acting
Neglect
How Poverty of Experience Disrupts Development

3 Year Old Children

Normal

Extreme Neglect

Bruce D. Perry, M.D., Ph.D.

www.ChildTrauma.org
Figure D-3. The brain in the palm of the hand. This is a “handy model” that depicts the major regions of the brain: cerebral cortex in the fingers, limbic area in the thumb, and brainstem in the palm. The spinal cord is represented in the wrist. Please see text for explanation. Copyright © 2012 by Mind Your Brain, Inc. Used with permission by Daniel J. Siegel, M.D., from The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are (2012).
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Respond to the need ....

Not react to the behavior

What is being asked of us ??
Core Areas of Focus in Complex Trauma

- Self-Regulation
  - Affect Regulation
  - Disassociation (difficulty in being “present”)
  - Somatic Dysregulation
- Self-Identity
  - Impaired Self-Concept
  - Impaired Self-Development
- Co-regulation
  - Secure working model of caring relationship
  - Disorganized Attachment Patterns
• Alcoholism and alcohol abuse
• Chronic obstructive pulmonary disease (COPD)
• Depression
• Fetal death
• Health-related quality of life
• Illicit drug use
• Ischemic heart disease (IHD)
• Liver disease
• Risk for intimate partner violence
• Multiple sexual partners
• Sexually transmitted diseases (STDs)
• Smoking
• Suicide attempts
• Unintended pregnancies
• Early initiation of smoking
• Early initiation of sexual activity
• Adolescent pregnancy
124 billion dollars in recovery

The estimated average lifetime cost per victim of nonfatal child maltreatment is Lifetime Cost = $210,012 and includes:

- $32,648 in childhood health care costs
- $10,530 in adult medical costs
- $144,360 in productivity losses
- $7,728 in child welfare costs
- $6,747 in criminal justice costs
- $7,999 in special education costs

The estimated average lifetime cost per death includes:

- $14,100 in medical costs
- $1,258,800 in productivity losses

1,740 fatal and 579,000 non–fatal, for a 12–month period
What is Trauma Informed Care?

Definition of trauma (the three “Es”):
- Event(s)
- Experience of the event(s)
- Effect

Definition of a trauma-informed approach (the four “Rs”):
- Realize
- Recognize
- Respond
- Resist retraumatization
Exposure to Violence in Childhood

46 million of 76 million children are exposed to violence, crime and abuse each year

The needs of the adults and caregivers of the youth ... are no different

They are often trauma survivors too
Cross-Generational Trauma
Using Trauma Informed Services to Increase Parental Protective Factors

- Women who have experienced trauma are more likely to self-medicate with a substance (55-99%) (1)
- Intergenerational transmission of trauma (Depression, PTSD) (2)
- Unresolved childhood trauma can lead to reenactments with partners in adult relationships and/or with their children (3)
- Unresolved childhood trauma can lead to difficulty forming secure attachments with their children (4)
- Childhood trauma can result in parenting styles that include threats & violence (2)
- Childhood sexual abuse survivors can miss “red flags” of sexual abuse with their own children due to avoidance of trauma memories themselves (2)

Hendricks, A. (2012). Using Trauma-Informed Services to Increase Parental Factors (pp. 89-91)
Main & Hess (1990) In M. Greenberg, D. Cicchetti, & E. Cummings (Eds.), Attachment in the preschool years: Theory, research, and intervention (pp. 121-160)
Cross-Generational Trauma
Using Trauma Informed Services to Increase Parental Protective Factors

Caregiver functioning following a child’s exposure to trauma is a major predictor of child’s functioning (1 & 2)

If we want to improve a child’s outcome, we must address parent’s trauma history ...
... failure to do so can result in (2) ...

- Failure to engage in treatment services
- An increase in symptoms
- An increase in management problems
- Retraumatization
- An increase in relapse
- Withdrawal from service relationship
- Poor treatment outcomes

Hendricks, A. (2012) pp. 91
Helping “Henry”

Child Welfare System
Juvenile Justice System
School System
Adult Services and Adult Protection
Mental Health System
Court System Professionals
Faith Based Community
Residential Facilities
Resource Parents
First Responders (Police & Fire Fighters)
Medical Community and Primary Care
Child Advocacy Agencies
Housing And Benefits
Helping Henry and His Family Navigate to Recovery
TURN KNOWLEDGE INTO ACTION

Recognize and Respond
Key Elements of TIC Culture

SAMHSA Six Key Principles

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues
Building the Urgency

Kick offs of Trauma 101
Sharing information with Children and Families
Shifting the conversation of “what’s wrong with you” to “what has happened to you”?
Teaching Validation Skills
Including all partners that touch Henry’s life and family in the conversation
Shift the focus from reacting to behaviors to responding to needs

Richmond Kick Offs
Fairfax, Henrico, Chesterfield Kickoffs

http://resiliencetrumpsaces.org/?page_id=743
Building TIC Change Teams

• Find Trauma Champions
• Include change agents across departments
• Take a 360 approach to team membership
• Include Consumers and Consumer Organizations
• Think about your organizational team and your community team
• TILT team approach (Trauma Informed Leadership Teams)
Greater Richmond Trauma Informed Community Network (TICN)

Question becomes where do I turn in my community for resources? Education? Consultation?

The Greater Richmond Trauma Informed Community Network (TICN) is a diverse group of professionals in your community dedicated to supporting all child welfare stakeholders in utilizing strengths based trauma informed practices in their work with children and families. In short, we are here to support and honor the important role you have in facilitating a positive environment for change in children and caregivers' lives using trauma informed practices to guide your way.
Community Education and Collaboration

- Department of Criminal Justice
- Department of Education
- Juvenile Domestic Relation Courts
- Child Advocacy Agencies
- Local Schools
- School Administration
- Judge’s Conferences
- Court Service Units
- Truancy Officers
- Department of Social Services (child and family)
- Law Schools and Clinics
- Department of Mental Health
- Learning Collaborative
- Adoption Advocacy Agencies
- Parent/caregiver groups
- Consumer Conferences
Committee Development

- Service gap surveys
- Provider service books with TIC services listed
- Higher Education Development/Certification
- Outcome and Quality Assurance Groups
- Provider Certification Committees
- Communication Groups
- Screening and Assessment Best Practice
- Development of Case Planning Integration processes for Child Welfare Workers and Juvenile Justice Workers
- Education and Training Resources (including people)
Youth and Family Voice: Continuum of Participation

1. Participates in satisfaction surveys or focus groups
2. Serves on program advisory board or committees
3. Monitors program outcomes and effectiveness
4. Seen as an “expert” at the tribal, state, and national level
5. Involved in own treatment planning
6. Involved in designing and implementing programs
7. Partners to develop and deliver training and educational materials
Benefits of Involving Youth and Families in Programming

• Greater family involvement in service delivery leads to:
  – Increased collaboration among systems and professionals\textsuperscript{1,2}
  – Greater understanding of the challenges facing families\textsuperscript{1,2}
  – Increased family satisfaction with services\textsuperscript{1,2}
  – Enhanced job satisfaction for providers\textsuperscript{1,2}
  – Services that are more culturally relevant and competent\textsuperscript{3}
  – A sense of ownership and empowerment among youth and families\textsuperscript{3}
  – Quality improvement\textsuperscript{3}
  – Increased public awareness and advocacy regarding child trauma\textsuperscript{3}
  – Community outreach and mentorship\textsuperscript{3}


Pathways to Partnership

• Peer-to-Peer Support:
  – Links new clients with families who have been through services to provide information, reduce stigma and isolation, and help families advocate for themselves
  – Examples: Parent partner programs, peer mentor programs, support groups

• Consumer Participation on Advisory Boards:
  – Provide feedback to agency on services provided
  – Facilitate communication between families, youth, and staff
  – Participate in advocacy and program development and evaluation
  – Opportunity for families and youth to “give back”

Trauma Informed Mental Health Providers
What are the Core Components of Evidence-Based Trauma Treatment?

• Building a strong therapeutic relationship
• Psycho-education about normal responses to trauma
• Parent support, conjoint therapy, or parent training
• Emotional expression and regulation skills
• Anxiety management and relaxation skills
• Cognitive processing or reframing
Core Areas of Focus in Complex Trauma
Courtois, C. & Ford, J. (2009), Introduction (p.2)

• Self-Regulation
  • Affect Regulation
  • Disassociation (difficulty in being “present”)
  • Somatic Dysregulation
• Self-Identity
  • Impaired Self-Concept
  • Impaired Self-Development
• Co-regulation
  • Secure working model of caring relationship
  • Disorganized Attachment Patterns
Phase Oriented Care
“Goal Standard”
Understand What Good Trauma Treatment Looks Like ...

Phase Oriented Treatment “Gold Standard”
- Phase I: Safety and Stabilization
- Phase 2: Trauma Reprocessing
- Phase 3: Reintegration

- Handout on questions to ask Mental Health Providers
- Resource http://www.nctsn.net/nccts/nav.do?pid=ctr_top_trm
nt_prom
- Mental Health Trauma Assessment Guidelines (NCTSN)
RESOURCES

- http://www.nctsn.org/
- National Technical Center for Children’s Mental Health Trauma Resource
- Trauma Holistic Care Webpage
THANK YOU ......

Virginia ...
together we can make a difference

Dr. Allison Sampson-Jackson
LCSW, LICSW, CSOTP
804-432-0056
aajackson@integrationsolutions.org