Trauma-Informed Care:
A Primer in Advocacy for Youth with Dual-System Involvement

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Presentation on behalf of the Juvenile and Children's Advocacy Project
March 5, 2021
Acknowledgments

This presentation primarily uses content created by:

• The National Child Traumatic Stress Network (www.nctsn.org)

• The National Association of State Mental Health Program Directors’ Center for Innovation in Behavioral Health Policy and Practice and included in “TIC Train the Trainer on SAMHSA’s Trauma-Informed Approach: Key Assumptions & Principles” Curriculum (https://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0)
Foundational Knowledge
Things to Remember

Underlying question = “What happened to you?”

Symptoms = Adaptations to traumatic events

Healing happens In relationships

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What is Trauma?

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.
Potentially Traumatic Events

Abuse
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

Loss
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors
- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder

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The Impact of Trauma

Depends on many factors such as...

- The child
  - Age
  - Developmental Stage
  - Temperament
  - History of emotional problems

- The social environment
  - Availability of primary care givers to help
  - Level of family stress and coping ability
  - Presence of family routine and stability
  - Availability of social supports in the community

- The type of event
  - Acute vs. Chronic
  - Intensity of the trauma
  - Proximity of the child to the traumatic event
  - Loss or injury of primary caregiver
  - Extent of physical injury to the child
  - Relationship to perpetrator
Hidden Impact of Trauma

- Abnormal cortisol levels and different release patterns -> related to energy, learning, socialization, externalizing behaviors, and increased immune problems

- Areas of the brain with known impacts of trauma:
  - Prefrontal cortex -> related to emotion regulation, behaviors, cognitive skills, executive functioning
  - Hippocampus -> related to memories
  - Corpus Callosum -> related to arousal, emotion, higher cognitive abilities
  - Cerebellum -> problems with motor coordination and executive functioning
  - Amygdala -> related to emotional responses

Hidden Impact of Trauma (cont’d)

• The traumatized brain “learns”:
  • To be hyper-alert
  • To stay in fight/flight/freeze mode
  • To be anxious and afraid
  • To neglect higher level thinking and problem solving
Hidden Impact of Trauma (cont’d)

• Impact of trauma on Attachment
  • Inconsistent care or neglect can lead to insecure attachments
  • Loss of caregiver can lead to anxiety about safety in future relationships
  • Abuse may make a child wary of future relationships
Recognizing Signs of Traumatic Stress

- Regression in developmental milestones or skills
- Fear and worry about the safety of self, family, friends
- Hypervigilance
- Easy to startle
- Anxiety related to future possible trauma
- Increased activity level
- Decreased concentration and attention
- Increased irritability
- Changes in sleep or appetite
- Withdrawal & isolation
- Angry outbursts
- Aggression
- Aches and pains
- Decline in grades
- Problems with peers
- Substance abuse, dangerous behaviors, unhealthy sexual behaviors
Statistics
Trauma Prevalence in Children

- **71%**
  Number of children who are exposed to violence each year
  (Finklehor, et al, 2013)

- **3 million**
  Number of children maltreated or neglected each year

- **3.5-10 million**
  Children witness violence against their mother each year
  (Child Witness to Violence Project, 2013)

- **1 in 4 girls & 1 in 6 boys**
  Number who are sexually abused before adulthood
  (NCTSN Fact Sheet, 2009)

- **94%**
  Percentage of children in a study of juvenile justice settings who have experienced trauma
  (Rosenberg, et al, 2014)

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Texas DFPS Data (2020)

- Total children in Texas = 7,393,950 (2019 Census)
- Alleged Victims of Child Abuse/Neglect = 328,306
- Confirmed Victims of Child Abuse/Neglect = 75,350
- Children entered Family Preservation Services = 51,806
  - 8,947 unduplicated cases in Region 6 (Houston)

Sources: https://www.census.gov/quickfacts/TX;
https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/default.asp
Trauma & Juvenile Justice Involvement

• Childhood victimization has been linked to committing acts of community violence, sexual assault, and a variety of other delinquent behaviors.

• Research estimates that over 90% of juvenile justice-involved youth have experienced at least one trauma, with many experiencing polyvictimization and reporting an average of 5 different types of trauma or violence exposure in their lifetime.

• Research demonstrates a link between abuse and neglect in early childhood and later arrest as a juvenile and adult—even when controlling for race, gender, and economic status.

Source: https://www.nctsn.org/resources/victimization-and-juvenile-offending
Trauma & School Performance

- Lower GPA
- Higher rate of school absences
- Increased drop out
- Increased disciplinary complaints including suspensions and expulsions
- Lower reading ability

*From: Child Trauma Toolkit for Educators/ June 2008/Trauma Facts For Educators*
Youth who are at disproportionate risk for experiencing trauma:

- LGBTQ+ Youth
- Racial/Ethnic Minority Youth
- Children with Intellectual and Developmental Disabilities
- Military-Connected Youth
- Youth in Juvenile Justice
- Youth in Child Welfare
How do I engage in more trauma-informed practices?
Five Empirically-Supported Early Intervention Principles

Hobfoll et. al, 2007
SAMHSA’s Principles of Trauma-Informed Care

- **Safety**  – staff and clients feel physically and psychologically safe.
- **Trustworthiness & Transparency**  – operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others.
- **Peer Support**  – peer support and mutual self-help are needed to establish safety and hope, to build trust, and enhance collaboration.
- **Collaboration & Mutuality**  – Level the power difference among organizational staff; Healing happens in relationships and in sharing power and decision-making.
- **Empowerment, Voice, & Choice**  – individuals’ strengths and experiences are recognized and built upon; clients are supported in shared decision-making, choice, and goal setting to determine their plan of action to heal and move forward.
- **Cultural, Historical, & Gender Issues**  – actively move past cultural stereotypes and biases; incorporate policies, protocols, and processes that are responsive to racial, ethnic, and cultural needs of those served.
Things to do

• Create and adhere to predictable routines.
• Provide youth choices when possible.
• Follow through on plans.
• Be aware of reactions to reminders.

Source: https://www.nctsn.org/resources/victimization-and-juvenile-offending
Essential Elements of Trauma-Informed Systems

Juvenile Justice
- Trauma-informed policies and procedures
- Identification and screening of youth who have been traumatized
- Clinical assessment and intervention for trauma-impaired youth
- Trauma-informed programming and staff education
- Prevention and management of secondary traumatic stress
- Trauma-informed partnering with youth and families
- Trauma-informed cross system collaboration
- Trauma-informed approaches to address disparities and diversity

Child Welfare
- Maximize physical and psychological safety for children and families.
- Identify trauma-related needs of children and families.
- Enhance child well-being and resilience.
- Enhance family well-being and resilience.
- Enhance the well-being and resilience of those working in the system.
- Partner with youth and families.
- Partner with agencies and systems that interact with children and families.

Sources: https://www.nctsn.org/resources/essential-elements-trauma-informed-juvenile-justice-system
System-based Approaches

- Intervene Early and Provide Trauma-Focused Interventions
- Improve Trauma-Informed Screening and Assessment in Service Systems
- Improve Reporting of Youth Victimization
- Help Schools Recognize Reactions to Victimization
- Engage Families

Source: [https://www.nctsn.org/resources/victimization-and-juvenile-offending](https://www.nctsn.org/resources/victimization-and-juvenile-offending)
What is required to support youth under stress?

1. A solid interpersonal relationship
2. A consistent, stable environment with clear limits and boundaries
3. A respectful and safe environment
4. Strategies that enhance resiliency
The Importance of Relationships

• Most of our power as adults is based on a child’s desire to be in relationship with us
• Without relationship (“attachment”) you are not a positive reinforcer
• If a child is only annoying to you, you’ve lost the ability to have a positive impact
Protective Factors for Trauma

- Intelligence
- Interpersonal skills
- Problem-solving skills
- Communication skills
- Coping Skills
- Autonomy
- A sense of purpose and future
- A special talent or ability
- A sense of self-esteem
- Stable caregiving systems
Common Elements of Trauma-Focused Interventions for Children & Families

- Emphasis on safety; Risk-reduction
- Psychoeducation – for the child and family
- Feelings Identification/Expression
- Coping Skills
- Attention to Caregiving Systems (including caregiver trauma history)
- Behavior management strategies
- Linking to supports
- Exposure (e.g., trauma narrative, processing)
- Integration of the trauma experience(s)
- Focus on the future
Evidence-Based Trauma-Focused Interventions

• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – includes adaptations for LGBTQ+ youth and Hispanic families

• Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) – for families experiencing arguments, frequent conflict, physical force or discipline, or child physical abuse.

• Parent-Child Interaction Therapy (PCIT) – interactive parent-child intervention for young children (ages 2-7; up to about 12 with modifications) with a history of maltreatment and disruptive behavior problems.

• Child-Parent Psychotherapy (CPP) – for very young children (birth to age five) and parents who have been exposed to trauma and family violence.

• Attachment Self-Regulation Competency (ARC) – for children, youth, and families who have experienced complex trauma.
Trauma-Focused Interventions (cont’d)

• After Deployment: Adaptive Parenting Tools (ADAPT) – to increase positive parenting practices in military families with children ages 5 to 12, by way of group and Web-based support during reintegration.

• Strong Families, Strong Forces – a home-based reintegration program for military families with very young children.

• The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma - basic knowledge, skills, and values about working with children with IDD who have had traumatic experiences, and how to use this knowledge to support children's safety, well-being, happiness, and recovery through trauma-informed practice.

**For a comprehensive list of standardized, effective, trauma-informed clinical interventions : [https://www.nctsn.org/treatments-and-practices/trauma-treatments](https://www.nctsn.org/treatments-and-practices/trauma-treatments)
Caring For Yourself

1. Understand how you react to stress (physical signs, changes in thoughts, feelings, or behaviors).
2. Get enough sleep.
3. Get enough to eat.
4. Vary the work that you do.
5. Do some light exercise.
6. Do something pleasurable.
7. Spend time with family and/or friends.
8. Focus on what you did well.
9. Learn from your mistakes.
10. Share a private joke.
11. Pray, meditate, or relax.
12. Learn how to switch on & off.

- Sources: NCTSN Tip card; SAMHSA.gov
Resources


https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit
Resources & References

• The National Child Traumatic Stress Network: www.nctsn.org
  • After Service: Veteran Families in Transition
  • Child Educator Toolkit
  • Child Maltreatment in Military Families: A Fact Sheet for Providers
  • Fact Sheet on Children with Developmental Disabilities
  • LGBTQ Youth and Sexual Abuse: Information for Mental Health Professionals
  • Psychological First Aid for Schools
  • The Road to Recovery: Supporting Children with IDD Who Have Experienced Trauma
  • Think Trauma: A Training for Staff in Juvenile Justice Residential Settings

• The Substance Abuse and Mental Health Services Administration: www.samhsa.gov
  • Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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