FOSTERING TRAUMA INFORMED CARE

KEY PRACTICES FOR MEDICAL PROVIDERS WORKING WITH CHILDREN IN FOSTER CARE

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OBJECTIVES

- Review basics of trauma and complex trauma
- Explore range of potential impacts, including case examples
- Consider potential assessment questions within an office visit
- Discuss trauma informed engagement and resiliency building strategies
 - Education, Decoding Behaviors, Attunement, Serve & Return, PACE, and the 3Rs
- Q&A at the end, with questions welcome in the chat
- Resource links on final slide





DISCLOSURES AND CONFLICTS OF INTEREST

Pete Cudney, LICSW

I have no financial or nonfinancial relationships to disclose relative to any of the material presented.





Framing Trauma as a "Stress Injury"

Adversity – challenges we face in life

Stress – our physiological response to adversity, ranging from healthy, to tolerable, to toxic

Toxic Stress – acute stress that is beyond our current capacity to cope (especially when we fear for our safety), or chronic stress without time to recover and in the absence of supportive relationships

Trauma – when stress is toxic it leads to changes in the brain and nervous system

Complex Developmental Trauma – when stress is toxic during childhood, it leads to changes in foundational neurodevelopment, with potential long-lasting impacts across all developmental domains





Research on Complex Developmental Trauma

- Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study Dr. Vincent Felitti, Dr. Robert Anda, et al.
- National Child Traumatic Stress Network (NCTSN)
- Harvard Center on the Developing Child, Dr. Jack Shonkoff, et al.
- Trauma Research Foundation, Dr. Bessel van der Kolk, et al.
- Child Trauma Academy, Dr. Bruce Perry, et al.
- Mindsight Institute, Dr. Dan Siegel, et al.





Possible Impacts of Complex Developmental Trauma

NCTSN Complex Trauma Task Force White Paper: Complex Trauma in Children and Adolescents, 2003

Seven Domains of Impairment

I. Attachment Reactive Attachment Disorder

2. Biology Sensory Processing Disorders

3. Affect Regulation Anxiety, Bipolar, or Depressive Dis.

4. Dissociation ASD concerns, NES, or Dissociative Dis.

5. Behavioral Control ODD or Intermittent Explosive Dis.

6. Cognition ADHD or Learning Disability

7. Self-Concept Core sense of shame

Diagnosis:

ICD-11 Complex PTSD

DSM-V no single diagnosis





Children in Foster Care are Children with Special Health Needs

High ACEs & Low Protective Factors = High Risk



Children who have come into the custody of the Family Services Division and who have been placed with a kin or foster provider have likely been impacted by complex trauma.





Assessment Questions to Consider

Strengths to Build On:

What are the child's favorite activities?

What does the child prefer to do when they are feeling upset?

Who does the child seem to enjoy spending time with?

What is the child most proud of? What about the child makes you proud?

What are the child's healthiest coping strategies to get through challenging times?

History of ACEs:

What have been some of the more stressful factors in the child's life in the past year? Prior to that?

Are you aware of any unsafe, scary, or very upsetting experiences the child has had? Does the child talk about any particularly upsetting life events?





Assessment Questions to Consider

Domains of Impairment:

Attachment:

- How well does the child seem to understand relationships with adults and peers?
- Who does the child seek out for support when they are overwhelmed or upset?

Biology:

 Can you tell me about the child's sleep, eating patterns, digestion/elimination, sensory preferences and motor development?

Affect Regulation:

- What emotions do you see from the child? Is the child's energy level typical, or particularly high or low?
- When they get very excited, or sad, or mad, what does that look like and how long does that typically last?

Dissociation:

• Does the child seem daydreamy or like they're lost in thought? Does the teen prefer to lose themselves in books, media or video games? Does the teen use substances or engage in self-harm?





Assessment Questions to Consider

Domains of Impairment:

Behavior:

- Do you have any concerns about the child's behaviors? Do you have any guesses as to why the child behaves in those ways?
- Are there any behaviors that you worry might impact your ongoing ability to provide care for the child? Cognition:
- What is the child's attention span like? How well does the child communicate with you, expressing their thoughts and accurately understanding yours?
- How is the child doing in school? Do you have any concerns about the child's ability to learn? Self Concept:
- Would you guess that the child feels proud of themselves?
- Are there times you think the child may worry that others don't like them, or that they are bad?

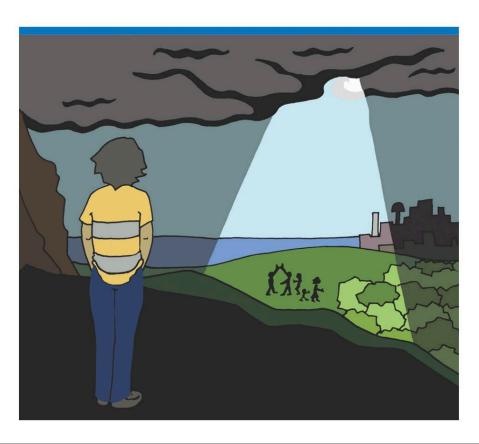






What is Complex Trauma?

A Resource Guide for Youth and Those Who Care About Them

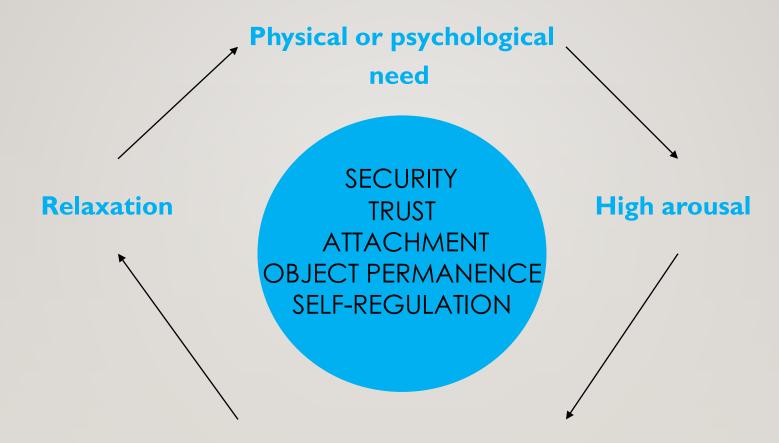


Activity 3: Making Things Better

Use this worksheet to explore actions you can take to help recover from trauma and thrive.

Areas of Focus	Personal Triggers or Vulnerabilities	Things I Can Do to Make Things Better Get Help & Support, Take Action, Rest & Regroup, or Make a Change!	Things I would Like Adults to Do to Help Make Things Better
Increasing Safety			
Managing Feelings			
Building Healthy Relationships			
Increasing Stengths & Positive Feelings			
Making Sense of the Past			
Building a Strong Identity			
Planning a Brighter Future			

Serve and Return Interactions & Attuned Caregiving Responses



Attunement/satisfaction of need





LINK TO VIDEO FROM WEBINAR FEATURING DR. JACK SHONKOFF TALKING ABOUT PLAY

• Learn how to boost your baby's brain from a Harvard Professor | UNICEF - YouTube

- Attuned and responsive caregiving relationships with foster parents, teachers, coaches, etc. will not reduce the security of a primary attachment.
- In fact, the more a child experiences attuned relationships, the stronger that child's capacity will be for navigating relationships in general.







Education Regarding Complex Developmental Trauma

"I think the most important thing is that we discovered that trauma changes the brain. A lot of people still think that trauma is something that happens to you, that is a story about the past. What really is a trauma is that your brain gets changed, and you see the world differently, and you live in a different body, live in different worlds, where you see things differently and are experiencing differently from other human beings." – Bessel van der Kolk





Education Regarding Complex Developmental Trauma

"What may have happened to this child? How might this behavior make sense in the context of past trauma? What unmet needs might the child be attempting to meet through this behavior?"







Case Examples

10-month-old who doesn't cry

10-year-old who hides food, drinks water compulsively, wets bed

16-year-old who engages others in seductive, sexualized ways

What behaviors have presented challenges in your practice?





Proceed at the perfect PACE...

<u>Positive/Playful</u> – Cultivate positive energy, affect, facial expressions, tone of voice, etc. Approach interactions with the child with playful energy that signals to the child that you enjoy being in a relationship and spending time with them.

Accepting – Cultivate a belief that this child would like to succeed, and that they are genuinely trying to be successful. Accept that many of their struggles may be related to prior events that were not in their control, and that recovery will take some time.

<u>Curious</u> – Maintain a curious stance as to what may have happened to the child in the past. Decode behavior to identify what they may need or be feeling and respond to those needs.

Empathetic – As you learn about the child's past experiences, imagine how such experiences might have affected you as a child.





The 3 Rs

When responding to challenging moments, and when holding children accountable for problem behaviors, it is important to keep this sequence in mind:

- I. Regulate: Breathe and calm yourself. Help the child co-regulate. Consider brief repetitive and rhythmic sensorimotor activities if needed. Wait to move on until the child seems settled.
- 2. Relate: Ensure the child feels secure in their relationship with you. Positive affect and regard. "You matter to me." Serve and return.
- 3. Reason: Ask reflective questions and collaborate. "What do you think is important for me to know about what happened? What do you think you needed or hoped would happen? How do you think others were affected? What will they need to feel better? What could I have done differently to help? What should our plan be next time you need that?"

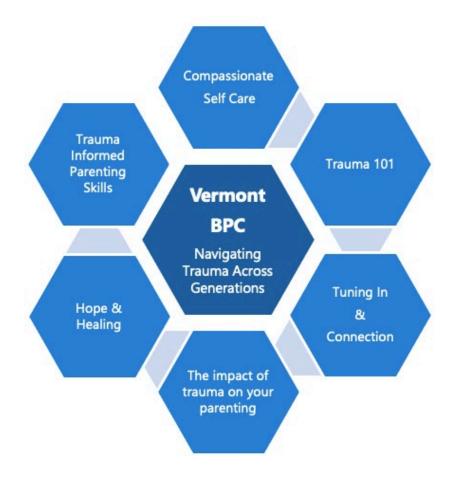






RPC+ and BPC









Comprehensive Trauma Evaluations

The Department for Children and Families maintains contracts with funding allocated for comprehensive trauma evaluations for some children they serve.

Not all Family Service Workers may know about these options.

Evaluations may include a findings meeting with the caregivers and treatment providers and can include periodic consultation with the evaluator moving forward.





Be hopeful!

Children are resilient.

Children and youth can recover from complex trauma, though it often takes coordinated treatment and time.

Every attuned and responsive interaction that they have contributes to their development and their resiliency.

One final case example...





Resource List (Hyperlinks will take you to websites.)

NCTSN Website

NCTSN White Paper

NCTSN What is Complex Trauma – for youth

CDC ACEs Website

Harvard Center on the Developing Child

Child Trauma Academy

Trauma Research Foundation

Mindsight Institute

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