

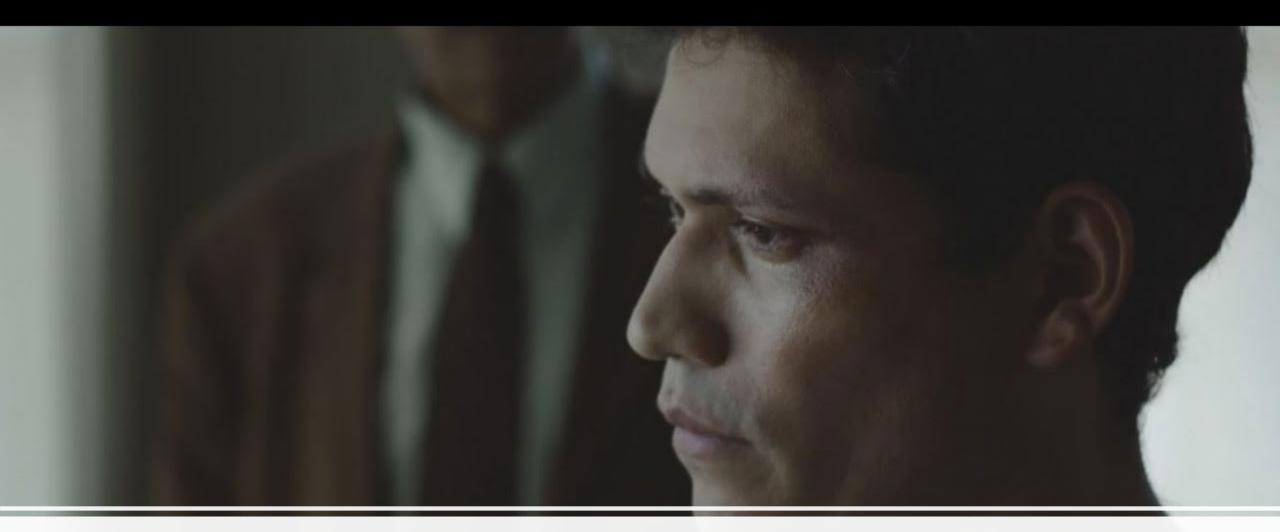
Moving from "What's Wrong with You?" to "What Happened to You?": Facilitating the Wraparound Process
Through the Trauma Lens

Emily Bradshaw and Neil Mallon

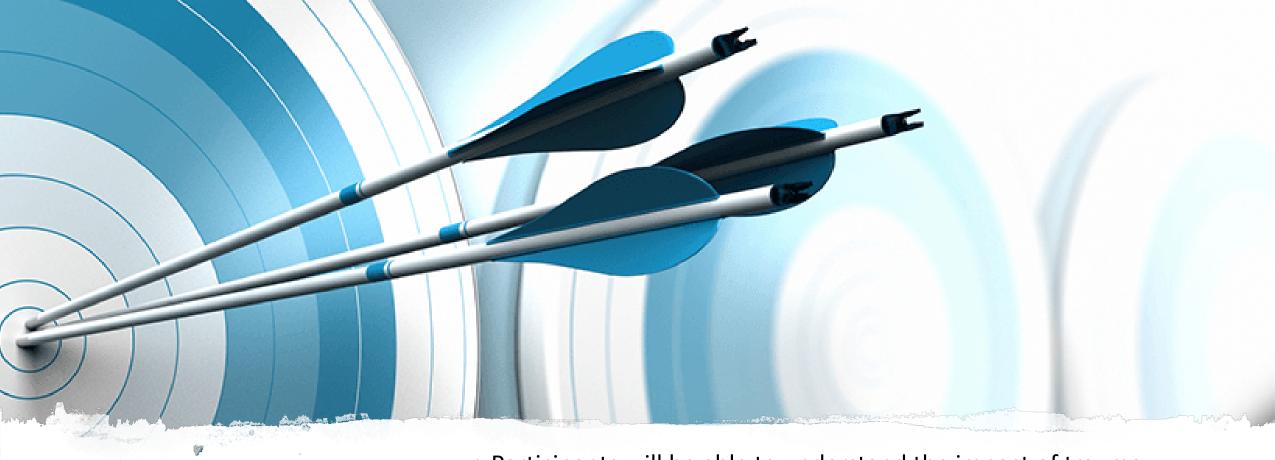








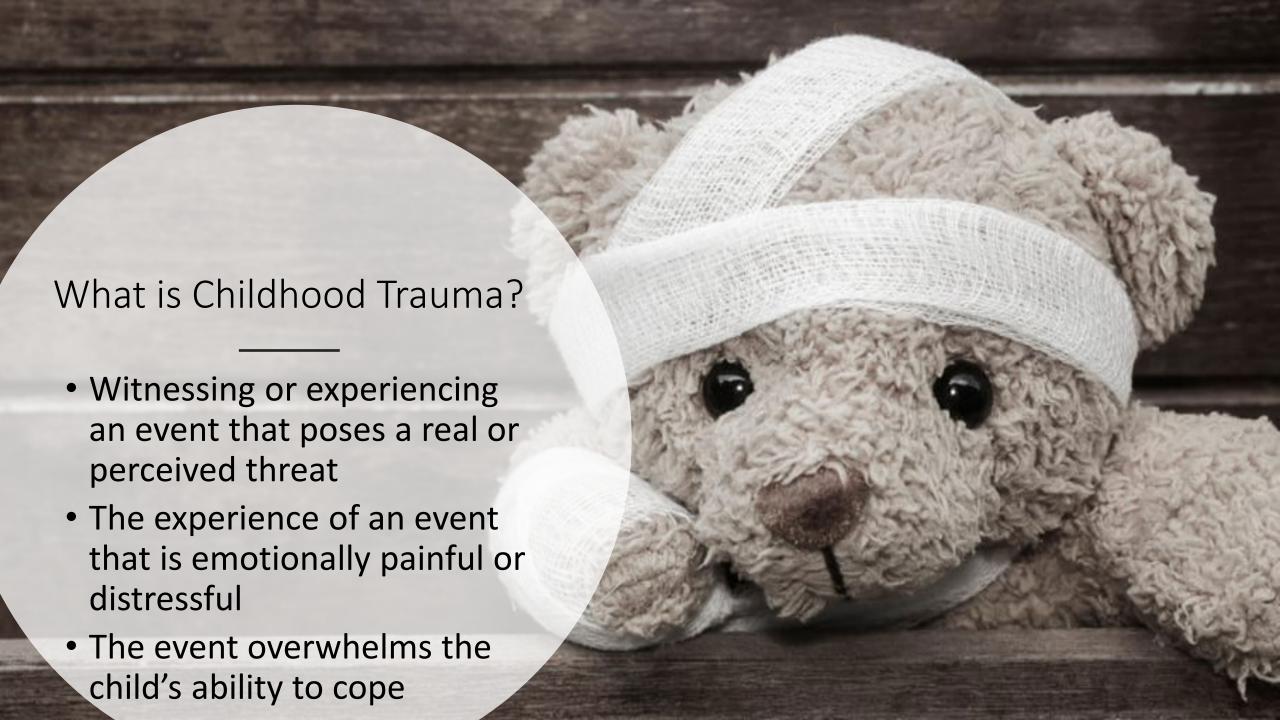
Meet Manny



Training Objectives

- Participants will be able to understand the impact of trauma experiences on a youth's development, behavior, and emotional responses, as well as the long-term effects on physical and mental health through adulthood.
- Participants will be able to recognize the importance of traumainformed practices in improving engagement and collaboration with youth and families.
- Participants will practice the development of a trauma-informed Wraparound plan from engagement through planning.



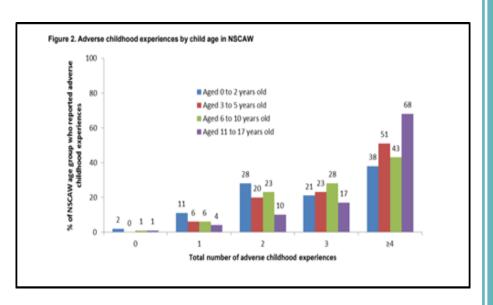


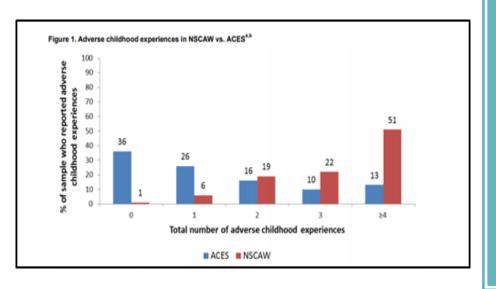


ADVERSE CHILDHOOD EXPERIENCES

Prevalence of Trauma

- ACEs Study- one of the largest investigations of childhood trauma and its association with adult health and well-being
- A recent study of youth in detention found that over 90% of youth had experienced at least one trauma, 84% experienced more than one trauma, and over 55% reported being exposed to trauma six or more times. Average number of exposures to trauma was 14! (Abram, K. 2013)





Prevalence of Trauma

- The National Survey of Child and Adolescent Well-Being (NSCAW) is a nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services.
- Began in 2018. Data drawn from first-hand reports from children, parents, and other caregivers, as well as reports from caseworkers, teachers, and data from administrative records.



SEEING SOMETHING VIOLENT

LOSING A LOVED ONE

NOT FEELING SAFE IN YOUR HOME

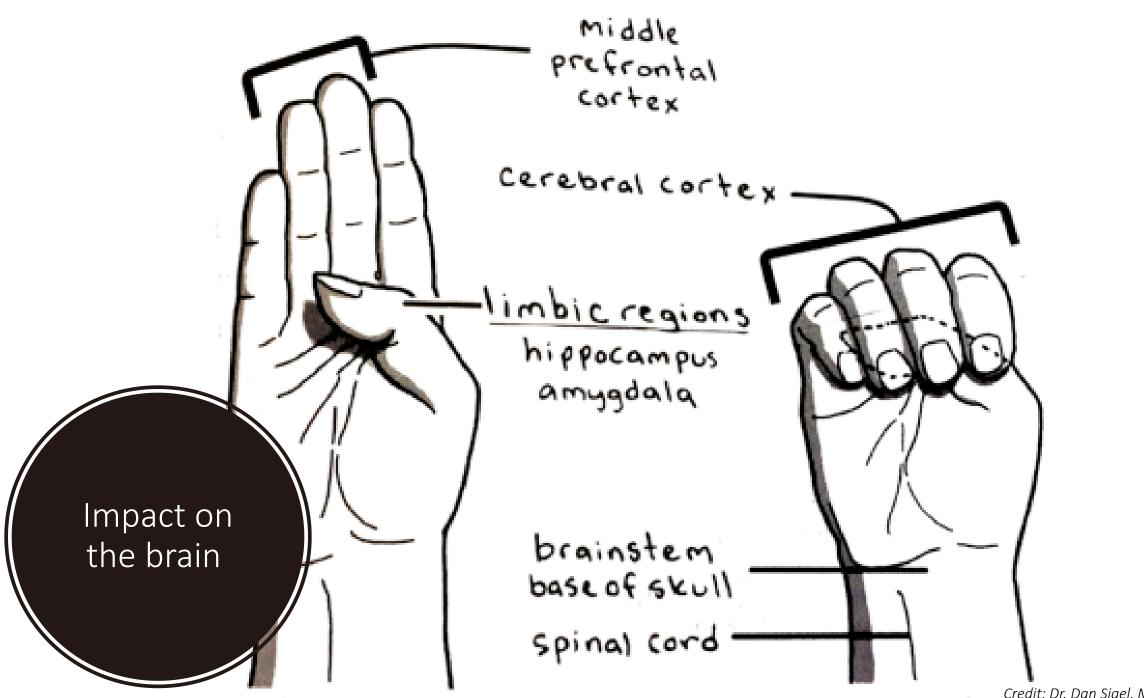


LIVING THROUGH A DISASTER LIKE A BAD ACCIDENT, FIRE, OR HURRICANE

BEING EXPOSED TO SOMETHING
BAD THAT HAPPENED TO A LOVED ONE-

Types of Trauma

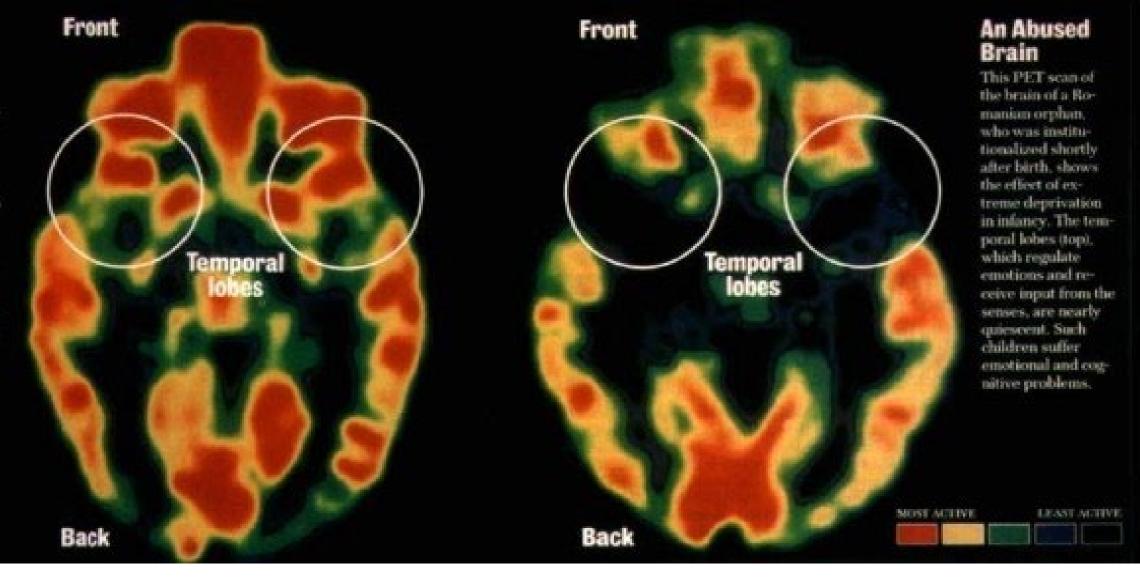
- Acute- is a single traumatic event that is limited in time
- Chronic- refers to the experience of multiple traumatic events
- Complex- describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child



Credit: Dr. Dan Sigel, Mind Your Brain Inc.

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem-(center) are fully functional; in regions like the temporal lobes (top). early childhood experiences wire the circuits



Complex Trauma and the Brain

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)





Impact on Child Development

- Neurobiological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
 - Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
 - Prostitution
- Criminal Behavior
 - Unemployment
- Parenting problems
 - Family violence
- High utilization of health and social services



Requires a Shift in Thinking

From: Seeing the person as engaging in meaningless frustrating, and dangerous behavior



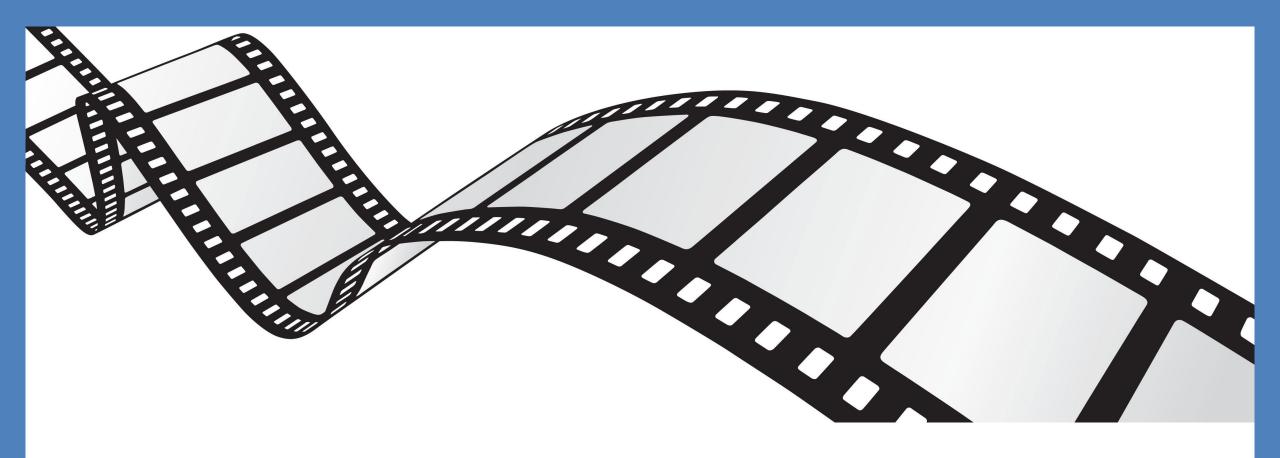
To: Understanding the behaviors are an expression of profound pain which has meaning for the person



Self-Awareness and Self-Care

- Supervision
- Skills Training
- Psychoeducation
- Self-Care





Film: Remembering Trauma

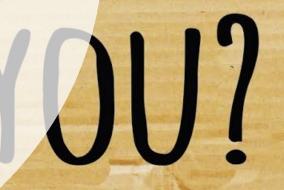


"What's wrong with you?" to...

question in the

engagement process from

"What happened to you?"



Engagement in Wraparound: What happened to you?

It is ok to ask about Traumatic Experiences

Universal Screening

- Be mindful of tone
- Understand safety is not defined by you
- Recognize non-verbal and verbal communication
- Use questions and responses that do not include judgement or assumptions
- Clarify anything you do not understand
- Relational Stance



Gather information around the significant events to

include:

Who supported them (potential team members)

What they did to get through the trauma (strengths)

What they want for their future (family vision)

How did their culture change their perspective (strengths and context)

Gather information about resiliencyAnd how did you get through it?

Trauma can serve as a filter or lens, through which a child views the world.

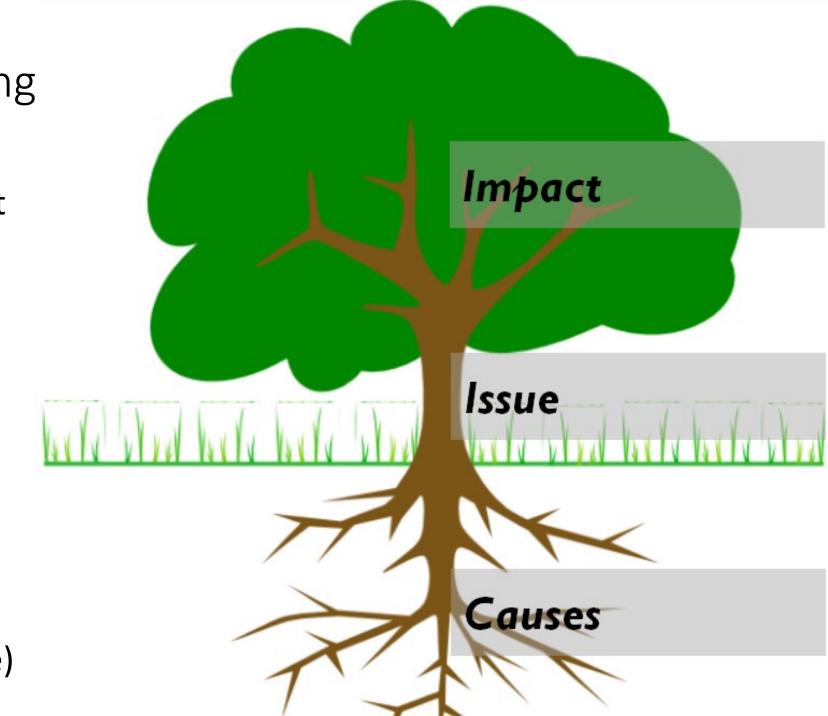
Like Sunglasses:
You put them on, and everything is shaded differently.

Trauma can have that type of effect on how a child perceives their world.



Developing Underlying Needs for Manny

- What is the behavior that is causing the most emotional reaction? (Impact/Response)
- Do you know enough about the family's story to answer the "why" question? (Issues/Context)
- Have you looked at unmet needs from each family member's perspective? (Root Cause)





Drug Abuse
Learning Issues
Suicidal Ideation
Fighting and Explosive
Outbursts

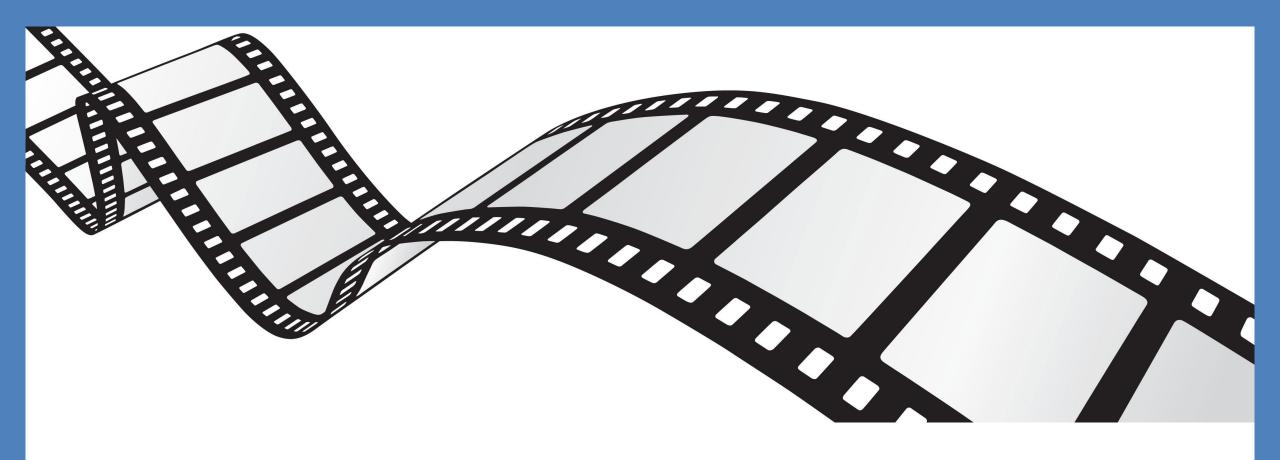
Family Story

Culture
Family Values
Domestic Violence
Physical Abuse
Violence
Misdiagnosis
Young Father
Bullied
Financial Stressors
Family History

Manny's Underlying Needs

Developing Underlying Needs

Thought or Feeling Statement	Potential Unmet Need
"I am a failure, it would be better if I wasn't here to screw everyone else's life up"	"I need to feel worthy of a happy life"
"I need to show people that I can be tough"	"I need to know that I am a survivor"



Film: Remembering Trauma Part 2



Identify and Provide Options for Trauma-Informed Practices

Trauma-Informed Interventions

•TF-CBT, ARC, CBITS, FFT, MST, TARGET, DBT, SPARCS, TST, EMDR, etc.

Alternative Therapies

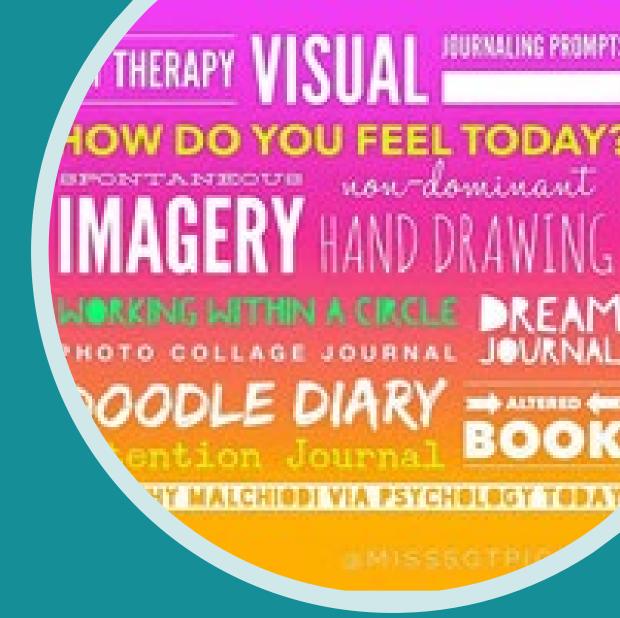
 Yoga, Acupuncture, Hypnotherapy, Biofeedback, TMS, Meditation Tai Chi, etc.

Somatic and Oral Health

 Trauma informed and responsive primary care physicians and dentists

Community Based Support

 Recreational outlets, mentoring, creative arts, volunteerism, civic involvement



Care Planning to Heal the Brain

Relationships are at the heart of healing

Resiliency is built through meaningful connections with others

Rest the brain-

Nourish the brain through exercise, sleep and breaks

Recalibrate the alarm system

Increase communication between the upstairs and downstairs brain

Repetition

Train, practice with feedback, repeat

Remember the 4 R's!





Crisis planning

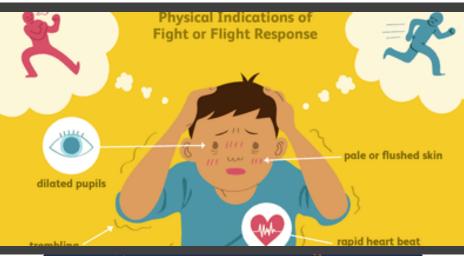
- Recognize change is going to take time and be incremental.
- Identify Triggers
- Prepare the Team to know when to respond
- Use techniques that help establish safety, regulate and soothe.

ANTICIPATE

Recognizing and Anticipating Trauma Triggers

- The Danger Response and Arousal
- The Overactive Alarm for Children with Complex Trauma
- Learning What Triggers the Alarm
 - Unpredictability or sudden change
 - Transition from one setting/activity to another
 - Loss of control
 - Feelings of vulnerability or rejection
 - Confrontation, authority, or limit setting
 - Loneliness
 - Sensory overload (too much stimulation from the environment)

LOOK FOR





Prepare the team on what to look for

- Primary Danger Responses- Flight, Flight, Freeze, Appease
- FIGHT- Overpower the threat
 - may look like: Hyperactivity, verbal aggression, oppositional behavior, limit testing, physical aggression, "bouncing off the walls"
- FLIGHT- Physically or Psychologically fleeing the situation
 - may look like: Withdrawal, escaping, running away, selfisolation, avoidance
- FREEZE- Inability to fight or flee; Immobility
 - may look like: Stilling, watchfulness, looking dazed, daydreaming, forgetfulness, shutting down emotionally
- APPEASE- Go along with the situation. Try to win the person over.
 Fawn to the danger
 - may look like someone is giving in to another in hopes of preventing the threatening situation from continuing

Utilize Trauma Responsive
Techniques to
De-escalate

- •How does the child manage their emotional experiences?
- •What sensory needs to they have? Touch, Taste, Smell, Sight, Hearing, Proprioceptive, Vestibular

Over-responders: calming, repetitive activities, soft light

Under-responders: sensory stimulation for taste, smell, movement

Sensory cravers: heavy work tasks, trampoline jumping, rhythmic motions

Additional Considerations: Keeping a Trauma Lens

Ensure that:

- The Child and Family Team Meeting environment is trauma responsive
- Behaviors are reframed as adaptive and protective
- Family is the expert on their experiences
- Supportive people are at the table that the youth and family trust

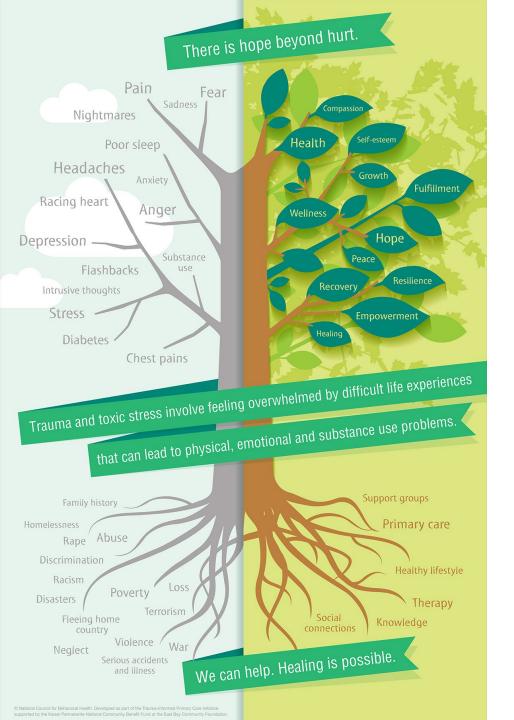
Next Steps

Biggest takeaway from today?

One thing you will do to use the trauma lens in your engagement approach?

One thing you will do to use the trauma lens in your facilitation of the Wraparound process?





People start to heal the moment they feel heard

-Cheryl Richardson

