

2019

Moving from “What’s Wrong with You?”  
to “What Happened to you?”

Facilitating the Wraparound Process  
through the Trauma Lens



Participant Manual

Baltimore Marriott Waterfront Hotel  
Baltimore, MD



The National Wraparound Implementation Center (NWIC) supports states, communities, and organizations to implement Wraparound effectively. NWIC uses innovative approaches grounded in implementation science and incorporates cutting-edge strategies to support Wraparound implementation. NWIC provides support that is intensive yet affordable. The work is focused on building sustainable local capacity to provide model-adherent, high fidelity Wraparound, thereby increasing positive outcomes for children, youth, and their families.

NWIC is a partnership among the three leading universities involved with Wraparound implementation: The University of Washington School of Medicine; Portland State University School of Social Work; and the University Of Maryland School Of Social Work. These three universities collaborate to ensure sites have access to comprehensive support for implementing model-adherent, high quality Wraparound for children and youth with behavioral health needs and their families.

## National Wraparound Implementation Center (NWIC)

[www.nwic.org](http://www.nwic.org)

Email: [nwic@ssw.umaryland.edu](mailto:nwic@ssw.umaryland.edu)



## Referral to Wraparound

Manuel is a 17 year old Hispanic male who was referred to Wraparound for aggressive outbursts. The referral was made by his Juvenile Services Worker after he was arrested for the assault of an 18 year old man on the street. Police responded to the scene to find the victim laying on the ground with significant injuries to his head, face and abdomen. Manuel had no prior history with the victim and the assault was unprovoked. During the interview with police, Manuel was despondent and uncooperative and would only state that he had assaulted the victim and accepts the consequences of his actions. This is Manuel's second offense with the court in three years. He was on probation with Juvenile Services for destruction of property and 2nd degree assault charges at school last year. He has the following probation conditions: individual therapy, no contact with the victim, attend school regularly with no unexcused absences, take medications as prescribed and no use of illegal substances and/or alcohol or association with those who do. Manuel regularly attends his visits at the Department for supervision. He is polite but quiet. Manuel has a history of mental health issues since age 7. He is currently non-compliant with his medication prescribed for Bipolar Disorder and ADHD. He has inconsistent attendance with individual therapy and his therapist has noted a lack of progress and has discontinued services as a result. Prior school discipline reports show multiple school referrals for sleeping in class and not being oriented to his surroundings while at school. His mother confirms this as a concern when he was living with her as well. Recent drug screens have been negative but Manuel admits to a previous history with marijuana and alcohol. Mother reports a family history of alcohol abuse on father's side. Manuel recently became a father. He moved in with his 18 year old girlfriend, Tabitha, his infant son, Carlos, and his girlfriend's older sister, Rachel. Manuel's mother, Isabelle, lives alone in an apartment nearby and checks on the family often after work. Family Preservation services are being provided by the Department of Social Services. They are concerned with Manuel's violent outbursts and he is not allowed to be unsupervised with his son as result. Manuel says he would never hurt his son and this mandate has resulted in him becoming very depressed. Manuel and his mother have a prior history with CPS due to unsubstantiated reports of neglect dating back 12 years. Father is currently incarcerated. Manuel has no known health issues. Manuel identifies his girlfriend and his mother as his primary supports. He would like to find a GED program so he can find work during the day to provide for his family and get off probation.

## What does Manuel Need?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## 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 trauma-informed 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.

## Childhood Trauma

- \_\_\_\_\_ or \_\_\_\_\_ an event that poses a real or perceived threat.
- The experience of an event that is \_\_\_\_\_ painful or distressful.
- The event overwhelms the child's ability to \_\_\_\_\_.

## Prevalence of Trauma

A 2013 study of 893 youth at a detention facility in Illinois revealed that the average number of exposures to trauma for youth in detention was \_\_\_\_\_!!! Abram, K. 2013



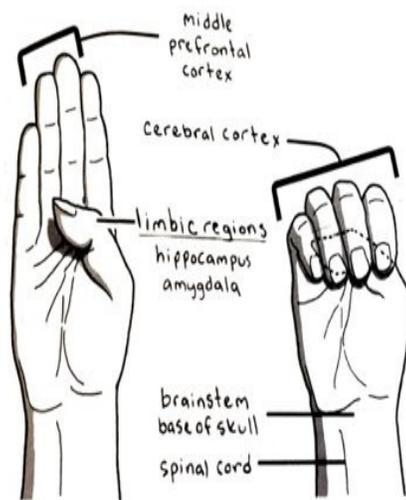
Types of Trauma  
Provide examples of each type of trauma below

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

Impact of Complex Trauma on the Brain



“Flipping Our Lid”

When something triggers us or when faced with danger, we are prone to “Flip Our Lid,” meaning

The Pre-Frontal Cortex (Fingernails) has a very poor connection with the Mid Brain (Thumb), so we are not able to access the logical/problem solving part of our brain.

Our emotions override our ability to think clearly!

Fight Response looks like....

Flight Response...looks like....

Freeze Response looks like...



## 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

- | <u>Disease and Disability</u>  | <u>Social Problems</u>   |
|--|--|
| <ul style="list-style-type: none"><li>• Major Depression, Suicide, PTSD</li><li>• Drug and Alcohol Abuse</li><li>• Heart Disease</li><li>• Cancer</li><li>• Chronic Lung Disease</li><li>• Sexually Transmitted Diseases</li><li>• Intergenerational transmission of abuse</li></ul> | <ul style="list-style-type: none"><li>• Homelessness</li><li>• Prostitution</li><li>• Criminal Behavior</li><li>• Unemployment</li><li>• Parenting problems</li><li>• Family violence</li><li>• High utilization of health and social services</li></ul> |



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## Self-Awareness and Self-Care

Supervision, Training and Psycho-education reduce burn out and secondary trauma.

True

False

Explain \_\_\_\_\_

When working with families who have experienced trauma, you need to take care of yourself in order to provide the best care to them.

True

False

Explain \_\_\_\_\_

Let's Practice Using Our Trauma Lens!!!

Trauma Glasses Off	Trauma Glasses On
Their behavior is so disrespectful.	
She is just an attention-seeker.	
He is so manipulative.	
This parent is non-compliant.	
No one can get through to them, they don't seem to care at all.	
I couldn't get them to sit still for a minute. They must have ADHD.	

## Engaging with Families using a Trauma Lens

You only need to screen for trauma and use the trauma lens when you notice symptoms associated with trauma.

True

False

Explain \_\_\_\_\_

Recent studies conducted on the impact of discussing trauma exposures suggest that there is little evidence that addressing trauma produces adverse events. Several studies report a majority of participants indicated a range of little to no upset during the discussion.

True

False

Explain \_\_\_\_\_

Using the Trauma Lens when engaging with a youth or family means you should allow them to define their own safe environment to engage in and also:

- A. Understand safety is not defined by you
- B. Recognize non-verbal and verbal communication
- C. Use questions and responses that do not include judgement or assumptions
- D. Clarify anything you do not understand
- E. All of the above

**What's Your ACE Score? What's Your Resilience Score? <http://acestoohigh.com/got-your-ace-score/>**

There are 10 types of childhood trauma measured in the ACE Study.

Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect

Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one.

There are, of course, many other types of childhood trauma — watching a sibling being abused, losing a caregiver (grandmother, mother, grandfather, etc.), homelessness, surviving and recovering from a severe accident, witnessing a father being abused by a mother, witnessing a grandmother abusing a father, etc.

**The ACE Study included only those 10 childhood traumas because those were mentioned as most common by a group of about 300 Kaiser members; those traumas were also well studied individually in the research literature.**

The most important thing to remember is that the ACE score is meant as a guideline: If you experienced other types of toxic stress over months or years, then those would likely increase your risk of health consequences.

**Prior to your 18th birthday:**

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you?  
Or Act in a way that made you afraid that you might be physically hurt? No\_\_\_If Yes, enter 1 \_
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured? No\_\_\_If Yes, enter 1 \_
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you? No\_\_\_If Yes, enter 1 \_
4. Did you often or very often feel that... No one in your family loved you or thought you were important or special?  
Or Your family didn't look out for each other, feel close to each other, or support each other? No\_\_\_If Yes, enter 1 \_
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? No\_\_\_If Yes, enter 1 \_
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason? No\_\_\_If Yes, enter 1 \_
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife? No\_\_\_If Yes, enter 1 \_
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No\_\_\_If Yes, enter 1 \_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No\_\_\_If Yes, enter 1 \_
10. Did a household member go to prison? No\_\_\_If Yes, enter 1 \_

Now add up your "Yes" answers: ACE Score\_\_\_\_\_

RESILIENCE Questionnaire Please circle the most accurate answer under each statement:

**1.** I believe that my mother loved me when I was little.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**2.** I believe that my father loved me when I was little.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**3.** When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**4.** I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**5.** When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**6.** When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**7.** When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**8.** Someone in my family cared about how I was doing in school.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**9.** My family, neighbors and friends talked often about making our lives better.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**10.** We had rules in our house and were expected to keep them.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**11.** When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**12.** As a youth, people noticed that I was capable and could get things done.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**13.** I was independent and a go-getter.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

**14.** I believed that life is what you make it.

Definitely true      Probably true      Not sure      Probably Not True      Definitely Not True

<http://acestoohigh.com/got-your-ace-score/>

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) \_\_\_\_\_

Of these circled, how many are still true for me? \_\_\_\_\_

## Family Story Gathering through the Trauma Lens

While we gather information about the significant events that lead the family to seek help over time, we are also gathering information about resiliency to understand how the person has coped through trauma.

- Who could you depend on during that experience? (Potential Team Members)
- What did you do to cope with the experience? (Functional Strengths)
- What do you want for your future self? (Family Vision)
- How does your family culture change your perspective? (strengths and context)

### **Functional Strengths and Potential Team Members:**

**Manny:** Weight lifting with repetition and moderate weight helps Manny to burn off steam and calm down when he is upset or angry; Manny thinks more clearly when his environment is organized and his schedule is planned out; takes pride in being a father and enjoys rocking his son to sleep; likes to keep his hands busy and is good at figuring things out from puzzles to home repairs, when he was younger he would play with Legos in his room for hours

**Tabitha (girlfriend):** Shared her own story to help Manny open up to her and this connected them quickly, Manny trusts her; driving in the car soothes her and her baby so she drives her family and friends places to earn extra income; Tabitha looks up to Isabelle as a mother figure and often goes to her for advice

**Isabelle (mother):** Enjoys walking outdoors and this is how she has calmed herself for years, she cleans her home every night to clear her head; she willing to support Manny in any way so that he can have a fresh start.

**Mr. Ron (DJS):** Sees himself in Manny as he was also a young father and mentored him to understand what it takes to be a provider and an adult; he has been in the field for a long time and has many community connections; he believes a “busy body is a healthy mind”

**Rachel (Tabitha’s sister):** Goal-oriented and resourceful; is good with numbers and is an avid money saver; aspires to become a nurse and insightful about the needs of others.

**Mary (Trauma Therapist):** Patient and good at explaining things for others to understand; Mary is an out-of-the-box thinker and will try new ways to engage with others

## **Culture**

Manny and Isabelle are catholic. They used to attend mass but stopped going several years ago. They both still pray daily. Isabelle was not raised to seek mental health care but knows Manny needs help and is trying to understand what this means and be more comfortable talking about the past. The family has always been avoidant of prescription medication and prefers natural remedies that won't cause addiction. Isabelle is often cooking soups and teas for Manny to help him with his nervousness. Manny believes he is to be the main provider for his family and takes pride knowing he is the man of the house.

## **Family Vision**

The family a peaceful home and a quiet life together.

## Using the Trauma Lens to Develop Underlying Needs

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

Draw an Underlying Needs Tree for Manny Below

## Developing Underlying Needs for Manny

Thought or Feeling Statement	Underlying Need Statement

# Plan Development: Provide Options for Trauma Informed Practices

Trauma-Informed Therapy

Alternative Therapy

Somatic and Oral Health

Community Based Support

## *Remember the 4 R's for Brain Health!*

When we plan with a trauma lens in Wraparound, we need to ensure we are doing things that will be helpful and healing to the traumatized brain. The brain wants to heal itself, but we have to give it space, time and specific activities to let it! Planning in Wraparound should include ways to provide these opportunities within all environments and services. This is not meant to be an exhaustive list but merely a way to remember key activities that we should consider in Wraparound based on research. We don't have to be a therapist to be therapeutic!

\_\_\_\_\_ are at the heart of healing

Resiliency is built through meaningful connections with others

\_\_\_\_\_ the brain

Nourish the brain through exercise, sleep, nutrition and breaks

\_\_\_\_\_ the alarm system

Increase communication between the upstairs and downstairs brain

\_\_\_\_\_ Train, practice with feedback, repeat

Need Statement:

Brainstorm!

Brainstorm 10 possible ways to meet the need as a group:

Prioritize 3:

Use your Trauma Lens to ensure you have considered Trauma Informed Practices and your 4 R's! Write out your strategies in detail with any corresponding tasks to ensure the trauma considerations can occur.

Strategy #1

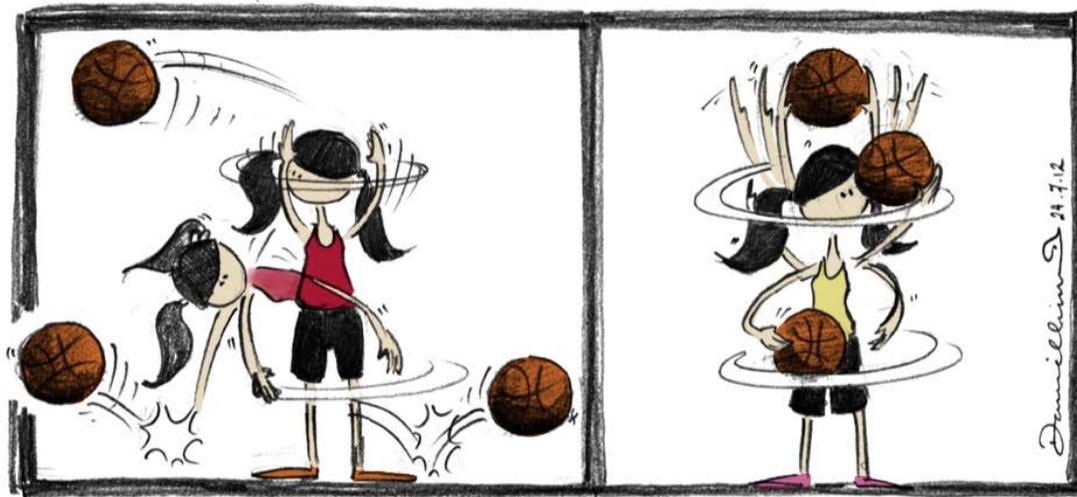
Tasks:

Strategy #2

Tasks:

# Strategy #3

Tasks:



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# PRACTICE

# Crisis Planning

Why do we need to have a comprehensive crisis plan?

## Steps in Planning:

-Recognize and Anticipate Trauma Triggers: What triggers the alarm?

-Prepare the Team to know when to respond: What behaviors should they look for?

-Use techniques that help establish safety, regulate and soothe: What sensory needs do they have?



# Is Your Trauma Lens Focused?

Biggest takeaway from today?

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

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

