Trauma and Children:
A model program for trauma-focused care and why it works

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Assumption #1:
Development is transactional...
• The child actively participates in creating his own environment through a series of adaptations.
• Risk and protective factors impact developmental trajectories
• We can impact developmental trajectories

Assumption #2: Relationships are key
Capacities for self regulation, self awareness, emotional learning and effortful control emerge from early experiences of care. These capacities are initially shared or experienced cooperatively, and are the foundations for developmental mastery and learning, and for membership within the larger social community.

Gentry. (2009). Developmental Repair

Assumption #3:
The Significance of Self-Regulation
The growth of self-regulation is a cornerstone of early development that cuts across all domains of behavior.


Assumption #4: We need to work with families on behalf of children
The quality of the relationship between the [parent] and the child is the single most important predictor of a child's developmental outcomes.

(NICHD, 2000)
Brain Development and Relationships
Developmental and neurobiological research tells us that the human brain:

- Is prewired to recognize, seek out, and crave human stimulation, and;
- Is biologically designed to be organized by social experiences;
- The brain’s maturation and its capacity to regulate our physiological state of arousal, our emotions, our attention, and our behavior depend on the ongoing presence of a human, interactive environment.

Regulation and Brain Development

- Healthy development requires that there be a ‘match’ between the developing child’s emerging physiological capacity to manage the response to stimuli and the intensity, complexity and timing of the stimuli.
- The very young child is dependent on the caregiver to buffer him from experiences which are beyond the capacity of the child’s developing regulatory systems.

Children and Stress

- “Positive” stress actually promotes development
- “Tolerable” stress is related to something that happens (not ongoing) and can be managed with social support
- “Toxic” stress—excessive, prolonged activation of the brain’s stress response system that overwhelms and interferes with development

Critical Knowledge: Stress Biology**

- Stress/trauma affects our functioning at any age, but for children it actually affects the way the brain develops.
- The body stays activated to accommodate to perceived danger and fear.
- Prolonged stress, with too little adult help, compromises development and adaptation.
Stress de-activates the problem-solving part of the brain and activates the part of the brain which activates automatic behavior.

And this can look like:

- Fight—dysregulated, aggressive efforts to manage
- Flight—withdrawal, dissociation
- Perceptual distortions—interpreting new situations based on experience
- Desperate solutions—provoking adult reactions that perpetuate stress and maladaptation—will the same things happen here?

Differentiating Trauma from Trauma Effects

- We don’t need to figure out the trauma: We need to be aware of how trauma arousal (stress biology) and memory change the present, even when we don’t intend that. (Gearity)
- Joining the child is the first step to ANY trauma intervention-- because we must start with trauma effects and we cannot know how the child has managed without looking at the individual child.

Trauma experiences change how people / children see themselves, their caregivers, new environments, new caregivers, new experiences, their own perceptions and expectations, their own ways of coping.

Anne Gearity

Our task becomes helping the child make sense—not about the past, but about the present: How do I understand what happens to me?

So, at the Crisis Nursery...

Helping children feel secure and effective in the here and now is critical— not only because they need to feel some mastery, some safety; but if they can’t feel secure and effective they cannot learn.

We are seeking to reconstruct children’s curiosity and motivation (often shattered by hypervigilence) as well as providing good care.

The Nursery Way:
A Portable Lens for Working with Highly Stressed Children and Families

- Basic overview of the Crisis Nursery
- What is the Nursery Way?
- The process for developing the Nursery Way
- Realities, lessons learned and outcomes

The Greater Minneapolis Crisis Nursery: Mission

The Mission of Greater Minneapolis Crisis Nursery is to end child abuse and neglect and create strong, healthy families, knowing that:

- The key to preventing child abuse and neglect is early intervention and providing support and preventative services to families, and...
- Requires a continuum of care.
GMCN Continuum of Care

- 24 hour crisis line—Point of entry
- Overnight residential care for children (voluntary)
- Needs assessment
- Connection to resources
- Parent support and education
- Home visiting

**According to the Administration on Children, Youth and Families, these interventions are proven to be effective in reducing the risk of child abuse and neglect**

GMCN Organizing Principles

- Strengths-based focus
- The role of the relationship
- Community collaboration is key to provision of resources.
- Children’s needs come first
- **Helping children develop coping skills**

Five Protective Factors for Strengthening Families

According to the Department of Health and Human Services Strengthening Families Initiative, research has found that successful interventions must both reduce risk factors and promote protective factors.

For Parents:
1. Parental resilience
2. Social connections
3. Knowledge of parenting & child development
4. Concrete support in times of need

For Children:
5. Social and emotional competence in children

Promoting Protective Factors at GMCN

What we had:
- Parental resilience
- Social connections
- Concrete support for parents in times of need

And what we needed:
- Knowledge of parenting and child development (and the impact of stress on children)
- Social and emotional competence in children

Acknowledging the possibilities: A little history

- When Protective Factors (Molly) meet neurobiology of stress research and applications (Anne)
- Identifying a resource for translating research into practice
- Identifying a consulting partner to incorporate “culture of childcare” with impact of trauma on development and early childhood mental health
- Identifying appropriate outcomes on the front end for evaluation and continuous improvement

Why a Nursery Way?

- The Nursery is unique and different from other kinds of care.
- The children (and parents) who come to the Crisis Nursery are very stressed & vulnerable; stress affects their reactions, behavior and development, and colors their needs.
- Stress also makes them available to new experiences that can be felt differently. This becomes an opportunity for growth and change.
Why a Nursery Way?

- The Crisis Nursery stay can be part of a larger intervention.
- The Crisis Nursery partners with parents, who may be considered to be “difficult to engage” in other settings.

**See handout**

The Crisis Nursery message:  
_You can expect help here..._

Nursery involvement is a new learning opportunity for both children and their parents.

- Parents and children have a real experience of relating differently.
- Parents and children learn coping strategies for stress.
- Children’s developmental needs are recognized and valued.

The Nursery Way Goals

- Teaching parents and children—  
  _You can expect help here._
- Offering immediate safety for children;
- Providing developmental support over time;
- Offering individual, specific feedback to parents to increase their empathy, support and understanding of child development, thereby;
- Helping parents become partners in preventing child abuse and neglect.

Nursery Way Goals

_Increase Nursery staff effectiveness by:_

- Increasing staff awareness of the needs of vulnerable/traumatized children;
- Increasing staff skills as care providers for children in crisis;
- Increasing staff engagement with parents to provide support and share awareness about their child(ren).

Engaging Everyone to Create a Nursery Way Culture

- Administration/directors at every level, including the CEO, finance, development, and the food manager
- The Board
- Children’s staff
- Family staff—the advocates and home visitors
- Volunteers

Moving Toward the Nursery Way:  
A Parallel Process

- 12 hours of training for each shift
- Observation/consultation between trainings
- Train ➔ Observe ➔ Train: Responding to needs e.g. the dining room, dealing with children’s disclosures,
- Monthly reflective case consultation
- Applying Nursery Way principles and strategies to the work with parents
What can be accomplished in three days?

Here at the Nursery:
• I am worthy of nurturing and care.
• I am capable of getting my needs met.
• Adults can be trusted to take care of kids.
• The world can be a safe and interesting place to be and explore.
• All my feelings are okay; it’s how I express them that matters.

**And if this is how it works here, maybe I can expect this experience in other places too.

Giving staff the skills to be
Organizing Partners who ...
• Provide controllability, predictability & social supports through:
  — Organizing relationships
  — Organizing routines & environments
  — Organizing language—**see handout
• Are curious and wonder—What does that behavior feel like on the inside?
• Practice self-awareness, careful observation, flexible response (Preventing Child Abuse and Neglect, 2006)
• Acknowledge the perspectives of everyone involved—child, parent, other children, staff, volunteers

The Need for Multiple Perspectives

Volunteer
(Other children, Parent)

Teacher

Other children, Parent

Child

• What’s it like to be this child?
• What’s it like to be the other children?
• What’s it like to be the volunteer?
• What’s it like to be this teacher (me)?
• How am I attending to all the relationships?

Managing children’s stress
(and promoting resiliency)

Stress can be reduced by 3 things:
• Predictability—organizing routines and repetition
• Controllability—Respecting and supporting children’s individual coping strategies
• Social supports—
  — Building secure relationships between children & teachers
  — Promoting parent-child relationships
  — Foster and support peer relationships

Megan Gunnar in Early Development and the Brain

Ongoing staff training &consultation

...Is critical to keep people feeling able and willing to join the child.

Trauma makes all of us unpredictable and staff won’t know how to stay empathic when they feel bruised emotionally or confused.

Anne Gearity

Intentionally applying the lens...

• Intake—What do we ask and how do we ask it?
  — Screening for basic needs
  — Victimization
  — Contracting with the parent (goal-setting)
  — Resource referral
  — How we ask the questions
• The child’s experience at the Nursery
• The messaging to the parent at discharge
• Identifying and evaluating outcomes
**Even the documentation....**

**Admission/Intake:**
- Goal menu— Able to fall asleep w/adult support; Lets adults know when help/comfort is needed
- Special care needs (victimization concerns), e.g. Witnessed someone being abused?
- Parenting— What works best when child is upset? How does your child let you know he needs something.

**Realities**
- The challenges of 24/7 short term care
- Time, patience, curiosity and humility
- Staff resistance
  - Change!
  - “Experience trumps training”
  - Cultural issues—shifts, age, race, education
  - Talking about the ‘hard stuff’ in the context of strengths-based practice
  - “Protective urges”
- The increasing complexity and challenges of the families we serve
- Lack of resources

**A Portable Lens, not a curriculum:**
- Lessons being learned
  - Using a trauma lens to interpret behavior, identify needs and respond
  - Parallel process which includes everyone
  - The significance of being intentional in everyday moments and the processes we use
  - The need for continuous evaluation and enhancement
  - Patience and humility

**Child stay:** Providing the context for observation:
- Child’s mood (content, irritable, withdrawn, worried)
- Child’s coping skills—expresses emotions, seeks comfort
- Activities to address goals

**Discharge summary:** Opportunity to inform parent and promote empathy for the child
- We had a routine
- Teachers helped me ____
- Teachers told me the name of my feeling
- Grown-ups noticed & told me when I was listening well
- Teachers helped me remember that you were coming back to get me because you are the most important person in my world.

**Discharge survey:**
- The Crisis Nursery helped me understand my child’s needs and development.
- Staff showed respect for me & my family and the way we do things at home.

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_We need to remember the experience of trauma being one where the child feels unsafe and powerless. We need to remember that all his efforts are driven by the need to survive, to find a safe place, a safe person, to feel empowered to get what he needs in his world—control. These survival responses include aggression, assaultive behaviors, avoidance behaviors, rigidity, cognitive confusion, inability to follow directions, basic flight, fight and freeze responses._

William Steeie (2009) Trauma Informed Care