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Office of the Child's Representative

## Trauma and Childhood Development



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## What is Trauma?

- "A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures."
- "Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control. Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses."

Definitions from The National Child Traumatic Stress Network <https://www.nctsn.org/>

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## In other words...

- Trauma affects perception of self and self-worth (conscious and unconscious).
- Effects can start new traumatic relationships, repeating patterns.
  - Clients/parents/case workers/lawyers/judges
  - Quick to fight, yell
  - Quick to run
  - Quick to shut down
- Life seems unpredictable and always disappointing, not to mention scary.



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So, what to do?

**Act and communicate in a clear, consistent and empathetic manner.**

- Will lower anxiety and show there are different behavior possibilities
- Will hopefully limit triggers
- The first steps to show you're not a threat and in fact an ally

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Who am I (today)?

**What triggers/biases am I bringing?**

**Is there trauma in my past/present?**

- Am I going to over-share, overcompensate?
- Am I here to save?

*Awareness and preparation mitigate your own triggers/biases.*

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**Who am I meeting (today)?**

**Individual every time, whether you've met before, or they're part of a large family or caseload.**

- Trust! You're on the clock and behind the ball.
  - I get it, I'm a stranger right now
  - Clear on role
  - Acknowledge there may be sometimes don't agree (controlled grip for disagreement vs. sudden threats of loss or violence)
- If you forget something, say or do something wrong, don't know something, acknowledge it and explain steps to address it and when I'm human, I'm not here to surprise, I will be here, I will come back and follow through!
- Start broad (open ended) and narrow questions if need be at later dates, avoid "Why"
- Most people on a good day don't appreciate intrusive questions, and someone in middle of trauma will use whatever defenses that work for them
- Explain why if/when you must ask more detailed questions
- Don't lead yourself counselor
  - No one is fully on paper
  - Must spend the time to get best picture (SSPI)

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## Video Reflection

- How else could the situation have been addressed?
- What are the concerns beyond the obvious?
- What are some strengths?
- How long and often has this violence been going on?
- What's mom's role and how to plan with her?
- What needs follow up in this video?
- Reexamine as you learn more information, ongoing.
- What will the young child say about your decisions 5, 10, 20 years later?

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## Screening and Assessment

- "Trauma Screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment. Screening is a 'wide-net' process."
- "Trauma-informed Mental Health Assessment refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment...to inform case conceptualization and drive treatment planning; and to monitor progress over time."

Definitions from The National Child Traumatic Stress Network  
<https://www.nctsn.org/>

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## Red Flags

- No eye contact, a reluctance to have you leave
- "Checking" with caregiver (doesn't have to be there, looking towards room)
- Flinching, too much/too little physical contact
- Dirty clothes, condition of house
- Regression, loss of skills
- Who cooks, what are chores
- Issues with eating and sleeping
- Nightmares/flashbacks, aches and pains
- Problems at school, problems with attention
- Clothes, tech, etc. that are unexplained
- Drugs and alcohol and adrenaline

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## Communication

- How is it going to work? What works best for them?
- Follow their lead (there are power dynamics—but create a partnership).
  - Older clients: involve in planning, give sense of control
  - Younger clients: it's your demeanor more than words

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## 1<sup>st</sup> Impressions

- Not absolutely carved in stone, but prep and act like it is
- Did I mention to make it clear they're a unique individual??
- Plant a seed- Ladies and gents, this ain't so bad an ending to an initial meeting



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## Review your role, role of SSP



NOT DHS!!



Talk with me about SSPs



Talk with peers about how they use SSPs



We may have difficult/frustrating/painful conversations (no surprises)

- Don't need every painful detail but may need to get an understanding to better help you
- If stories change, I won't be mad. It's understandable and hopefully you'll see I'm trying to work for your best interest. The clearer the understanding I have the better I can try to help you. I'm not here to judge you. You haven't done anything wrong. (More complicated with Delinquency)
- Demonstrating empathy, not a threat or punishment. I'm here now, will be later, and my job is to work with you

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## Younger Children

- Play with toys and tell stories (helps lower anxiety, focus off them)
- What are their characters doing and how do they behave within story?
- What do you like to do for fun?
- What makes you upset?
- Draw me a picture of people in your life, who's in the picture, who isn't?
- Do you have rules/chores, what are rules/chores, what happens if you/character break a rule/don't do chores?
- Do parent/child acknowledge each other, are they able to play, do they express and show appropriate emotions?

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## Older Children

- Tell me what you understand.
- This is what I hear.
- This is what I'm thinking about and concerns I can see.
- This is what I think other people will see/say.
- Help me to understand what will help you.
- Your life is important, your views/opinions are essential.



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## Proactive

- Demonstrate how you're different than everyone else
- Proof is in the pudding
- Calm, clear, communication, planned/discussed actions, ongoing involvement and review
- You'll be closely evaluated and doubted for a while, if not forever



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Going forward,  
try to ensure  
stability in  
other parts of  
life.



School is an important and  
large part of a child's life, not  
to mention one of the areas  
specified in the CJO

Records etc. available during  
the summer  
• Extracurricular "normal kid"  
activities  
• Can parent/s, family be  
involved



Limit changes in placement  
as much as possible



Therapy should conflict as  
little as possible with fun and  
regular activities

Medication can be helpful but  
shouldn't be used alone

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And finally...

- Am I doing/asking for me or for the  
best of the client?  
• Band-aids vs. affecting system/behavior
- No promises!!
- It's not about us.

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Feel free  
to consult

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