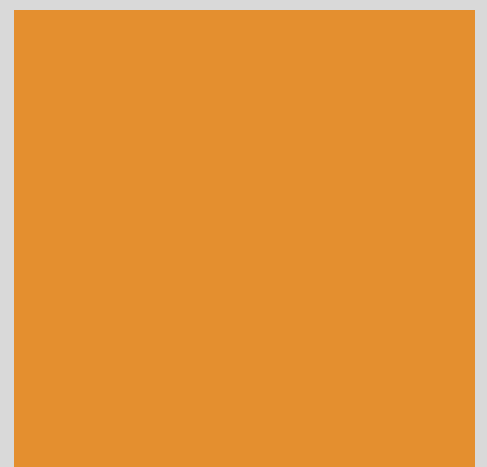
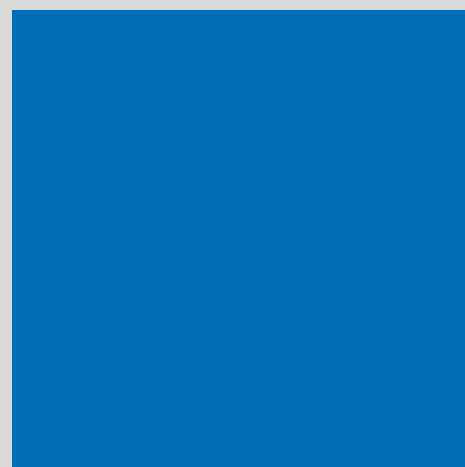
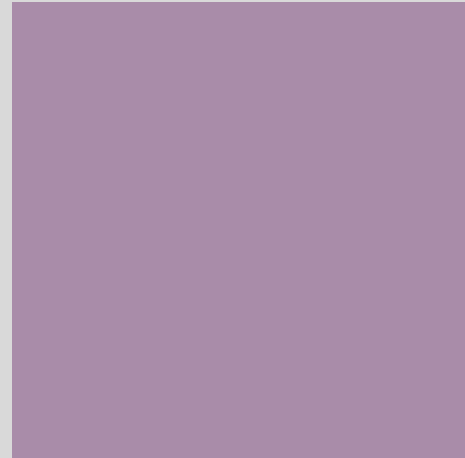




THE LEARNING CENTER  
FOR THE DEAF

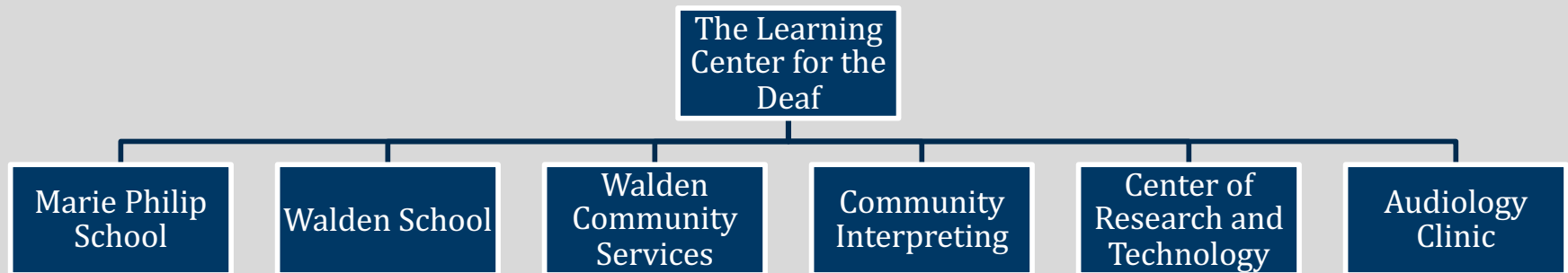


## Child Trauma 101 and Best Practices

Ashley O’Niell, LICSW  
Executive Director  
Walden Community Services



# + Walden Community Services at TLC



# + Services at WCS

- Wraparound
  - Intensive Care Coordination
  - Family Support and Training (FP)
- In-Home Therapy
  - MA level Clinician
  - Therapeutic Training and Support (TTS)
- Therapeutic Mentor (TM)
- Clinical Psychologist

# + Now Lets Talk about Trauma

- Traumatic experiences are those that are *overwhelming*, invoke intense negative affect, and involve some degree of loss of control and/or vulnerability. The experience of trauma is *subjective* and *developmentally bound*.

# + Childhood Trauma Start From What?

- Sexual, physical, psychology (emotional/mind) abuse.
- Neglect (not fed, not taken care of, abandoned)
- Parents/family issues (DV, Military, violence, deportation/immigrant, termination of parent rights, absent parent, parent incarceration)
- Natural disaster (hurricane, flooding, earthquakes, tsunami)
- War
- Life threatening illness (self or family member), terrible accident (self or witness), deaths

# + What is Actually Happening

- From birth to adult, we go through developmental stages
- Developmental interrupted or stalled
- Children lose resiliency
- Children do not receive appropriate guidance, support, education to promote growth, acquire skills they need to self regulation their emotions.
- Emotional Reactions and/or behavioral
- Some severe or extreme but not necessarily require high level care

# + What Traumatized Children look like

- No "ONE" way to act
- Spectrum of reactions
- Behaviors that are red flags
- Depending on age
- Boys TEND to act out (bully other, guns, violent) and girls TEND to act in (suicide, self harm excessive dieting etc)
- Some kids will become QUIET while others will act WILD

# + How Trauma Effect Children

- Relationships/Attachments
- Altered Threat Perception
- Shame
- Emotions
- Thoughts
- Human Stress Response (the 3Fs)
- Physiological Illness



# + Kids Break Rules

- They all WILL break rules
- Your response to typical kid who break rules all of the time?



# Natural Responses to Frustrations



- “You know better! You know. You know!” (disciplined).
- “You always give me hard time all of the time!” (disciplined)
- “You have been warned one too many time, now cant go on activity!” (disciplined)
- “If you don’t listen, you wont improve” (disciplined)
- “Feel like you don’t understand rules” (constantly disciplined)
- “Heard that kid’s home life is a mess” (Mess or trauma??)
- ”I have told you like ZILLIONS of time to follow rules!” (withheld activities)
- “Heard that kid have PTSD, no wonder!” (Look at the kid differently)
- “Oh that kid have PTSD, mean that other child same!” (stereotype)

# + Approaches that are Punitive

- HARMFUL, can re- traumatize by YOU
- Overly punish, belittle, or tell them to grow up, or overly enforce rules without picking their battles
- Reactive behaviors to triggers, experiences, circumstance that remind them of their trauma.
- 3 F (Fight, Flight, Freeze)
- Not taking time to LISTEN
- Change approach, not giving in

# + Trauma Informed Care

- Best Practice
  - Consider TIC
  - Two Trauma Informed Care Curriculum WCS use: GROW and PICT (designed for parents with young children)
    - GROW: An Application of the ARC Framework as a Caregiver Skill Building Intervention
    - ARC framework and GROW curriculum were developed by Kristine Kinniburgh and Margaret Blaustein, Trauma Center at Justice Resource Institute in Boston, MA
      - Attachment, Self-Regulation, and Competency frame work
        - A- Attachment: to build secure and healthy relationships
        - R – Regulation: to enhance the ability to effectively understand and cope with emotions
        - C- Competency: to support development of skills needed for resiliency

<http://arcframework.org/>

# + Your Role at Deaf School/Program

- Help child feel safe
- Provide interventions that are not punitive
  - First!
    - Manage your stress for BOTH Staff (caregiver) and youth
      - Start with taking DEEP LONG BREATHS
    - For HYPER- come with activities to bring energy down
    - For SULLEN- pick activities that will bring energy up
- Include teaching moments to help child build skills
- Open Discussion:
  - Any formal trauma trainings at your school
  - Traditional disciplinary method without TIC forget it
  - One method fit all ????

# + References

- <https://www.integration.samhsa.gov/clinical-practice/trauma>
- <https://www.samhsa.gov/trauma-violence>
- <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>
- <https://childmind.org/article/signs-trauma-children/>
- <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>
- <http://arcframework.org>
- Blaustein, M., and Kinniburgh, K. 2010, *treating traumatic stress in children and adolescents how to foster resilience through attachment, self-regulation, and competency*, New York City, The Guilford Press.

# + Contact Information

- Ashley O’Niell, LICSW, Executive Director of Walden Community Services.
  - 508.283.1027 or [Ashley\\_oniell@tlcdeaf.org](mailto:Ashley_oniell@tlcdeaf.org)
- Andrea Wohl, Clinical Director
  - 508.875.9529 or [andrea\\_wohl@tlcdeaf.org](mailto:andrea_wohl@tlcdeaf.org)