

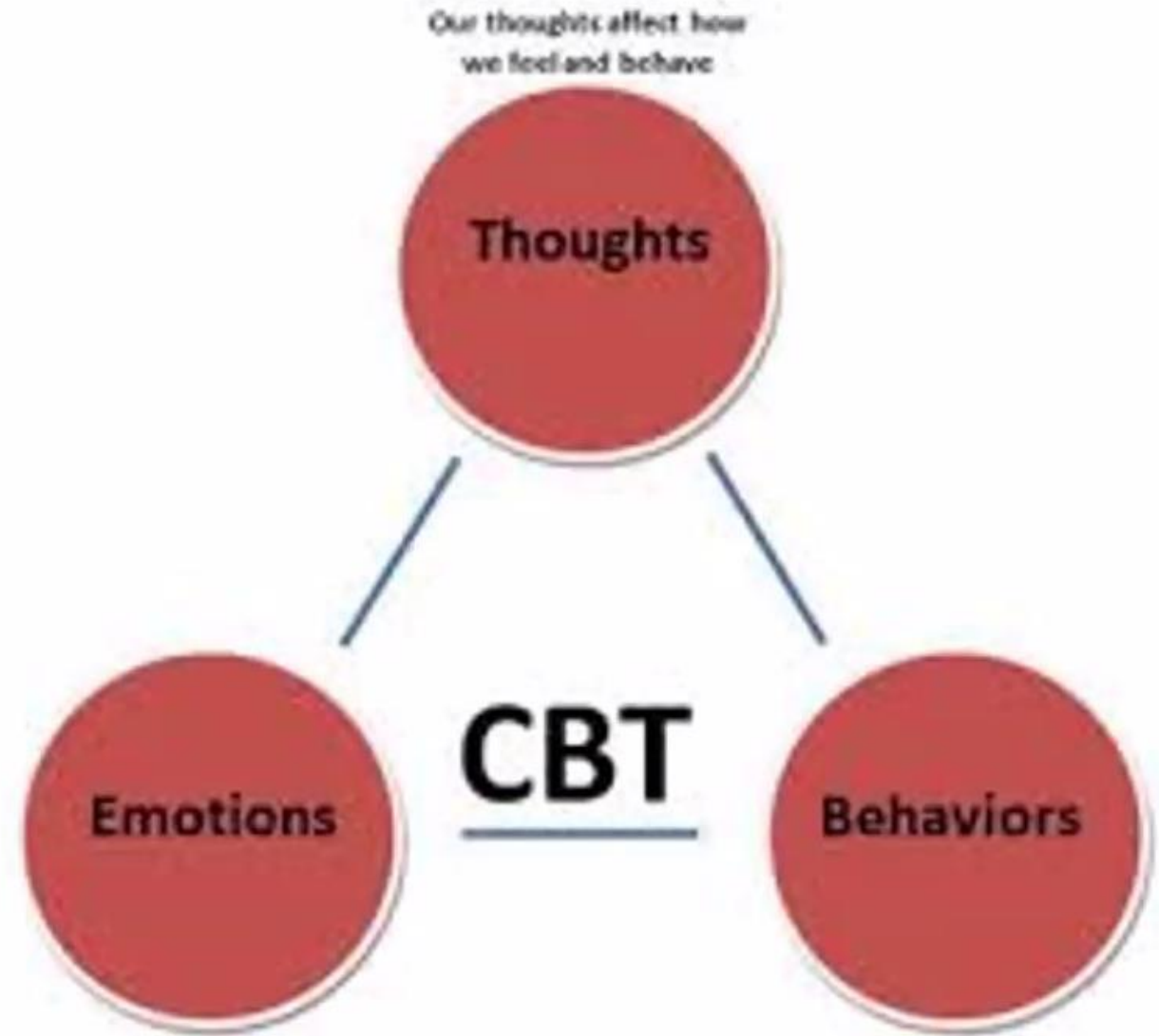
# Behaviorism

- "...based upon the premise that attempting to improve the human condition through behavior change (e.g., education, behavioral health treatment) will be most effective if behavior itself is the primary focus, rather than less tangible concepts such as the mind and willpower."  
([www.bcba.com/aboutbehavioranalysis.com](http://www.bcba.com/aboutbehavioranalysis.com))




# How Do People Change? Cognitive Behavioral Approaches

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How Do People  
Change?  
Regulation Theory

Safety  
Connection  
Hope



Reflection



A close-up photograph of a young boy with dark skin and hair, looking directly at the camera with a serious expression. He is holding a white rectangular sign in front of his mouth. The sign has the word "SUSPENSION" printed in large, bold, black capital letters. Below the printed text, there are handwritten markings in blue ink, including the number "850" and some illegible cursive text. The background is blurred, showing what appears to be a classroom setting with other children and a teacher.

**SUSPENSION**

Stopping the “Preschool to  
Prison Pipeline”

Understanding  
Change Matters!

# What do we know about NH JJ-Involved Youth?: Results from the Stress and Resources Survey

- Conducted by the Dartmouth Trauma Interventions Research Center
- Youth Results:
  - Traumatic Exposure:
    - At least one trauma (95.2%)
    - Mean # of traumas (5.63)
  - Trauma Impacts:
    - Positive screen for PTSD (45.7%)
    - Depression screen positive (49.4%)
    - Substance abuse positive screen (61.2%)
    - Comorbidity – at least one disorder (80.3%)
      - 2 or more disorders (48.6%)
      - 3 disorders (26.3%)





# Missed Opportunities: An Example

Consider the case of a 9-year-old child who attacked his teacher in the classroom. The teacher leaned back against her desk and knocked a book to the floor, which landed with a loud smack. The boy came out of his seat in the front row and began to choke the teacher. The classroom aide pulled him off the teacher. He was arrested, charged with felonious assault on school personnel, and detained in our detention facility. The boy appeared for arraignment the next day. As he sat at the counsel table, his feet did not reach the floor. The treatment staff suggested keeping the boy locked up for a week in order to “teach him a lesson.” It is difficult for hearing officers to argue against mental health professionals who have been working with a child for a long time. Moreover, these mental health professionals were suggesting consequences for actions, which is a traditional juvenile justice disposition.

# Missed Opportunities: An Example (cont.)

Yet our knowledge of trauma suggested to the court that the assault might be attributed to a fight-or-flight reaction because it was unprovoked and preceded by a startling sound. If the boy's attack was a reaction, rather than a deliberate oppositional act, what lesson would he learn in lock-up? Our knowledge of trauma suggested that no matter how long he was locked up, the boy would react exactly the same way the next time he was frightened. A trauma assessment revealed that the boy had been the victim of severe physical abuse. He had never been screened or assessed for trauma or its possible impact on his behavior, and as a result, he had never been treated for trauma. Instead, he had been identified as having a severe behavior problem, and previous counseling had been directed at modifying his behavior rather than addressing the underlying causes of that behavior. (Howard & Tener, 2008)

# Trauma-Informed Care Principles: What They Mean to Us During this Time

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

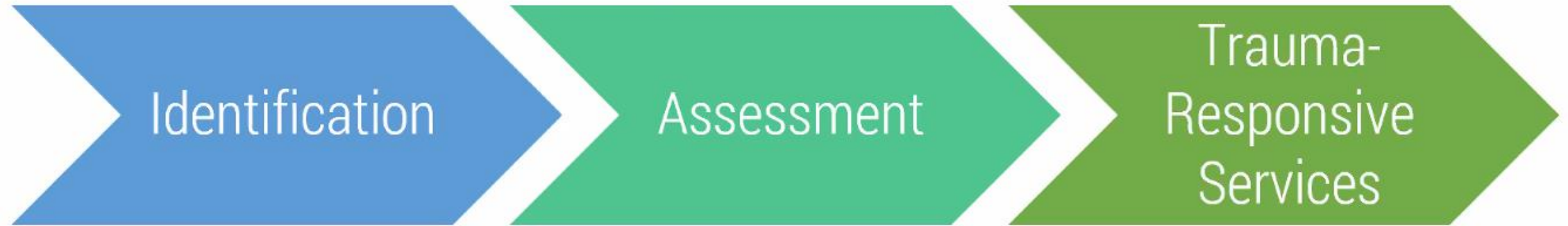


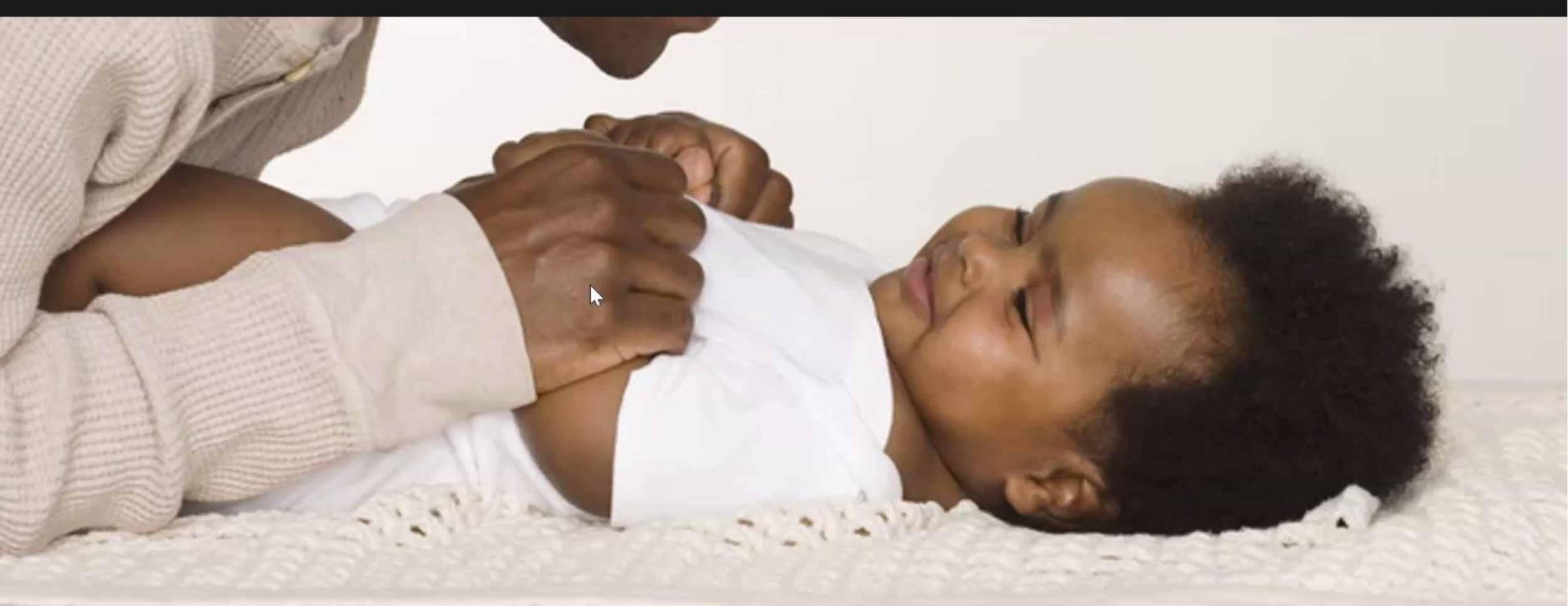
Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

1. **SAFETY**  
You & those you love will not be exposed;  
Your concern makes sense & will be responded to effectively
2. **TRUSTWORTHINESS & TRANSPARENCY**  
I will give you all the information that is known & will not withhold important details; You can trust me to be honest
3. **PEER SUPPORT**  
It is important you receive support from people who have been through a similar experience; I'm looking to my peers for their responses



# The Trauma-Responsive Pathway





Evidence-Based Intervention: Child-  
Parent Psychotherapy | CPP

# Empowering Caregivers

- "I can see the pain in her eyes. I keep calm, I think of everything this child has gone through"
- "I used to go through the motions of being a mom. Now I feel like a real mom."
- "I know how hard it is as a parent not to lose it but I've worked very hard, I've retrained myself to be able to react with my heart and head together."
- "There are times I wanna give up, I think about ugh. It was scary for me, it's harder for a child. I was given this card, it shows my purpose....to fight for victims."
- "She knows I'm not gonna disappear or leave her."

# Supporting Caregivers

"I am so excited that I just have to share this story...This is a TRUE STORY, that just happened.

I just left a visit with a family. Mom and dad both work full-time, and I was visiting during the brief 2 hours they have together during their shifts'. Dad walks in the door shortly after I got there visibly exhausted from a long day at work. There are twin one y/o's eating lunch in their highchairs, a 5 y/o and an 8 y/o all fighting for a brief second of attention from anybody. Mom's trying to get ready to go to work, I'm there on my first visit trying to explain our home visiting program and get out of their hair so they can go about their routine. It was a little chaotic. Dad was barking orders at his wife while also yelling at the kids to stay in the room and stop bothering "Shayna so she can get this done". He clearly is not in the mood to work on any goals and wants me gone as soon as possible. Then mom looks at me and starts' telling me how they never listen and their behavior is just awful. BEHAVIOR!! IT'S THE WORD!

The 8 year-old boy has been talking about dogs since I had arrived. Then he looks at me and says his grandma and grandpa's dog bit him on the head and then they had to burn his bones. Dad immediately scolds him saying, "you know we do NOT talk about that day". Mom covers it up to me saying he is lying and that is not what happened. The child lowers his head in shame. (Cassie by now my heart is pounding as I'm reciting in my head how I am going to say what I'm about to say that I just learnt from you yesterday. This is the perfect scenario so far, almost word for word what you trained us. BUT I COULDN'T MESS IT UP)

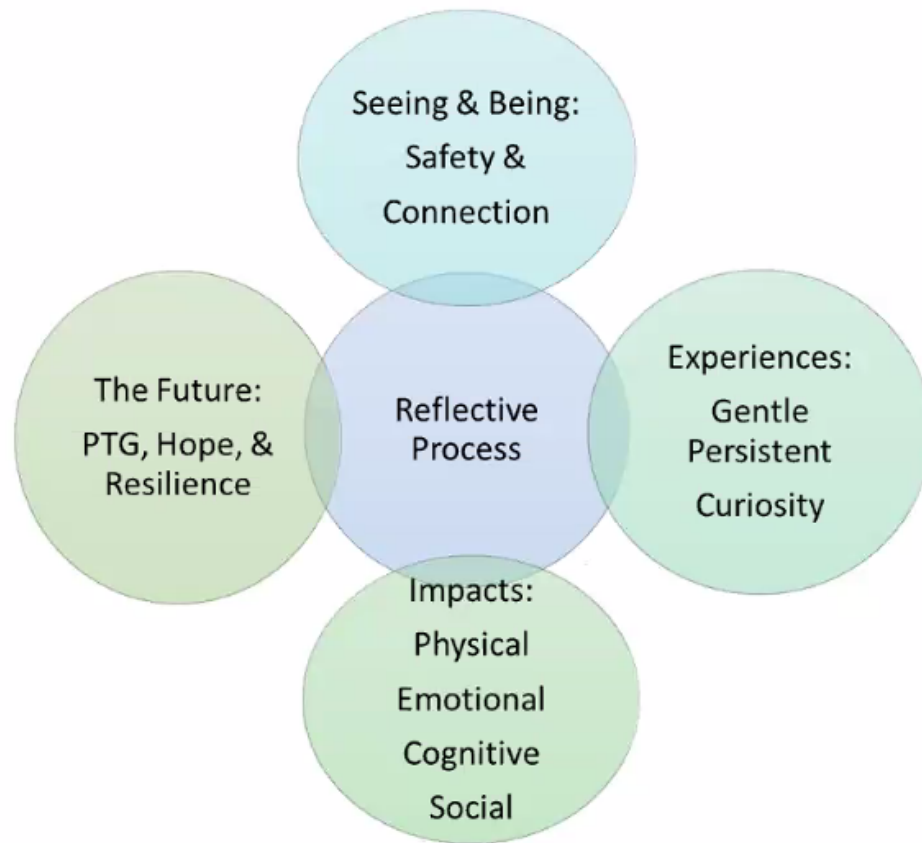


# Supporting Caregivers

I said, "that must have been really scary. How did it make you feel?" He raised his little eyes and glanced at dad, stood up and as he walked past me to go back into his room he said, "it made me feel so sad my eyes did this thing where water came from them". He was off in his room.

It was such an uncomfortable awkward silence I just sat there waiting for them to ask me to leave and knew he was in big trouble....except that is not at all what happened. Dad called him back into the room. The boy's eyes were red and bloodshot. He took the little boy on his knee and told him that it made him sad too, but his job was to protect him first. They hugged and I felt like I was in the middle of a Hallmark movie.

He went on to admit to me (really himself) that he has some issues with anger, he was abused as a child and has never been to counseling and he doesn't want that for his family. Our first goal in the IFSP was for him to call the list of numbers I left him to make an appointment. We went onto completing their goal plan with 5 other goals, most due by next week, one of which mom completed while I was there and before she had to go to work. I'm sure this was a rare coincidence and they do not always falls so perfectly in place like this, but affirmation felt so good I had to share.



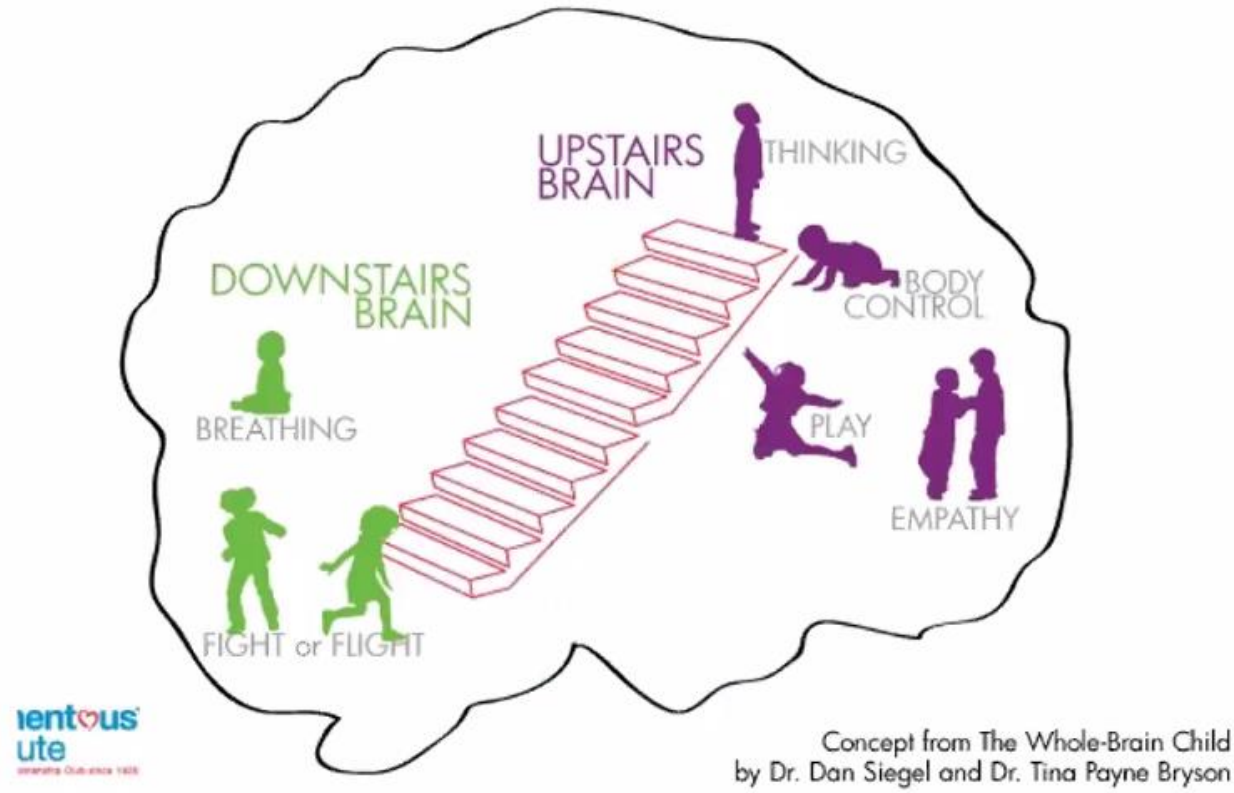
## Doing Something About It: The Trauma-Responsive Framework

- Model for understanding trauma at an individual, interpersonal, and systems level
- Describes both the impacts, and response to, adversity and/or trauma
- Helps people make sense of experiences and the impacts of those experiences
- Capitalizes on advances in neuroscience and interpersonal neurobiology or attachment-based teaching



# Whole-Brain Integration (Siegel)





# Upstairs & Downstairs Brain Integration



# Left & Right Brain Integration

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# Implicit & Explicit Memory

## **Explicit**

Facts

Autobiographical

Identifying with a point in time

“My birthday was last week and 5 friends came to the restaurant to celebrate with me.”

## **Implicit**

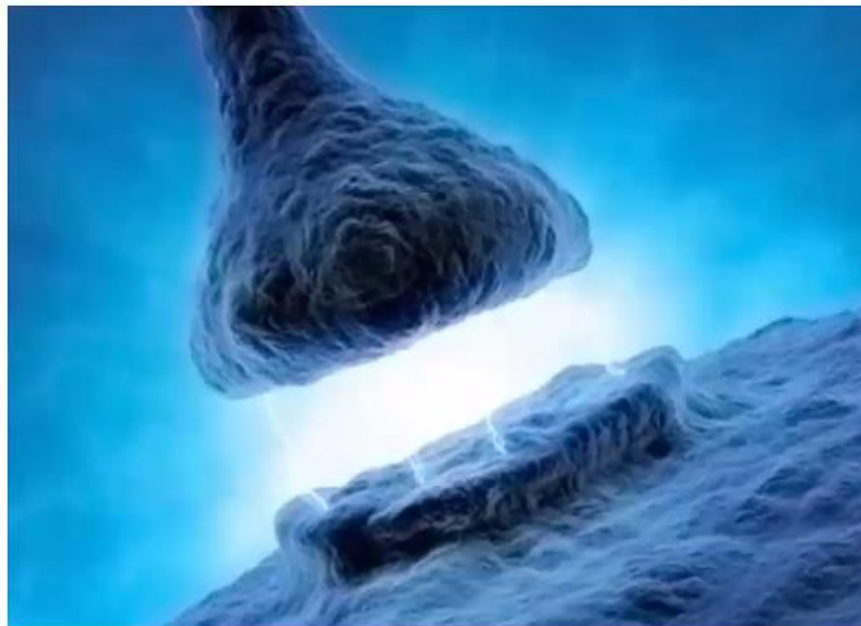
Mental expectations about the world

Based on things that have happened in the past

Automated responses to danger with memory recall of an event

Procedural

Perceptions, emotions, & sensations



Making the Implicit  
Explicit: How it Happens

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# Build Brain Integration through Connections

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Brain integration from top to bottom is built through safety in relationships and opportunities for reflection

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Left to right side integration is also important and it occurs when we put words and meanings to experiences and reactions/emotions

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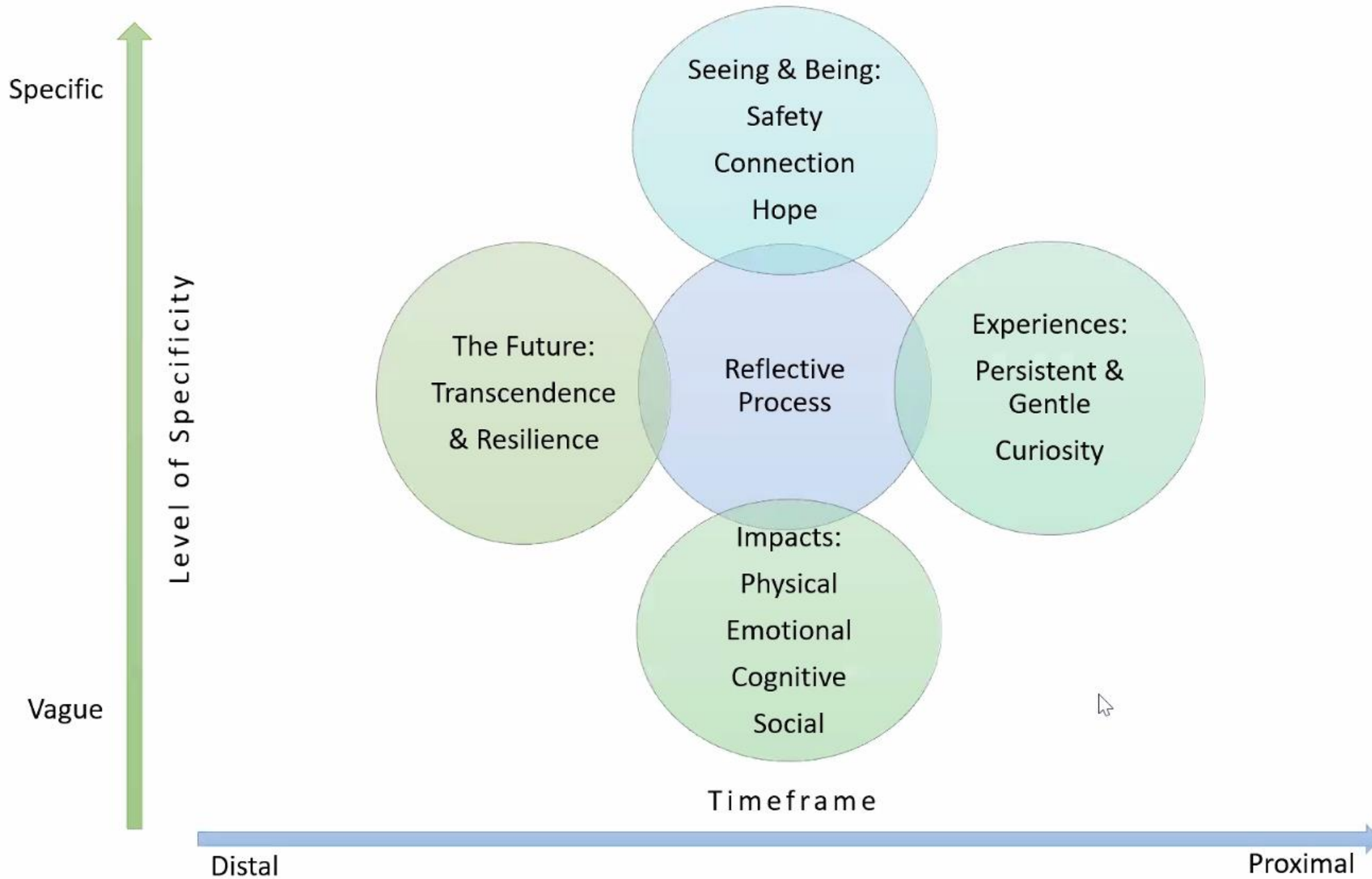
The “trauma-responsive framework” can be used to build this integration

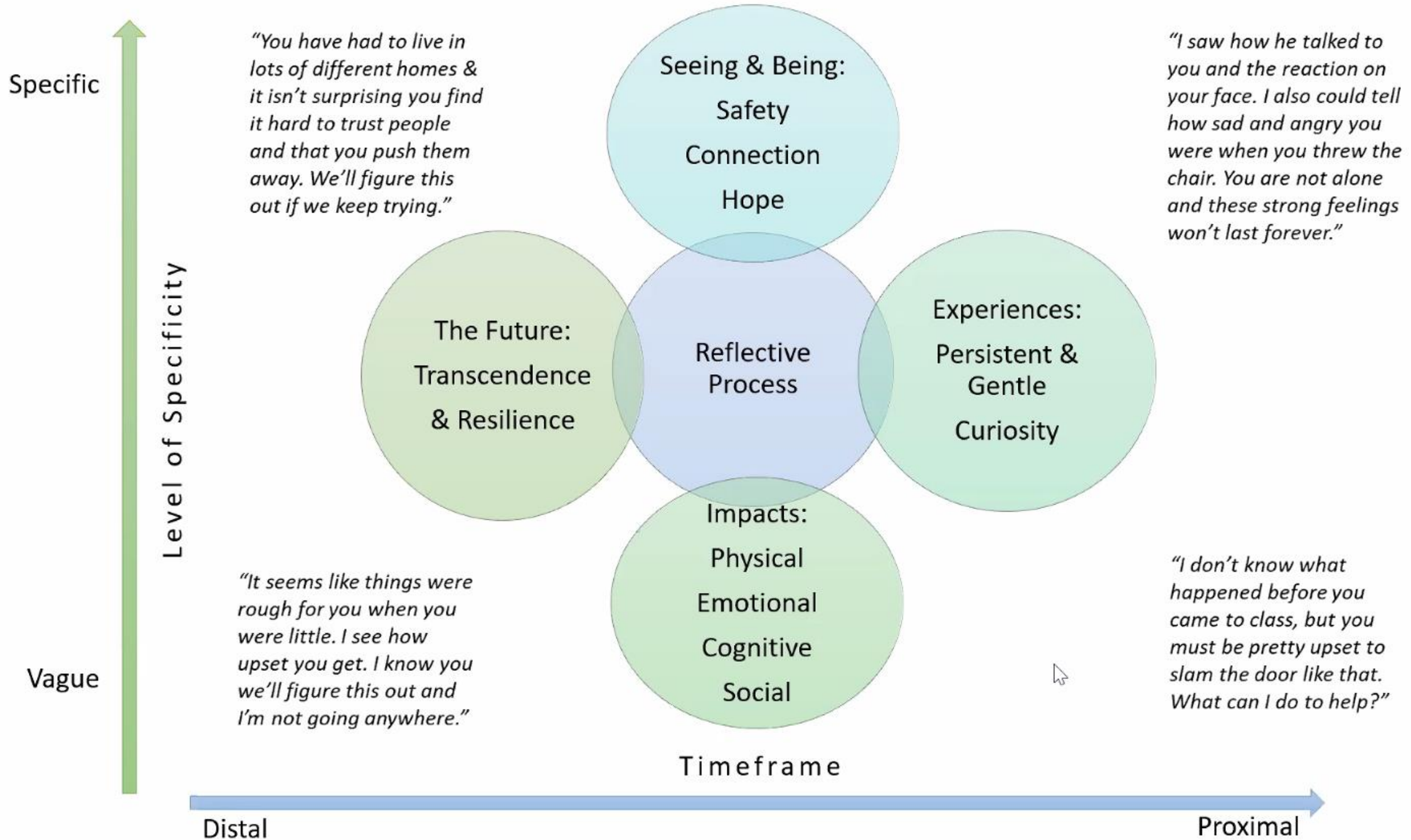
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Most simply, it is pairing previous experiences with subsequent impacts and looking toward resolution together









# Trauma-Responsive Framework

1. Check in with myself
  - History of relationships
  - Current circumstances
  - Capacity for reflection
2. Allow for safety—connection
  - Attunement
  - Share power



# Trauma-Responsive Framework

4. Narrate experiences
  - Gentle, persistent curiosity
  - Co-create story
5. Acknowledge & recognize
  - Neurodevelopmental (biopsychosocial) impacts
  - Interpersonal (emotion contagion)
  - Societal/systemic (anti-oppressive)
6. Transcendence & resilience
  - Post-traumatic growth
  - Socio-cultural evolution





# Trauma-Responsive Framework



This happened...

And now I/you/we...

We're in this together  
and there is HOPE



# Making Meaning with the "Triangle"

"I used the triangle. I waited out a "tantrum," said something vague like "You have had a lot of bad things happen in your life and now you are acting like this when you get really mad. I am here to help you through this, and I am supposed to be here next year even more, so let's see if we can work this out." Child nodded his head, stood, up, and proceeded to restore the room. "

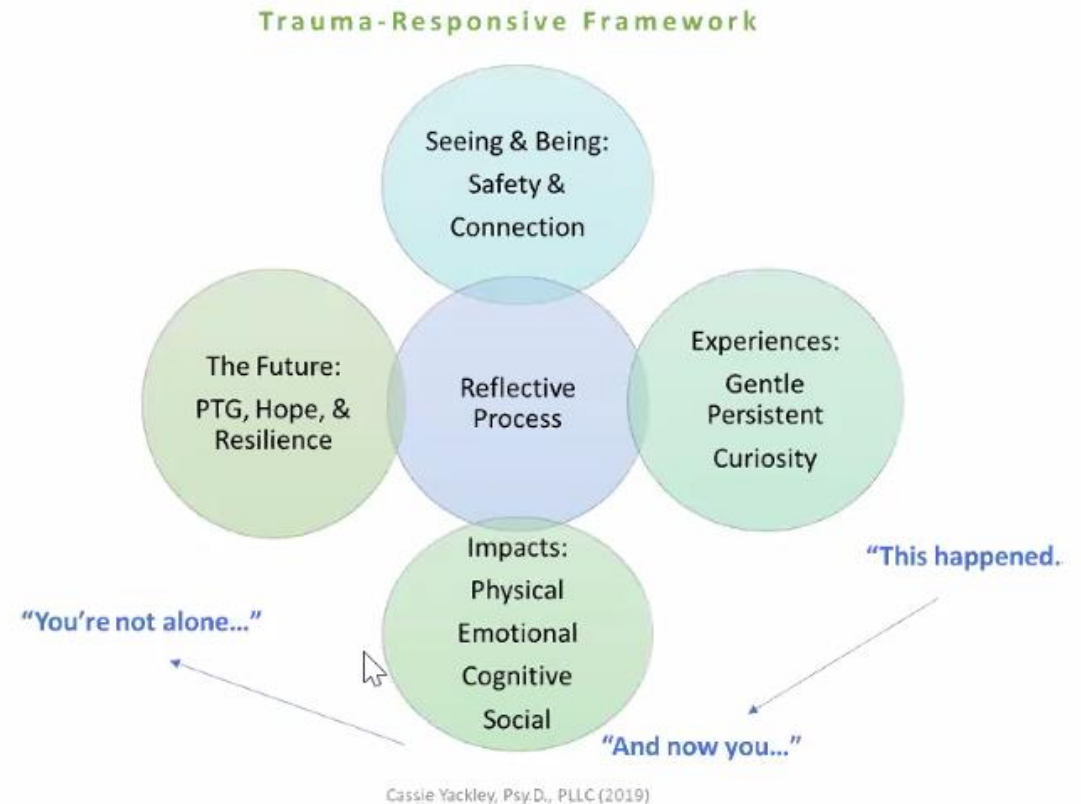


# Using the Trauma-Responsive Framework

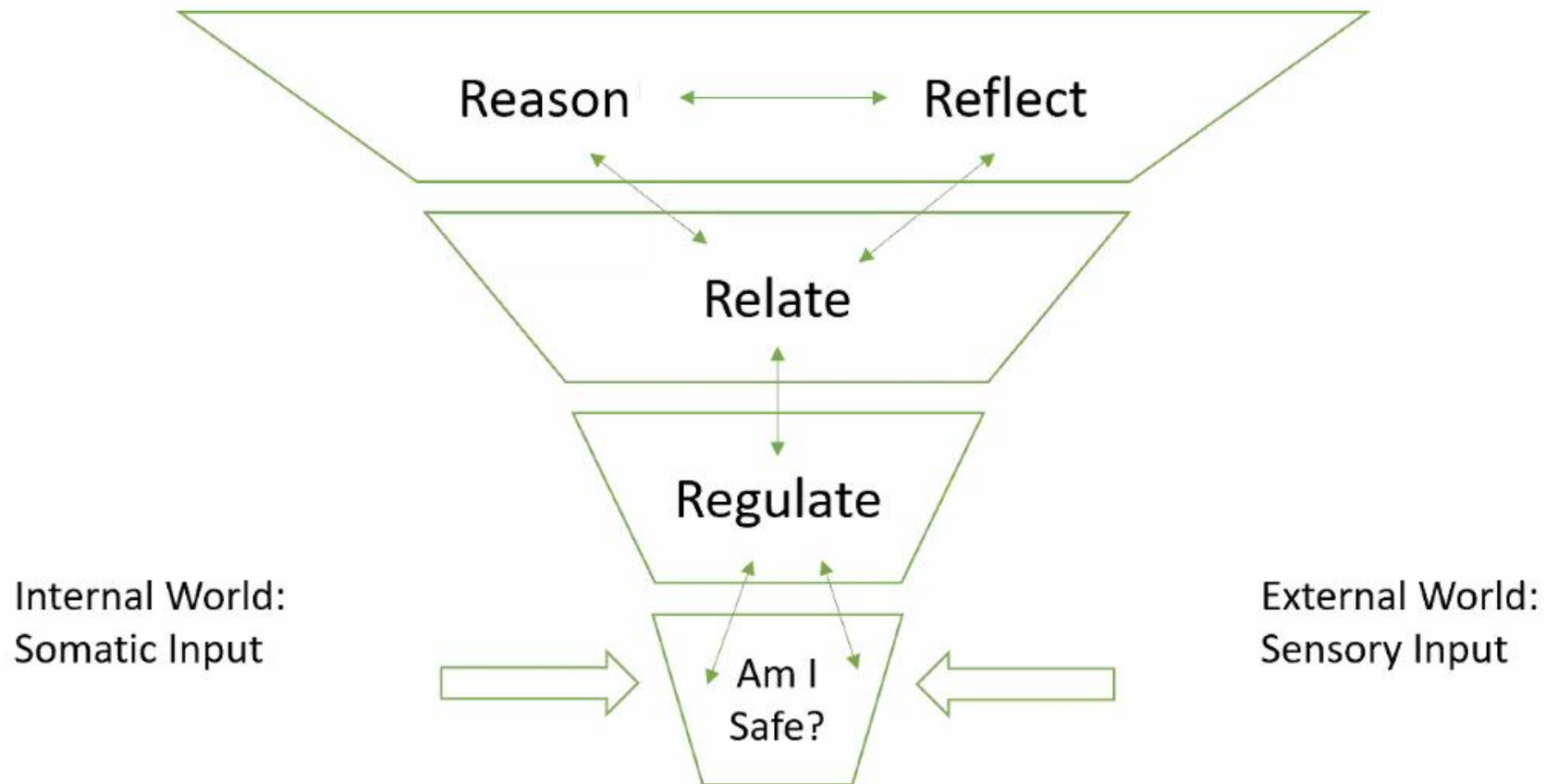
"Of course you are welcome to use my example...if you recall, I was dealing with an extreme behavioral episode...used the triangle, and the child sort of immediately recovered, engaged, and restored the room.

The follow-up is that I told the story to the principal (who has had a frustrating year and sometimes resorts to verbal arguments/yelling). He then reported a week later that he "used the triangle," in the middle of being punched and barreled by the kid, and then the kid stopped and immediately started crying and opened up about some serious stuff. The principal has used it repeatedly and has noticed that the child gets "unstuck" when the triangle is used.

He later came to me and asked for the "formula" again. I explained it, and he said, "oh, I've only been using one corner ' I care about you and I am not going away.'" But even so, he was finding it got the kiddo unstuck. HE told the parent to use it, and she was finding some success as well."



# Sequence of Engagement (Bruce Perry, MD, PhD)





# Core Areas of Intervention



SAFETY



REGULATION



BELONGING



MEANING-  
MAKING

## Restoring Sanctuary: Creating a Culture of Safety (Bloom & Farragher, 2013)

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Four forms of safety:

1. Physical
2. Psychological
3. Social
4. Moral





# Regulation

# REGULATION



Cerebro-modulatory or  
“top-down”  
modulation

CBT

Internal world: Brain



Somatosensory or  
“bottom-up”  
modulation

External world: Primary  
senses

Internal world: Brain



Reasoning won't work if the cortex isn't  
activity



Patterned, repetitive  
sensor-motor activity  
regulates


Walking, music,  
swimming, petting a dog





Name it  
to  
Tame it

Identifying  
Emotions:  
Emotional  
Granularity





# Dosing and Spacing

# Dosing

- Default for new things is to be wary – increased stress
- Education is about doses of challenge
- Dose of novelty for neurotypical child is higher
- Making it moderate and controllable – needs spacing to return to baseline before challenge

IT'S NORMAL TO HAVE A SMALLER  
**WINDOW OF  
TOLERANCE**  
DURING STRESSFUL TIMES

@LINDSAYBRAMAN

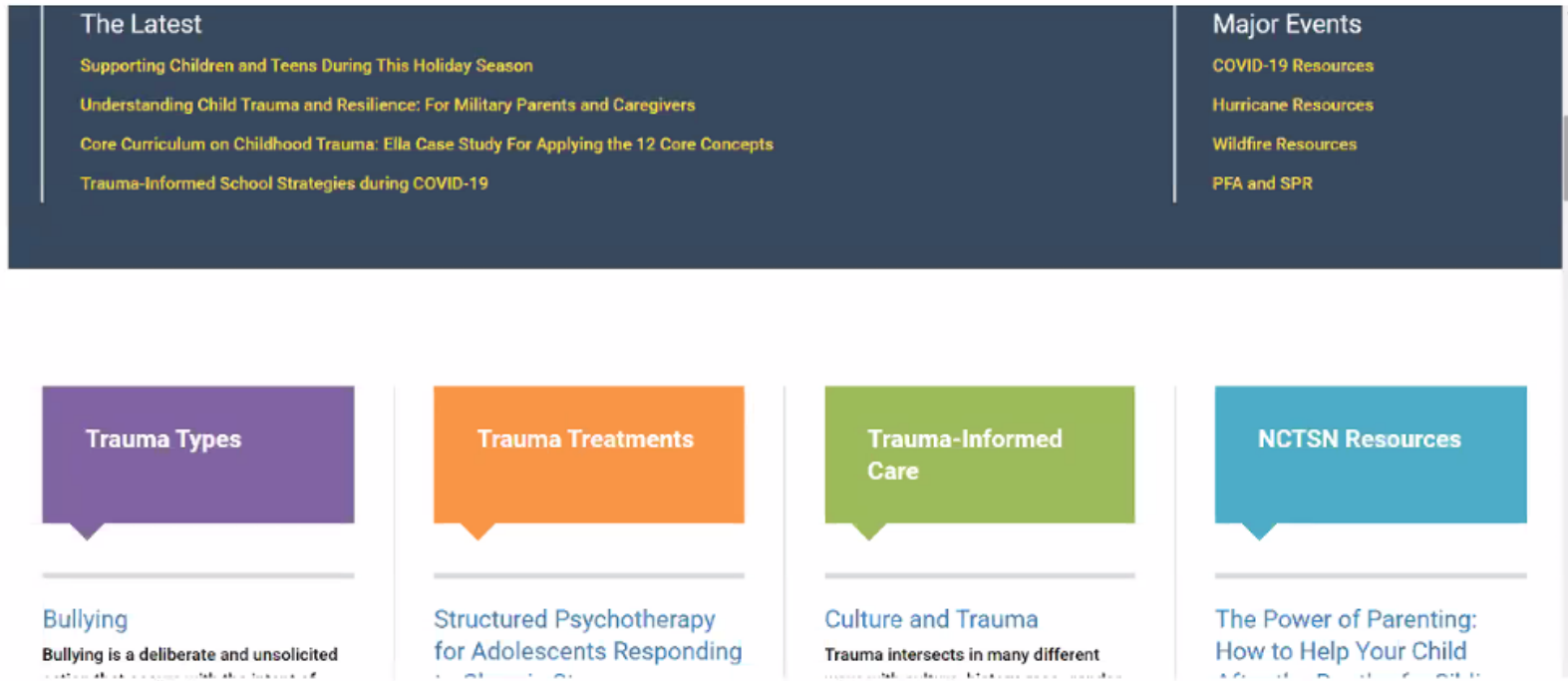




# Make Meaning of Experiences: Trauma Psychoeducation



# NCTSN



The image shows a screenshot of the NCTSN website's navigation menu. It features a dark blue header bar with two main sections: 'The Latest' and 'Major Events'. Below the header, there are four colored boxes representing different content categories: 'Trauma Types' (purple), 'Trauma Treatments' (orange), 'Trauma-Informed Care' (green), and 'NCTSN Resources' (blue). Each box has a title and a brief description of the content.

**The Latest**

- [Supporting Children and Teens During This Holiday Season](#)
- [Understanding Child Trauma and Resilience: For Military Parents and Caregivers](#)
- [Core Curriculum on Childhood Trauma: Ella Case Study For Applying the 12 Core Concepts](#)
- [Trauma-Informed School Strategies during COVID-19](#)

**Major Events**

- [COVID-19 Resources](#)
- [Hurricane Resources](#)
- [Wildfire Resources](#)
- [PFA and SPR](#)

**Trauma Types**

[Bullying](#)  
Bullying is a deliberate and unsolicited

**Trauma Treatments**

[Structured Psychotherapy for Adolescents Responding](#)

**Trauma-Informed Care**

[Culture and Trauma](#)  
Trauma intersects in many different

**NCTSN Resources**

[The Power of Parenting: How to Help Your Child](#)

# EBPs

## TRAUMA TREATMENTS



### TRAUMA TREATMENTS ▼

[Overview](#)

[Interventions](#)

### SCREENING AND ASSESSMENT ▲

PSYCHOLOGICAL FIRST AID  
AND SPR ▲

CORE CURRICULUM ON  
CHILDHOOD TRAUMA

[Home](#) > [Treatments and Practices](#) > [Trauma Treatments](#)

The dissemination of standardized, effective, trauma-informed clinical interventions is a central means by which the NCTSN seeks to advance the standard of care for traumatized children and to increase the nation's capacity to meet the needs of these children. In recognition of the diverse needs of the child and adolescent populations served by NCTSN sites across the country, the interventions and treatments listed here span a continuum of evidence-based and evidence-supported interventions ranging from rigorously evaluated interventions to promising and newly-emerging practices.

### [Overview](#)



### [Interventions](#)



# TIC Approaches

## TRAUMA-INFORMED CARE



[Home](#) > [Trauma-Informed Care](#)

TRAUMA-INFORMED SYSTEMS ▲

CULTURE AND TRAUMA ▲

FAMILIES AND TRAUMA ▲

FAMILY-YOUTH-PROVIDER-  
PARTNERSHIPS ▲

SECONDARY TRAUMATIC  
STRESS ▲

TRAUMA-INFORMED  
ORGANIZATIONAL  
ASSESSMENT

### Creating Trauma-Informed Systems



A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress.

[view](#)

### Culture and Trauma



Trauma intersects in many different ways with culture, history, race, gender, location, and language.

[view](#)

### Families and Trauma



All families experience trauma differently. Some factors such as a child's age or the family's culture or ethnicity may influence how the family copes and recovers from a traumatic event.

[view](#)

# NCTSN for All Professions

## Resources By Audience



Families and  
Caregivers



Child Welfare  
Professionals



Justice System  
Professionals



School  
Personnel



Healthcare  
Providers



Youth



Policy Makers

Join the Conversation



# Providing Psychoeducation (AAP)

1. Normalization of the trauma response
  - Behavior as a healthy response to an unhealthy threat
2. Pathophysiology of the trauma response
  - Innate nature of the fear response (FFFF and dampening of explicit memory)
3. Caregiver affective awareness and recognition
  - Getting in touch with the threat response and memory impairment for traumatic events



# The TRF in Action: A Recent Example from the Field



I met with an adolescent client in one of our local emergency departments. It was late in the evening, and the client came in reporting “anxiety” and was very guarded upon approach. The client struggled to make eye contact and would not initially provide much information.

A lot of times, we are completely swamped in the Emergency Departments (especially lately during this Pandemic) and have almost unmanageable amounts of clients in our queue. It is easy to become wrapped up and cynical when we see presenting problems reminiscent of the “textbook” (i.e. DSM-V) definition of Borderline Personality Disorder. It’s easy to have pre-conceived notions about these clients and to develop a visceral reaction. After I reviewed Cassie’s information and compounded that with another training by Bessel Van der Kolk on Complex Trauma, I realized that so much of that reactivity that we have as clinicians is a result of the consistent emotional dysregulation, difficulty with attention, and interpersonal difficulties that these clients often present with. Of course there is a dialectic here. Indeed, in an emergency room setting, those symptoms can be disruptive to other patients and difficult to manage (I once had a book thrown at me by a client with severe emotional turmoil as a direct result of her complex childhood trauma). However, the important piece is honing in on our new frame of reference, which is, these clients have not learned effective adaptation skills to manage compounding traumatic experiences.



# The TRF in Action: A Recent Example from the Field

Tangent aside, I thought carefully about any implicit biases that I had prior to meeting with this client. I thought about the language I would use, and how to most compassionately obtain information from this anxious young client with passive suicidal thinking.

I asked: “who do you trust?” “who makes you feel safe” and “who don’t you trust as much”, “who makes you feel nervous or scared”. Using that language almost immediately improved this client’s eye contact and ability to engage. The client spoke of her trauma history and was willing and able to safety plan and set up an appointment for ongoing outpatient care.

I called the client’s mother and she was shocked. She said, “[the client] has not opened up like that to anyone...I’m so happy that she’s going to start therapy”. We were able to avoid an ED hold and subsequent inpatient admission for this client, and connect her to outpatient care, essentially because of the way that her history was validated. The client expressed passive SI secondary to emotional distress, but eventually came to the conclusion that she was safe and had more to live for than she initially thought in the midst of emotional turmoil.

At the risk of this reflection turning into a novel, I will end here! Just wanted to provide some feedback about how wonderfully helpful this has been, after just two sessions! Thanks so much.

