Applying Science To Practice

What does the science of trauma and brain development tell us to do for children?

Peggy Walker, Judge

Juvenile Court of Douglas County


12/12/2008

Complex Trauma

- Trauma is an extreme event or events that threaten safety
- Trauma may be acute from a single event
- Trauma may be chronic from recurring events
- National Child Traumatic Stress Network defines complex trauma in children as children's exposure to multiple traumatic events, often of an invasive, interpersonal nature with wide-ranging, long-term impact

Why focus on complex trauma?

- Trauma induces flight or fight response
- Cortisol becomes elevated
- Brain changes, the body changes

Complex Trauma

- Children have smaller bodies.
- They have smaller brains.
- They have fewer vocabulary words.
- Behavior becomes their language.
- We do not recognize their language of behavior.
- We focus on changing behavior without understanding its origins.

Self Regulation

- Children learn to self regulate by having their needs met on a consistent basis where the child is safe, **nurtured**, and secure. A child who self regulates is ready to explore and to learn.
- Children show the absence of self regulation by being irritable, withdrawn, unresponsive to redirection and instruction. They are not ready to learn because their basic needs have not been met.

Self Regulation and Education

- Children who cannot self regulate get in trouble at daycare, in foster homes, in relative placements and in school.
- They are already behind in vocabulary and now they miss more education because of behavior.
- We do not engage the family in dealing with the behavior.
- We assure the pipeline to prison continues by denying education to those most in need of it.

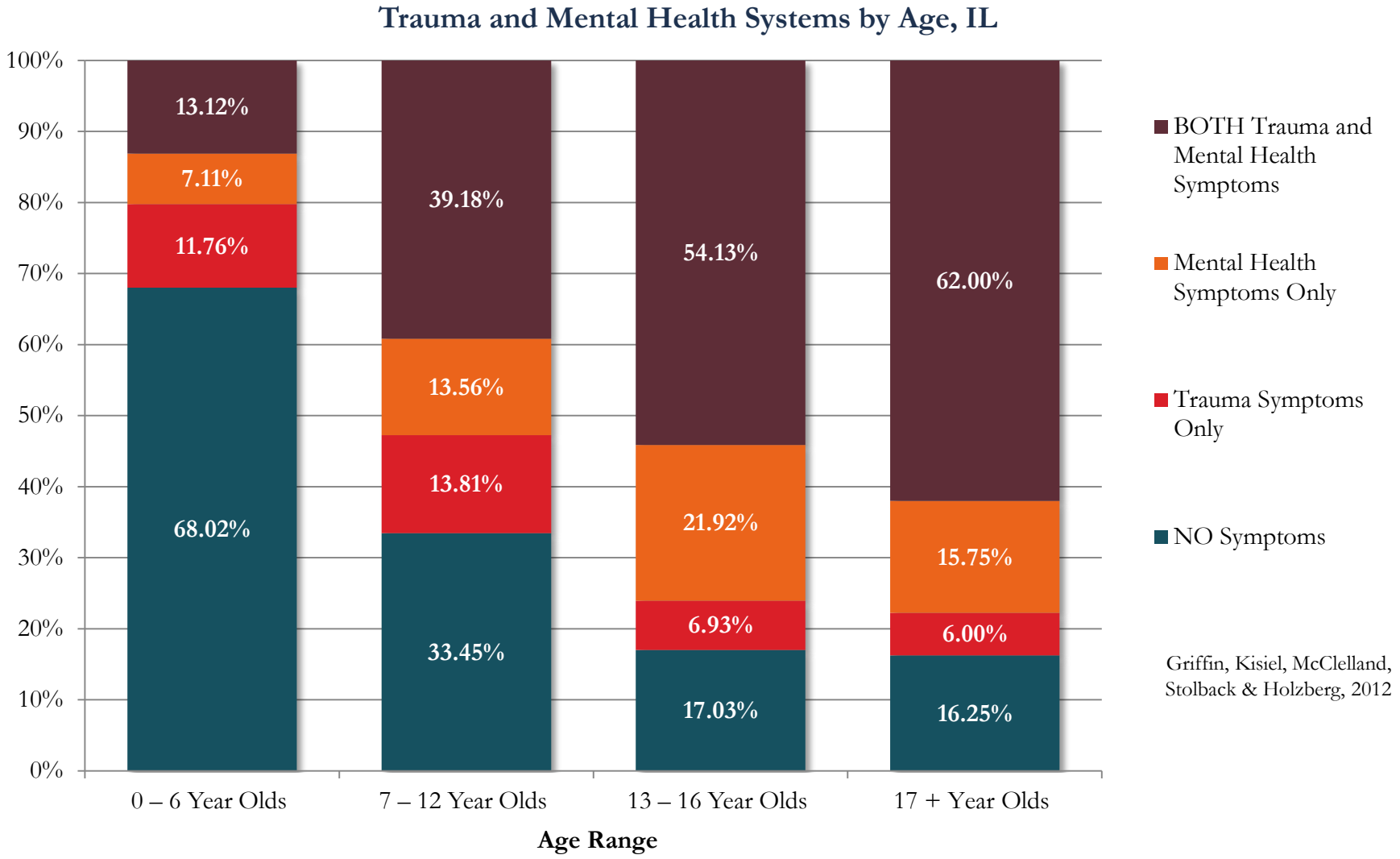
Long Term Impact of Trauma

- Health- diabetes, heart disease, cancer, stroke
- Education
- Relationships
- Substance Abuse
- Mental illness

Learning the Science

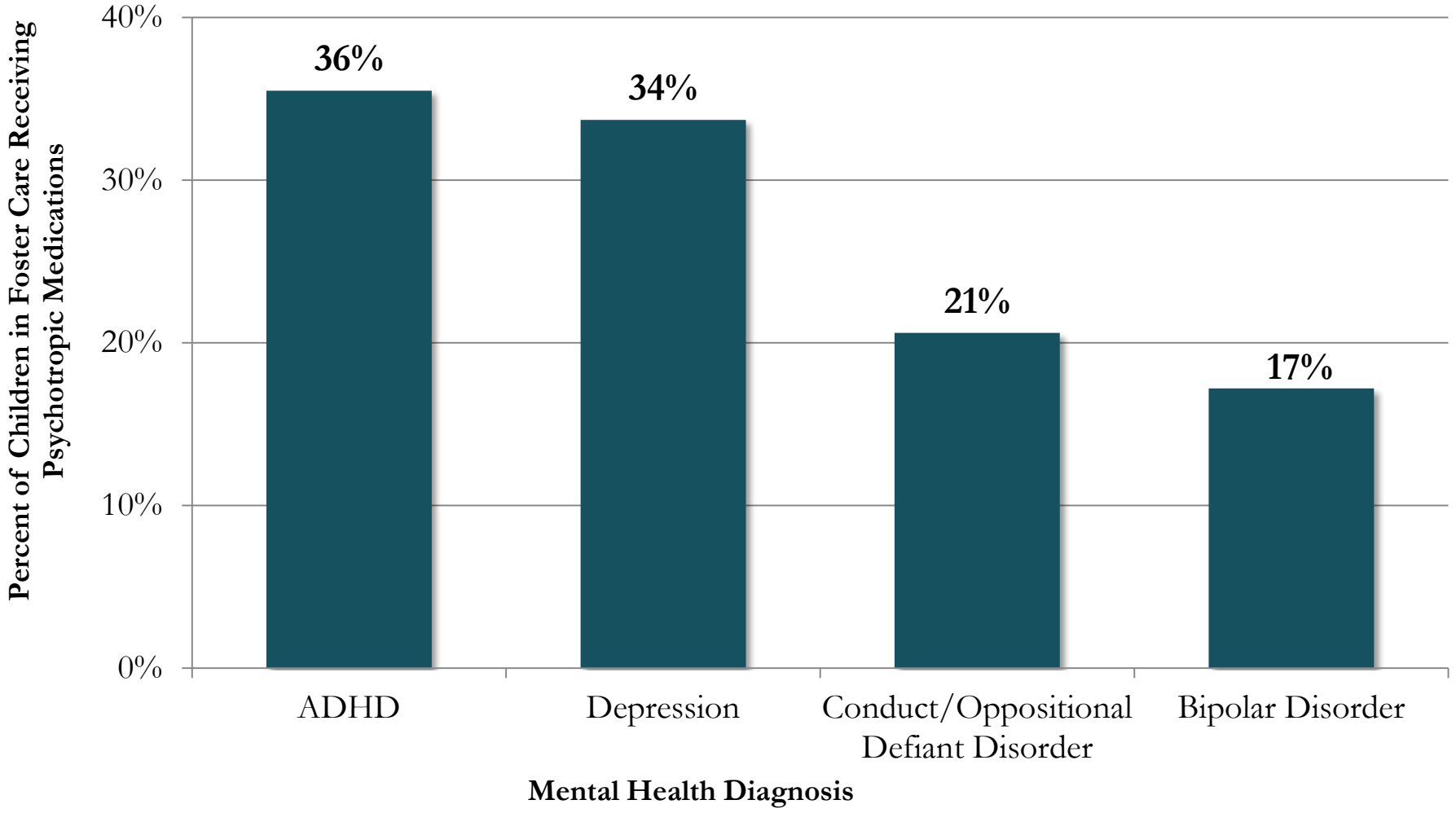
- Center for the Developing Child, Harvard University, Jack P. Shonkoff, Center Director; www.developingchild.harvard.edu
- Child Trauma Academy, Dr. Bruce Perry; www.childtrauma.org
- Adverse Childhood Experiences (ACE) Study, www.cdc.gov/ace/index.htm
- National Child Traumatic Stress Network, www.nctsn.org
- Zero To Three, www.zerotothree.org
- National Council, www.ncjfcj.org
- Justice For Children, www.complextrauma.us

The Overlap of Trauma and Mental Health Symptoms



Griffin, Kisiel, McClelland, Stolback & Holzberg, 2012

Most Common Mental Health Diagnoses among Children in Foster Care Receiving Psychotropic Medications



Zito, JM; et al. (2008). Psychotropic medication patterns among youth in foster care. *Pediatrics*. 121(1): e157.

Safety and Permanency are Necessary but not Sufficient to Ensure Well-Being

REUNIFICATION

- "Children who went home and stayed home had a four fold **increase in internalizing behavior** problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline"(Bellamy, 2008).

KINSHIP CARE

- "Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care. …[M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child's foster care experience enough to show significant differences" (Fechter-Legget & O'Brien, 2010).

ADOPTION

- In assessments of children at 2, 4, and 8 years following adoption, "**Adopted foster youth were more behaviourally impaired than their non-FC counterparts**, although a striking number of non-FC youth displayed behaviour problems as well" (Simmel, et al., 2007)

Maltreatment Impacts How Youth Form Relationships with Adults

- Maltreatment affects a child's health and well-being as well as the quality of his or her relationships. **Child maltreatment represents an extreme form of child–parent relationship disruption** (Harden, 2004; Milan & Pinderhughes, 2000).

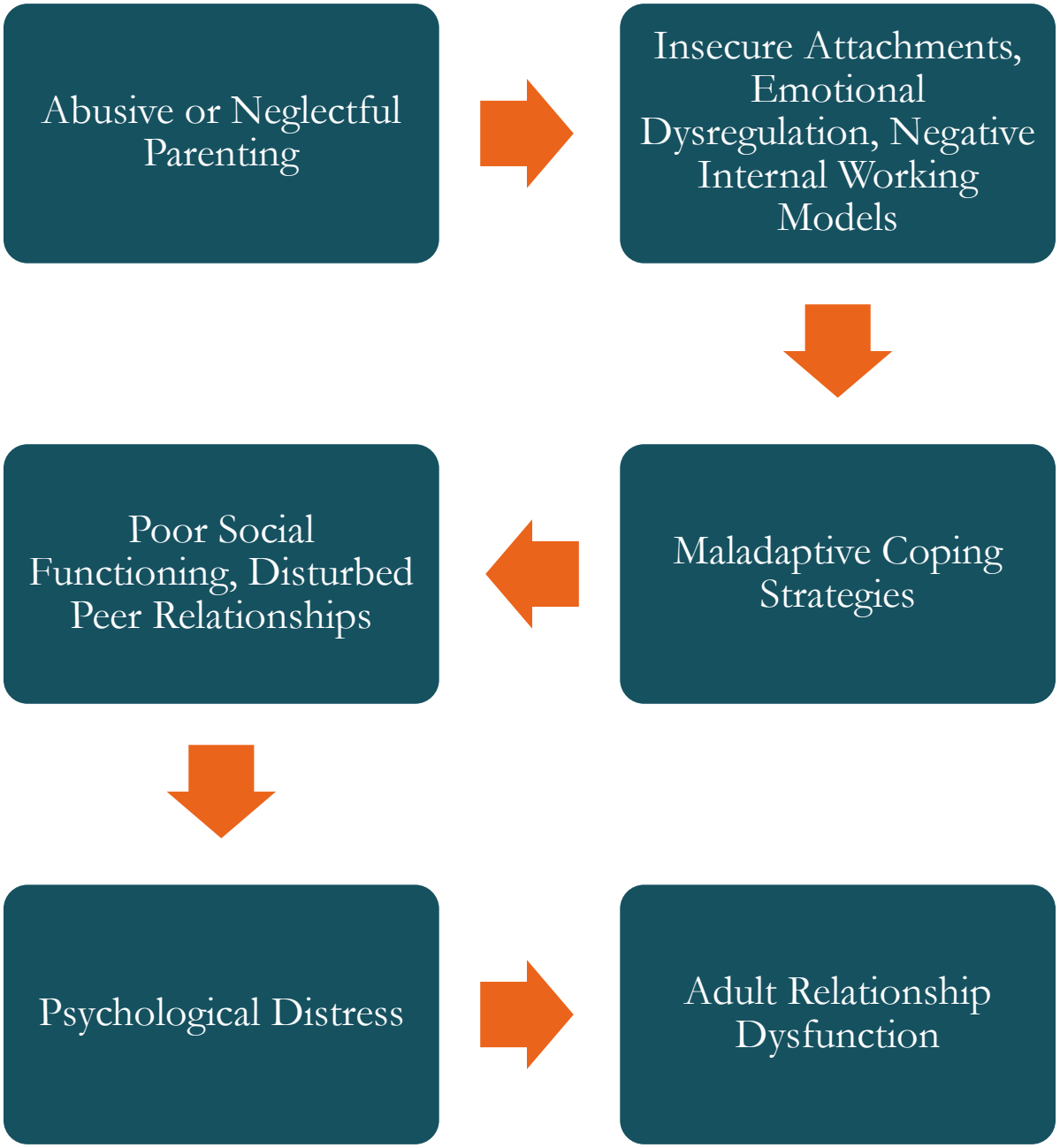
- Child maltreatment can be considered as a **chronic interpersonal trauma**, to which the child is exposed on a daily basis within the context of the caregiver-child relationship (Perry, 2008; van der Kolk, 2005).

- Children's capacity to adequately cope with stress depends largely on the nature of the stress and on the **attachment figure's capacity to diminish or counter the effects** linked to the stressor (Lyons-Ruth et al., 1999).

- The **developmental stage of the child at the onset of the abuse** and neglect will influence the type and severity of the consequences (Frederico, Jackson & Black 2005; Perry 1995).

- For many maltreated children, nurturing and supportive parental behavior was **inconsistent or unavailable**, resulting in children who **lack confidence to explore new environments and relationships** (Bretherton, 2000; Sorce & Emde, 1981).

Path of Maltreatment's Impact on Relationships throughout Life



Challenges Associated with Trauma

BIOLOGY

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span (e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)

BEHAVIORAL CONTROL

- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Pathological self-soothing behaviors
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behavior
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

ATTACHMENT

- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's
- emotional states
- Difficulty with perspective taking

SELF CONCEPT

- Lack of continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt

AFFECT REGULATION

- Difficulty w/ emotional self-regulation
- Difficulty labeling & expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes, needs

COGNITION

- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding responsibility
- Learning difficulties
- Problems with orientation in time and space

DISSOCIATION

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Two or more distinct states of consciousness
- Impaired memory for state-based events

Cook, et. Al., 2005

Common Concerns & Evidence-Based Interventions (1 of 2)

Diagnosis/Concern/Activity	Evidence-Based Interventions
Screening Activities	
Identification of Mental Health and Behavioral Health Issues	SCREENING TOOLS • Strengths and Difficulties Questionnaire (SDQ) • Pediatric Symptom Checklist (PSC) • Child Behavior Checklist (CBCL) • Child &Adolescent Needs & Strengths—Mental Health (CANS-MH)
Most Common Mental Health Diagnoses for Children in Foster Care	
Conduct Disorder/Oppositional Defiant Disorder	• Brief Strategic Family Therapy (BSFT) • Familias Unidas • Multisystemic Therapy (MST) • Multidimensional Treatment Foster Care (MTFC) • Parent-Child Interaction Therapy (PCIT) • Strengthening Families Program (SFP) • Early Risers – Skills for Success
Attention Deficit Hyperactivity Disorder	• Children's Summer Treatment Program • Parent–Child Interaction Therapy (PCIT) • Triple P
Major Depression	• Adolescents Coping with Depression • Cognitive Behavioral Therapy for Adolescent Depression • Alternative for Families-Cognitive Behavioral Therapy (AF-CBT) • Coping with Depression Program for Adolescents (CWD-A) • Etc.
Post-Traumatic Stress Disorder	• *See Next Slide*

Common Concerns & Evidence-Based Interventions (2 of 2)

Diagnosis/Concern/Activity	Evidence-Based Interventions
Trauma	
Actionable trauma symptoms → *Posttraumatic Stress Disorder*	• Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse • Prolonged Exposure Therapy • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress • AF-CBT: Alternatives for Families/Abuse Focused Cognitive Behavioral Therapy • TARGET-A: Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents • PCIT: Parent-Child Interaction Therapy • Child-Parent Psychotherapy (CPP)
Behavioral Concerns	
Internalizing/Externalizing Behaviors: Behavioral Problems and Relational Concerns	• Brief Strategic Family Therapy (BSFT) • Child Parent Psychotherapy (CPP) • Functional Family Therapy • Nurturing Parenting Programs (NPP) • Parenting Wisely • Promoting Alternative Thinking Strategies • Fostering Healthy Futures (FHF) – mentoring + skills training model • Triple P • Incredible Years

What does science tell us to do?

- Assess for trauma and continue to reassess because children disclose as they feel safe to do so.
- Use proven tools for assessment that are designed to identify trauma and its symptoms.
- Train providers to include these tools in assessing children.
- Use Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to identify what is medically necessary for children who have experienced complex trauma.
- Provide evidence based practices based upon the EPSDT screening to treat children and build strong relationships.

What does science tell us to do?

- Assess for cognitive impairment or cognitive delays.
- Provide services to remediate the impairment and/or delay particularly through Part C Services in Public Health, Early Head Start, Head Start, early special education services and special education.
- Look at children's behaviors as their language and search for what it tells us about them to guide us in meeting their needs rather than trying to medicate their bodies to make the behaviors go away.
- Keep children in stable placements at home, with relatives or with someone capable of **nurturing** them.

What does science tell us to do?

- Use protective orders to make family preservation cases more effective because removal of the child is traumatic. (See Douglas County Protocol)
- When removal is necessary, find a known caretaker who is willing to meet the child's needs and take permanent custody if necessary.
- When foster care is utilized, place children three and under in a foster to adopt home to avoid a move if reunification does not occur.

What does science tell us to do?

- Place children in close proximity to parents, siblings, school, daycare, doctor, dentist, counselor, church, sports, and friends do that they go to the same places and see the same faces.
- Assure frequent and meaningful visitation with **everyone** the child loves. Ask the child who he or she loves to build a circle of care. Use these individuals as resources to support reunification and the concurrent placement.

What does science tell us to do?

- Have the concurrent plan with a named person and an approved home by the 75 day review.
- Keep placements stable. Provide support for placements. Provide respite. Return calls. Assign one foster case worker to a foster family to increase contact and build relationships.
- Limit foster placements to a sibling group or one or two children to allow foster parents to meet the needs of all children in their home. Six is too many and guarantees failure and burn out.

What does science tell us to do?

- Use technology to allow caseworkers to have monthly contacts with children placed outside of their region. Caseworkers often use a full day of employment to travel across the State to make one contact per month with a child.
- Use only quality care certified child care.
- Avoid congregate care for children and teens.

What does science tell us to do?

- Choose services for children that are evidence based and offer fidelity to model.
- Monitor services for quality.
- Do not utilize services where the face changes and children have to continue to build trust.
- Engage children in extracurricular activities. How they use their bodies wires their brain and determines their capacity and organization of the brain.

What does science tell us to do?

- Provide support and coping skills for children exhibiting negative behaviors. Use positive reinforcement of appropriate behaviors and counseling for trauma to decrease negative behavior. Drugs and sanctions will not change negative behavior.
- Help children learn to identify their emotions and the emotions of others. They often misinterpret emotions of others and have difficulty expressing their emotions.

What does science tell us to do?

- Provide children with good nutrition, adequate sleep, and adequate body movement to wire the brain for both physical and mental health.
- Provide consistency, structure and predictability to help a child build internal structure and self control.
- Set clear expectations and monitor to achieve the expectations set.

What does science tell us to do?

- Do not permit shaming and humiliating of children as this increases their stress and trauma.
- Make certain children's wants and needs are heard in court through both the attorney and guardian ad litem. Do not use those who are not skilled with children.
- Provide strong, appropriate adult role models in the lives of children for modeling values, coping skills and behaviors.

What does science tell us to do?

- Use diligent search wisely. Know when to keep searching and when to ask for closure.
- Provide 24/7 safe, stable, nurturing environments for children as you would your own child. If it is not good enough for your child, it is not good enough for Georgia's foster children.

What are we doing in Georgia to apply the science to our work?

- Judges have continuing educational opportunities through CJCJ, Supreme Court's Justice for Children, and NCJFCJ (CANI, Advanced CANI and conferences).
- Judges convene and train stakeholders to assure that science is applied to our work.
- Judges work through collaborative efforts including Family Connections and Child Advocacy Centers to identify gaps in services and resources.
- Judges hold all accountable for implementation and quality work much more so under the new code.

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