What is Child Trauma & What Can We Do About It?

Jonny Matthew – Social Care Director TRM Academy

THANKS for having me!

This is me…

Freelancer / a Director of TRM Academy
HSB, CSE, CSA, adoption/fostering, writing, training
Trauma-informed practice - training, consultancy, policy

Tier 4 FACTS Team
Harmful Sexual Behaviour & Social Care Adviser to Wales National F-CAMHS
Former Practice Change Lead for Youth Justice in Wales

Parent
Gruff & Annie; adoption (LDs, FAS, neglect, attachment)

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Game plan…

- Background

- What is trauma?

- Impact of trauma

- What to do about it

- Next steps

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Which child is this?

- Post-natal depression
- Neglected
- Poor nutrition
- Health needs not met
- Lack of stimulus
- Late language development

Abused child?

Which child is this?

- Well known to Youth Justice services

- Numerous convictions
  - Burglary
  - Violent assault
  - Property crime

- Sexually assaulted 8 women & girls
  - 3 year custodial sentence

Offender / perpetrator?

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Which child is this?

Witness to severe DV
Maternal suicide attempts
Heard children being abused
Physically assaulted by adults
Made to commit sex acts

Traumatised child?

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3 in 1...

They are the [same](#) child...

Abuse

Trauma

Offending

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Background

Building Community Resilience
– Johnny Connolly's study (2019)

Stakeholders' Consultation
into Trauma-Informed Practice
(2021)

What is Trauma?

Trauma Reminder

'Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope…'
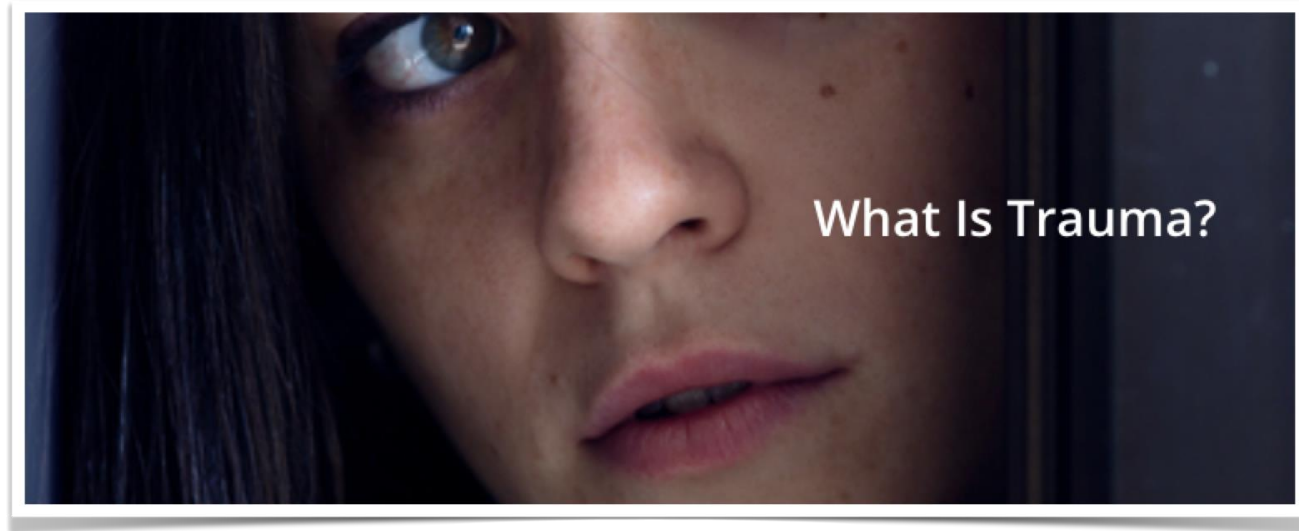
What Is Trauma?

- Distressing – what happened
- Overwhelms – how it felt
- Response – what's left behind

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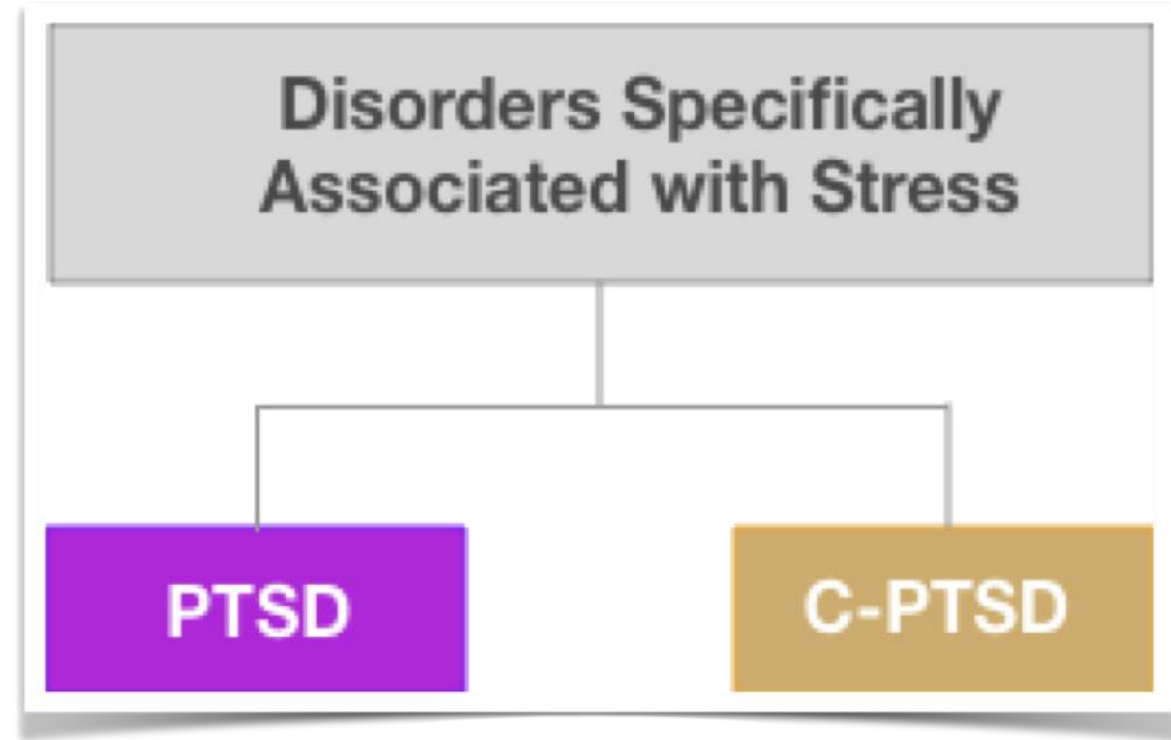
Trauma Reminder

Trauma Reminder

- **P**ost
- **T**raumatic
- **S**tress
- **D**isorder

- Re-experiencing trauma in the here & now

- Avoidance of traumatic reminders

- Persistent sense of current threat:
    - Hypervigilance
    - Exaggerated startle response

PTSD

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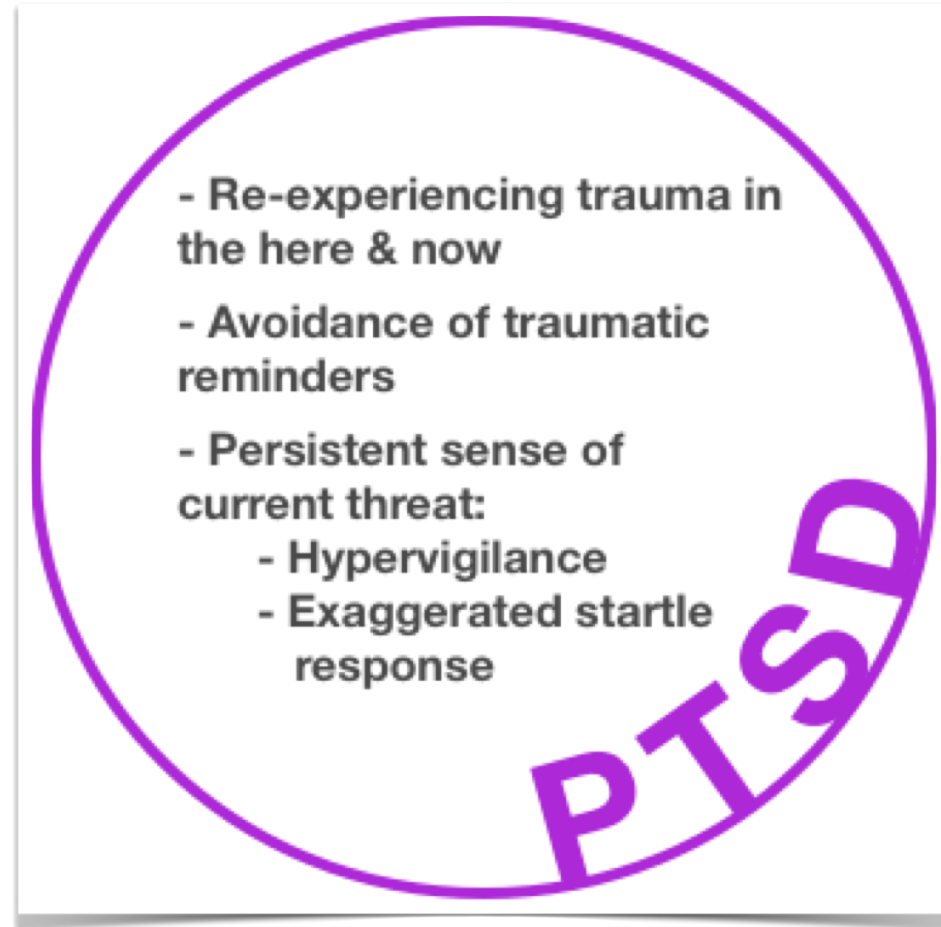
Trauma Reminder

- **C**omplex
- **P**ost
- **T**raumatic
- **S**tress
- **D**isorder

- Affective Dysregulation

- Negative Self-Concept

- Disturbances in Relationships

CPTSD

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Trauma Reminder

- We are more likely to be dealing with the more chronic condition of C-PTSD

    - i.e. BOTH sets of symptoms

- Re-experiencing trauma in the here & now
- Avoidance of traumatic reminders
- Persistent sense of current threat:
    - Hypervigilance
    - Exaggerated startle response

PTSD

- Affective dysregulation
- Negative self-concept
- Disturbances in relationships

CPTSD

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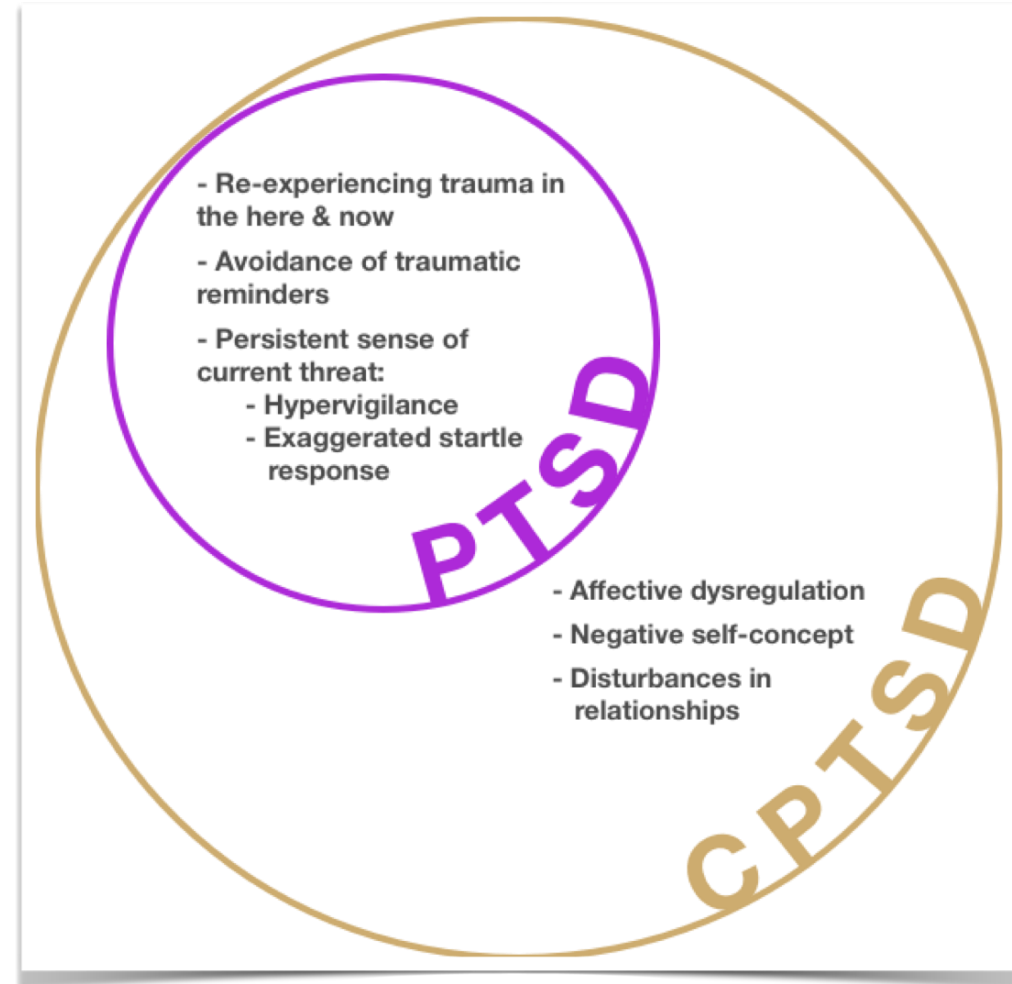
Some selective data

- 63% had 4 or more ACEs

- 75% had lost a parent

- 66% suffered emot. abuse

- 40% family member in prison

- <40% suffered physical abuse

Garda pilots to target 'trauma' of young offenders

Irish Examiner

N = 125 kids who took part in Garda Youth Diversion Programmes – Nov.'20

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Impact of Trauma?

What's left behind!

Childhood trauma:
an event or series of
events during which
a child feels
overwhelmed,
helpless and unable
to cope…

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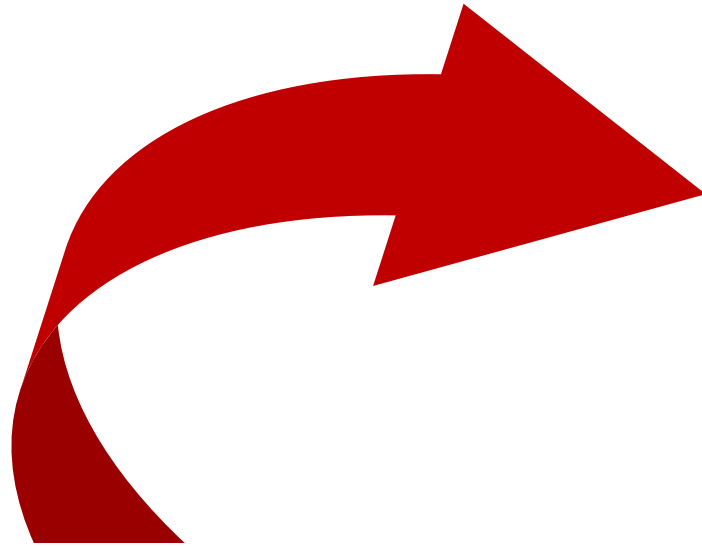
What's left behind!

- **Distressing** – what happened
- **Overwhelms** – how it felt
- **Response** – what's left behind

TRAUMA!

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What does this leave behind?

Systemic Impact!

…the child's <u>entire growth & development</u> takes place in a context of fear, powerlessness & overwhelm…

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Systemic Impact?

Neurologic system
Brain structure & function

Endocrine system
Hormones & alert activation
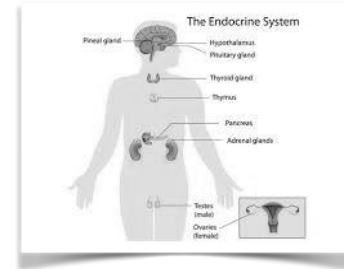
Immune system
Defence against disease

the
deepest well

HEALING the
LONG-TERM EFFECTS
of CHILDHOOD
ADVERSITY

NADINE BURKE HARRIS, M.D.

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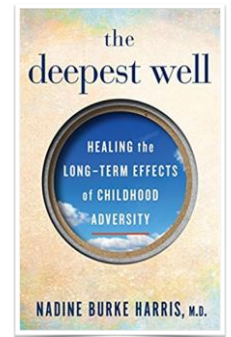
What does this look like?

Radar

Raging emotions

Recycled trauma

Refusal & resistance

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A word about…

ADHD
Trauma exacerbates…
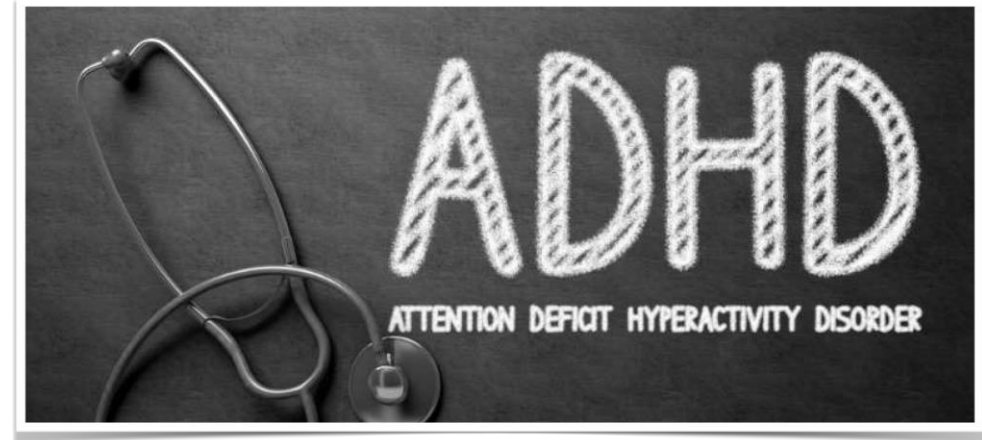
ATTACHMENT
Trauma jeopardises…

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What to do About Trauma?

Trauma-Responsiveness

Using Trauma Theory to Design Services & Systems

Fallot & Harries, 2001
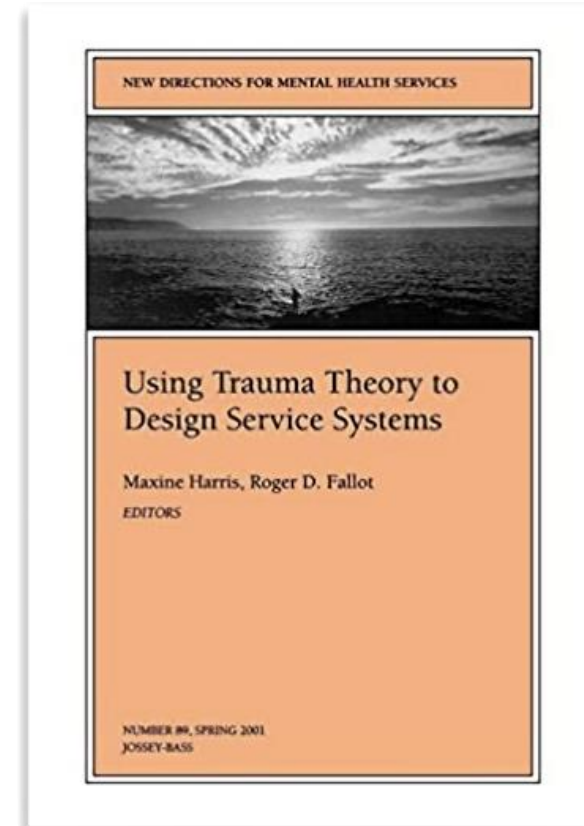
Trauma-Informed PRINCIPLES

1. Understanding <u>trauma</u>

'How clinicians choose to understand trauma will determine to a large measure how they envision the overall treatment of trauma survivors.' p10

YOUR perspective on what trauma IS, matters!

NEW DIRECTIONS FOR MENTAL HEALTH SERVICES

Using Trauma Theory to Design Service Systems

Maxine Harris, Roger D. Fallot
EDITORS

NUMBER 89, SPRING 2001
JOSSEY-BASS

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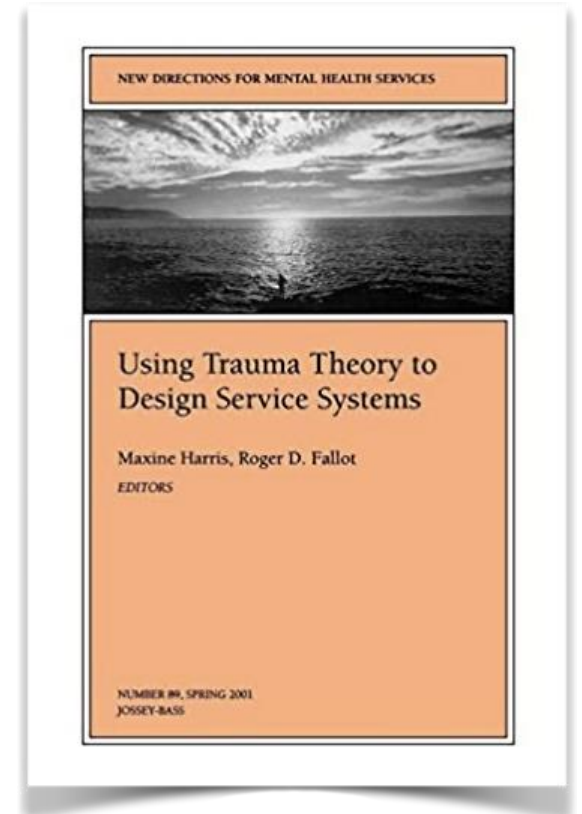
Trauma-Informed Principles

2. Understanding <u>service users</u>

'In a trauma-informed approach, the emphasis is on understanding <u>the whole individual</u> and appreciating <u>the context</u> in which that person is living her life.' p13

See the whole PERSON not the PROBLEM

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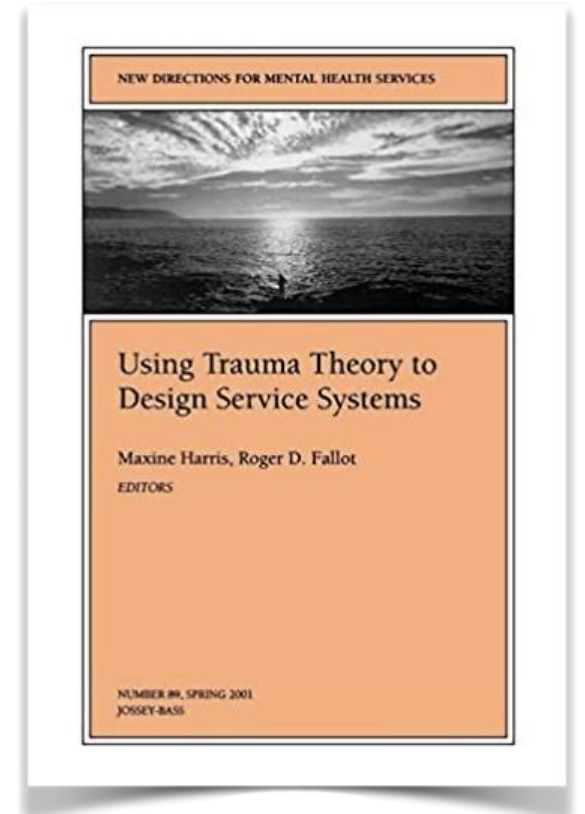
Trauma-Informed Principles

3. Trauma-informed approach

'The goal of a trauma-informed service system is to _return a sense of control and autonomy_ to the [service user]...holds to the belief that if a [person] learns to understand and ultimately _control their responses, then they will need less_, if any, help from service providers.' p16

Returning agency to SUs heightens success & reduces costs

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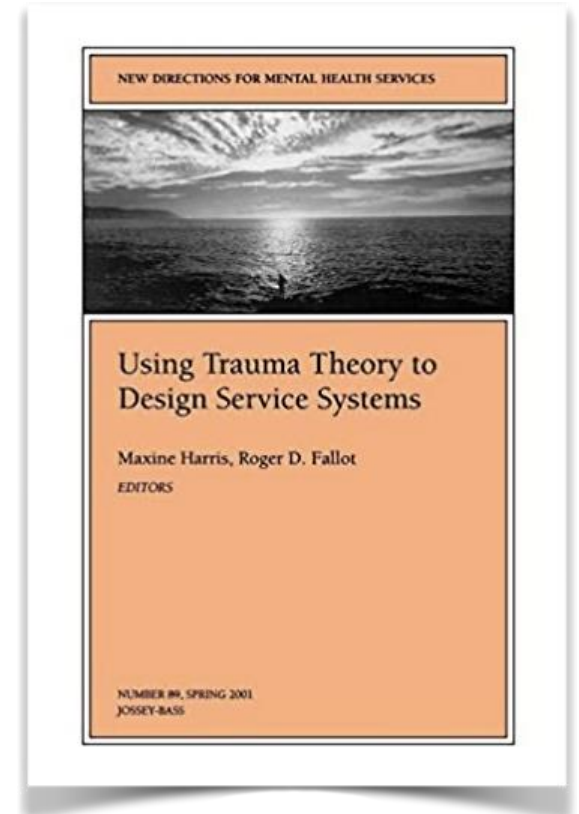
Trauma-Informed Principles

4. Understanding relationship

'The core of the service relationship in a trauma-informed system is open and genuine collaboration between provider and [service user] at all phases of the service delivery' p19

Engage WITH ch/families & COLLABORATE

NEW DIRECTIONS FOR MENTAL HEALTH SERVICES

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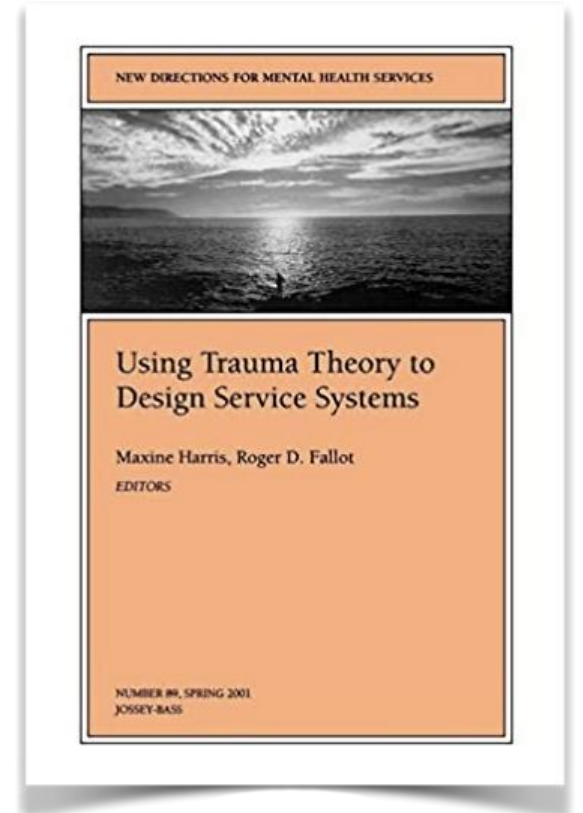
Trauma-Informed VALUES

ONE SMALL THING

Becoming Trauma Informed

Tool Kit
for
Women's Community Service Providers

Dr Stephanie Covington

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Trauma-Informed Values

Services are developed & delivered to maximise children's empowerment, recognising strengths & protective factors, & building skills that will enable a successful rehabilitation

Empowerment

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Assessment & Intervention Planning

- See passed the symptoms

- Define the underlying causes/drivers

- Target interventions here

- Make relationship the core

- Hold & promote safety till development catches up!

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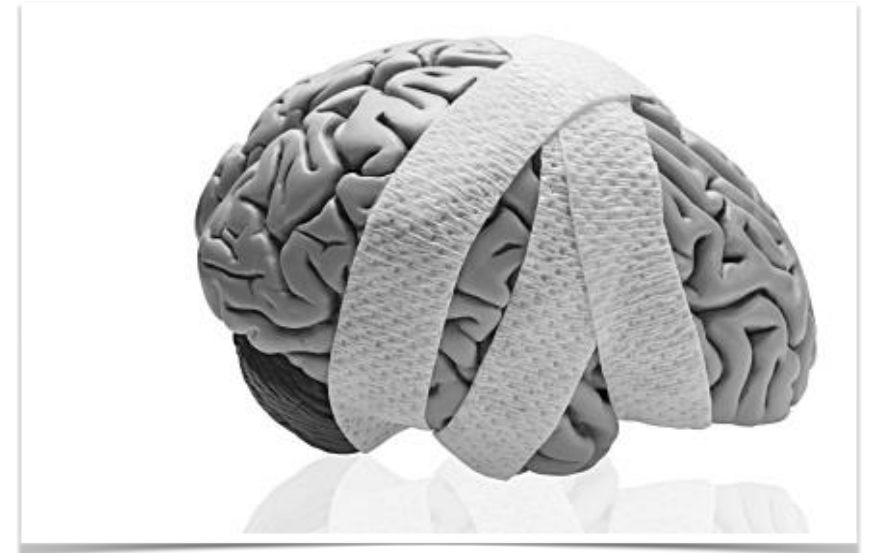
Model to Inform the Process

Agencies need a roadmap:

- Common **understanding** of the child
- Common **language**
- Common **assessment** framework
- Common **intervention** planning guide

TRM (Trauma Recovery Model)...

"Trauma Recovery Model: Sequencing Youth Justice Interventions For Young People With Complex Needs."

Dr Tricia Skuse & Jonny Matthew

Prison Service Journal, 2015, Issue 220, p.16

TRM: Theory integration…

TRM: is a composite model of theory and practice that draws on…

- Maslow's Hierarchy of Needs
- Cognitive theory of child/adolescent development
- Attachment theory & impact of trauma on devmt.
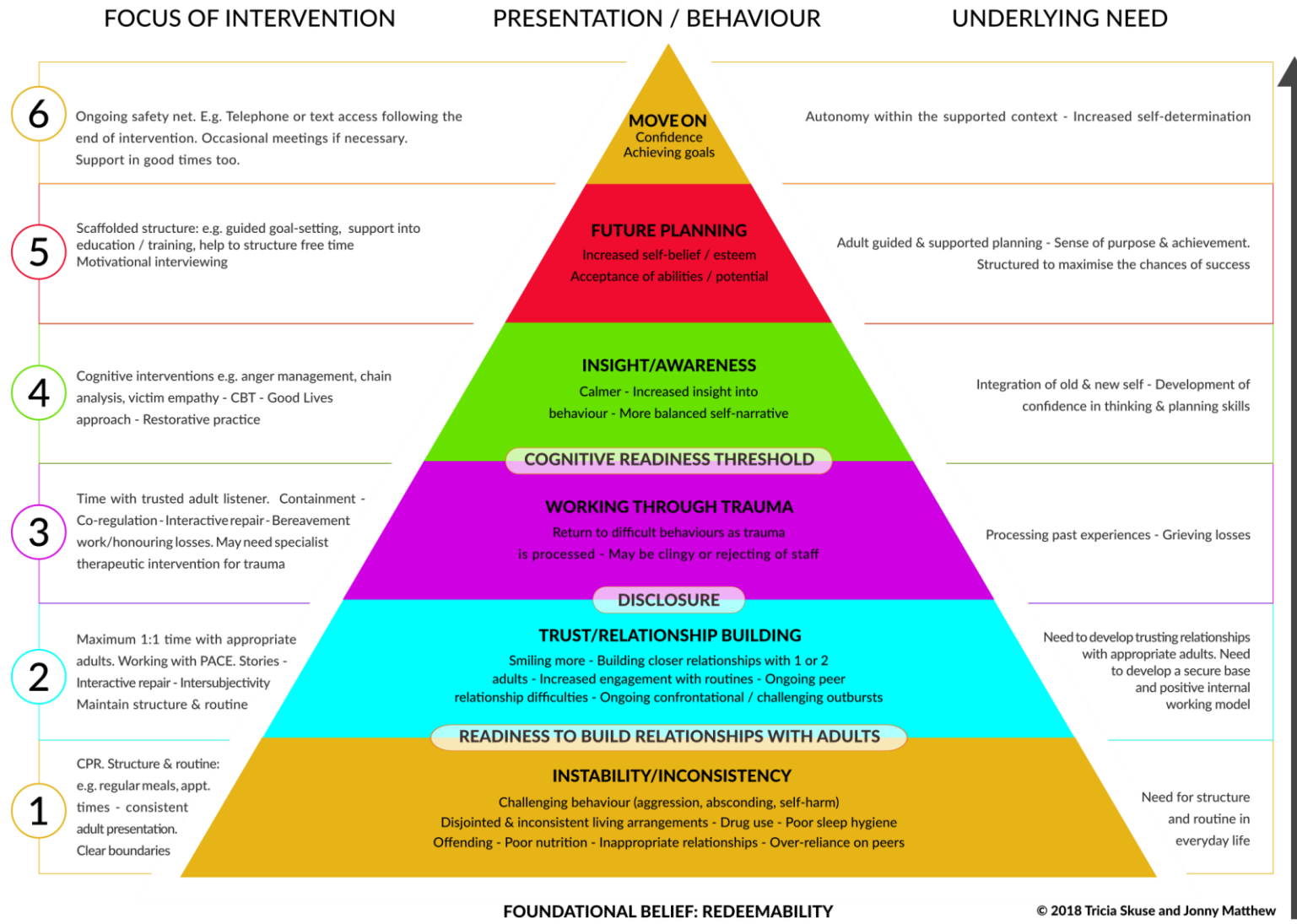- Current understanding of neuro-development
- Criminology: desistance theory, Good Lives Model, change theories

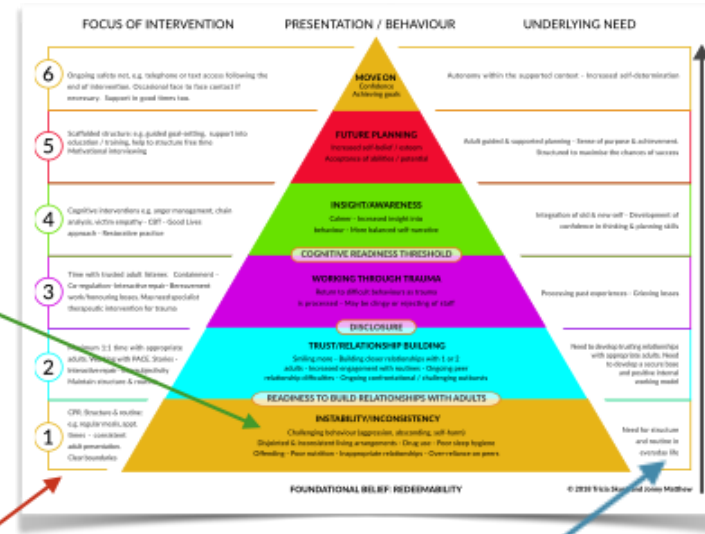…as they apply to adolescents with complex histories of trauma and maltreatment

FOCUS OF INTERVENTION   PRESENTATION / BEHAVIOUR   UNDERLYING NEED

6 Ongoing safety net. E.g. Telephone or text access following the end of intervention. Occasional meetings if necessary. Support in good times too.

MOVE ON
Confidence
Achieving goals

Autonomy within the supported context - Increased self-determination

5 Scaffolded structure: e.g. guided goal-setting, support into education / training, help to structure free time Motivational interviewing

FUTURE PLANNING
Increased self-belief / esteem
Acceptance of abilities / potential

Adult guided & supported planning - Sense of purpose & achievement. Structured to maximise the chances of success

4 Cognitive interventions e.g. anger management, chain analysis, victim empathy - CBT - Good Lives approach - Restorative practice

INSIGHT/AWARENESS
Calmer - Increased insight into behaviour - More balanced self-narrative

Integration of old & new self - Development of confidence in thinking & planning skills

COGNITIVE READINESS THRESHOLD

3 Time with trusted adult listener. Containment - Co-regulation - Interactive repair - Bereavement work/honouring losses. May need specialist therapeutic intervention for trauma

WORKING THROUGH TRAUMA
Return to difficult behaviours as trauma is processed - May be clingy or rejecting of staff

Processing past experiences - Grieving losses

DISCLOSURE

2 Maximum 1:1 time with appropriate adults. Working with PACE. Stories - Interactive repair - Intersubjectivity Maintain structure & routine

TRUST/RELATIONSHIP BUILDING
Smiling more - Building closer relationships with 1 or 2 adults - Increased engagement with routines - Ongoing peer relationship difficulties - Ongoing confrontational / challenging outbursts

Need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model

READINESS TO BUILD RELATIONSHIPS WITH ADULTS

1 CPR. Structure & routine: e.g. regular meals, appt. times - consistent adult presentation. Clear boundaries

INSTABILITY/INCONSISTENCY
Challenging behaviour (aggression, absconding, self-harm)
Disjointed & inconsistent living arrangements - Drug use - Poor sleep hygiene
Offending - Poor nutrition - Inappropriate relationships - Over-reliance on peers

Need for structure and routine in everyday life

FOUNDATIONAL BELIEF: REDEEMABILITY

© 2018 Tricia Skuse and Jonny Matthew

The Trauma Recovery Model...

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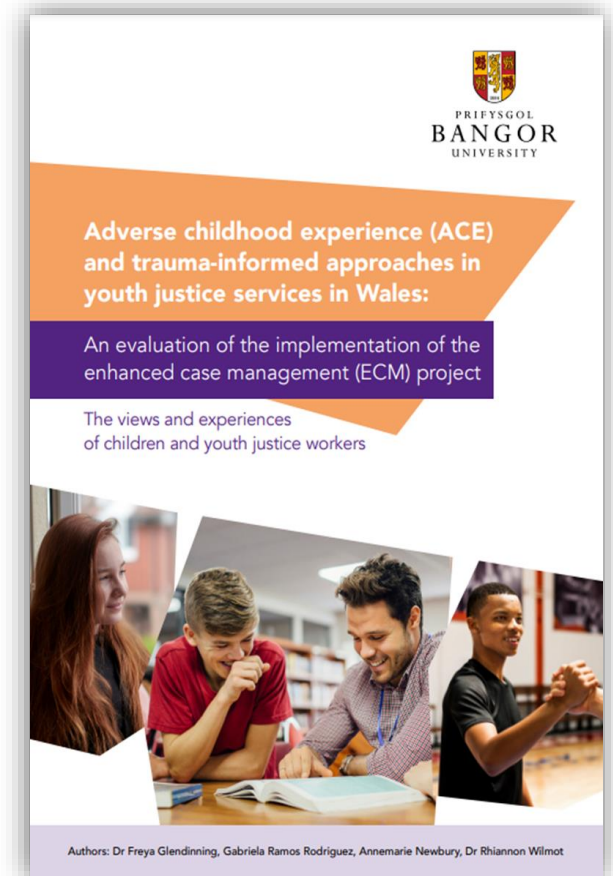
The Trauma Recovery Model

2 x Independent Evaluation

For children:

- Positive relationships key workers and other professionals

- Confidence to reach out to services using their own volition

- Improved emotional-regulation, greater self-worth, a positive future orientation and progression in positive outcomes

For professionals

- A more comprehensive understanding of the child

- Effective collaboration across agencies

- Delivery of meaningful and appropriate interventions

- Provision of services that can be hard to secure

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Adverse childhood experience (ACE) and trauma-informed approaches in youth justice services in Wales:

An evaluation of the implementation of the enhanced case management (ECM) project

The views and experiences of children and youth justice workers

Authors: Dr Freya Glendinning, Gabriela Ramos Rodriguez, Annemarie Newbury, Dr Rhiannon Wilmot

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"It [the YOT] just wasn't really what I expected it to be, especially when I came here where they gave me a choice of what I wanted. Yeah, and they adjust the way they work to fit around you, and try and make you feel as comfortable as possible with it, as well. It is based on the person. Like, it is based on the youth, more. It is like, they do actually try and help. Well, with the people that I've worked with, I believe that's true."

"I just enjoyed working with her [ECM Case manager] I don't know, I think at the beginning when I first worked with her I was a bit stressed and I don't think I got along with her for I think the first week. ... And then she had a dog and I had a dog and then we just started talking about that. And then we started talking about animals so then we just got close from then. ... Yeah, we both like similar things like we both love animals."

"They just supported me and whatever I said, they'd never go without it, they'd change it just for the best for me."

"I reckon life's going better than what it used to, by a mile, it's going much better. I'm seeing less people [professionals supporting the child] and I just feel in general like. ... When I started YOT and doing the programme thing I was seeing about three or four people a week and I just didn't like it, it was too many people that were taking time out of my days and it just aggravated me and then when I had less people I felt better."
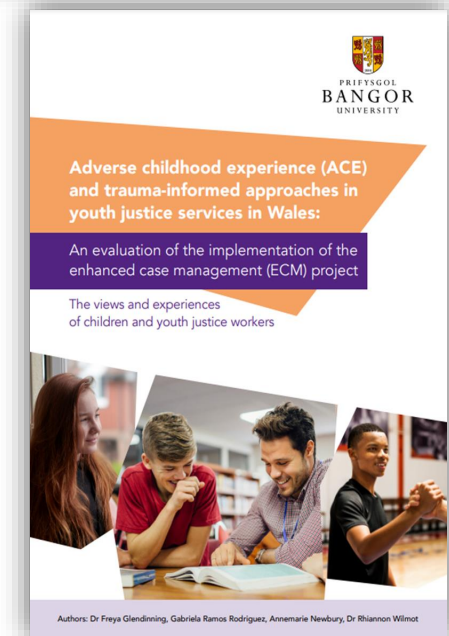
"There was a time when I was working with so many different people and it was just too much like. I was like look, I just can't do it, it's either me gonna' not turn up to my appointment because I genuinely can't do it, like I don't like going, or you just sort something out so I don't get into trouble and to be fair she [ECM case worker] did."

"I'm doing welding. I'm trying to do welding. There's a job that I want to get. ... Going underwater and like, welding together ... the first time I welded, the man goes, 'is that the actual first time you've ever welded?' I said, 'yeah', because I thought he was going to say, 'oh, I can tell'. And, he was like, I've never seen anyone do that, for the first time. Let me show you what it's meant to look like when you first do it'. And, he was like, 'look how perfectly you've run that', and I was like, 'mad'."

"They've taught me a lot – well since I've been going to YOT, I started calming down a bit because it's like, I don't know, I can go in there and do my bricklaying and all that, get my qualifications ready for college."

"Hopefully when I go back to college, get higher marks and go into construction ... it's achievable if I try, yeah, hundred percent."

"They'd [ECM workers] always have something good to say, there's never a bad thing that they'd say, they're just general nice people aren't they ... the first time I met [ECM case manager] I just - I felt like I didn't want to go and as I say we both got on and I went and done it and it turned out better than I actually thought. ... It was just like, it was all laughing, smiling and it was just - I just felt it was nice to be here like."

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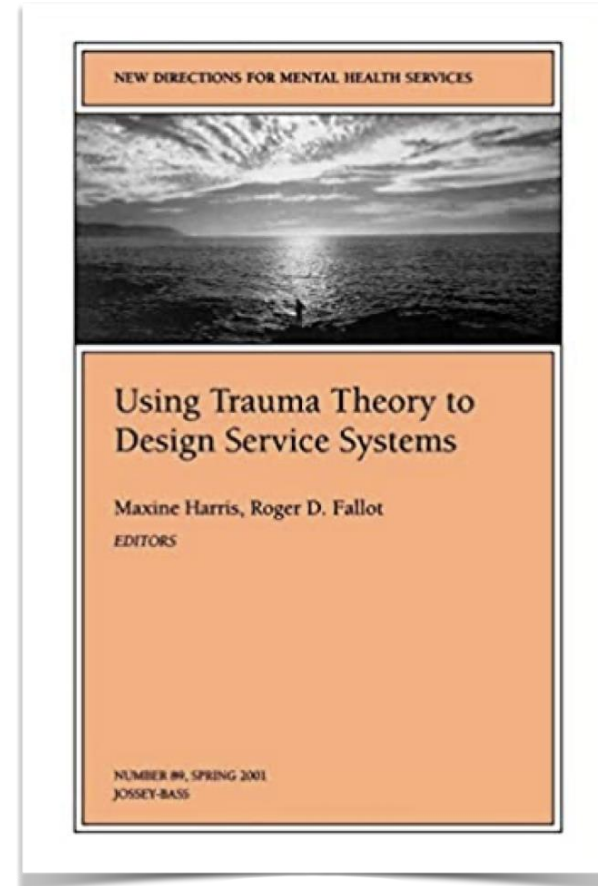
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Next Steps…

Back to Basics…

- See passed the symptoms

- Define the underlying causes/drivers

- Target interventions here

- Make relationship the core

- Hold & promote safety till development catches up!

Ask 'What Are Our Principles?'

- Understanding trauma

- Understanding service users

- Trauma-informed approach

- Prioritising relationship
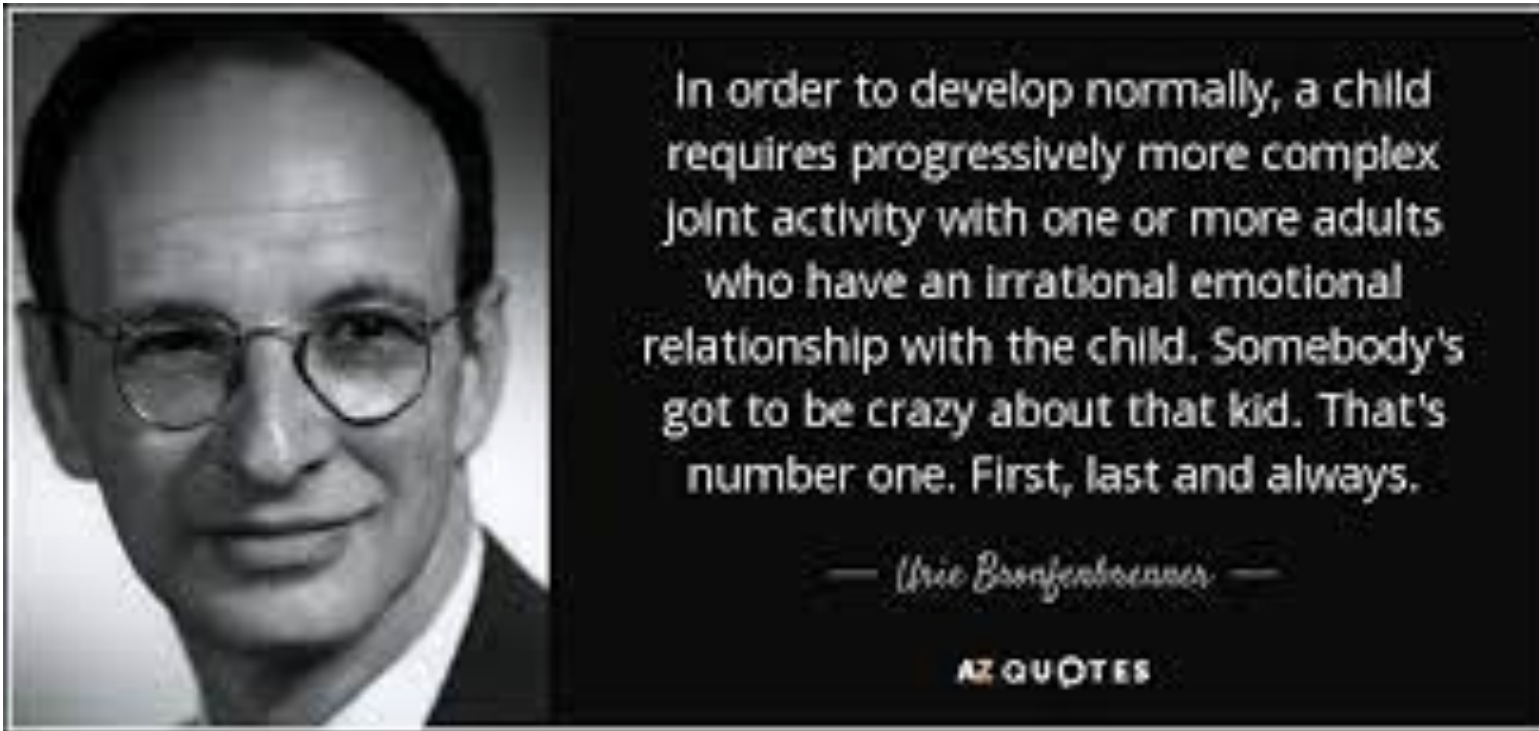
Ask 'What Are Our Values?'

Adopt a Model

- Essential starting point
- Effects everything else
- Shared <u>across agencies</u> is best
- Evaluate & revise practice
- Keep kids' voices central

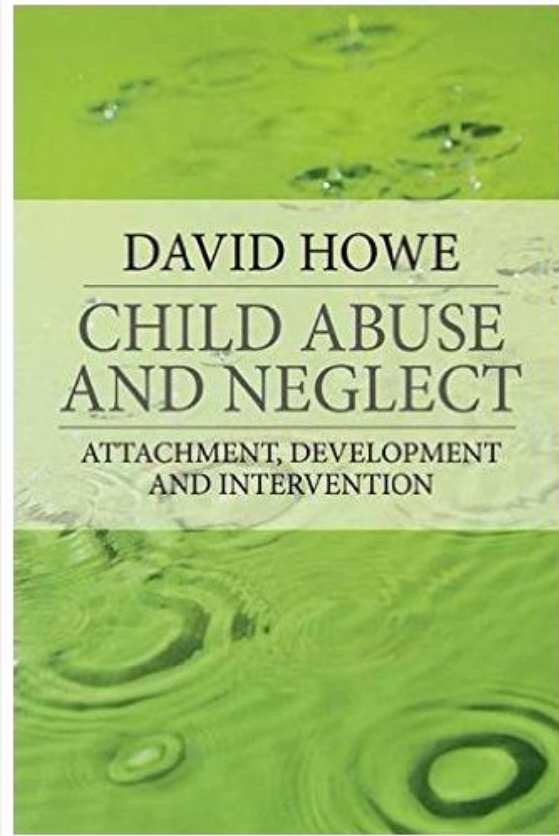# To Finish…

Urie Bronfenbrenner

In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always.

— Urie Bronfenbrenner —

AZ QUOTES

Ecological Systems Theory

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David Howe

DAVID HOWE

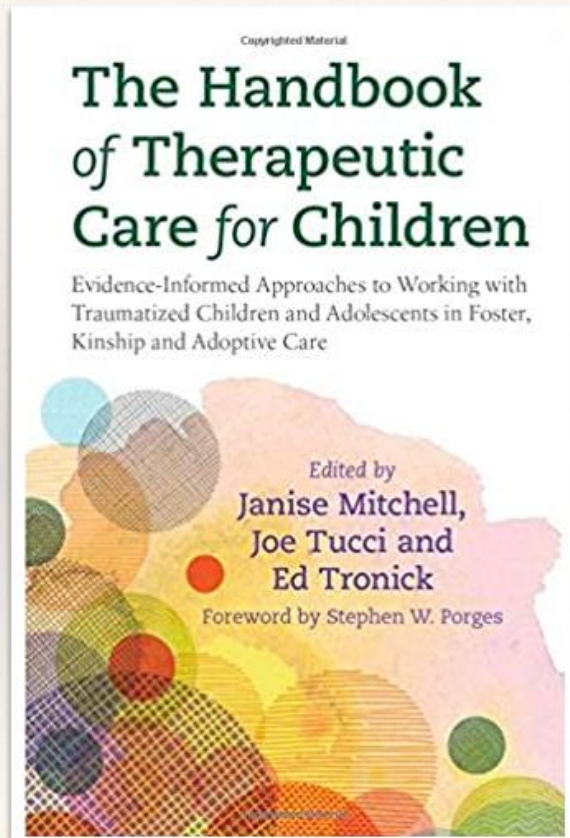CHILD ABUSE AND NEGLECT

ATTACHMENT, DEVELOPMENT AND INTERVENTION

'If relationships are where things developmental can go wrong, then relationships are where they are most likely to be put right.'

(Howe 2005:278)

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Mitchell, Tucci & Tronick

The Handbook of Therapeutic Care for Children

Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care

Edited by
Janise Mitchell,
Joe Tucci and
Ed Tronick

Foreword by Stephen W. Porges

'For those engaged in the practice of supporting others to recover from the effects of interpersonal violence and abuse, it is a simple truth that relationships have an inherent power to heal trauma.'

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Interpersonal problems…

Interpersonal problems (like poor attachment & traumatic experiences) require **interpersonal solutions…**

'The single most common factor for children who develop resilience is "**at least one stable and committed relationship** with a supportive parent, caregiver, or other adult"'

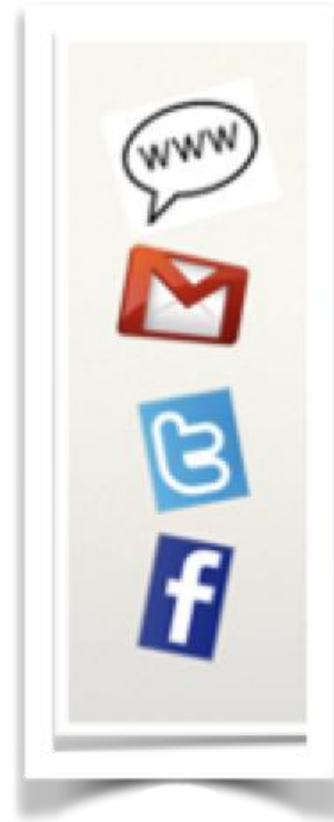(Harvard University - Centre on the Developing Child)

Ask…

…not, 'how do we **CORRECT** this child?'

but

'how do we **CONNECT** with this child?'

Thanks for having me!

www.TRMAcademy.com

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JonnyMatthewCom