NW Children’s Fund presents

**Childhood Trauma and Toxic Stress**

**Effective Brain-Based Strategies to Build Resiliency**

**Featuring:**

Linda Chamberlain, PhD, MPH
Keynote Speaker

**and panelists from:**

**Encompass**
Parenting education and pediatric therapy

**Sound Mental Health**
Family therapy and mental health services for victims of abuse

**Wellspring Family Services**
Social and mental health services to strengthen families

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**BENEFACTORS:** **The Boeing Company & Isola Homes**

**LEADER:** **Foundation for Healthy Generations**

**PATRON:** **Thrive Washington**
Welcome
Victoria Peattie Helm
Executive Director, NW Children’s Fund

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LEADER: Foundation for Healthy Generations
PATRON: Thrive Washington
Who’s here?

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Linda Chamberlain, PhD, MPH
Keynote Speaker

Founding Director
Alaska Family Violence Prevention Project
Childhood Trauma and Stress: Effective Brain-Based Strategies to Promote Resilience and Healing

Linda Chamberlain PhD MPH
www.drlindachamberlain.com
Twitter: prevent_trauma
What We’re Talking About

- Bigger Picture of Resilience
- Brain Basics and Stress
- Brain-Based Strategies for Healing and Self-regulation
- National Review of Interventions
- Two-generation approach & trauma-informed parenting
ABILITY TO THRIVE, ADAPT AND COPE DESPITE TOUGH TIMES

RESILIENCE

• Doesn’t happen in a vacuum…happens in context of adaptive systems

• Resilience-promoting skills
Resilience and Stress

- Biologically, resilience is ability to modulate and harness the stress response
- A resilient individual is not someone who avoids stress but someone who learns how to manage it

Our brains have the capacity to change, rewire and heal across the lifespan

Southwick & Charney, 2012
Building Blocks of the Brain: From the Bottom-Up

Executive Function
Impulse Control
Planning, Organizing
Problem solving
Attachment
Emotional Reactivity
Sleep
Digestion
Blood Pressure
Heart Rate
Respiration
Body Temperature

Cortex
Limbic
Midbrain
Brainstem

NEUROPLASTICITY

BRAIN BUILDERS VIDEO
Albertafamilywellness.org
The Amazing Adolescent Brain

**POTENTIAL CHALLENGES**

- Rigid thinking—can’t see all the options → “cross-talk wiring”
- Limbic region maturing before cortex → “tug-of-war”
  - Increased intensity of emotions
  - Weigh risk differently

**WINDOWS OF OPPORTUNITIES**

- Major remodeling of most advanced areas of brain with greatest plasticity
- Natural drive for innovation & adventure
- Creativity
- Peak memory capacity
What is Trauma?

- Any experience that is overwhelming and/or threatening
- Trauma is personal
  - Influenced by our lived experience, relationships & community
  - Relationships can prevent or minimize the possible impact of potentially traumatic experiences
- In the absence of supportive relationships and community, trauma can affect us over our lifespan and pass on to the next generation

Connections Matter
Developing brain • relationships • community

To Do List: Go to connectionsmatter.org to learn more about trauma
<table>
<thead>
<tr>
<th>Positive Stress</th>
<th>Tolerable Stress</th>
<th>Toxic Stress</th>
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<tbody>
<tr>
<td>• Normal and essential part of healthy development</td>
<td>• Body’s alert systems activated to a greater degree</td>
<td>• Can occur with strong, frequent or multiple adversities</td>
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<tr>
<td>• Brief increases in heart rate and blood pressure</td>
<td>• Activation is time-limited and buffered by caring adult relationships</td>
<td>• Disrupts brain architecture and other organ systems</td>
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<tr>
<td>• Mild elevations in hormonal levels</td>
<td>• Brain and organs recover</td>
<td>• Increased risk of stress-related disease and cognitive impairment</td>
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<tr>
<td>• Example: tough test, new day care</td>
<td>• Example: death of a loved one, illness, natural disaster</td>
<td>• Example: abuse, neglect, caregiver substance abuse</td>
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Intense, multiple stressors, prolonged, repeated, unaddressed

Caring supportive relationships, Resilience-building skills, Early Detection, Effective Intervention
Pathway of Fear and Stress in the Brain

**Amygdala**
Brain’s rapid response system to fear that sends the body into high alert.

**Hypothalamus**
Controls the autonomic nervous system and signals the release of stress hormones.

**Hippocampus**
Evaluate threats by putting them into context of previous experiences.

**Frontal Cortex**
Reins in the amygdala and calms the body if the threat is determined to be insignificant.
Essential Life Skill: Self-Regulation

- Ability to deal in appropriate ways with one’s feelings and regulate thoughts
- Anterior cingulate, located in back & mid-part of frontal lobes, associated with self-regulation → need to be in cortex

Trauma interferes with development of self-regulatory skills
When Stress Goes Toxic: Hijacked Amygdala
Traumatic memory is fragmented, doesn’t sit in rationale part of brain, written in body

Need to address visceral effects of trauma (movement, rhythm, touch, sounds)

Interventions that stimulate primitive areas of brain to release tension patterns that get stuck in body and teach self-regulation skills are essential to recovery
Children need simple strategies to calm their amygdala

Deep breathing helps children to focus and calm down

https://www.youtube.com/watch?v=bXzKVpiSzH8
Paradigm Shift

It’s about giving children choices and skills to respond to themselves vs. adult jumping in and taking control

KEY STEPS

1. Tune-in
2. Validate child’s emotions
3. Help child find way to shift
What’s in Luke’s Toolbox?

- Looks at his bracelet (always there)
- Take 3–4 deep breaths
- Gives himself a hug
- And if that does help he can go to calm corner
- “Sensation box”
- Seek help from an adult

(Teaching Children to Calm Themselves by David Bornstein, New York Times, Opinion Pages, March 19, 2014; these strategies are being shown to be effective across race, class, geography)
Getting to the “Upstairs” Brain and Remodeling Stress Circuitry

- Mind-body skills can increase neurogenesis while stress inhibits it
  - Gateway to neuroplasticity = ability of brain to change & rewire
“Neuroscience suggests that mediating the impact of adverse childhood experiences involves not only the education and emotional and practice support but also the introduction and application of neurological repair methods such as mindfulness training.”

Bryck et al, 2012
Brain-Based Strategies

“The well documented lack of affect modulation in many traumatized individuals requires that we explore techniques to help people manage their ongoing physiological arousal in response to traumatic reminders and ongoing life stressors.”

Focuses on 13 promising practices that have been used in military context, can be integrated into existing resiliency strategies and can be taught by line leaders, peers & support agencies.
Mindfulness Practices and Children

- Reductions in attention problems & anxiety (Lee et al, 2008; Semple et al, 2010)

- Changes in brain activity (↓theta/beta ratios–EEG) and improved ADHD symptoms (Travis et al, 2011)

- Reduced anxiety, enhanced social skills and academic performance among adolescents with learning disabilities (Beauchemin et al, 2008)

- Decreased aggressive behavior and bullying among students diagnosed with conduct disorder (Singh et al, 2007)
“Sitting meditation seems to be an effective intervention in the treatment of physiologic, psychosocial and behavioral conditions among youth [6 to 18 years old].”

Systematic evidence review by Black et al, Pediatrics 2009

Seated meditation refers to sitting in a comfortable position, closing your eyes and focusing on breathing or a specific word of choice.

MindUP Curriculum
PRE–k–2, 3–5, 6–8
www.thehawnfoundation.org

L2B: Learning to Breathe
Adolescents
www.Learning2Breathe.org
Trauma-Sensitive Yoga

- Rhythmic movement-based intervention with traumatized youth reduce symptoms (Macy et al, 2003; Tol et al, 2008)
  - Activates parasympathetic nervous system thereby enhancing capacity to feel safe & grounded (Brown & Gerbarg, 2009)
    - Significant ↓ in PTSD symptoms in postwar adolescents (Gordon et al, 2008)
- 15-minute Yoga sessions with traumatized youth in residential treatment improved self-regulatory skills (Spinazzola et al, 2011)
Yoga: Using Breath and Movement to Heal

BALLOON BREATHE

- place palms of hands together
- Inhale and press fingertips
- Exhale and press palms
- Repeat X3

http://greentreeyoga.org/trauma
National Review of Interventions for Children Exposed to Domestic Violence and Other Trauma

www.promising.futureswithoutviolence.org
Some of the Interventions in Review

- Trauma Affective Regulation (TARGET–A)
- Child–Adult Relationship Enhancement (CARE)
- Child Witness Project
- A Peace–Learned Solution (PALS)
- Caring Dads: Helping Fathers Value Their Children
- Christians as Family Advocates (CAFA)
- Connections and Breaking the Cycle (BTC)

Child–Parent Psychotherapy
Kid’s Club and Mom’s Empowerment
Trauma–Focused Cognitive Behavioral Therapy (TF–CBT)
Project Support

Child and Family Traumatic Stress Intervention (CFTSI)
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Parent–Child Interaction Therapy (PCIT)
Children’s Domestic Violence Response Team (CDVRT)
Structured Psychotherapy for Adolescents (SPARC)
Seeking Safety (Adolescents)
Key Findings

- Most rigorously evaluated and effective interventions work with mothers and children

- Wide range of community-based interventions including adaptations for non-clinical staff
  - Domestic violence shelters (TF-CBT)
  - School-based (CBITS)
  - Homeless shelters (CARE)

- Innovative practices such as therapeutic play and art-based interventions

- Programs designed specifically for teens

- Trauma-informed, collaborative programming between service agencies
Key Characteristics of Evidence-Based Practices for Children Exposed to Violence and other Trauma

- Caregiver involvement and support
  - Emphasis on trauma-informed parenting skills

- Anxiety and stress management strategies for child and parent

- Children’s social and emotional regulation skills
  - Identify and express emotions in safe ways
  - Construct trauma narrative/share story

Download PDF at www.promising.futureswithoutviolence.org
Helping Parents Helps Kids

- Approaches that address the needs of children without helping their parents usually leave either the child or parent behind.

- When we reach out and support children and their parents together, we see far greater results than the sum of their parts.

TO DO LIST:
Connect with a young parent and make a plan to do something special together (shopping, take a walk, lunch).

Two Generation Approach, The Aspen Institute
Universal Education with Parents

- Many parents may not recognize how early trauma can affect their parenting and children
- Increasing parents’ awareness about the effects of ACEs can help them to understand their own lives and make healthier choices to protect their own children from ACEs

PDF available online at: http://www.instituteforsafefamilies.org/materials/amazing-brain
5 Core Principles of Trauma-Informed Parenting

1. Meet parents where they are at in terms of their life experiences and build on their strengths

2. Help parents/caregivers understand how experiences they had as children can affect their well-being and how they parent

3. Help parents/caregivers to recognize that ACEs can affect children in many different ways

4. Coach parents on positive discipline and parenting strategies that promote resiliency

5. Offer tools to help parents/caregivers manage stress

Implementing the Strategies in Practice
Susie B. Winston, LICSW
Director of Child & Family Services
Sound Mental Health

Children’s Domestic Violence Response Team
Promoting Healing Through Collaboration

nwcf.org
THE CHILDREN’S DOMESTIC VIOLENCE RESPONSE TEAM

A Collaboration to Help Children and Families Impacted by Domestic Violence

January 29, 2016
Remarks:

- 30 years Community Mental Health Provider

- The profession of mental health therapist has evolved from more of “an art,” toward becoming a SCIENCE.

- We understood child development and “Ages and Stages.”

Today, we know about **Brain Development** and the physiology of trauma.
Recovery requires trust and attachment:

- As a Child and Family Therapist, I was drawn to working with Parents to empower them, and to help them be “like therapists for their own children.”

Many of the parents had significant childhood trauma themselves.

- Support and healing for the primary caretaker is key to children’s recovery from trauma.
Importance of Support for Primary Caretakers

- Parenting is the hardest job; made impossible the more unresolved childhood baggage held by the parent.

- We are what we know, and what we have experienced.

- Importance of Structure, Consistency and Safety

- Hope. Recovery is possible.
African Proverb

If you wish to go QUICKLY –
go alone

If you wish to go FAR –
Go together
The Children’s DV Response Team:

The CDVRT is the first program in Washington to offer integrated DV Advocacy and Children’s Mental Health Services together with their supportive parent.
Cross-System Collaboration:

- Therapists from Sound Mental Health
- Domestic Violence Children’s Advocates from the YWCA
- Domestic Violence Community Advocates at New Beginnings, DAWN, and Lifewire
Purpose Of CDVRT

- Engage non-abusive parents in identifying the needs of their children and families
- Decrease concerning behaviors in children who have experienced domestic violence
- Provide effective services and supports through the lens of domestic violence
- Ensure that culturally competent approaches are employed to mitigate the risks of DV exposure for children
ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Mentally ill, depressed or suicidal person in the home
5. Drug addicted or alcoholic family member
6. Witnessing domestic violence against the mother
7. Loss of a parent to death or abandonment, including abandonment by divorce
8. Incarceration of any family member
Domestic Violence and Toxic Stress

Complex Trauma = Toxic Stress

- Chronic
- Life threatening
- Unpredictable and disruptive

Domestic Violence impacts children at their very core of survival.
Disrupts basic trust and attachment.
I feel very sad when my mom & dad are fighting. The reason why I feel sad is because I scared & afraid that something might happen to my mom, and I'll be stuck with my dad & he is drunk & dangerous.
Impact of DV on Children:

60,000 children in King County are exposed to DV each year

Children who experience DV are at significantly increased risk of:

- Aggressive and antisocial behavior problems
- Clinical levels of depression, anxiety and traumatic stress
- School failure
Impact of DV on Children

The strongest known risk factor for Domestic Violence (perpetration and victimization) is: Witnessing Domestic Violence as a child.

Intervening with children offers the most promising chance at both short-term and long-term successes with families impacted by DV.
6 year old self-portrait
Compared to children in non-violent households:

Children exposed to DV suffer more problems in school, including

- frequent absenteeism,
- greater disciplinary actions,
- a multitude of behavioral problems
Before School

6:50am

Don't leave her alone!
Help me someone! I'm trapped!

He's going to hurt us!

Please Heavenly Father protect my family.

Mama, come home.
Knife Fight
CDVRT Collaborative Services:

- Wraparound Family Team Meetings
- Expert Cross System Consultation
- Safety Planning
- Care Coordination
- Advocacy
- Therapy - Evidenced Based Practices (EBP)
  - TF-CBT
  - PCIT
  - CBT+
Brain-Based Strategies to Build Resiliency

Children who have been impacted by Trauma benefit from a whole person approach that addresses:

- Biological
- Psychological/Emotional
- Social/Relational

Interventions include strategies to address:

- Attachment
- Self-Regulation
- Competency
Brain-Based Strategies:

- **Caregiver Affect Management**
  Attunement – ability of caregiver to accurately read child’s cues (cognitive, behavioral, emotional, and physiologically).

- **Self-Regulation** – Diaphragmatic Breathing

- **Affect Identification and Affect Expression** – understanding degrees of feeling

- **Exploring Arousal States** – grounding (worry stone, stress balls, movement).
CDVRT Program Outcomes:

- Reduce the long term effects of DV for children and their non-abusive parent
- Support and strengthen the relationship between children and their non-abusive parents
- Improve social and relationship skills
- Referrals and Advocacy
- Strengthening skills through empowerment lens

- Decrease trauma symptoms utilizing evidenced-based modalities (TF CBT, PCIT, Kids Club).
- Reduce children’s externalizing/internalizing behaviors
- Reduce children’s negative beliefs related to the domestic violence
Referral to CDVRT

- South King County
  YWCA (425) 264-1412
  DAWN (206) 651-2850

- Seattle/New Beginnings Advocate
  (206) 926-3017

- Eastside /Lifewire
  (425) 562-8840

- Sound Mental Health (request CDVRT)
  (206) 302-2300
Contact Information:

Sound Mental Health
www.smh.org
Admissions- 206-302-2300

The Children’s
Domestic Violence Response Team

Susie Winston, LICSW
Director, Child and Family Services
Sound Mental Health
Susiew@smh.org
206-302-2340
FEAR
Liann Smith, CPC
Parent-Child Interactive Therapy (PCIT) Parent Coach
Encompass

Parent-Child Interactive Therapy
Coaching Parents to Create Positive Responses to Stress

nwcf.org
Parent Child Interaction Therapy

encompass
What is PCIT?

• Dr. Sheila Eyberg developed intervention.
• Designed for children 2-7 years old
• Evidence Based
• Live coaching
• Emphasis on restructuring parent-child interactions
Two Phases of PCIT

Child-Directed Interaction
PRIDE play: Praise, Reflection, Imitate, Describe and Enjoy

Parent-Directed Interaction
Commands, Minding and Consequences
Why PCIT as an Intervention?

PCIT works through the parent-child relationship to strengthen resiliency for the child.
Parent Child Interaction Therapy
Parent Directed Session
Mission Accomplished
Adaptation of PCIT

- TCIT: Teacher Child Interaction Training
Reflective Practice
An Organizing Framework for Building Resilience
Reflective Practice: An Organizing Framework for Building Resilience

Jenn Sparr, LICSW and Megan Beers, Ph.D.
Wellspring Family Services

- Aim to prevent and mitigate the traumatic effects that adverse childhood experiences (ACEs) have on families and help build their resiliency so they can recover from crises and live healthy, self-sufficient lives.

- Two-generation approach, focused on strengthening adult (caregiver) and child capacity.
Early Learning Center

- Serving children ages 1-5 years (85% homeless at the time of intake).
- 5 classrooms, each with 2 teachers and 10 children.
- Families also receive support from Family Support Specialists and have access to early childhood mental health services and on-site health services.
- Reflective practice as an organizing framework for providing ACEs, brain science-informed care.
REFLECTIVE PRACTICE

Mental Health Consultation
Attachment Research
Reflective Parenting
Developmental Neuroscience

Reflective Supervision
Circle of Security
Promoting First Relationships
Child-Parent Psychotherapy
REFLECTIVE PRACTICE

Focus on the Caregiver’s State of Mind

Relationships with Children & Parents

Buffer Toxic Stress & Promote Brain Development
What does this look like?

- Leadership Team
- Family Support Specialists
- Teachers
- Everyone!
Bottom Line

Reflective practice supports relationship development at all levels, which buffers children from the impact of toxic stress and nurtures brain development.
Today’s Goal

To illustrate how reflective practice can be used to create a “culture shift” that impacts policies and practices at all levels of the program.

- Reflective practice/Brain science/Infant Mental Health is everyone’s business!
Extraordinary Moments
Extraordinary moments

- Staff reflect about:
  - Child’s experience
  - Each other’s experience
  - Own experience
REFLECTIVE PRACTICE

Focus on the Caregiver’s State of Mind

Relationships with Children & Parents

Buffer Toxic Stress & Promote Brain Development
Acknowledgements

- ELC staff and teachers
- Bevette Irvis
- Diane Brissenden
- Sandy Lowe
- Keith Myers
- Martha Stebbins
- Meghan Kroll
- Judy Burr-Chellin
Q & A
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<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>2:00 - 3:00</td>
<td>Time for cookies, coffee and conversation...</td>
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<td></td>
<td><strong>Right Side of Ballroom</strong></td>
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<td>Linda Chamberlain</td>
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<td>Susie Winston</td>
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Thank you for joining us today!