

# Trauma Informed Practice

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# Treatment for Trauma

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Because of the prevalence of histories of trauma among those with substance abuse issues, it is vital that treatment for these disorders be designed to work effectively with trauma survivors.

Need to be sensitive to the reality of traumatic experience in the lives of the children and their parents.

# Today's presentation

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- My presentation today will look at the trauma many of our parents have experienced so that we can improve our understanding of this population and, in turn, change the way we interact with them.

# New appreciation for Trauma-Informed Services

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- Increased awareness of trauma as a key public health and policy issue.
- This is promoting growth in research into trauma-informed services.

# Incidence and implications

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- 75% of those served in substance abuse treatment report child abuse and childhood trauma histories (SAMHSA/CSAT, 2000).
- These clients have been severely impacted by this trauma.
- Ignoring and neglecting to address it has huge implications for use of services and costs incurred.

# Fueling the intergenerational transmission of abuse

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Observing violence in one's family of origin creates ideas and norms about how, when and toward whom aggression is appropriate.

# Modeling

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- Children develop expectations about future relationships based on early experiences with caregivers; these experiences are the prototype for all future relationships (Bretherton, 1991).
- Children we work with often form a representation of their caregivers as unresponsive, rejecting and unavailable.
- In turn, they view themselves to be unworthy and unable to elicit the appropriate attention and care.

# Attachment skills

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- Research suggests that an adult's attachment to his/her own parents (assessed retrospectively) corresponds to a large degree with the attachments status of their infant to them (Van Ljzendorrn, 1995).

# Therefore

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- Those with history of maltreatment often become parents without having developed the skill for maintaining healthy relationship.
- They have problems forming relationships with their own children or stable relationships with partners (Bartholomew, Henderson & Dutton, 2001).

# Maladaptive behaviors

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- These maladaptive behaviors too often have been passed from generation to generation and viewed by the family as normative.

# Repeating the cycle

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- Abused parents are 4 times more likely to abuse their children than non abused parents.
- The more risk factors present, the more likely families are involved in the system, which further increases risk.
- When 3 most weighted risk factors are added 17 times more likely (Dixon 2005)
  - Having a child before 21
  - History of mental illness/depression
  - Living with a violent adult

# Exacerbated by stigma

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- The circumstances under which we see these parents gives rise to stigma. This is clearly understandable -- even deserved -- unless.....
- We understand that the way children were parented predicts how they will parent their children. **We need to view parents today as the child victims of just a few years ago.**

# A response to injury

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- We need to stop treating them as sick or bad but to understand that their problems are a result of injuries -- some to the body, some to the mind, some to the ability to relate, some to the sense of right and wrong -- and some to the soul.
- Without appropriate interventions, these injuries will reflect how they will raise their own children, thereby perpetuating the intergenerational cycle.

# Effective interventions

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- There is evidence of the effectiveness of trauma-based integrated treatment approaches and emerging best practice models in trauma informed therapy.

# A Trauma-Informed System might ask:

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- What **happened to you** rather than what is **wrong with you**.
- This would allow us to know the family history that is essential to understanding the person and family.
- This provides a doorway to begin to understand how **what happened** is affecting daily life in the present.

# Providing understanding

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- The response to “what happened to you” gives us insight into generations of abuse and neglect as well as separation and abandonment so common in the families we serve, and so predictive of how they will treat their own children

# Generating insight

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- This initiates an educational process that helps a mother begin to see that many of the behaviors that she is enacting with her child had their roots in the ways she had adapted to her own childhood experiences.
- This is the first step toward disrupting the patterns she was reenacting in her family.
- This process requires clinicians who have a knowledge of trauma and an understanding of the overwhelming drive to reenact it.

# Protective Factors

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- During their childhood and early adulthood, individuals can have experiences that act as protective factors, which can help break the intergenerational transmission of child maltreatment.
- Discovering protective factors by which some parents overcome a family pattern of abuse is invaluable in guiding both prevention and intervention efforts.

# These include:

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- Non-repeating abusers more likely to have an emotionally supportive mate.
- Overall support influences the psychological well-being of parents in a positive way (Belsky and Vondra, 1989). This includes advocates, recovery coaches, mentors, “grandparents”.

# Risk Factors

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- Young parental age.
- Violent partners strongest predictive value .  
Individuals with a history of childhood abuse have a higher propensity for involvement with violent partners (Fantuzzo, et. Al. 1997).

# Abusing parents:

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- Tend to have unrealistic expectations of the child
- Attribute negative intentions to their child's behavior in comparison to other parents
- Different parental attributions
- Unhealthy children (HB outreach) (Hunter and Kilstrom, 1979).
- Economic insecurity (Straus, 1979)

# Additional Risk Factors

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- Separation Trauma (Brown et. Al., 1998)
- Drug exposure
- Poor interpersonal skills (Egeland et al., 2002)
- Poverty or low income (Brown, Cohen, et. Al 1990)
- Living with step parents (Finkelhor, et. Al (1990)

# Family of Origin

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- Conditions where violence, abuse of alcohol and other drugs, and other problematic conditions intertwine to produce a devil's brew of problems in adulthood including violence and or substance abuse.

# Family dysfunction

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- Many, if not most, of our clients have been raised in poverty, exposed to violence, parental addiction, mental illness and other forms of dysfunction which are clearly risk factors

# Whether or not an abused parent goes on to abuse is

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- The result of a complex interaction between risk, protective and mediating factors.
- We need to understand this interaction in order to impact intergeneration transmission.

# Enacting change

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What can we do?

# Treatment Courts: My observations

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- Judges must make decision related to what is in the best interest of children they barely know, some of whom have crucial medical, developmental and mental health needs.

# Responding to crisis

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- Judges are faced everyday with dysfunctional families, emotional impoverishment, and every conceivable form of deprivation a child can endure.
- It is a difficult if not impossible context from which to promote healthy child development.
- Team input is essential.

# Effective services can:

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- Support the treatment court's attempt to modify the behavior of the offending parent so that the family can be reunified and achieve permanency.

# Services should focus on:

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- Helping emotionally and intellectually impoverished parents develop the skills needed to stimulate and bond with their children while living in deprivation.
- Teaching a parent who has never been made to feel safe or nurtured as a child to effectively parent a baby.
- Addressing the cumulative effects of being disadvantaged and helping parents achieve positive developmental goals for themselves and their children within this context.

# And

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- Providing services that address the clinical issues that a parent has as a result of being abused as a child and, at the same time, teaching them how to be functional parents.

# Interventions Designed to break Cycle of Abuse and Neglect

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- Educate all those who comprise the Child Welfare system, i.e., lawyers, judges, social workers, treatment staff, Child Welfare workers and other partners about early intervention research and strategies shown to be effective in reducing child maltreatment.
- Help staff develop an understanding of the significant differences that early intervention can make in child behavior, social and emotional development, mental health, cognitive development and child health.

# Expose team members to the:

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- Science of early childhood development.
- Effects of trauma on children, especially young children.
- Interventions that can make a difference in changing the lives of young children.
- The concept that early environments matter, and nurturing relationships are crucial for healthy development.

# Substantial New Investments

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- To address young children's socio-emotional and mental health needs.
- Essential first steps include more effective screening, early detection, treatment and prevention strategies.

# Home visitations programs

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- Must be made available and accessible by treatment courts. All pregnant mothers and children under the jurisdiction of these courts should be referred to home visit programs and ordered to participate as part of their case plans.
- Home visitations extend the eyes and support of the treatment court and Child Welfare.

# Teach Parents:

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- That stimulation, preferably in the context of a stable parenting relationship, is crucial for healthy brain development.
- That affection with infants, including touching, holding, comforting, rocking and talking, is the best type of stimulation for the growing brain.

# Help them understand that:

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- Infants who are rarely spoken to, are exposed to few toys, and have little opportunity to explore and experiment with their environment may fail to fully develop the neural connections and pathways that facilitate later learning (Siegel, 1999).

# Power of the Treatment Court

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Treatment court judges can be powerful leaders in the team's effort to address identified needs, including a young child's identified development, health, socio-emotional, and mental health issues, by ordering families to receive the services that are available.

# Judges as Leaders

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- Treatment court judges are powerful team leaders.
- Judges can marshal and even create community resources to fulfill the court's duty to heal the child.

# Pursuing prevention

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- With judicial leadership, consultation with experts, and community collaboration from the pediatric, early childhood, and mental health professionals in the community, the treatment court can make prevention a priority.

# A comprehensive approach

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- In this way the treatment court can play a crucial role in ensuring that all children are evaluated, treated and monitored, and are able to take advantage of the best resources each community has to offer.....rather than leaving it up to sometimes new and uninformed staff, unmotivated and sometimes damaged parents, or multiple “helpers” directing fragmented services plans.

# Stretch Theoretical Assumptions

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## About criminal justice and child welfare responses to child abuse and neglect.

- We can be a part of a system which helps to reduce the intergenerational transmission of abuse -- **part of the solution.**
- We are doing this now with treatment courts and we have some best practices in place including: case management, home visiting, clinical rather than punitive responses whenever possible.
- We should build upon these efforts to create a coordinated system of care for Child Welfare-involved families under the leadership of the courts.
- **Trauma-informed rather than trauma producing.**

# Treatment for Trauma

Because of the **prevalence** of histories of trauma among those with substance abuse issues, it is **vital that treatment** for these disorders be designed to work effectively **with trauma survivors**.

Need to be **sensitive** to the reality of traumatic experience in the lives of the children and their parents.

# Today

- Today I want to talk about the trauma many of our parents have experienced so that we can **improve our understanding** of this population and, in turn, **change the way we interact with them.**

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- There is an increased awareness of trauma as a **key public health and policy issue.**
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**Observing violence** in one's family of origin **creates ideas** and **norms** about how, when and toward whom aggression is appropriate.

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# Maladaptive behaviors

- These maladaptive behaviors too often have been **passed from generation to generation** and viewed by the family as normative.

# Repeating the cycle

- Abused parents are **4 times** more likely to abuse their children than non abused parents.
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# A response to injury

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- **Violent partners has the strongest predictive value of all risks and**
- Individuals with a history of childhood abuse have a higher propensity for involvement with violent partners (Fantuzzo, et. Al. 1997).

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