

**Trauma Informed Strategies  
for School Based Providers**

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 National Child Traumatic Stress Network (NCTSN)  
 Steering Committee Member  
 Nationally Certified CE-CERT Trainer  
 Nationally Certified PCIT Therapist

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**I, Michael Gomez, have  
no relevant financial  
relationship with any  
ineligible companies.**

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**Basics**

"The important things are always simple, the simple things are always hard."

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Let's start with the first kid I ever worked with who had trauma

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Diagnostic and Statistical Manual-V  
PTSD Criteria

Traumatic Event  
+  
4 clusters of symptoms = PTSD

Symptoms last for more than 1 month and are distressing and impair functioning

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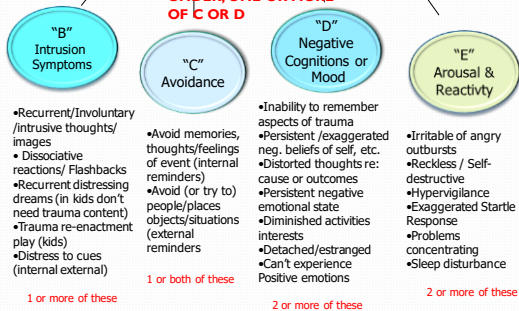
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Post-Traumatic Stress Disorder DSM-V

CHILDREN 6 AND UNDER, ONE OR MORE OF C OR D



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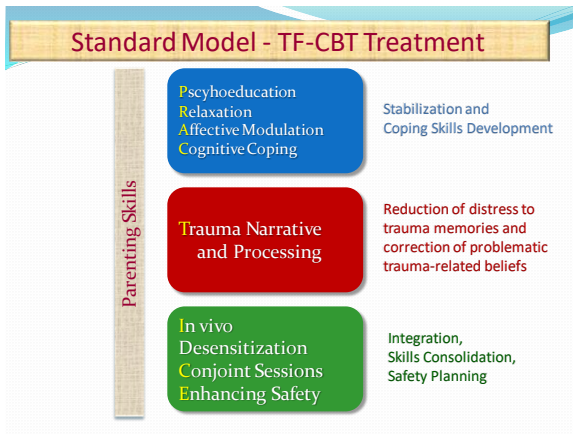
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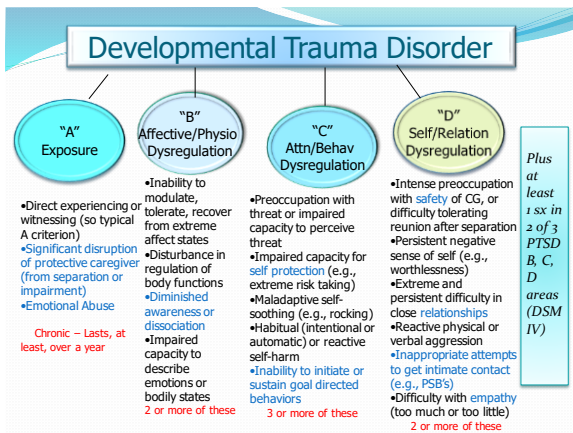
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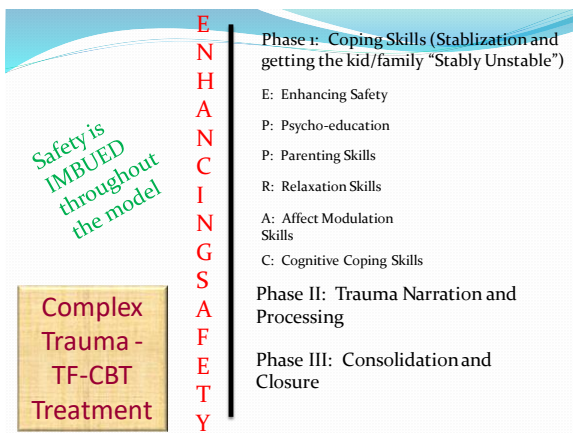
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### Trauma Therapy Common Factors

- Judith Herman's Theory on Trauma and Recovery
- Stage 0: Relationship
  - You may be the first safe, healthy relationship they have ever had. Do not be the last.
- Stage 1: Safety
  - Ex: DBT
- Stage 2: Remembrance and Mourning
  - Ex: Cognitive Processing Therapy (CPT)
- Stage 3: Reconnection
  - Ex: Family Therapy models
- Stage 4: Commonality
  - Ex: PTG and the NCTSN Youth Action Committee

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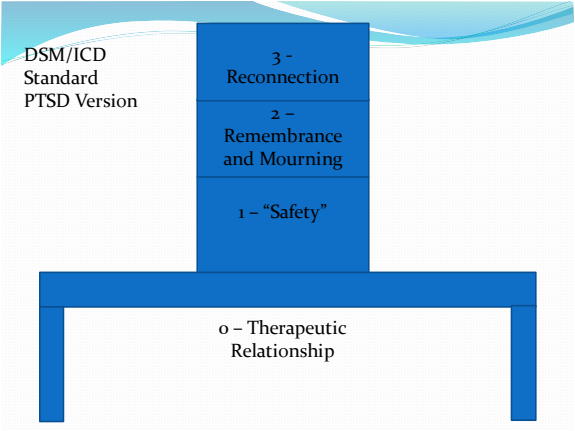
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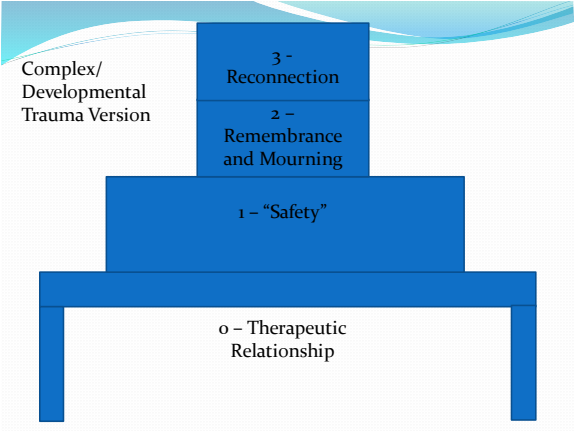
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### CAVEAT for today

- We won't get to talk a lot about Stages 2 and 3
  - But I will show you a Stage 4 example before we leave
- Those two stages require a lot more specialized training than we have time for today
- It's also why I call them (especially stage 2) "psychological surgery"
  - But I can tell you what it looks like if you are interested ☺

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- PRAC
- Kid - CBT
- Adolescent - DBT or TARGET
- Adult - Seeking Safety
- TN and Processing
- Kid - Game Based CBT
- Teen or Adult - CPT or PE
- Conjoint Sharing
- Kid or Teen - FFT
- Adult - TREM

The diagram consists of two horizontal arrows pointing to the right. The top arrow is blue and labeled "Evidence Based Trauma Therapy". Below it is a red arrow divided into three segments, labeled "Safety", "Remembrance and Mourning", and "Reconnection".

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### TF-CBT Illustration

- Judith Herman's Trauma Therapy Common Factors as applied to TF-CBT
- Stage 0: Relationship
  - Assessment and Screening (first 5 minutes)
  - Motivational Interviewing Enhancement Strategies (Laura Murray's Study using Mary McKay's engagement strategies)
- Stage 1: Safety
  - PRAC and Enhancing Safety (Complex Trauma Applications)
- Stage 2: Remembrance and Mourning
  - Trauma Narration and Cognitive Processing after TN
- Stage 3: Reconnection
  - Conjoint Sharing of TN (Family therapy is a timing issue)
- Stage 4: Commonality
  - Former Foster Child Advocacy Initiative

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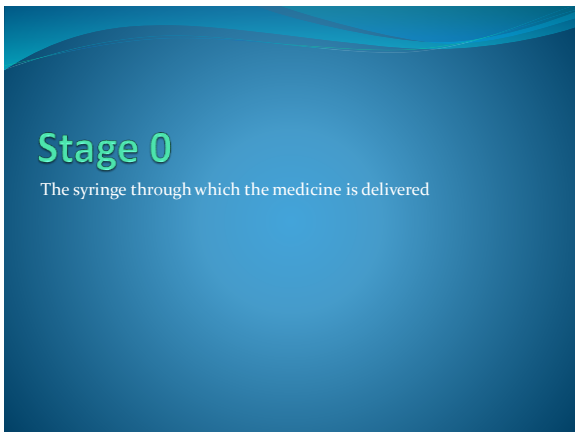
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**Stage 0**  
The syringe through which the medicine is delivered

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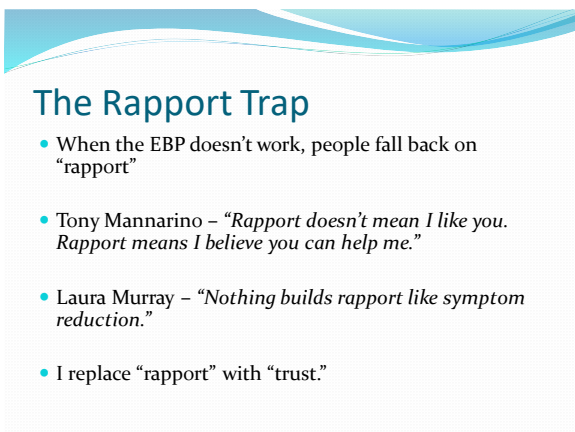
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**The Rapport Trap**

- When the EBP doesn't work, people fall back on "rapport"
- Tony Mannarino – *"Rapport doesn't mean I like you. Rapport means I believe you can help me."*
- Laura Murray – *"Nothing builds rapport like symptom reduction."*
- I replace "rapport" with "trust."

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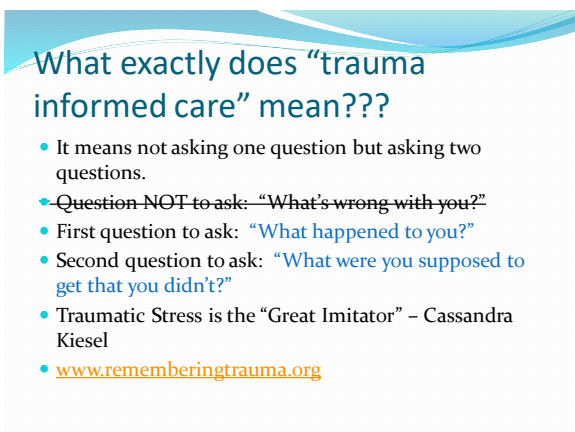
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**What exactly does "trauma informed care" mean???**

- It means not asking one question but asking two questions.
- Question NOT to ask: "What's wrong with you?"
- First question to ask: "What happened to you?"
- Second question to ask: "What were you supposed to get that you didn't?"
- Traumatic Stress is the "Great Imitator" – Cassandra Kiesel
- [www.rememberingtrauma.org](http://www.rememberingtrauma.org)

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## The ACE Study (original)

Kaiser Permanente  
Department of Preventative Medicine

- 58,000 annual medical, psychological and bio-social member evaluations
- 18,000 volunteers studied (average age = 55)
- 8 original categories of Adverse Childhood Experiences:

**Abuse:**

1. Physical
2. Emotional
3. Sexual

**Household (Family) Dysfunction:**

4. Someone in prison
5. Mother treated violently
6. Alcoholic or drug abuser
7. One birth parent lost for any reason
8. Someone chronically depressed, mentally ill or suicidal

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## ACE Prevalence

- More than half had one or more ACEs
- One in 4 had 3 ACEs (25%)
- One in 16 had 4 ACEs (6.2%)
- Having one ACE = 80% likelihood of exposure to another

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## ACE Impacts

Examples

- A child with 4 or > ACEs:
  - 390% more likely to develop COPD
  - 460% more likely to suffer from depression
  - 1,220% increase in suicide attempts
- A male child with 6 ACEs has a 4,600% increased risk of adult IV drug use

<http://www.cdc.gov/violenceprevention/acestudy/>

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### ACE Fallout

- Population Attributable Risk (PAR) Study
- Outcome PAR
- Current Depression 54%
- Depressed Affect 41%
- Suicide Attempts 58%
- Alcoholism 65%
- Drug Abuse 50%
- IV Drug Abuse 78%

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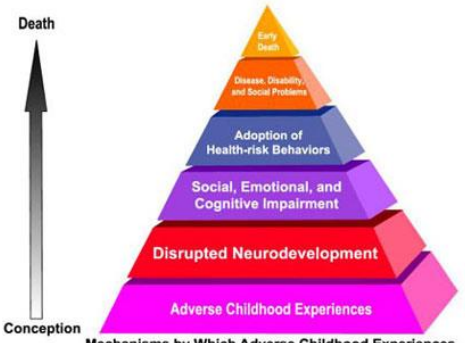
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Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Adverse Childhood Experiences (ACE) Study Felitti, VJ, Anda, RF, et. al. Jnl of Prev. Med 1998

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### ACE's are wild




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### Adverse Childhood Experiences - ACEs

1. Physical abuse	6. Someone in prison
2. Sexual abuse	7. Mother treated violently
3. Emotional abuse	8. Alcohol or drug abuser
4. Physical neglect	9. One birth parent lost for any reason
5. Emotional neglect	10. Someone chronically depressed, mentally ill, or suicidal

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0	
1-3	
4-6	
7+	

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### Someone I know had a traumatic experience in the last year

No	
Yes	

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I, myself, had a traumatic experience in the last year

No

Yes

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So do you have to have trauma to work well with trauma populations????

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“Trauma Informed Diagnostics” Basics

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## Common Diagnoses for Maltreated Children

- ❖ Symptoms or Disorders **Not Supported** in the Literature:
  - Attachment Disorder
  - Reactive Attachment Disorder
  - Bipolar Disorder
  - Attention-Deficit/Hyperactivity Disorder
- The main thing I do different now (than before I learned all this) is that I put my trauma screener FIRST

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## What Trauma Reactions Actually Look Like

- Healthy Trauma Reaction
  - <https://www.youtube.com/watch?v=ziG4yRHgisl>
- DSM-V PTSD Reaction
  - [https://www.youtube.com/watch?v=q7qj9\\_dkfkE](https://www.youtube.com/watch?v=q7qj9_dkfkE)
- Complex Trauma/DTD Reaction
  - <https://www.youtube.com/watch?v=oGGbHtKmobQ>

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## Trauma Screening

- CATS (Child and Adolescent Trauma Screen)
- Self report 7-18; Caregiver 3-18
  - There are a lot of other good ones but this one is free
- 20-ish is cutoff
- We add in SUDs scale and frequency to make it child friendly
- You will NOT retraumatize them
  - But you will 100% retrigger them
    - But that's already happening . . . They just have no control over it

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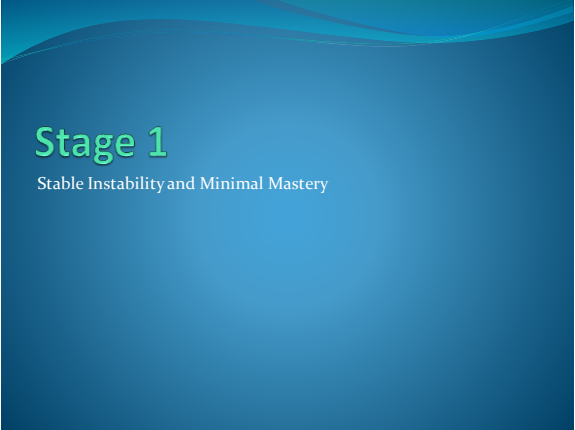
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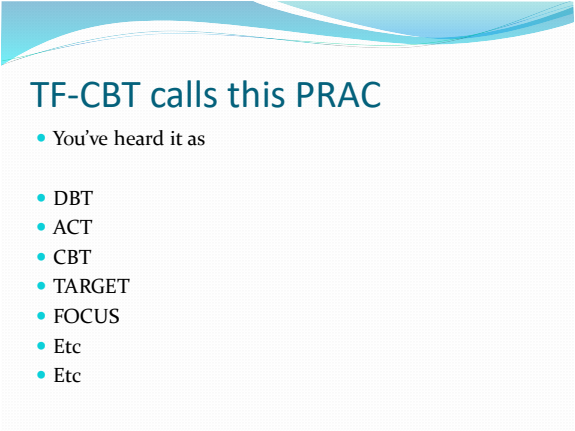
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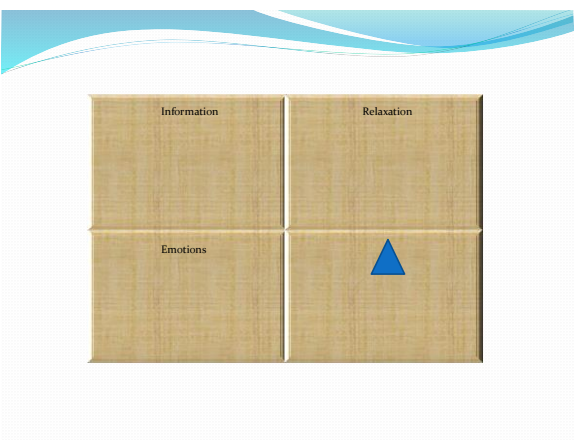
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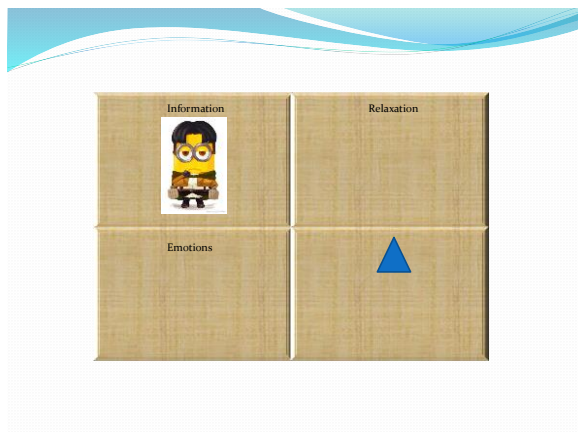
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### Information Goals

- Normalize
  - BOTH caregiver and child
    - Teachers counts as caregivers
- START of Cognitive Processing
  - "I'm bad cause I've been touched"
  - Make SURE you tell them they're not
  - If they punt it back to you ("Ya I am") then we'll deal with it in the other parts of PRACTICE
- Instill Hope
  - This is VERY important, KEY predictor of therapeutic change

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### Information includes

- Common reactions children may have
  - Behavioral
  - Emotional
  - Cognitive
  - Relational
  - Spiritual
- Tell this to BOTH caregiver and child
- If your caregiver has PTSD themselves, this can be very helpful
  - Teachers count as caregivers
- ACCURATE Information about their specific trauma type like . . .

*Looks a lot like a cognitive triangle right??*

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You don't have to know everything,  
just where to find anything

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**NOT all inclusive**

- [www.oklahomatfcbt.org](http://www.oklahomatfcbt.org)
- [www.nctsn.org](http://www.nctsn.org)
- [learn.nctsn.org](http://learn.nctsn.org)
- [www.ncsby.org](http://www.ncsby.org)
- [www.tfcbt.org](http://www.tfcbt.org)
- California Evidence Based Clearinghouse
- TF-CBT Web 2.0
- JAACAP Practice Parameters Site
- And a bunch of other ones

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**BONUS ROUND**

- Y'all wanna know how to intervene in problematic sexual behaviors (PSB) in kids 3 to 18?
  - In less than 60 seconds?
    - Seriously.

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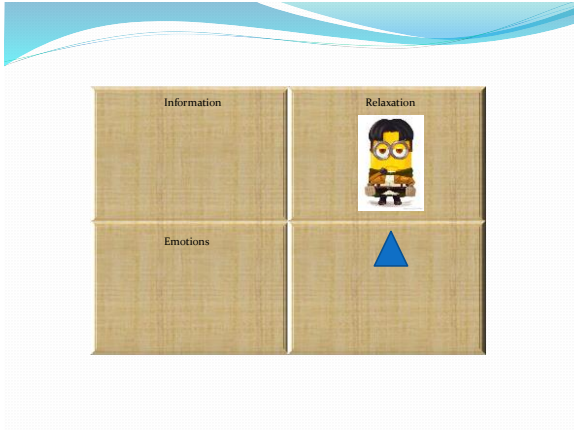
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<b>Diaphragmatic Breathing</b> Works REALLY well on <ul style="list-style-type: none"><li>• High Anxiety</li><li>• High Anger</li><li>• NOT High Sadness</li></ul>	<b>PMR – Progressive Muscle Relaxation</b> Works REALLY well on <ul style="list-style-type: none"><li>• “Somatization” (e.g., migraines)</li><li>• The West Texas Mexicano</li></ul>
<b>Grounding/Mindfulness</b> Works REALLY well on <ul style="list-style-type: none"><li>• High Sadness</li><li>• Dissociation (i.e., you’re spacing)</li></ul>	<b>Naturally Relaxing Things</b> Works REALLY well on <ul style="list-style-type: none"><li>• Setting <b>STRUCTURE</b> for using Regulators consistently throughout the day</li></ul>

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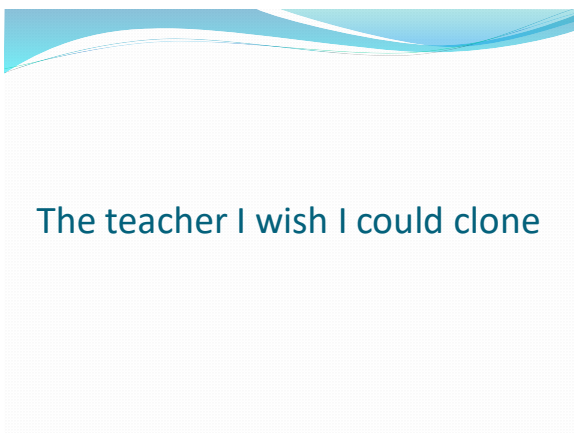
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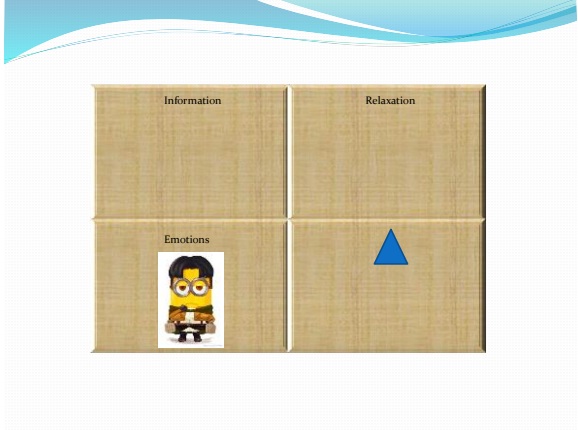
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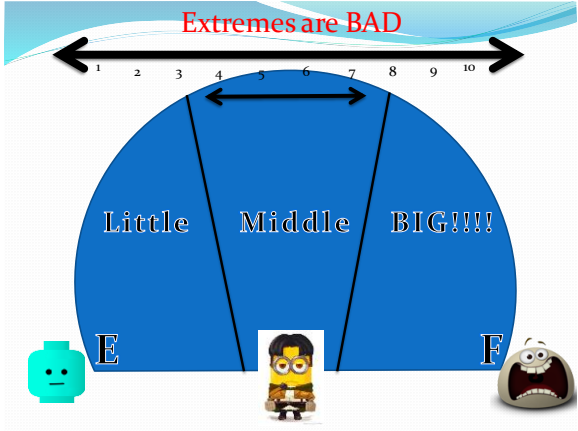
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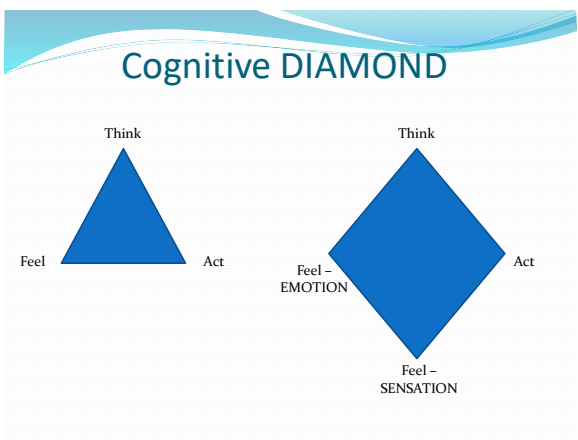
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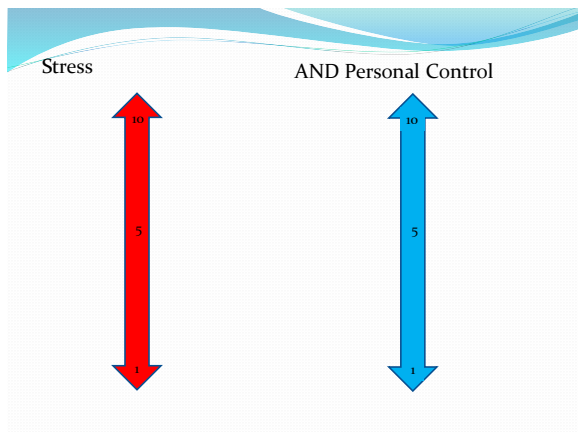
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### The Three Parts of Your Brain

- Alarm (i.e., Amygdala)
  - 3 and only 3 options
  - Fight, Flight, Freeze
- Filing Center (i.e., Hippocampus)
  - Keeps all those important files
- Thinking Center (i.e., Neocortex)
  - Infinite Options
  - Also your VALUES are here
- Alarms are NEVER, EVER bad
- But they are loud (and not articulate)
- They can “hijack your brain”
- The Alarm is the 5 year old in your brain
- But it has a big brother Thinking Center and a big sister Filing Center to help it!

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### You actually do NOT have to talk about your feelings . . .

- But you DO have to **FFFFEEEELLLL** them
- Primary (natural) vs. Secondary (artificial/manufactured) emotions
- Primary emotions are apples
  - Lifespan of a PRIMARY emotion = 90 seconds max, with a 12-15 second peak
- Secondary emotions are McDonald’s apple pies
  - Lifespan of a secondary emotion = Like a McDonald’s apple pie, they will not biodegrade until the star death of the sun

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### Affect Modulation Tactics – Labeling and Scaling Feelings

- Feelings Brainstorm Activity (neutral version)

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### Affect Modulation with Caregivers

- Red, Blue, and Green Behaviors
  - Red – Ellie the Owl
    - Our proxy for Aggression
  - Blue – Sammy the Squirrel
    - Our proxy for Passivity
  - Green – Timmy the Turtle!!
    - Our proxy for Assertivness
- PEOPLE are NOT Red, Blue, or Green; only Behaviors
- **ALWAYS ASSIGN HOMEWORK!!!**

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A 2x2 grid of cardboard boxes. The top-left box is labeled 'Information', the top-right 'Relaxation', and the bottom-left 'Emotions'. The bottom-right box contains a cartoon character with a blue triangle on its head and a yellow body. The character is standing on a small white base.

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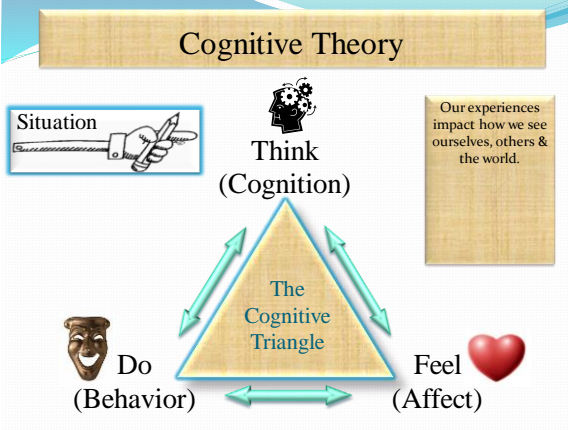
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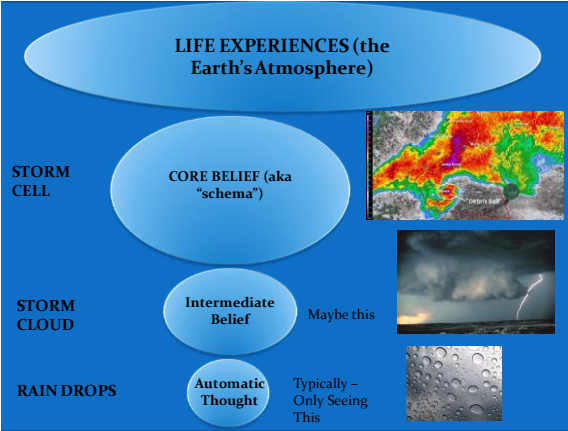
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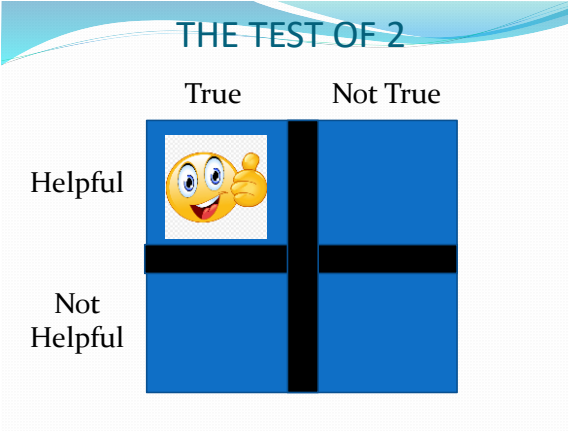
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**RESOURCES!!!!**

- [www.oklahomatfcbt.org](http://www.oklahomatfcbt.org)
- ACT “myths of happiness”
  - And “cognitive defusion” for good measure
- What about our tiny ones????

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You wanna see what CBT looks like with a 4 year old?

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Still Stage 1  
And a GEC

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# Caregiver Engagement Lesson #1

Cause kids are cool and a lot of times caregivers aren't

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## Why don't caregivers (or staff) do what you want them to do???

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## Caregiver Involvement

- 3 reasons caregivers do NOT do what you want
  1. Knowledge Gap
    - "My 3 year old knows it makes me mad when she cries."
  2. Energy Gap
    1. 40 year old adolescent
    2. "I work 2 jobs and pull at least 60 hours a week, I'm exhausted."
  3. Cognitive Distortion
    - **Perceptual vs. Concrete Barriers**
    - "My child has Bipolar, he will NEVER be better."

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3 reasons caregivers do NOT do what you want

1. Knowledge Gap
  - “My 3 year old knows it makes me mad when she cries.”
  - **Solution: Provide Information**
2. Energy Gap
  1. 40 year old adolescent
    - **Solution: Deal with them like you would an adolescent**
  2. “I work 2 jobs and pull at least 60 hours a week, I’m exhausted.”
    - **Solution: Emphasize “Metabolization”**
3. Cognitive Distortion
  - Perceptual vs. Concrete Barriers
  - “My child has Bipolar, he will NEVER be better.”
    - **Solution: Cognitive Processing**
    - **Start with Good Boss/Bad Boss**

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## Good Boss/Bad Boss

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## Caregiver Engagement Lesson #2

Cause some of us thought we were just gonna be working with kids and realized our graduate school tricked us the first therapy session we had

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3 reasons caregivers do NOT do what you want

- Knowledge Gap**
  - “My 3 year old knows it makes me mad when she cries.”
  - Solution: Provide Information**
- Energy Gap**
  - 40 year old adolescent
    - Solution: Deal with them like you would an adolescent**
  - “I work 2 jobs and pull at least 60 hours a week, I’m exhausted.”
    - Solution: Emphasize “Metabolization”**
- Cognitive Distortion**
  - Perceptual vs. Concrete Barriers
  - “My child has Bipolar, he will NEVER be better.”
    - Solution: Cognitive Processing**

**Start with Good Boss/Bad Boss**

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### Knowledge Gap Practice: The 4 Ways of Changing ANY Behavior

	Behavior Increases	Behavior Decreases
GIVE something	<b>PRAISE!!!</b> 	<b>PUNISHMENT</b>
TAKE something	“Negative Reinforcement” (EX: Aspirin)	EX: Ignoring

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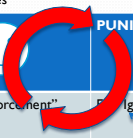
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### Knowledge Gap Practice: The 4 Ways of Changing ANY Behavior

	Behavior Increases	Behavior Decreases
GIVE something	<b>PRAISE!!!</b> 	<b>PUNISHMENT</b>
TAKE something	“Negative Reinforcement” (EX: Aspirin)	EX: Ignoring

Usually it looks like this when the family first comes in (or they wouldn't be here)




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### Knowledge Gap Practice: The 4 Ways of Changing ANY Behavior

Behavior Increases | Behavior Decreases

GIVE something | PRAISE!!! | PUNISHMENT

TAKE something | "Negative Reinforcement" (EX: Aspirin) | EX: Ignoring

They usually forget to combine them

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### Parent Child Interaction Therapy

- 2 phase model
- Phase 1 – Child Directed
  - Attention is to behavior as oxygen is to fire
- Phase 2 – Parent Directed
  - Limit setting
- Average session time is 15 sessions
- Multiple RCT's showing significant reduction in externalizing behaviors
- 10+ Treatment Outcome studies demonstrating efficacy on physically abusive caregivers and neglectful caregivers
- And this is NOW USED IN SCHOOLS → TCIT

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### PCIT – Child Directed Interaction (CDI)

- DO Skills
  - Praise (labeled) 10
  - Reflect 10
  - Imitate
  - Describe 10
  - Enthusiasm
- DON'T Skills (2 total)
  - No commands
  - No questions
  - No negative comments

**ACTIVE IGNORING!!!!**

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### PCIT – Parent Directed Interaction (PDI)

- BE DIRECT commands
- Be specific
- Every command positively stated
- Developmentally appropriate
- Individual (vs. compound)
- Respectful and polite
- Essential commands only
- Carefully timed explanations
- Tone of voice is neutral

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### Parent Directed Interaction (PDI)

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## Stage 2

Want you to at least see what it looks like

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### Draft 1- Billy

I was at home with Mary and we were watching TV. We always have to watch TV because mom can't afford a babysitter. I was eating Teddy Grams and telling Mary to be quiet because mom and Adam were fighting in the next room because their TV was loud. Then the door opened and mom ran out. Mom ran fast. Adam ran too. I told Mary to hide under the bed and I ran too. I saw mom on the floor and Adam was on top of her. I ran at Adam and he hit me. He hit me hard but I should have still gotten up. Then the police showed up and took Adam and mom away. Mary and me went to stay with Mr. and Mrs. Vasquez for a little while then we went to live with Uncle Dudley.

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### Where do you want to go with Draft 2?

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### Draft 2-3 - Billy

I was at home with Mary and we were watching TV. [Q-Where were you at home?] We were in our bedroom and were having lunch. It was a Saturday cause we didn't have school. [Q-What were you watching?] I was watching Justice League because I like superheroes and I'm a superhero too. We always have to watch TV because mom can't afford a babysitter. I was eating Teddy Grams and telling Mary to be quiet because mom and Adam were fighting in the next room because their TV was loud. [Q-Tell me more about that] Whenever mom and Adam have the TV really loud it means they're fighting or gonna fight. They always do that. Then the door opened and mom ran out. [Q-Feeling and Thought] I felt scared at a 8. I was thinking "Something really really bad is gonna happen," and "Mary might get hurt. I have to protect Mary cause Captain Marvel would protect his sister." Mom ran fast. Adam ran too. [Q-Feelings and Thoughts] I was really really mad at a 10. My head was saying "Adam shouldn't be hurting my mom and I'm not going to let him. It's my job to fight bad guys and he's a bad guy."

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### Draft 2-3 – Billy (cont.)

I told Mary to hide under the bed and I ran too. [Q-Feelings and Thoughts] I was scared at a 10 because if Mary got hurt it would be my fault. I was also mad at a 10 too because I knew I was going to have to fight Adam. I thought "Adam's a bad guy and I'm a good guy. I won't let him hurt people anymore." I saw mom on the floor and Adam was on top of her. [Q-Tell me more about that.] He had his hands around her throat. I got really scared when I saw that and couldn't move for a little while. [Q-1-10] I was scared at 10. I know that's bad cause Captain Marvel wouldn't be so scared he couldn't move. I could hear mom making a sound cause she was trying to breathe and Adam wouldn't let her. She was trying to scratch his face but he didn't move. He looked really really mad. I ran at Adam and he hit me. [Q-He hit you?] Ya, he hit me with his fist in the mouth. I started bleeding cause he busted my lip. I didn't like how my blood tasted so I spit at him. Then he hit me again with his fist and I couldn't get up. He went back to choking my mom after that.

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### Draft 2-3 – Billy (cont.)

He hit me hard but I should have still gotten up. [Q-Feelings and Thoughts] I felt stupid at a 10 cause I couldn't stop him and I guess I also felt mad at a 10 too cause I couldn't stop him. I thought, "I hate you!!!" and "I'm going to kill you!!!" [Q-What happened next?] I saw Adam's phone near the table. I think it fell out when he and my mom were fighting. I picked it up and crawled under the kitchen sink and called 911. Adam couldn't see me. [Q-Feelings and Thoughts] I was scared at a 10 and sad at a 8. I was thinking "I think my mom is dead." But I called the police because I promised Mary if Adam hurt mom again I'd call them. Then the police showed up and took Adam and mom away. Mary and me went to stay with Mr. and Mrs. Vasquez for a little while then we went to live with Uncle Dudley.

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Basics of Secondary  
Traumatic Stress and  
Burnout  
(Ya, you're not getting out  
of this one)

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If this job is so hard/stressful/dangerous, then why do you keep coming back???

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**We're only doing ONE slide on terminology**

- "Vicarious Trauma"/"Secondary Trauma" VT/STS
  - Definition
- Those working with trauma populations more at risk
  - Mental health workers, social workers, first responders, medical, legal
- Separate from "burnout" but both overlap
  - VT/STS is a "Virus"
  - Burnout is an "Immune Compromise/Deficiency"

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**Effects on Providers**

- Signs of Vicarious Trauma/Secondary Trauma
  - Similar to Posttraumatic Stress Disorder (PTSD)
    - Reexperiencing (e.g., nightmares)
    - Avoidance (e.g., numbing out)
    - Negative Moods and Cognitions (e.g., "I should know better")
    - Hyperarousal (e.g., exaggerated startle reflex)
  - Others
    - General disillusionment
    - Feelings of alienation
    - Persistent and constant exhaustion
- So how do we cope???

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## Dr. Gomez's Coping Skills

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## Approaches to VT/STS

1. "Can't take the heat" Ideology
2. "Self Care" Ideology
  - If you are already doing it cool
  - If you are not already doing it cool
3. The idea of "trauma stewardship"
  - Just as a gardener who gets dirt under his/her nails is not a bad gardener, a person who is impacted by the trauma they witness is still an effective professional
    - But make sure you wash the dirt off before dinner ☺
4. CE-CERT – Beyond "Self Care"

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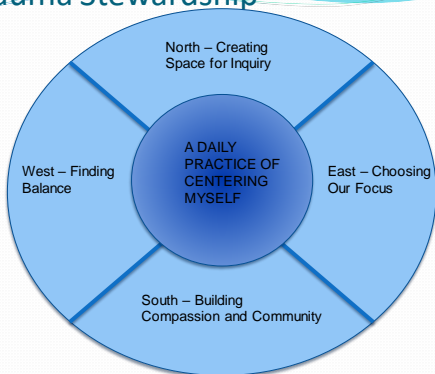
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## Trauma Stewardship



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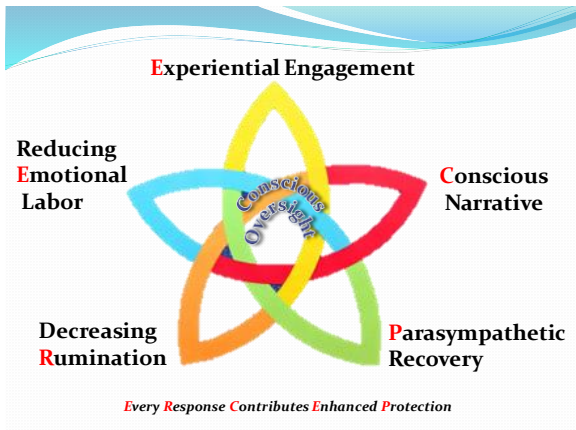
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### CE-CERT – Better Coping Skills

- CE-CERT = Components for Enhancing **CAREER** Engagement and Reducing Trauma
- 5 Skill Component Domains based off of 2 MASSIVE fields of literature
  1. Over half a century of outstanding Trauma Therapy outcome literature
    - This is why you do not tell Janie to “watch a movie”
  2. Positive Psychology and “3rd Wave Treatments”
    - ACT, DBT, Mindfulness, Flow, Peak Experience, etc, etc.
    - The NBA and NFL use this science

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**We will now DO some CE-CERT using the “Jimmy Stewart”**

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### The “Jimmy Stewart”

Stop at ANY step if it gets too hard and return to the previous one

1. Current Case
2. The last year
3. March 2020
4. Never went into \_\_\_\_\_ (e.g., social work)

(I usually add in a LOT more steps, but this is the fast version)

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### Stage 4

Wanna know what happened to my 16-year-old?

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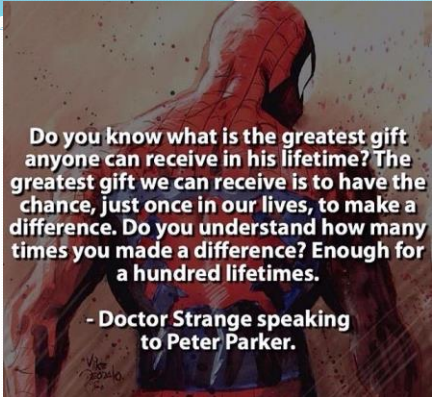
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**Do you know what is the greatest gift anyone can receive in his lifetime? The greatest gift we can receive is to have the chance, just once in our lives, to make a difference. Do you understand how many times you made a difference? Enough for a hundred lifetimes.**

**- Doctor Strange speaking to Peter Parker.**

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**THANK YOU!**

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