TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPIES LEARNING COLLABORATIVE

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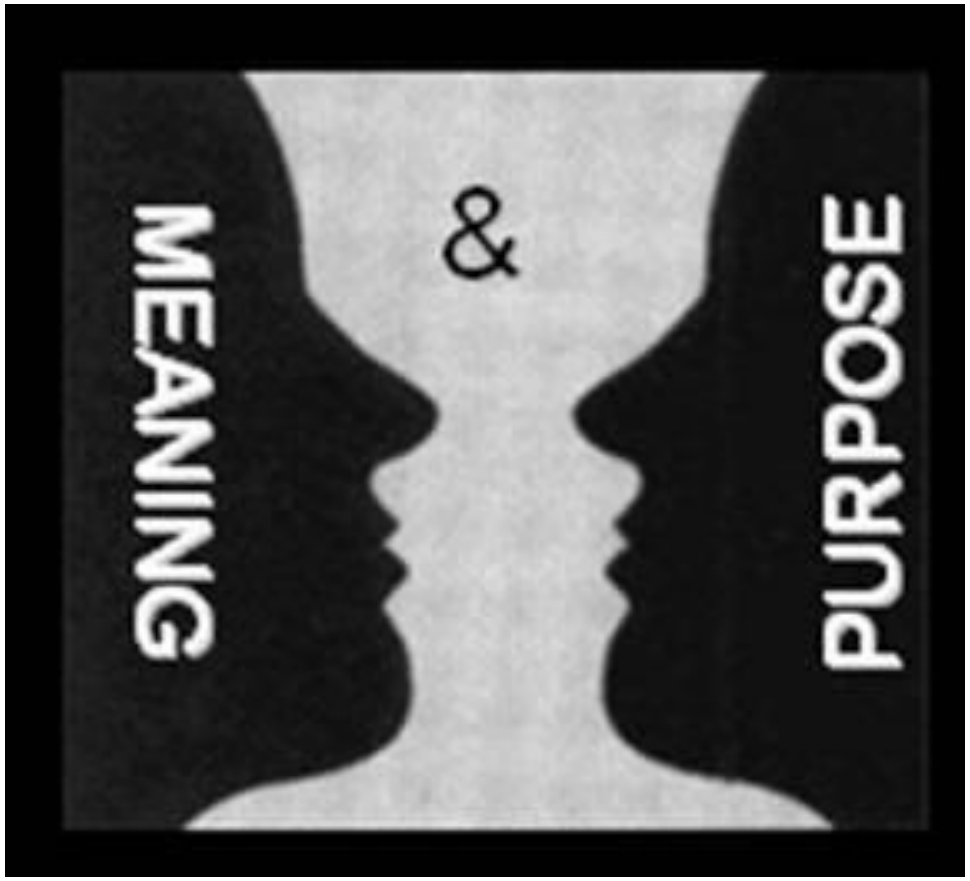
CHILDREN'S MEDICAL & MENTAL HEALTH RESOURCE NETWORK

SIU MEDICINE

WELCOME, INTRODUCTIONS AND HOUSEKEEPING

- Training Agenda for the Series
- Begin With the End in Mind
- What do you hope to gain?
- What is your confidence in Trauma Treatment?

DEFINING MOMENTS



ADVERSE CHILDHOOD EXPERIENCES

WHAT ARE ACES?

Adverse Childhood Experiences, or ACEs, are traumatic experiences that can have profound impact on a child's development and a lasting effect on their health throughout their lifetime. There are a total of ten recognized ACEs, falling into three categories—abuse, neglect, and household dysfunction.

TRAUMA: WHAT'S IN A NAME?

WHAT IS TRAUMATIC STRESS

Overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control body response.

•May affect: –Ability to trust others –Sense of personal safety – View of the world and self –Ability to navigate stressful events and changes in life

Defining Adversity or Stress

- How do you define/measure adversity?
- Huge individual variability
  - Perception of adversity or stress (subjective)
  - Reaction to adversity or stress (objective)
- National Scientific Council on the Developing Child (Dr. Jack Shonkoff and colleagues)
  - Positive Stress
  - Tolerable Stress
  - Toxic Stress

Based on the REACTION
(objective physiologic responses)

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WHAT IS TOXIC STRESS

The excessive or prolonged activation of the physiological system in the absence of the buffering protection afforded by stable, responsive relationships.- American Academy of Pediatrics

Defining Adversity or Stress

- **Toxic** Stress
  - Long lasting, frequent, or strong intensity
  - More extreme precipitants of childhood stress (**ACEs**)
    - Physical, sexual, emotional abuse
    - Physical, emotional neglect
    - Household dysfunction
  - **Insufficient social-emotional buffering**
    (Deficient levels of emotion coaching, re-processing, reassurance and support)
  - Potentially permanent changes and long-term effects
    - **Epigenetics** (there are life long / intergenerational changes in how the genetic program is turned **ON** or **OFF**)
    - **Brain architecture** (the mediators of stress impact upon the mechanisms of brain development / **connectivity**)

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Defining Adversity or Stress

- **Positive** Stress
  - Brief, infrequent, mild to moderate intensity
  - Most normative childhood stress
    - Inability of the 15 month old to express their desires
    - The 2 year old who stumbles while running
    - Beginning school or daycare
    - The big project in middle school
  - **Social-emotional buffers** allow a return to ***baseline***

    (responding to non-verbal clues, consolation, reassurance, assistance in planning)
  - **Builds motivation and resiliency**
  - Positive Stress is **NOT** the **ABSENCE** of stress

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ACUTE TRAUMA

- Acute Trauma is a single traumatic event that is limited in time.
- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening

CHRONIC TRAUMA

- Chronic trauma refers to the experience of multiple traumatic events.
- These may be multiple and varied events, such as: the child's being exposed to domestic violence, involved in a serious car accident, and then becoming a victim of community violence, or longstanding trauma such as physical abuse, neglect, or war
- The effects of chronic trauma are often cumulative.

COMPLEX TRAUMA

- Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.
- Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.

HISTORICAL TRAUMA

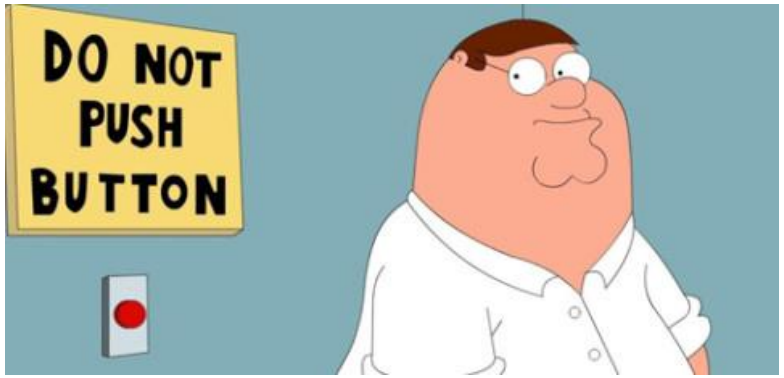
Historical trauma is a personal or historical event or prolonged experience that continues to have an impact over several generations. Examples include:

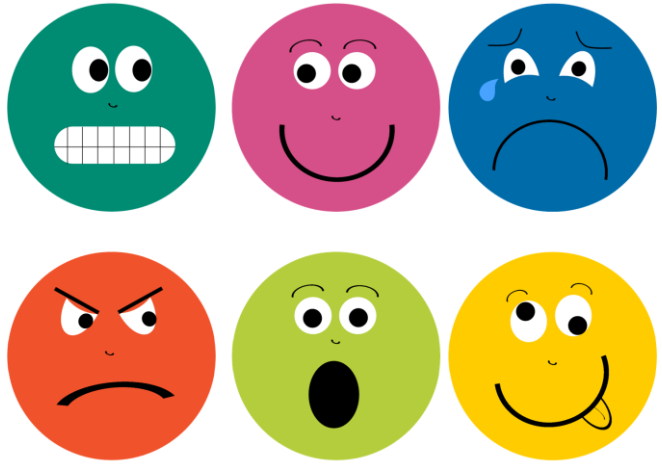
- Slavery
- Removal from homelands
- Relocation
- Massacres, genocides, or ethnocides
- Cultural, racial, and immigrant oppression
- Forced placement in boarding schools

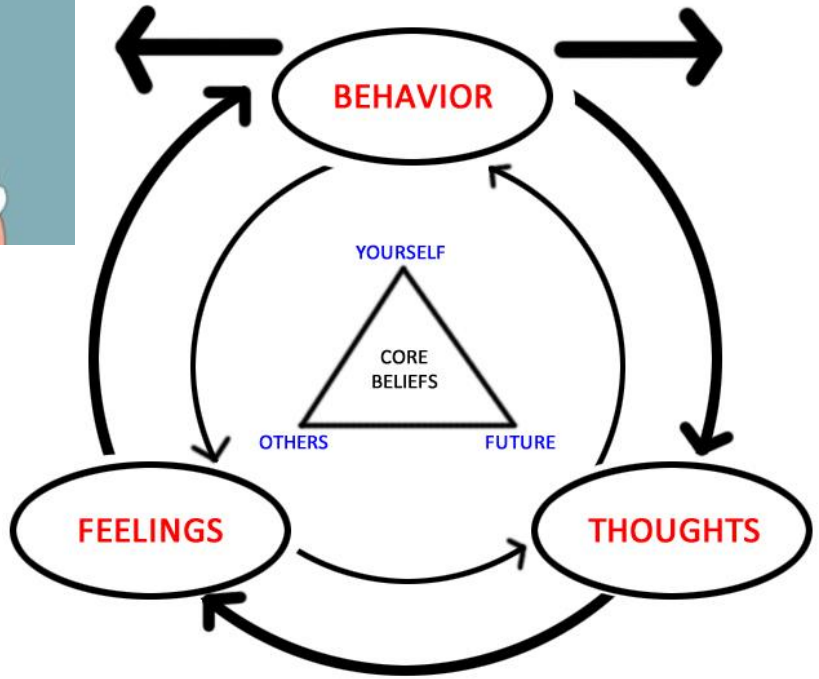
WHAT ABOUT NEGLECT

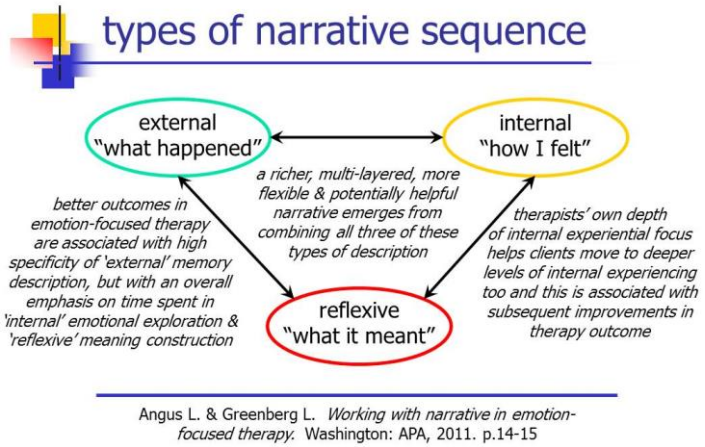
- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child who is completely dependent on adults for care
- Opens the door to other traumatic events
- May interfere with a child's ability to recover from trauma

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPIES

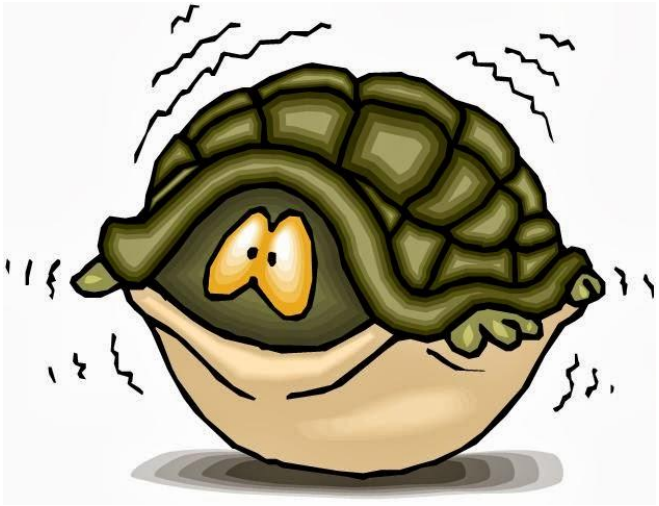






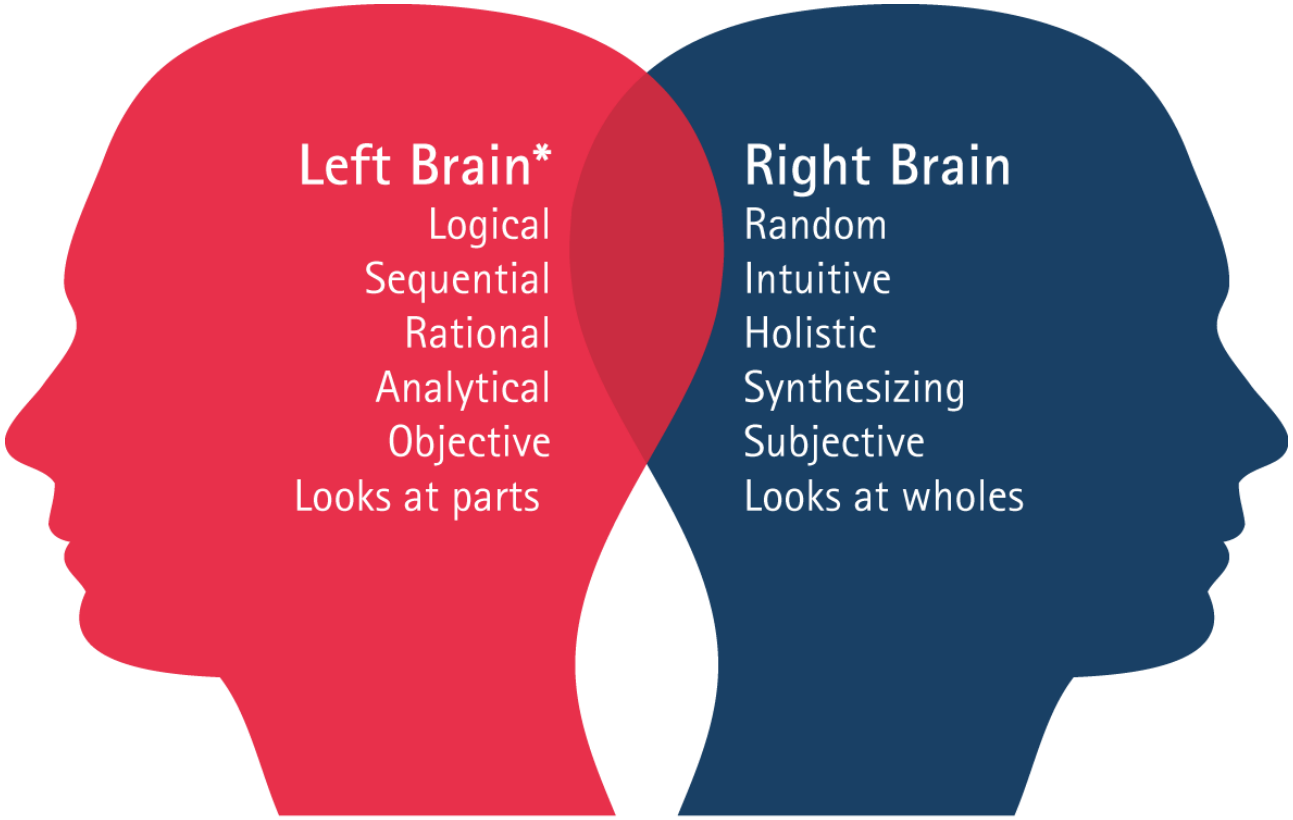


PROLONGED EXPOSURE



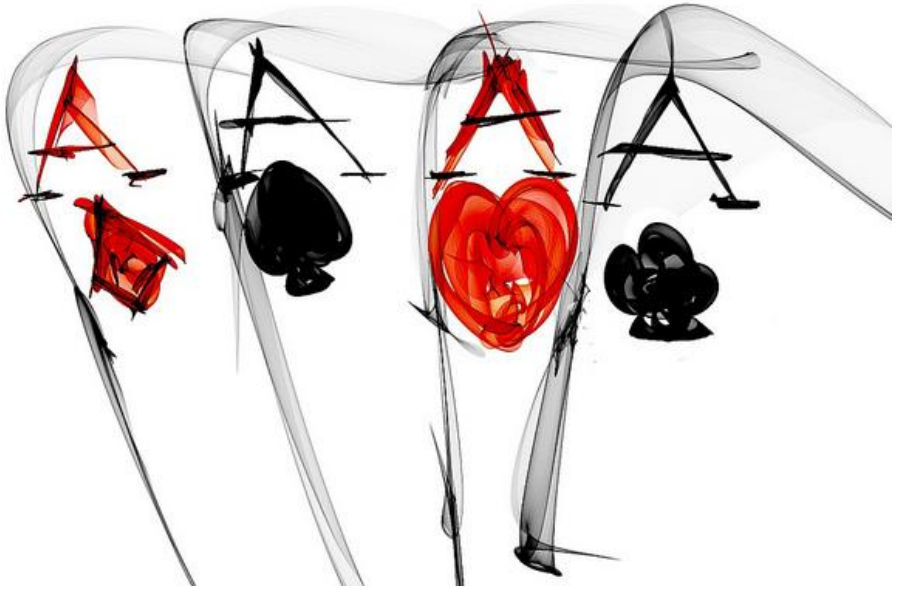
Feel the FEAR and DO IT anyway.

MIXED COGNITIVE BEHAVIORAL THERAPY



*Source: Funderstanding.com, Inc., New Jersey

OVER VIEW OF ADVERSE CHILDHOOD EXPERIENCES



JUST UNDER THE SURFACE

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Drug Use

Divorce

Mother Treated Violently

Incarcerated Relative

WHAT IS THE ACE STUDY?

- Looked at the potential long-term influence of Adverse childhood experiences
- Dates back to 1995
- First study look at 17,000 average Americans at Kaiser Permanente
- First study was published in 1998
- Questionnaire examined a range of health and social problems from adolescence to adulthood assessing childhood exposure to the ten categories of adverse experiences

CO- PRINCIPAL INVESTIGATORS

Robert F. Anda, MD, MS

Epidemiologist, Centers for Disease Control, Atlanta

Vincent J. Felitti, MD,

Internist

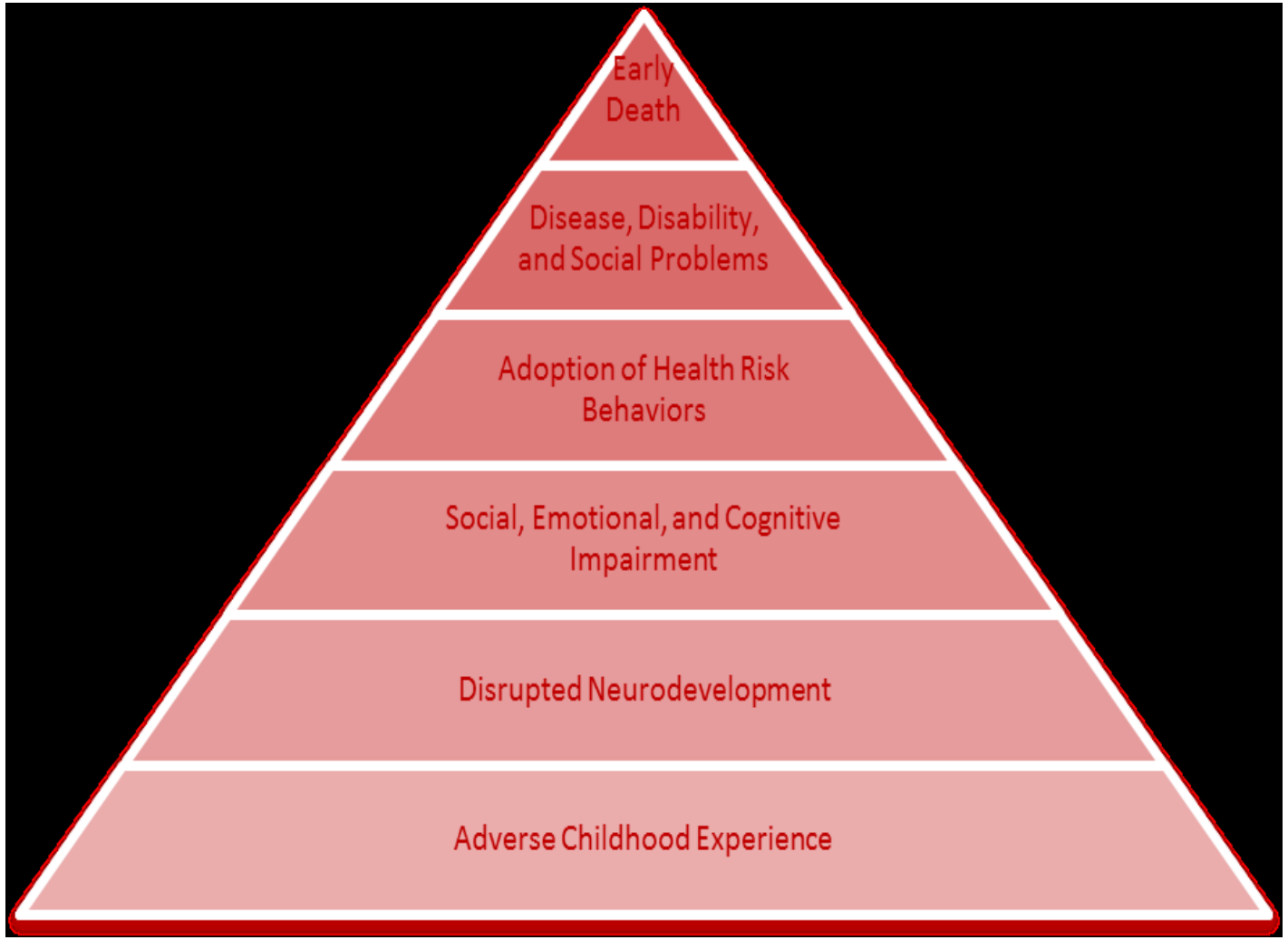
Kaiser Permanente, San Diego

PREVALENCE OF ACES

ACE	Percentage of the Population
0	33%
1	26%
2	16%
3	10%
4+	16%

HIGHER ACES = HIGHER RISK OF POOR ADULT OUTCOMES

Work on ACEs has built an understanding of the cumulative effect of adverse experiences on human development. The likelihood of risky behavior or poor health outcomes increases substantially with the number of ACEs reported

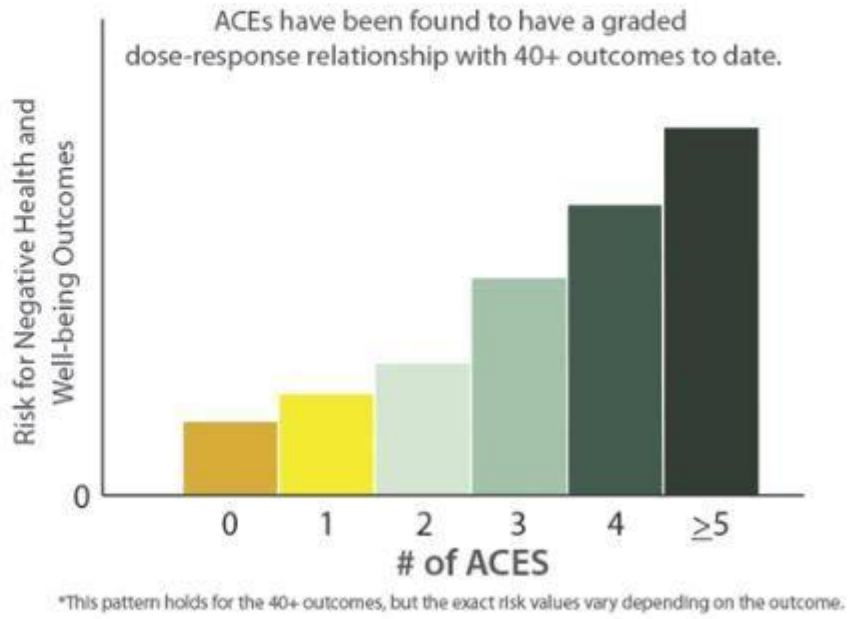


ADVERSE CHILDHOOD EXPERIENCES

Association Between ACEs and Negative Outcomes

ACES can have lasting effects on….

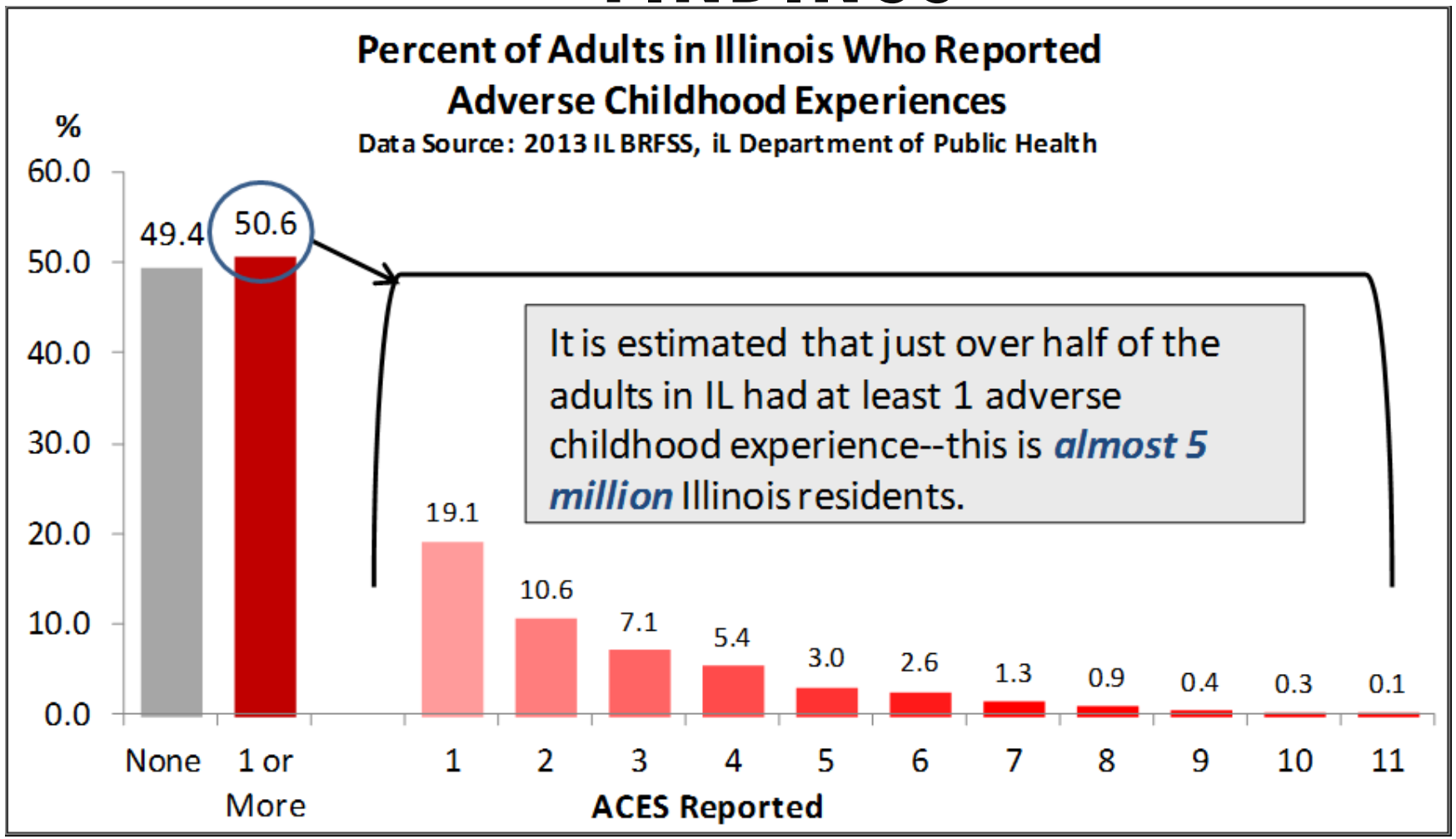
- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)

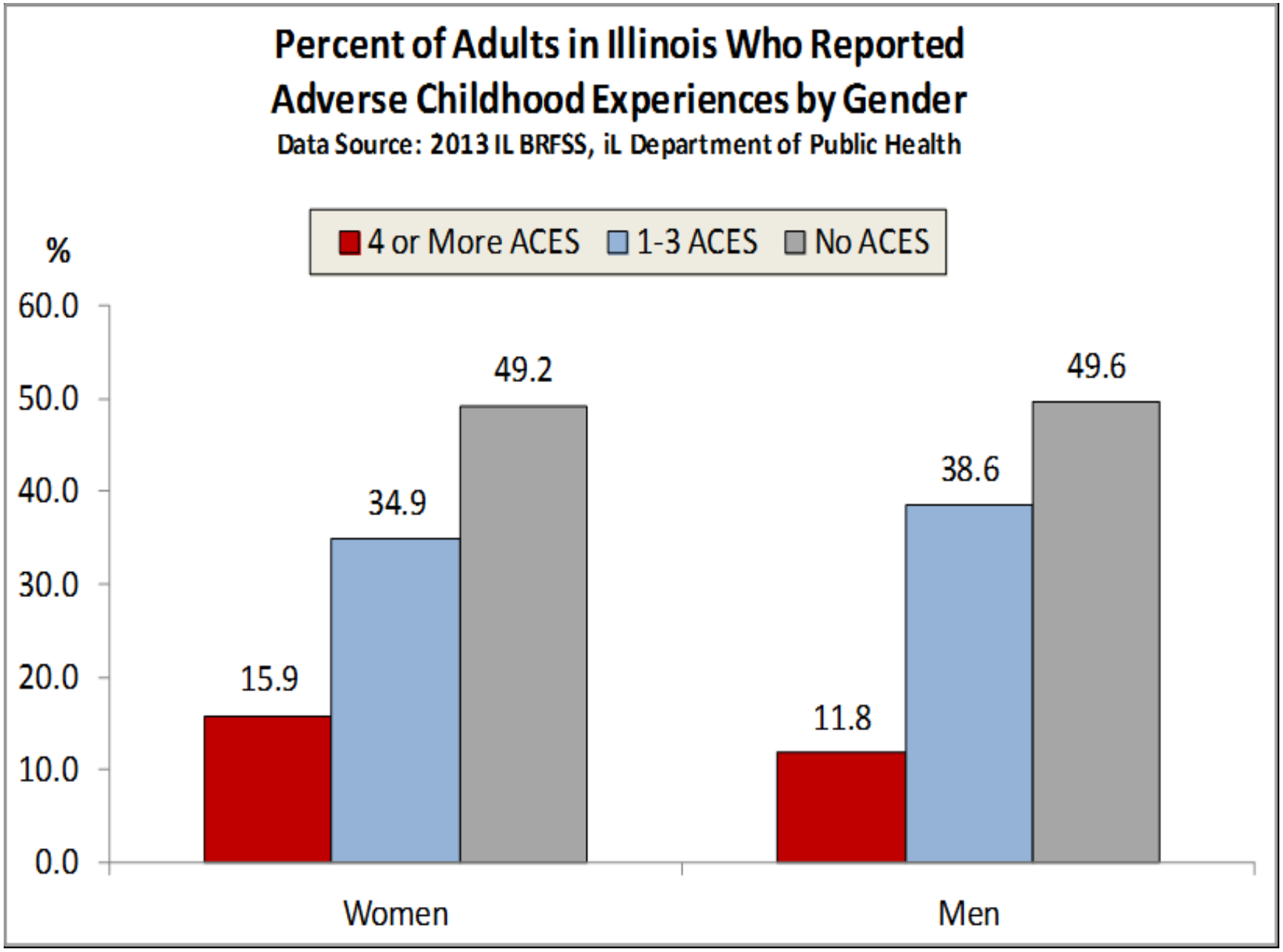


UNDERSTANDING HEALTH RISKS ACROSS GENERATIONS IN ILLINOIS

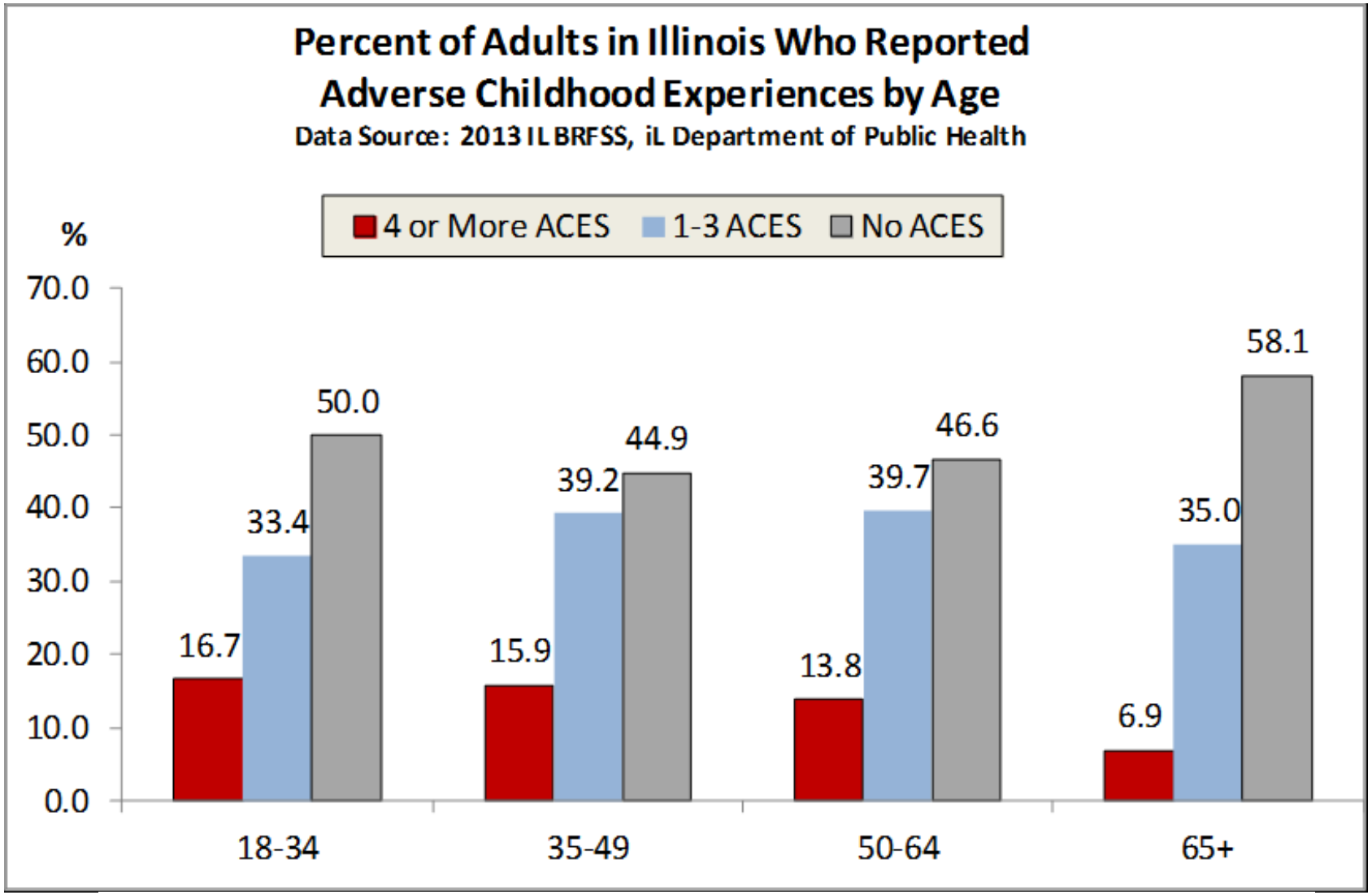
- Illinois started to use the ACE module to study what ACES looks like in 2013
- 22 states have conducted the ACE Study at least once and results are consistent
- ACES are prevalent and appear to be a strong predictor of adult physical and mental health outcomes

PRELIMINARY 2013 ILLINOIS BRFSS FINDINGS

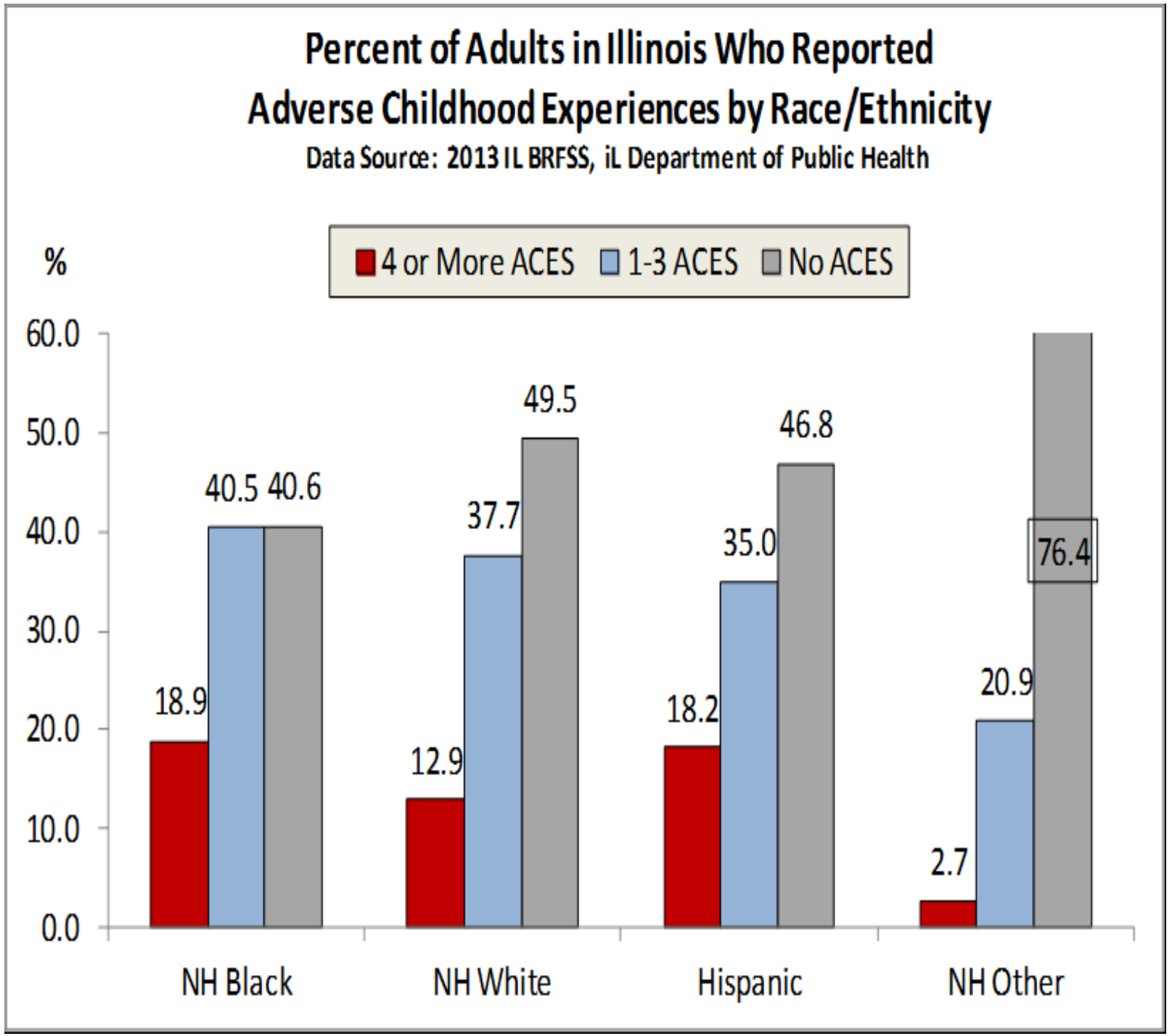




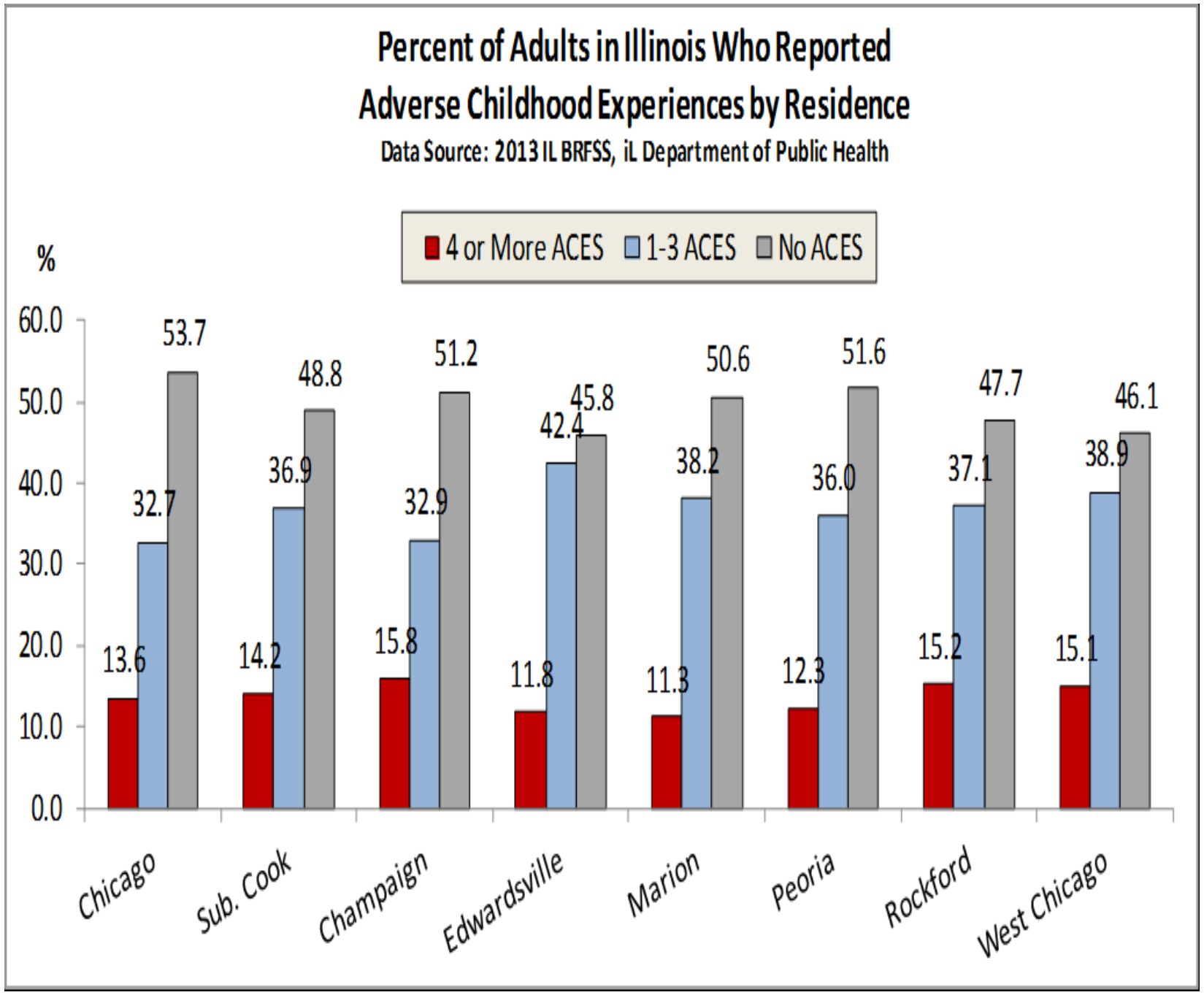
Having at least one adverse childhood experience was reported by approximately half of both adult men and adult women in Illinois. Approximately 1 in 6 women and 1 in 10 men reported experiencing 4 or more ACEs.



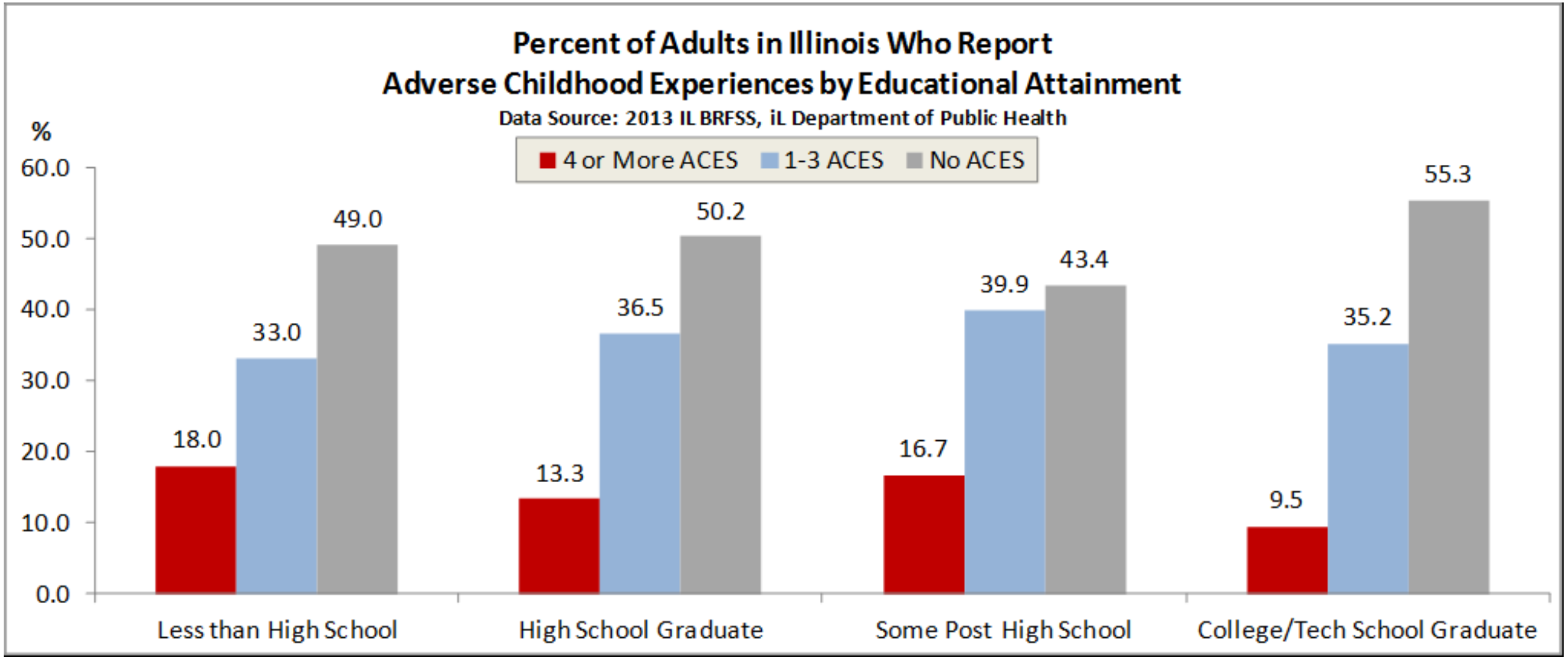
Except for adults 65 and older who reported slightly fewer ACEs, approximately half of adults said they had at least one ACE and ap-proximately 1 in 6 said they had 4 or more ACEs.



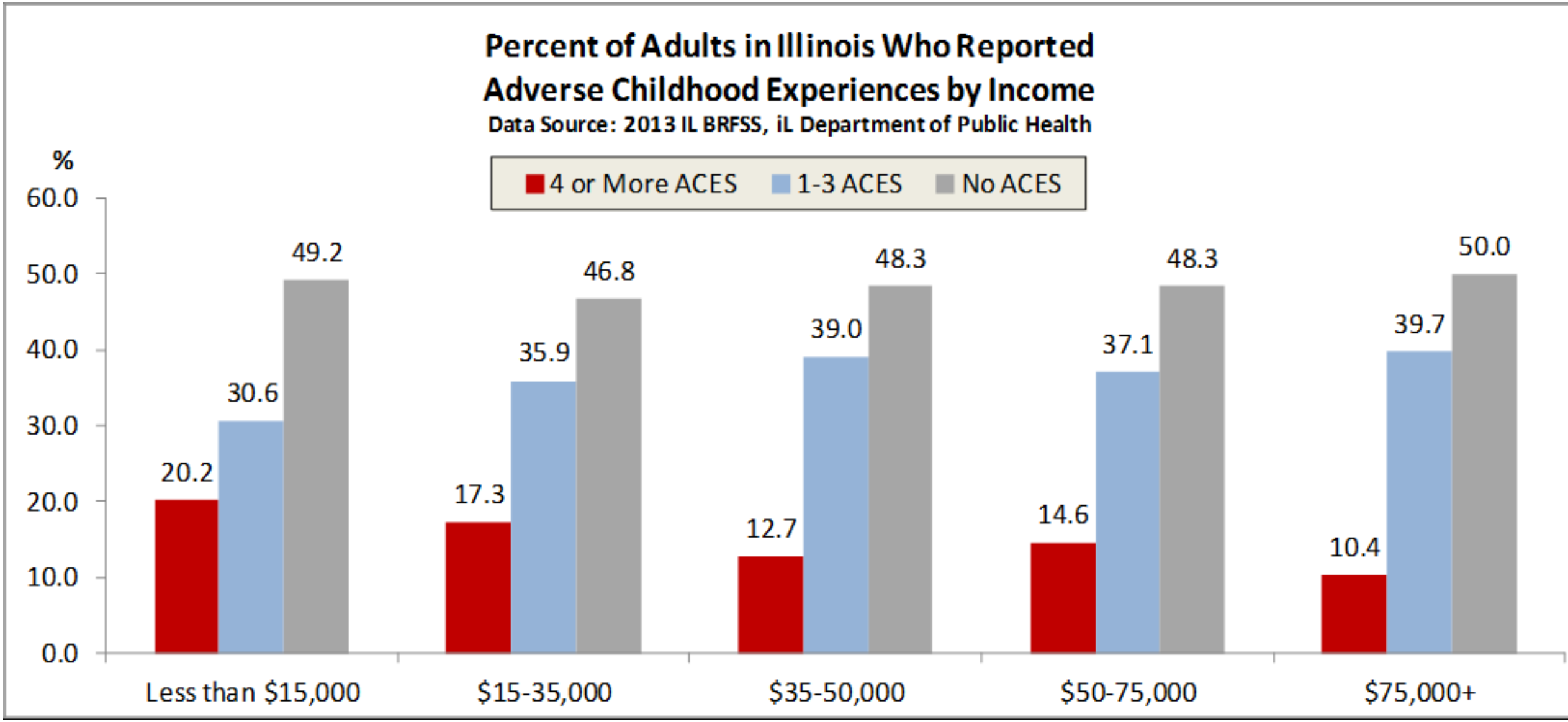
Close to 3 in 5 African American adults in Illinois reported at least one ACE, compared to slightly more than half of Hispanic adults and half of white adults. Among both African American and Hispanic adults, about 18% reported 4 or more ACEs.



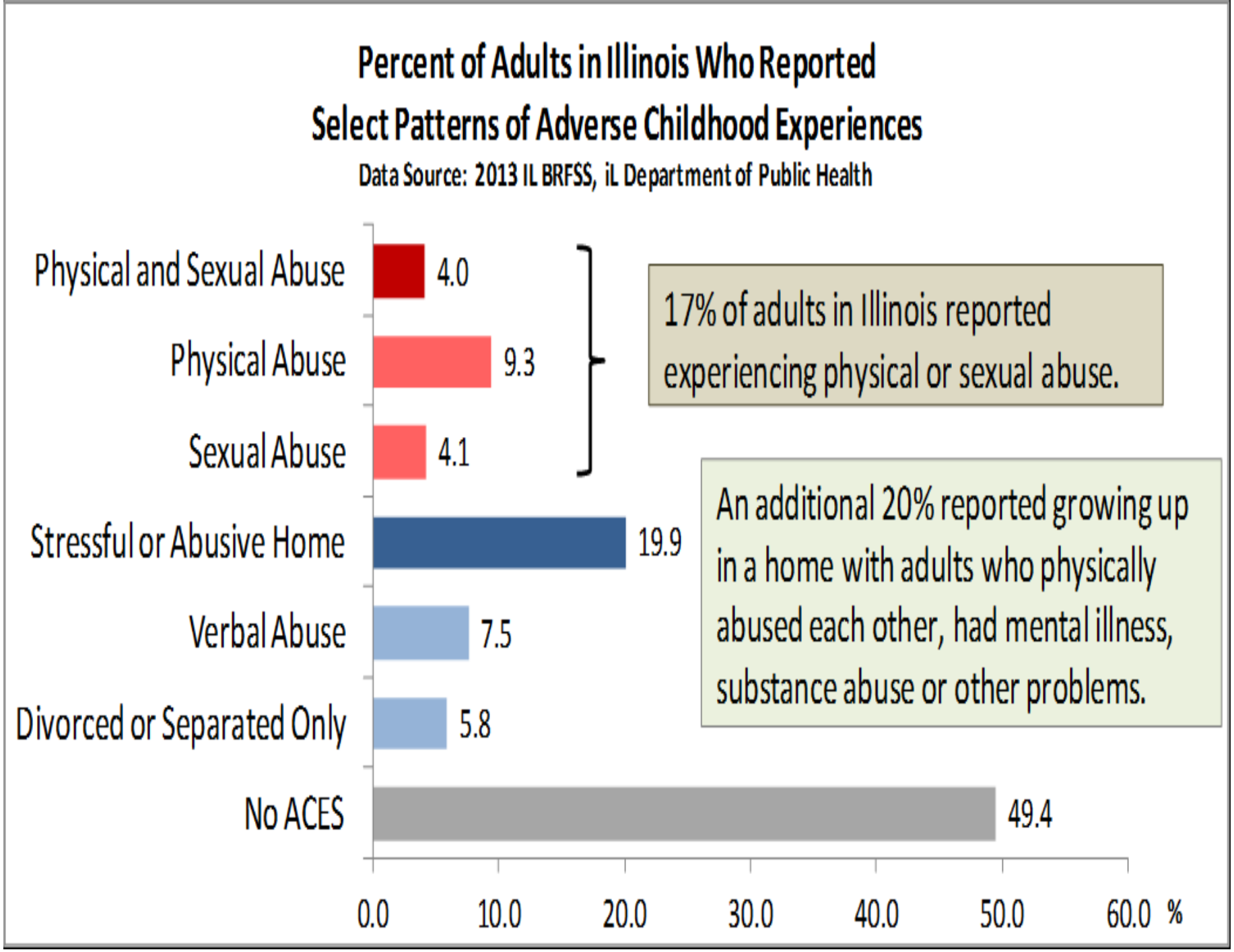
Reporting of ACEs was fairly consistent across Illinois. Regardless of place of residence, between 11 and 16% of Illinois adults reported 4 or more ACEs with approximately half of all adults reporting at least one ACE.



Nearly 1 in 5 of those who did not finish high school reported 4 or more ACES, while only 1 in 10 of those with a post high school degree reported 4 or more ACEs



The highest percentages of adults reporting 4 or more ACEs was seen in the lowest income groups, and the lowest percentage reporting 4 or more ACEs was seen in the highest income group.



Since many adults reported more than one ACE, it is important to examine the patterns of ACEs among adults. Adults reporting physical or sexual abuse were grouped together regardless of what other combinations of ACEs they reported. Then, those who reported living in a home with adults who were depressed/mentally ill, who were sub-stance abusers, who were physically abusive to each other, or who were involved with the prison system were grouped together. Finally, adults re-porting only verbal abuse or only having divorced or separated parents are in distinct groups. These groupings provide a different perspective on the extent of ACES among adults in Illinois.

IMPACT ON MENTAL HEALTH

THE CHILD TRAUMA EPIDEMIC

- Up to 70% of children and adolescents will experience at least one traumatic event by age 18 (Finkelhor et al., 2007;2009)
- Significant minority will experience multiple forms
- 22% will be victimized in the next 12 months
- Increases risk of being victimized as adults

POSSIBLE TRAUMA OUTCOMES

Psychiatric Disorders

- PTSD
- Depression
- Substance Use Disorders
- Personality Disorders
- ADHD
- ODD/CD
- Suicide Attempts

Overall functioning

- Sleep disturbances
- Occupational/School
- Developmental Delays
- Social
- Divorce
- Poor Quality of Life

POSSIBLE TRAUMA OUTCOMES

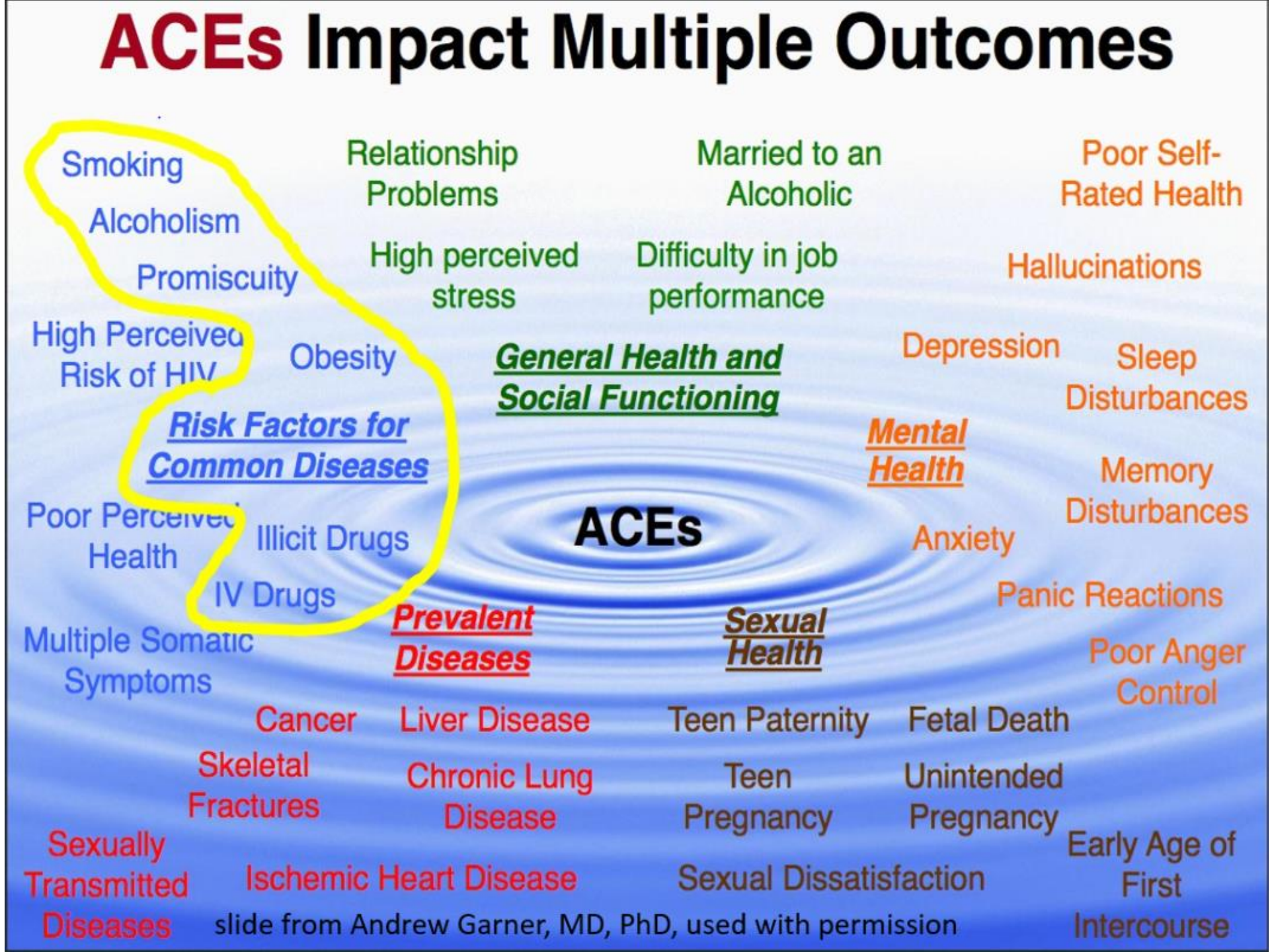
Increased Mortality

Prevalent Diseases:

- Cardiovascular disease
- Cancer
- Asthma
- Metabolic syndrome
- Autoimmune disorders
- Type II Diabetes
- COPD

Risk Factors for Common Diseases

- Smoking
- Obesity (unhealthy eating)
- Substance use (Alcohol, tobacco, illicit drug use (self-medication; arousal)
- STDs
- Teenage sexual activity (arousal)
- Suicide attempts (communication; way out) (Isolation; avoidance)
- Chronic stress (on guard; protection)
- Intimate partner violence (power; control)


ACEs Impact Multiple Outcomes
Smoking
Alcoholism
Promiscuity
High Perceived Risk of HIV
Obesity
Risk Factors for Common Diseases
Poor Perceived Health
Illicit Drugs
IV Drugs
Multiple Somatic Symptoms
Relationship Problems
High perceived stress
Married to an Alcoholic
Difficulty in job performance
General Health and Social Functioning
Poor Self-Rated Health
Hallucinations
Depression
Sleep Disturbances
Mental Health
Memory Disturbances
Anxiety
Panic Reactions
Poor Anger Control
ACEs
Prevalent Diseases
Cancer
Liver Disease
Skeletal Fractures
Chronic Lung Disease
Sexually Transmitted Diseases
Ischemic Heart Disease
Sexual Health
Teen Paternity
Fetal Death
Teen Pregnancy
Unintended Pregnancy
Sexual Dissatisfaction
Early Age of First Intercourse
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SHUTTING THE DOOR TO TRAUMA SYMPTOMS

EFFECTS OF TRAUMA

- C ognitive Problems
- R elationships Problems
- A ffective Problems
- F amily Problems
- T raumatic Behavior Problems
- S omatic Problems

AVERAGE NUMBER OF DAYS PER MONTH ILLINOIS ADULTS REPORTED MENTAL HEALTH NOT GOOD ACCORDING TO NUMBER OF ACES

ACES	AVERAGE DAYS
4 or more	6.7
1-3	3.6
None	2.9

Data Source: 2013 IL BRFSS, IL Department of Public Health

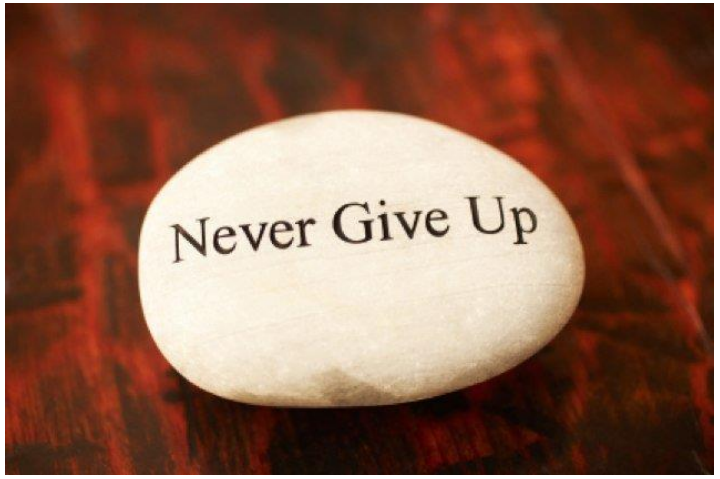
AVERAGE NUMBER OF DAYS PER MONTH ILLINOIS ADULTS REPORTED MENTAL HEALTH NOT GOOD ACCORDING TO ACES PATTERN

ACES	AVERAGE DAYS
Physical and Sexual Abuse	9.0
Physical Abuse	5.2
Sexual Abuse	6.2
Stressful or Abusive Home	4.0
Verbal Abuse	3.2
Divorce or Separated Only	1.9
None	2.9

Data Source: 2013 IL BRFSS, IL Department of Public Health

RESILIENCY

- Those who manage to continue to be successful despite severe adversity are called “resilient”
- It is an innate ability to adapt
- Sometimes coping skills are unhealthy but necessary.



ACES AND RESILIENCE ACTIVITY

OVER VIEW OF NEUROLOGICAL IMPACT OF EARLY EXPOSURE TO ADVERSITY

https://www.youtube.com/watch?v=D33Aj5w061g

PERSONALIZED NEUROSCIENCE FOR MENTAL HEALTH

Genetic Risk
Temperament
Brain Circuits
Physiology
Behavior
Life Experience

- Brain circuits and physiology as the most "proximal" measures of the disease state.
- Behavior = performance correlates
- Life experience, incl. early life stress = distal moderators

Williams. Lancet Psychiatry, 2016 (in press)

ISSUES WITH CHILD DEVELOPMENT CAN BEGIN PRIOR TO CONCEPTION

- Lifestyle, diet, physical and emotional health
- Culture
- SES
- Support Systems
- Age
- Mothers attitude toward the pregnancy

INFANT INTERACTION WITH A DEPRESSED MOTHER:

- Infants are less playful
- Show less activity
- Express fewer face to face interactions
- Express less imitation of their mother than babies of non-depressed mothers.

RESEARCH SHOWS INFANTS OF DEPRESSED MOTHERS AT 3 MONTHS OF AGE:

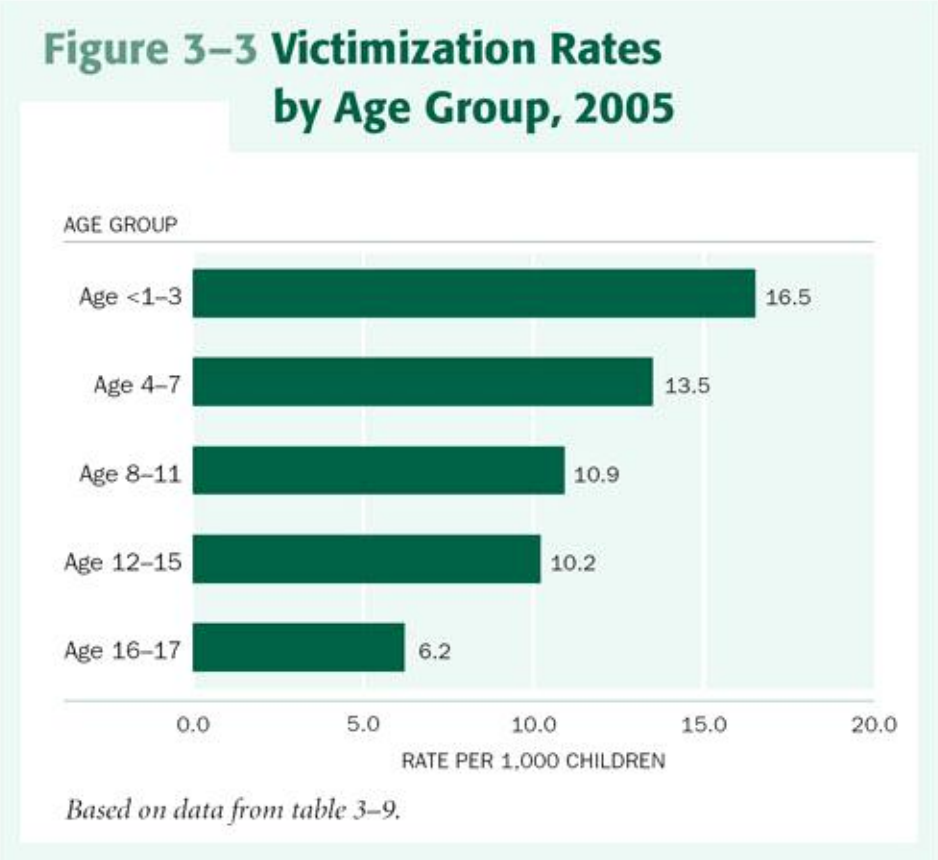
- Show the same characteristics even in interactions with non-depressed adults
- May suggest that a temperamental social style has already developed

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."

BRUCE PERRY

Most of the brain's growth occurs within the first 2-3 yrs of life.

- Conception to 3 yrs.



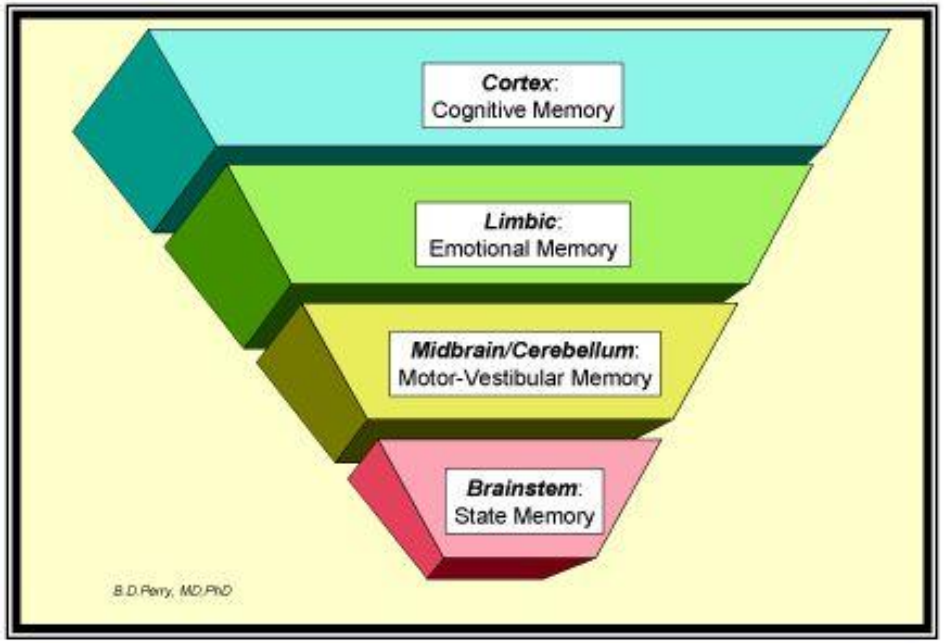
"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."

BRUCE PERRY

The brain develops from the bottom up.

- From lower centers to higher center.
- Brainstem to cortex.

100 million to 100 billion neurons with tens of thousands of connections to other neurons.



BRAIN DEVELOPMENT

- Early experiences are built into our bodies and for better or for worse
- Healthy development in the early years provides the building blocks for:
  - educational achievement
  - economic productivity
  - responsible citizenship
  - lifelong health
  - strong communities
  - successful parenting of the next generaLon

http://www.developingchild.harvard.edu

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3 Core Concepts in Early Development

- Experiences build brain architecture
- "Serve and Return" interaction shapes brain circuitry
- Toxic stress derails healthy development

hhp://www.developingchild.harvard.edu

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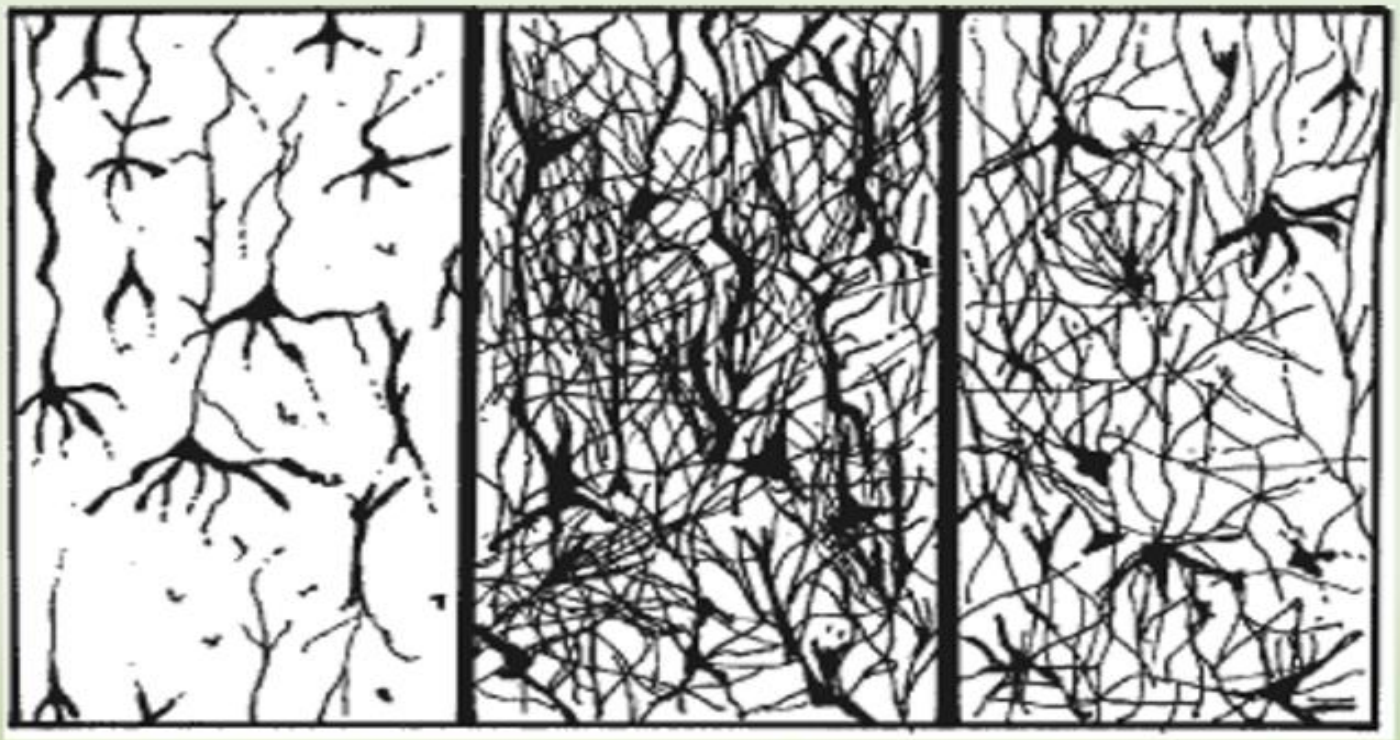
Synaptic Density

700 new synapses (neural connections) every second



at a child's birth | at 7 years of age | at 15 years of age

SOURCE: Harvard Center on the Developing Child

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Building the Brain's "Air Traffic Control" System

- **Executive Function Skills**
  - ability to focus, hold, and work with information in mind
  - filter distractions, and switch gears
  - skills that helps to focus on mutiple streams of information at the same time, and revise plans as necessary
- Acquiring the early building blocks of these skills is one of the most important and challenging tasks of the early childhood years

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Building the Brain's "Air Traffic Control" System

- **YOUNG CHILD'S ENVIRONMENT OF RELATIONSHIPS PLAYS AN IMPORTANT ROLE IN THE DEVELOPMENT OF EXECUTIVE CAPACITIES**
- Adverse environments (neglect, abuse, exposure to violence) can impair the development of these skills as a result of the disruptive effects of toxic stress on the developing architecture of the brain.

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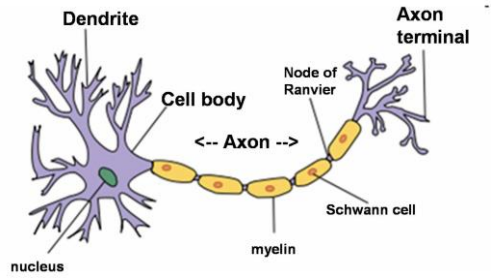
"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."
BRUCE PERRY



- Neurons are not hard-wired, they are designed to change in response to patterned, repetitive stimulation
- Brain development is an ongoing process.
  - Neuronal: cell division, cell migration, cell differentiation, cell death and dendritic sprouting.
- The more activity between neuronal connections…the stronger the connections become.
- Less complex areas i.e. brainstem have less plasticity, whereas cortex has most plasticity.
- "…experiences can change the function of our brains, and even alter its structure"
  - Stien & Kendall, 2003.

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY." BRUCE PERRY

"…in children, neuronal activity literally provides the organizing template for neural systems.

- Positive experiences
- Negative experiences.

In adults, activity can alter pre-existing neural organization…"

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."
BRUCE PERRY

"use it or lose it"

- The more you do something over and over the easier it becomes (i.e. throwing a baseball).
- Same for fear…the more you experience it, the quicker that response will come next time it is stimulated.

75% of all child abuse is documented in the 0-3 yr age range.

75% of the maltreatment perpetrated on the 0-3 yr age range is NEGLECT.

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."
BRUCE PERRY

Lack of stimulation = no neuronal pathways develop.

Over years the ability to create those pathways are lost forever.

- Attachment
- Relationships
  - Empathy
  - Compassion.
- Higher cognition.

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."

BRUCE PERRY

- Type of dysfunction is dependent on age at the time of neglect or trauma.
- Whether trauma/neglect was episodic or chronic.
- Dysfunction can be profound or subtle.
- Can have splintered dysfunction
- Child is neglected in one area but not another and performance follows.

"A CHILD'S BRAIN CHANGES IN A USE DEPENDENT WAY."
BRUCE PERRY

Neglect can be as simple as chaotic, dysynchronous, over stimulating environments.

Neglect injury is due to an absence of appropriate stimulation at the right time.

Children who grow up feeling loved deeply become adults who are prewired to love deeply.

Karen Salmansohn

SSNRs: Influence Early Brain Development and Buffer Adverse Childhood Experiences

Safe, Stable and Nurturing Relationships (SSNRs)

- Healthy development depends on the quality and reliability of a young children's relationships with the important people in their lives
- Nurturing, responsive, and individualized interactions build healthy brain architecture that provides a strong foundation for future learning, behavior, and health
- SSNRs can provide a buffer for ACEs

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Epigenetics:

- **Which** genes are turned on/off, **when**, and **where**
- **Ecology** (environment/experience) influences how the genetic blueprint is read and utilized
- Ecological effects at the **molecular level**
- **Stress-induced changes in gene expression**

"**Genes** may load the gun, but the **environment** pulls the trigger"

"Epigenetics: NOT your parents' genome!"

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TELOMERES

- Telomeres are the ends of DNA strands which are shortened with each cellular division.
- With each replication, telomeres shorten until the “Hayflick limit” is reached and the cell enters senescence.
- Telomeres are thought to be a sign of cellular aging (and perhaps overall aging of the organism).

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EXPOSURE TO VOLENCE DURING CHILDHOOD IS ASSOCIATED WITH TELOMERE EROSION FROM 5 TO 10 YEARS OF AGE: A LONGITUDINAL STUDY

- Same children examined for telomere erosion between 5 and 10 years of age
- Physical abuse caused more erosion
- Combination of physical abuse, exposure to domestic violence, or bullying caused the most erosion
- Children will have decreased life span, earlier diseases

Shalev I, Moffih TE, Sugden K, Williams B, Houts RM, Danese A, Mill J, Arseneault l, Caspi A. Molecular Psychiatry 2012. doi:10.1038/mp.2012.32.

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Neurobiology of Maltreatment in the Developing Brain

- Accelerated loss of neurons
- Delays in myelination
- Delays in neuronal pruning
- Inhibition of neurogenesis

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Sensitive Periods in Brain Development

- Regions of auditory, visual, language development
- Maturation of the sensory, motor, cognitive functions
- Organizing patterns of interregional interactions

Dev Psychobiol. 2005;46(3):287–292.

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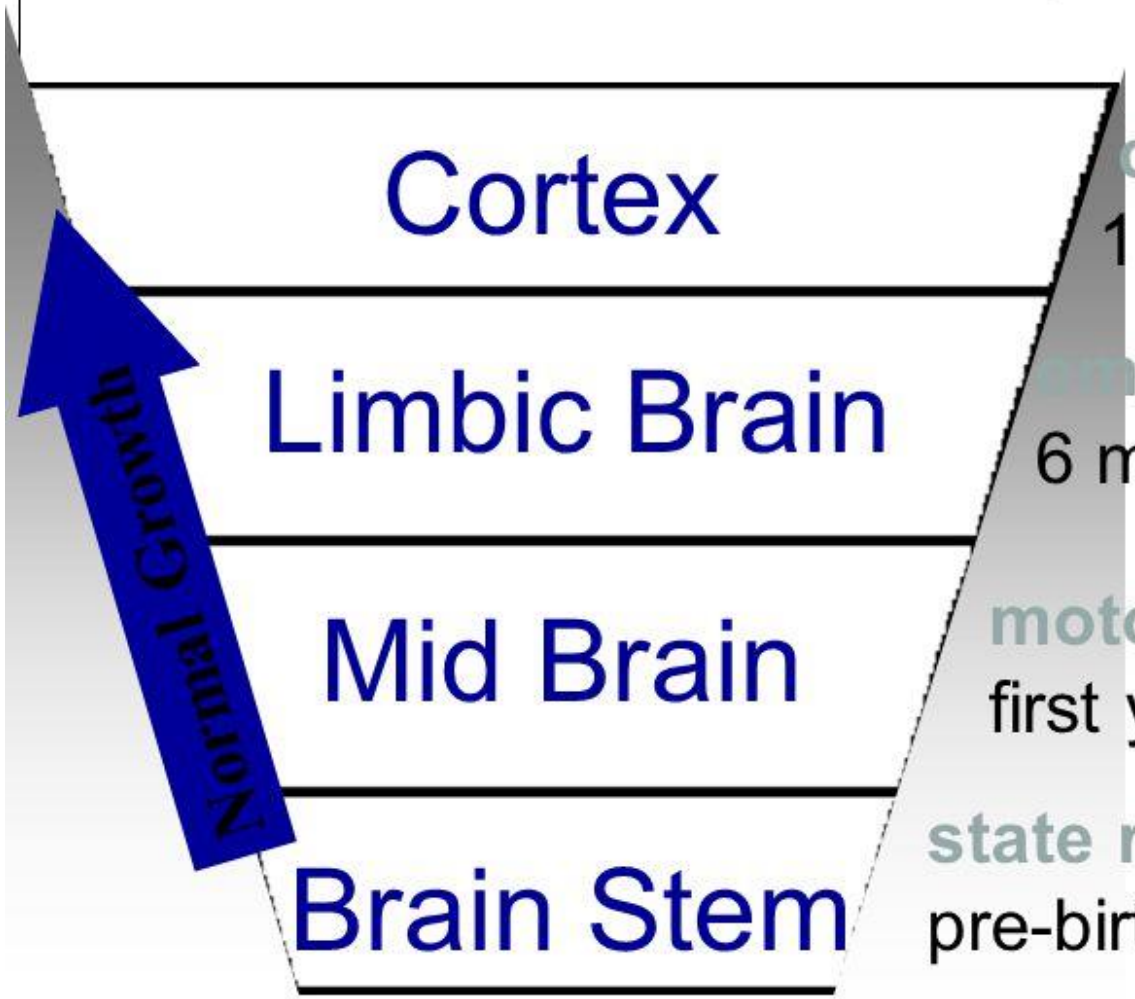
Traumatic Stress and Critical Windows of Brain Development



cognitive functioning:
12 months - 48 months

emotional functioning:
6 months - 30 months

motor functioning:
first year

state regulation:
pre-birth - 8 months

(Adapted from: Perry, 2002)

Regions of the Brain affected by ACEs and Toxic Stress

- The limbic system
- HPA axis
- Corpus callosum
- Cerebellar Vermis
- Prefrontal cortex
- Temporal lobes

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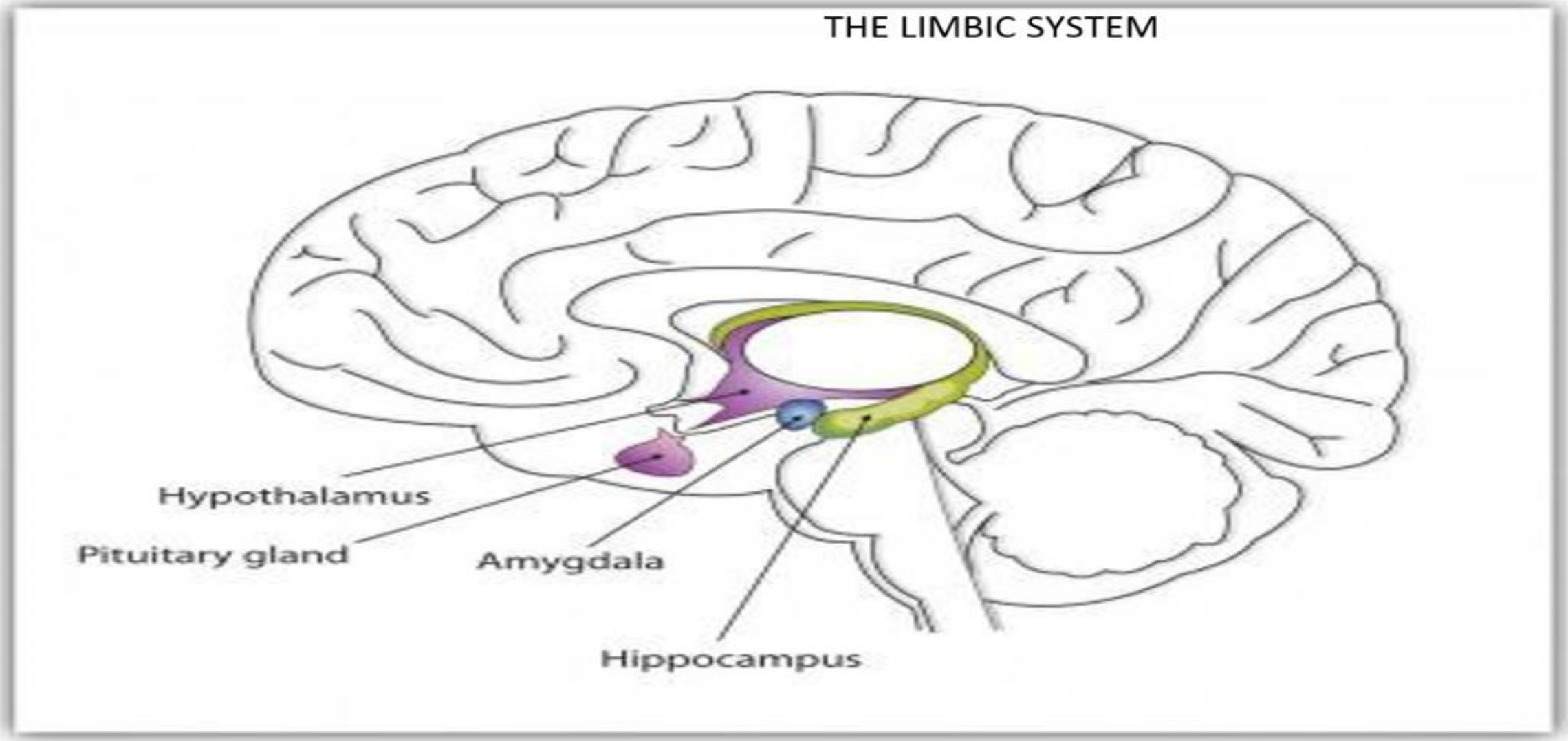
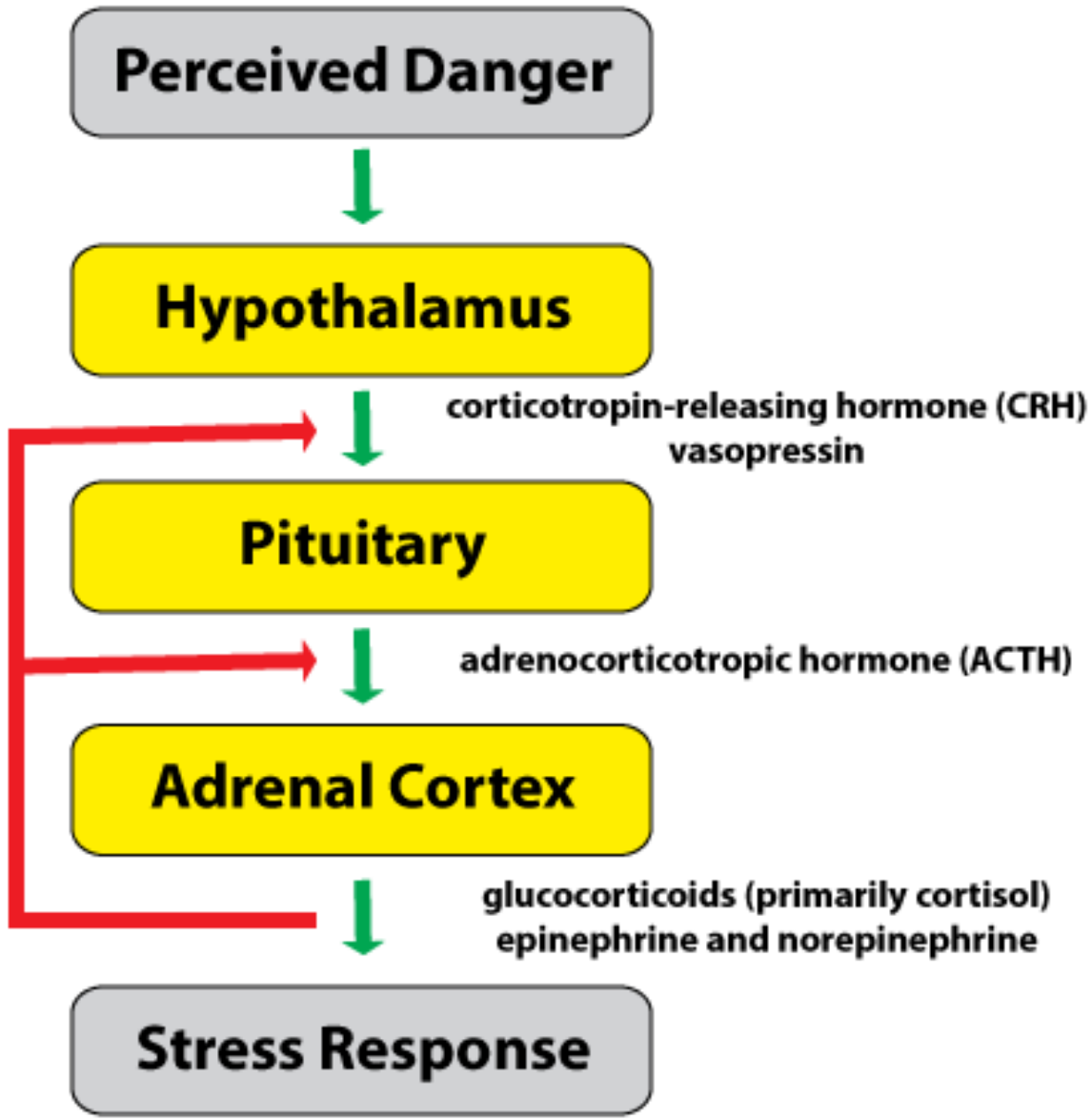
Trauma and the Brain

- Traumatic experiences cause such an overload of stress responses in the body, the individual's normal system of processing sensory information is completely overwhelmed.
- Survivors of trauma often become hypersensitive and easily triggered into a state of arousal, sensing threat in what other's consider to be innocuous situations.
- The survivor's fear "alarm system" becomes triggered by sensory experiences that they may have no verbal language to describe.



slide by Tasneem Ismailji, MD, MPH used with permission


Perceived Danger
Hypothalamus
corticotropin-releasing hormone (CRH)
vasopressin
Pituitary
adrenocorticotropic hormone (ACTH)
Adrenal Cortex
glucocorticoids (primarily cortisol)
epinephrine and norepinephrine
Stress Response

CONSEQUENCES OF MALTREATMENT COGNITIVE

- Slowed language development
- Attention problems
- Speech delay
- Poor verbal memory recall
- Lower IQ

CONSEQUENCES OF MALTREATMENT SOCIAL

- Aggression
- Poor self control of emotion
- Can’t modify behavior in response to social cues
- Social isolation

FOUR LINES OF CONVERGENCE

- Not only does abuse alter which neurons are selected, how different parts of the brain develop, and how neuro-hormonal pathways are altered but now it can be seen that it leaves its very footprints deep in the cells.
- Abuse creates different children

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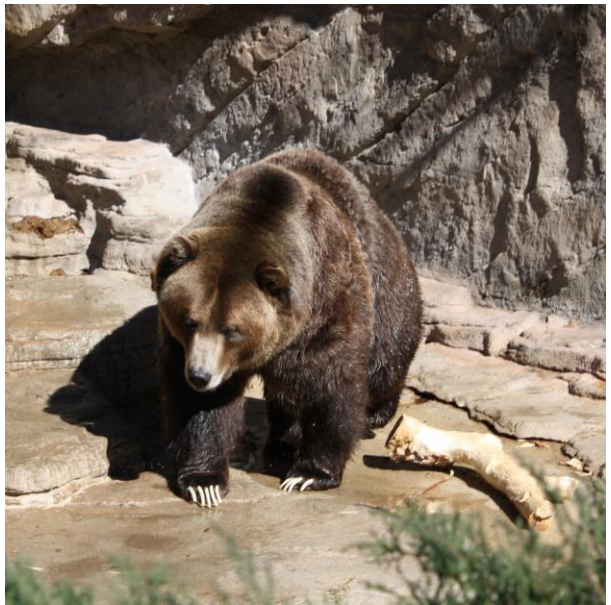
IMPACT OF TRAUMA

- Activation of survival responses:
  - Fight • Flight • Freeze • Submit
- Shutting down of non-essential tasks.
- Rational thought is less possible at this time.

(Hopper, 2009)

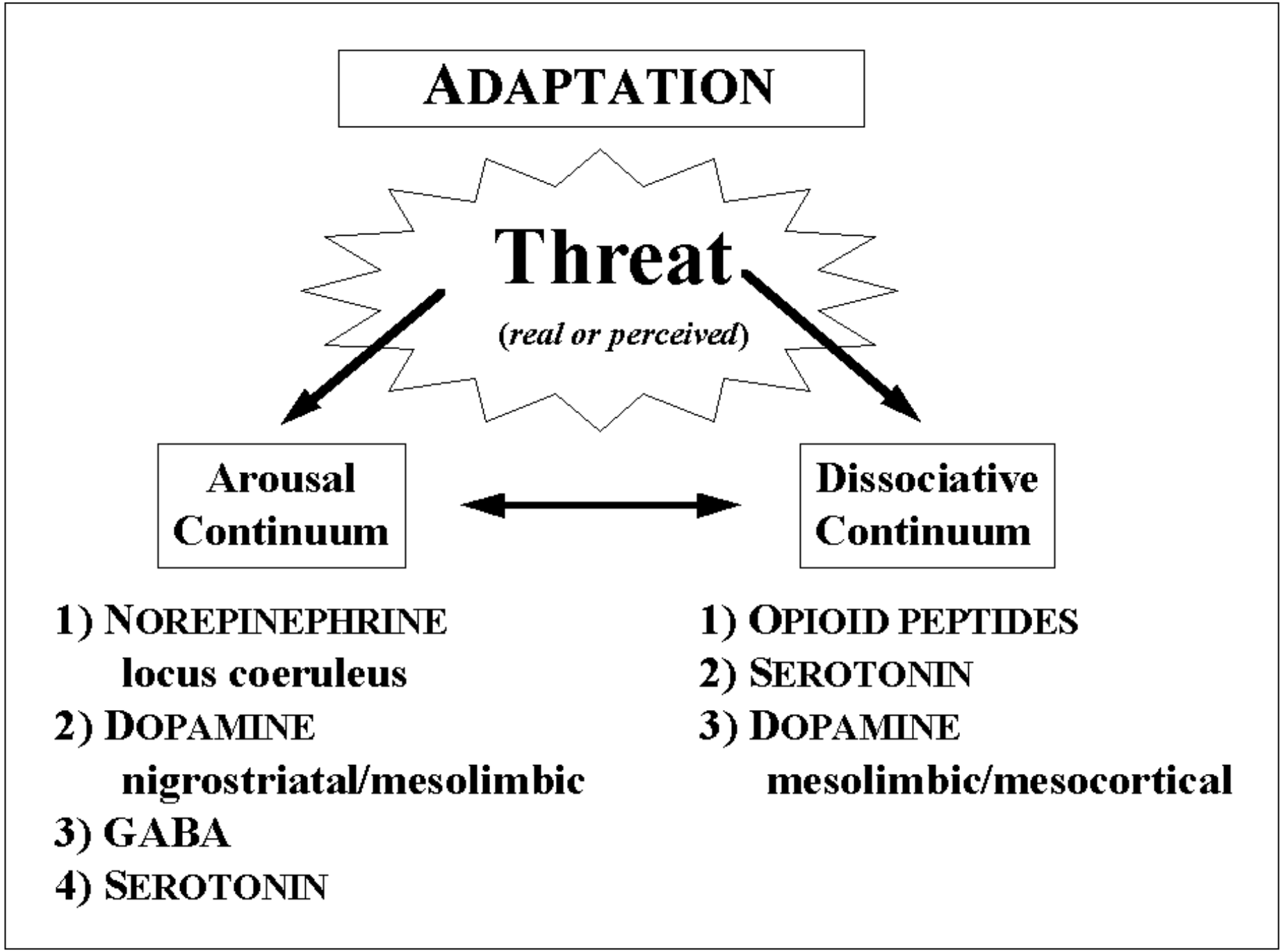


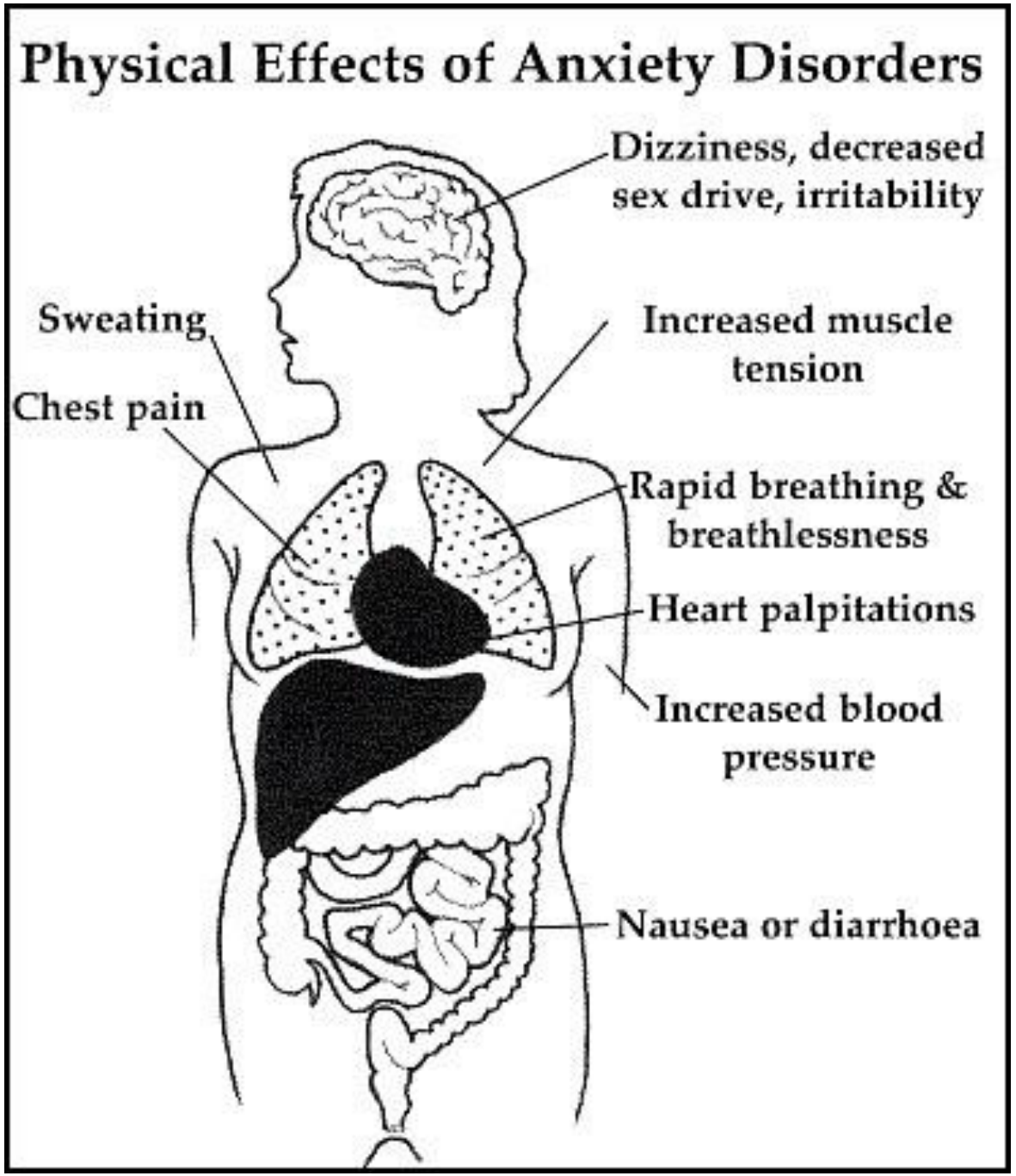
TRAUMA IMPACTS SCHOOL PERFORMANCE

- Lower GPA
- Higher school absences
- Higher drop-out rate
- More suspensions and expulsions
- Decreased reading ability
- Lower cognitive functioning
- Effects attention, memory, and thought processes

BEHAVIORAL MANIFESTATION

- Impulsive and reactive
- High frustration, anxiety, and anger
- Poor control of emotions
- Physical symptoms (e.g. headaches)
- Poor problem solving and choices
- Overreacting when told what to do
- Misperceived situations or triggers


ADAPTATION
Threat
(real or perceived)
Arousal Continuum
Dissociative Continuum
1) NOREPINEPHRINE
locus coeruleus
2) DOPAMINE
nigrostriatal/mesolimbic
3) GABA
4) SEROTONIN
1) OPIOID PEPTIDES
2) SEROTONIN
3) DOPAMINE
mesolimbic/mesocortical


Physical Effects of Anxiety Disorders
Dizziness, decreased sex drive, irritability
Sweating
Increased muscle tension
Chest pain
Rapid breathing & breathlessness
Heart palpitations
Increased blood pressure
Nausea or diarrhoea

HOW THE BRAIN RESPONDS TO STRESS

When individuals experience stress, their minds and bodies react in adaptive ways, altering their states of arousal and styles of thinking. The greater the stressor or threat, the more regressed the thinking and behavior; other physiological responses increase heart and respiration rates, as well as the body's muscle tone. Because children with a history of trauma can be in a persistent state of alarm, they are less capable of concentrating in the classroom.

Arousal Continuum	Calm	Alert	Alarm	Fear	Terror
Regulating Brain Regions*	**Neocortex** Cortex	**Cortex** Limbic	**Limbic** Midbrain	**Midbrain** Brainstem	**Brainstem** Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Adaptive Response	Rest	Flock**	Freeze	Flight	Fight

* **Primary brain region**; secondary brain region

** Reading social cues to interpret the perceived threat

SOURCE: Bruce D. Perry, The ChildTrauma Academy

PREDISPOSING RISK FACTORS

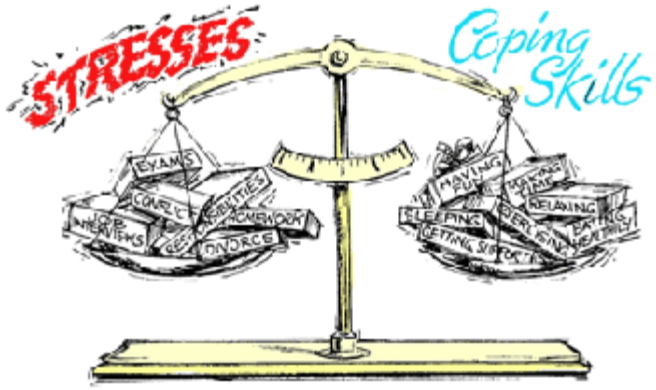
- Increase the likelihood of adversity being traumatic.
- Previous trauma experiences
- Severity/extent/proximity of trauma
- Significance to the child
- Separation from the caregiver and support
- Genetic predisposition
- Lack of material/social resources
- Previous psychological functioning
- Caregiver distress and psychopathology

RESPONSES TO TRAUMATIC EVENTS

- Something that is traumatic for one child may not be traumatic for another child.
- Nature of the event
- Risk & protective factors
- Child's perception –Real to them

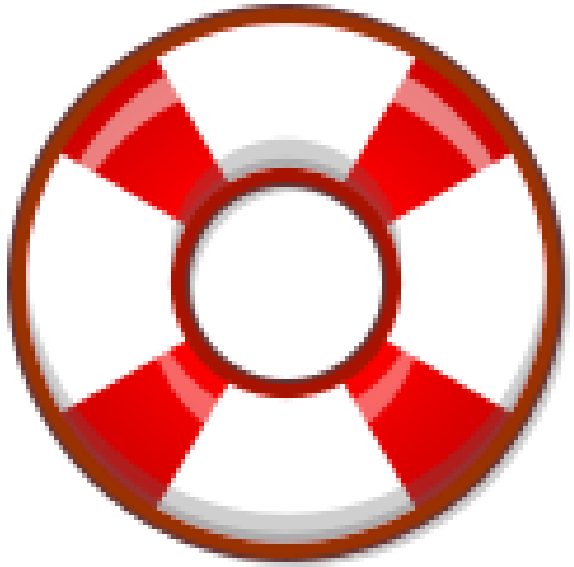
RESILIENCY

"Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity, or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment." (Stewart et al.,1991 as cited by Greene and Conrad, 2002)



PROTECTIVE FACTORS

There are behaviors, characteristics and qualities inherent in some personalities that that will assist in recovery after exposure to a traumatic event, these are called, protective factors.



ENVIRONMENT

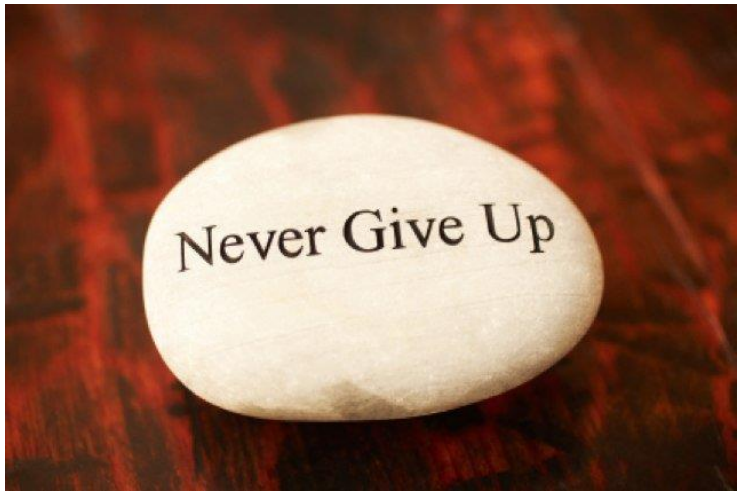
- A reliable support system (friends, family).
- Access to safe and stable housing.
- Timely and appropriate care from first responders.

BEHAVIORS

- Good Self care such as: sleeping at least eight hours a night.
- Eating nutritious foods.
- Exercise
- Practicing good boundaries.

- Using positive coping mechanisms verses negative coping mechanisms.

RESILIENCY AS A TRAIT



- A vigorous approach to life
- A sense of meaningfulness
- An internal locus of control (vs. external)
- A way to conceptualize this is the "ability of a person to bounce back from challenges through feelings of control, commitment and the ability to see change as a challenge." (Phelps et al., 2009)

POST TRAUMATIC GROWTH

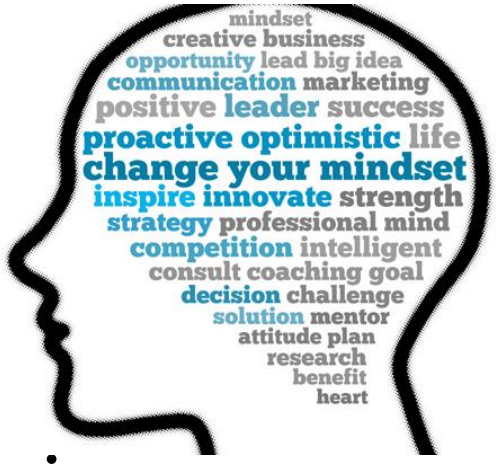
- "Resilient survivors continue therefore, to grow and even thrive in spite of and quite often because of their history." (Armour, 2007)
- Survivors of trauma who strengthen their abilities and find wisdom that allow them emotional growth in relationship with other are often referred to as experiencing post-traumatic growth.
- Post-traumatic growth is reflected in the following: - strengthening of relationships/sense of connection - increased sense of personal strengths - awareness of increased possibilities in life

TRAUMA INFORMED CARE AND PRINCIPLES AND PRACTICES

TRAUMA INFORMED CARE

- Aims to avoid re-victimization.
- Appreciates many problem behaviors began as understandable attempts to cope.
- Strives to maximize choices for the survivor and control over the healing process.
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background. (Alvarez and Sloan, 2010)

THE THEORETICAL MINDSET



- Symptoms are adaptations
- Trauma shapes beliefs about identify and world view
- Using a trauma framework can address mental health
- Collaboration between client and provider
- Four important components to offer client: respect, information, connections and HOPE
- Providers need to support each other
- You will be affected too

ADDRESSING TRAUMA REQUIRES AN INTEGRATED APPROACH

- Trauma has biological and psychological effects that impact behavioral, social, and emotional domains.
- The impact of trauma can hinder development and interfere with children's functioning in relationships, school, and life.
- Complex challenges of children who have experienced trauma may not be addressed by the system and services as they are currently designed.

EFFECTIVE ELEMENTS OF TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPIES

A MODEL OF TREATMENT: THREE PHASES

Safety and Stabilization

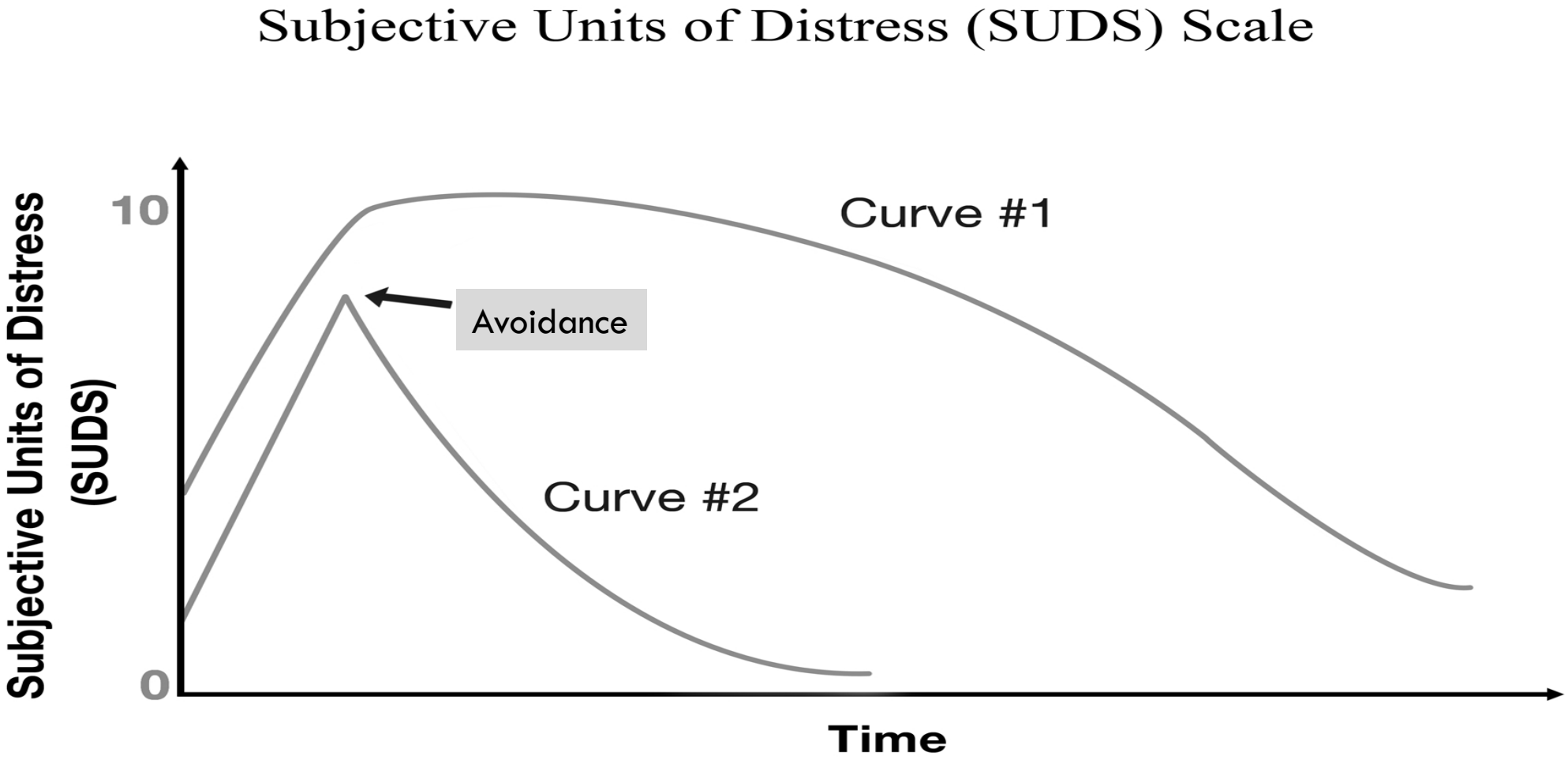
Processing of Traumatic Material

Reconnection and Reintegration

PHASE ONE: SAFETY AND STABILIZATION

- Attention to basic needs including: connection to resources, self-care, identification of support system
- Focus on the regulation of emotion and develop capacity to self-soothe.
- Education on trauma and treatment process.

PHASE TWO: PROCESSING AND GRIEVING OF TRAUMATIC MEMORIES



PHASE THREE: RECONNECTION & REINTEGRATION

- Development of a firm or new sense of self
- Healing or development of healthy and supportive:
  - Friendships
  - Intimacy
- Generalization and Maintenance

COGNITIVE BEHAVIORAL THERAPY FOR ADULTS

Therapy	# of Level A (Randomized)	# of Level B (Non-Randomized)
Exposure Therapy-with trauma populations	22	8
Exposure-combination of imaginal and in vivo	11	4
Imaginal Exposure	9	2
In vivo Exposure	2	1
Cognitive Processing Therapy	3	1
Stress Inoculation Training	2	2
Cognitive Therapy	2	-
Systematic Desensitization	2	3
Relaxation and Biofeedback	3	-
Dialectical Behavior Therapy and Acceptance and Commitment Therapy	2	1
Medication and CBT	1	-

COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN AND ADOLESCENTS

Therapy	# of Level A (Randomized Study)	# of Level B (non-Randomized Study)
Trauma-Focused Cognitive Behavioral Therapy	6	3
Cognitive –based CBT	1	-
Seeking Safety	1	-
KIDNET	1	-
Trauma Systems Therapy	-	1

OTHER EFFECTIVE TREATMENTS

Eye Movement Desensitization & Reprocessing (Level A)

Psychosocial Rehabilitation (Level A)

Psychodynamic Therapy for Young Children (Level A)

Psychodynamic Therapy for Adults (Level D)

Group Therapy (Level A & B)

Hypnosis (Level C & D)

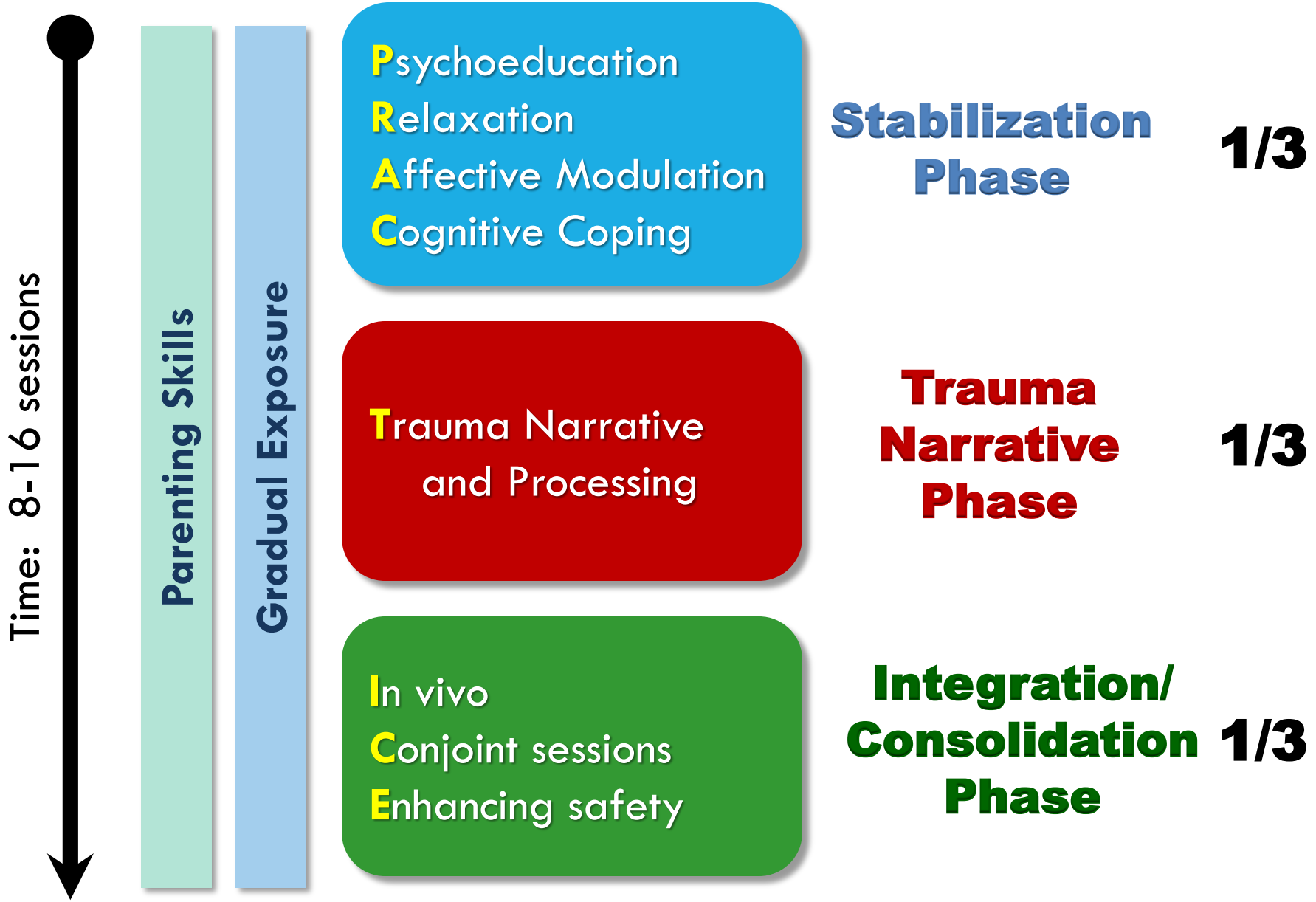
Couple & family Therapy for Adults

- Behavioral Family Therapy, Behavioral Marital Therapy (Level A)
- CBT Couple Treatment, Lifestyle Management (Level B)
- Emotionally focused couple therapy, Spousal education and support, family systems-based therapy (Level D)
- Critical interaction therapy (Level F)

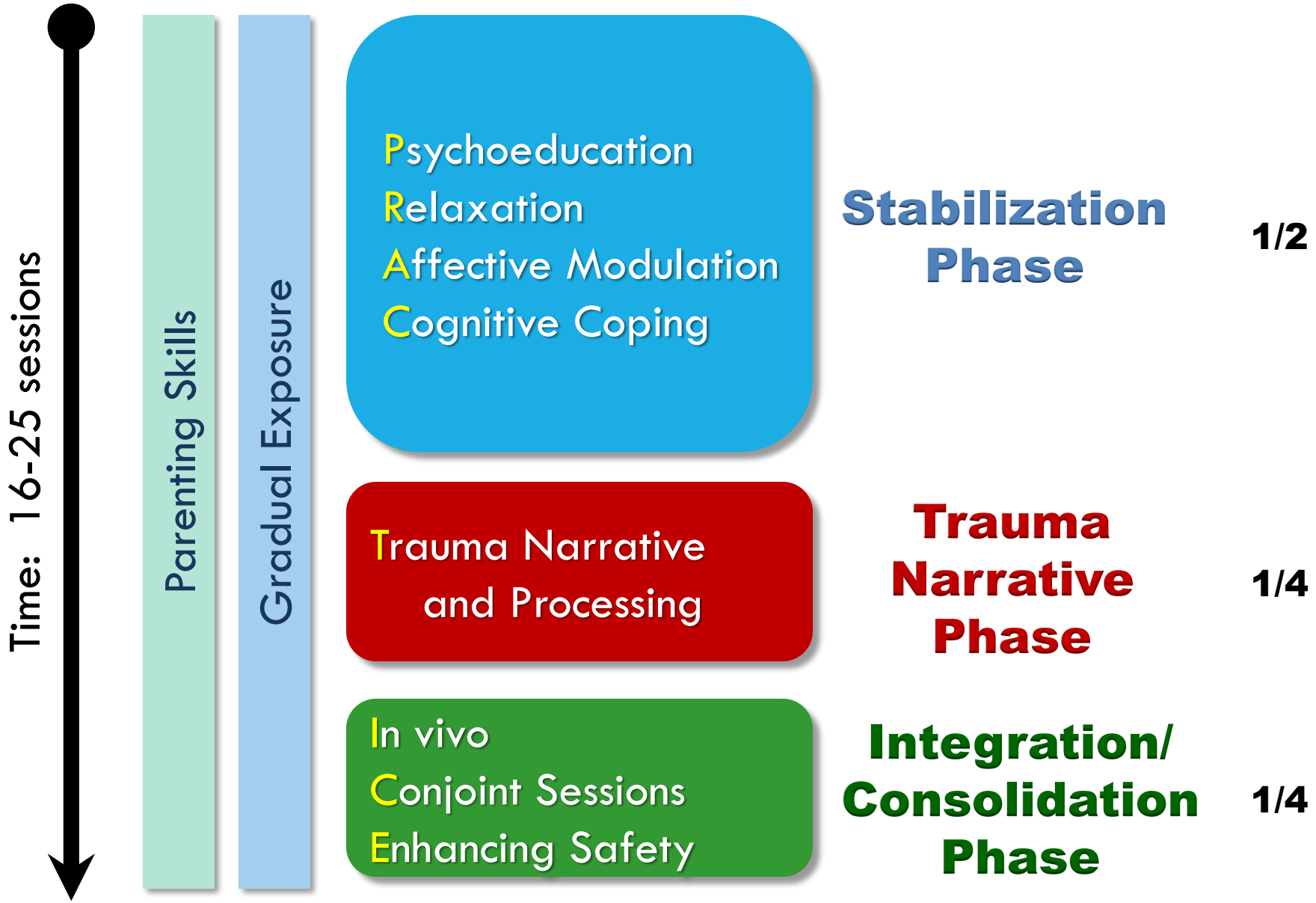
Creative Arts Therapies for Children (Level A & D)

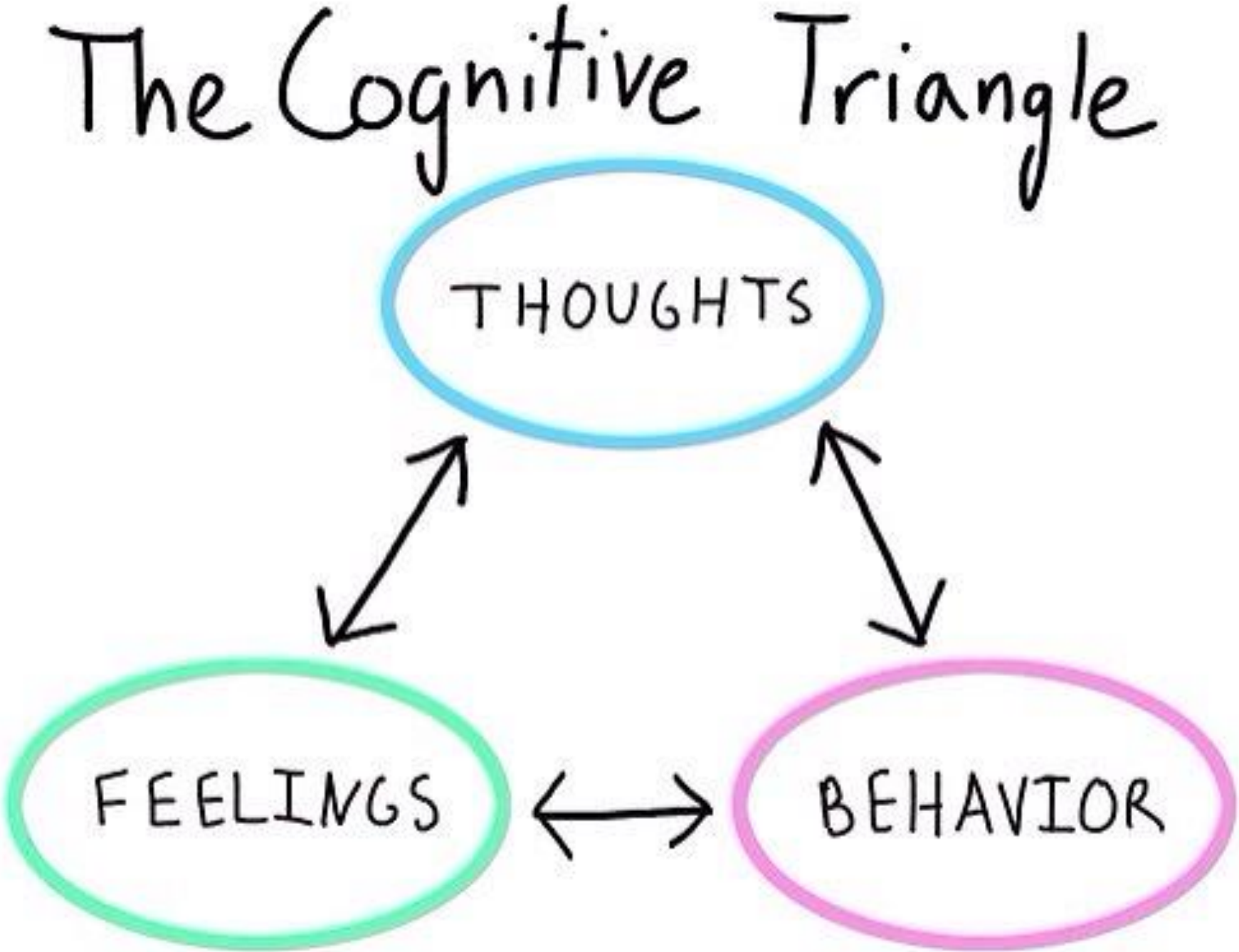
Creative Therapies for Adults (Level D)

TF-CBT Pacing



TF-CBT Pacing – Complex Trauma




The Cognitive Triangle
THOUGHTS
FEELINGS
BEHAVIOR

Journal of the American Academy of Child and Adolescent Psychiatry, Journal of Abnormal Child Psychology, Journal of Clinical Child Psychology, Adolescence, Nordic Journal of Psychiatry, Journal of Aggression, Maltreatment, and Trauma, International Journal for the Advancement of Counselling, Journal of Personality and Social Psychology, Journal of Personality and Social Psychology, Journal of Psychology, British Journal of Clinical Psychology, Journal of Consulting and Clinical Psychology, Journal of Behavior Therapy and Experimental Psychiatry, International Journal of Group Psychotherapy, BMC Psychiatry, Journal of Autism and Developmental Disorders, Journal of Clinical Psychology, Behaviour Research and Therapy, Archives of Pediatrics and Adolescent Medicine, Cognitive Therapy and Research, Child Maltreatment, Depression and Anxiety, Journal of Counseling Psychology, Journal of Behavior Therapy and Experimental Psychiatry, Journal of Autism and Developmental Disorders, Journal of the American Medical Association, Cognitive Therapy and Research, Psychiatry, Child Youth Care Forum, American Journal of Psychiatry, British Medical Journal, Journal of Experimental Education, Journal of Anxiety Disorders, Clinical Psychology and Psychotherapy, Journal of Traumatic Stress, School Mental Health, Psychology in the Schools, Journal of Child Psychology and Psychiatry and Allied Disciplines, Clinical Child Psychology and Psychiatry, Psychologia: An International Journal of Psychology in the Orient, Behaviour Research and Therapy, Acta Psychiatrica Scandinavica, Depression and Anxiety, Journal of Pediatric Psychology, Australian Journal of Psychology, Journal of Behavior Therapy and Experimental Psychiatry, Behavior Therapy, Irish Journal of Psychological Medicine, JAMA, Arts in Psychotherapy, Journal of School Psychology, Journal of the Indian Academy of Applied Psychology, Psychotherapy and Psychosomatics, Cognitive Therapy and Research, Aggressive Behavior, Child and Family Behavior Therapy, Journal of Aggression, Maltreatment, and Trauma, International Journal of Eating Disorders, Psychological Studies, Behavior Therapy, Child Psychiatry and Human Development, The New England Journal of Medicine, Archives of General Psychiatry, Anxiety, Stress and Coping: An International Journal, Behavioural Analysis and Modification

PracticeWise

MATCH-ADTC: Information Page

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

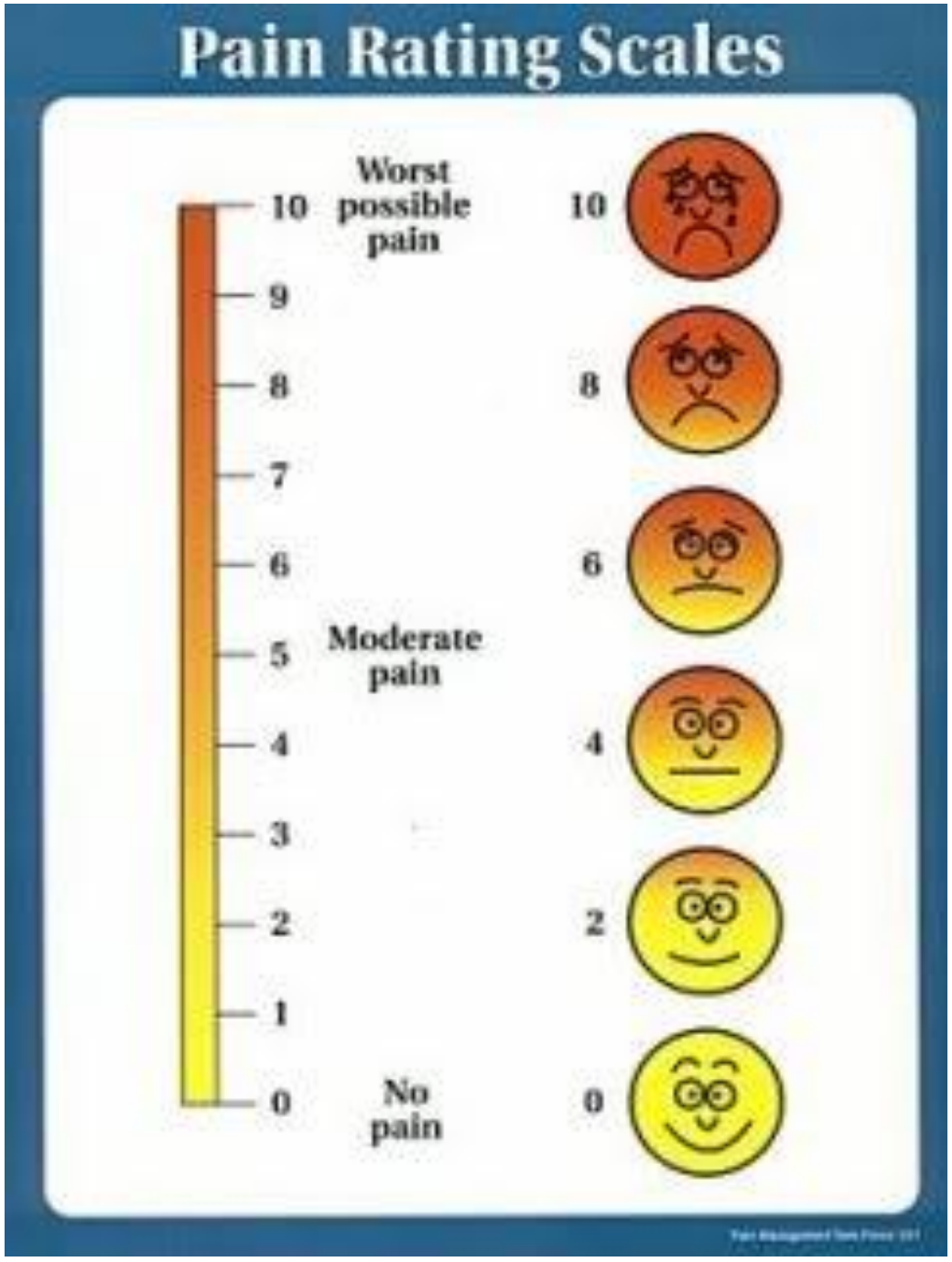
Bruce Chorpita is Professor of Psychology at the University of California, Los Angeles. He previously was Professor of Psychology at the University of Hawaii at Manoa and served as the Clinical Director of the Hawaii State Department of Health Child and Adolescent Mental Health Division, helping implement evidence-based services in a statewide system of care. During that time, Chorpita received awards from the Hawaii Psychological Association, the Hawaii Board of Regents, and Governor Linda Lingle. Chorpita grew up in the Philadelphia area and completed his undergraduate studies at Brown University. After working for two years at Bradley Children's Hospital, a teaching hospital for the Brown University Alpert Medical School, he then earned his PhD in clinical psychology at the University at Albany, SUNY. Chorpita currently directs the Child FIRST Program at UCLA, which is dedicated to improving the effectiveness of services delivered to all children with mental health needs, through innovation in mental health treatment design, clinical decision-making and information-delivery models, and mental health system architecture and processes. This work occurs primarily in the context of partnerships with community agencies delivering mental health services throughout California and across the country. Chorpita is widely published in the areas of children's mental health services and childhood anxiety disorders, and he has held research and training grants from the National Institute of Mental Health, the Hawaii Departments of Education and Health, the John D. and Catherine T. MacArthur Foundation, and the Annie E. Casey Foundation. In addition to his work with John Weisz on MATCH-ADTC, he recently published ***Modular Cognitive Behavioral Therapy for Childhood Anxiety Disorders*** (Guilford Press, 2007).

John Weisz is Professor of Psychology in the Harvard Faculty of Arts and Sciences and in Harvard Medical School. He is also President and CEO of the Judge Baker Children's Center, an affiliate of Harvard Medical School. His teaching at Harvard includes courses on developmental psychopathology and research methods in child and adolescent clinical psychology. His work at Judge Baker includes building the research, training, and direct service profile with an emphasis on developing, testing, implementing and disseminating evidence-based practices in youth mental health. Weisz grew up in Mississippi and received his BA from Mississippi College. After three years as a Peace Corps volunteer in Kenya, he studied at Yale, where he received the M.S. and Ph.D. in clinical and developmental psychology. He then held faculty appointments at Cornell, the University of North Carolina at Chapel Hill, and UCLA, where he was Professor in the Departments of Psychology and Psychiatry and Biobehavioral Sciences, and served for a term as Director of the Graduate Program in Clinical Psychology and Director of the Psychology Clinic. Weisz has served as President of the Society of Clinical Child and Adolescent Psychology, and President of the International Society for the Study of Child and Adolescent Psychopathology. He is founding Director and Principal Investigator of the Research Network on Youth Mental Health, funded by the MacArthur Foundation since 2001. The Network, through an array of projects collectively dubbed "Child STEPs," has worked to identify and address obstacles to best practice in youth mental health care. Weisz's research focuses on strengthening clinical care for children and adolescents by improving the quality and clinical relevance of scientific research, and by developing and testing strategies for "putting science into practice." His work includes articles proposing new models for the field, development and testing of new measures for clinical research, systematic reviews and meta-analyses synthesizing evidence on intervention effects, and development and testing of youth interventions through randomized trials. In addition to his work with Bruce Chorpita on MATCH-ADTC, his most recent books are ***Psychotherapy for Children and Adolescents: Evidence-Based Treatments and Case Examples*** (Cambridge University Press, 2004) and ***Evidence-Based Psychotherapies for Children and Adolescents***, second edition (Guilford Press, 2010, edited by John Weisz and Alan Kazdin).

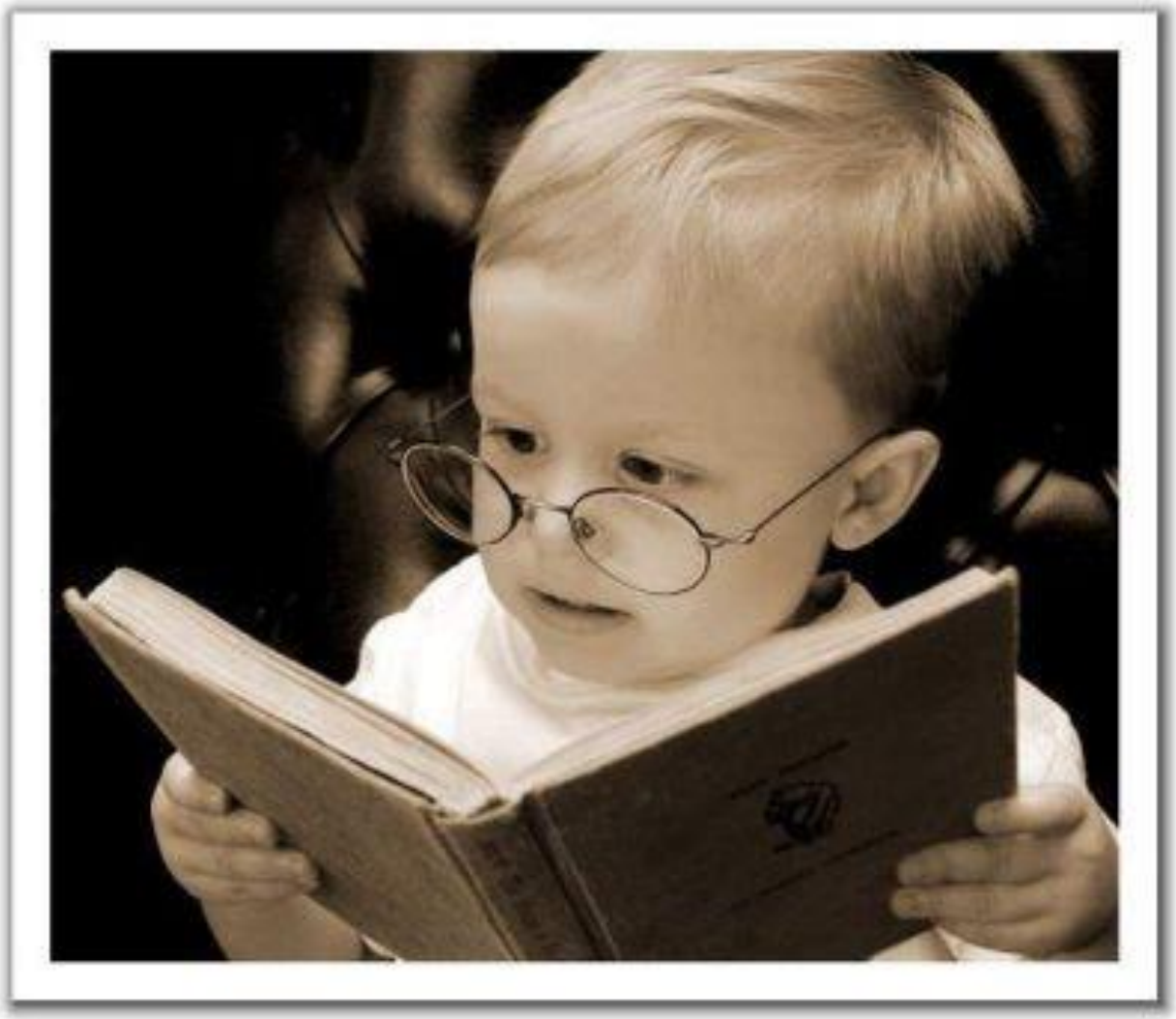
PRACTICE ELEMENT	PERCENT OF GROUPS
Psychoeducation - Child	96
Exposure	91
Cognitive	81
Relaxation	77
Narrative	62
Personal Safety Skills	58
Psychoeducation - Caregiver	48
Maintenance/Relapse Prevention	43
Communication Skills	20
Modeling	20
Relationship/Rapport Building	20

STATE DEPENDENT FUNCTIONING

ROLE PLAYING



HOMEWORK/PRACTICE



THANK YOU!

Thank you, Gracias, Hahoo, Dank u wel, Dua netjer en etj, Vinaka, Kiitoksia, Merci, Aayya, Danke, Efcharisto, Toda, Takk, Go raibh maith agat, Arigato, Gratia, Webale, Grazzi, Laengz zingh, Nihedebil, Bayarlalaa, Tusen takk, Dzieki, Obrigado, Da-wah-eh, Spasibo, Multumesc, Tapadh leibh, Hvala, Sha ja non, Gracies, Inwali, Tack, Khawp khun, Diolch