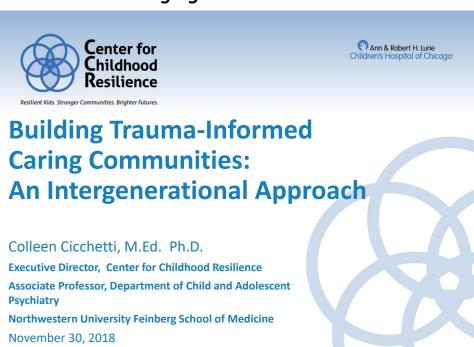
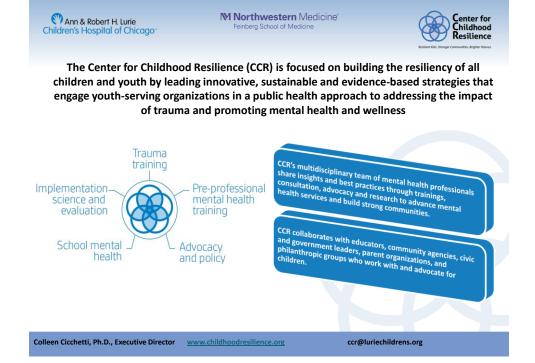
Please note that these slides are for the use of participants of the "Community Investment Symposium", however anyone interested in sharing the materials is encouraged to contact Changing Children's Worlds Foundation directly.





Acknowledgements



These slides were developed in collaboration with:

- Center for Childhood Resilience at Ann and Robert H. Lurie Children's Hospital of Chicago
- Illinois Childhood Trauma Coalition's Ad-Hoc Committee on Refugee and Immigrant Children and Trauma
- Chicago Public Schools' Office of Social & Emotional Learning
- Illinois Refugee Mental Health Task Force
- Mental Health Coalition for Undocumented Immigrants
- Center for Child Trauma Assessment, Services and Interventions at Northwestern University Feinberg School of Medicine (CCTASI)

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Self-Care Alert



- Step out and take a break
- Reach out to someone you trust
- Use relaxation skills like deep breathing







Introduction to the Impact of Trauma

What is child trauma?



The 3 Es

An emotionally painful or distressing **event**

The **experience** of the event induces an abnormally intense and prolonged stress response

The event and experience of the event result in lasting physical & mental

effects

Types of Trauma

- Extreme Acute Event Examples: car accident, assault, natural disaster
- Chronic Stressful Events
 Examples: abuse, violence, poverty, historical, systemic
- Complex trauma: a combination of exposure and impact
 - Chronic and multiple types of trauma experiences
 - Often inflicted by parents/caregivers, usually beginning at a young age

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Bruce D Perry © 2004-2015



Child Trauma: Incidence

Traumatic stressors

 More than 50% of children ages 2-5 experienced a severe stressor in their lifetime (Egger & Angold, 2004)

Child Exposure to Domestic or Community Violence

 1 out of 10 children ages 0-6 had witnessed a knifing or shooting; half of the reported violence occurred in the home based on parent report (Taylor, Zuckerman, Harik, & Groves, 1992)

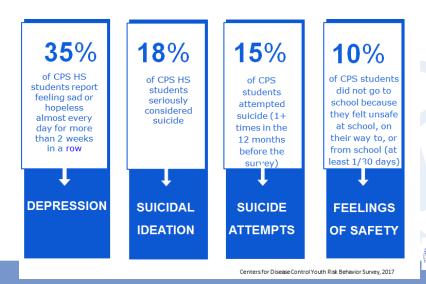
Child Abuse and Neglect

 1 in 8 children ages 2-17 were maltreated by physical, sexual, or psychological abuse or neglect from 2002 to 2003 based on estimates from a national survey

National Child Traumatic Stress Network

Trauma Related Mental Health Problems (Among Chicago Public School Students





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Child Trauma: Impact



- Rates of exposure are significantly elevated in communities impacted by poverty
- Over 40% of the children and adolescents receiving services through NCTSN funded partners experienced 4 or more different types of trauma and adversity.

Pynoos et.al, 2014

Decreased IQ and reading ability

(Jimenez et al., 2016; Kira et al., 2012; Sharkey, 2010)

Lower grade-point average

(Borofsky, et al. 2013; Mathews et al, 2009)

More days of school absence

Increased behavior problems, expulsions, & suspensions

(Jimenez et al., 2016)

Decreased rates of high school graduation

(Porche et al., 2011)

National Child Traumatic Stress Network

Confined by Violence



Kristian, CPS 4th grader

I want to go outside and play But I can't

Not because it's a rainy day
It's to avoid the gunshots

That may come my way

I want to go outside and play

But I can't

Not because I have no bike to ride

It's because my mom fears

I'll be another victim of a senseless homicide

I want to go outside and play

But I can't

not because it's after-hours

Or even that it's way too dark

It's because of all the bloodshed

That occurs in the neighborhood park

ı want to go outside and piay But I can't

Not because I have no friends It's because of the violence

It seems it never ends

I want to go outside and play

But I can't

Not because I don't deserve it

There's this thing called Life

And I'm just trying to preserve it



The Adverse Childhood Experiences (ACEs) Study



Standard ACE Indicators: Growing up (prior to age 18) in a household with... Emotional Abuse Physical Abuse Sexual Abuse Physical Neglect Emotional Neglect Substance using Household Member Mentally III Household Member Witnessed Domestic Violence Incarcerated Family Member

Study Design

- 18,000 adults with private insurance through Kaiser Permanente in 1993-1998
- Completed physical exam & answered yes or no to these 9 childhood experiences

(Felitti et al., 1998)

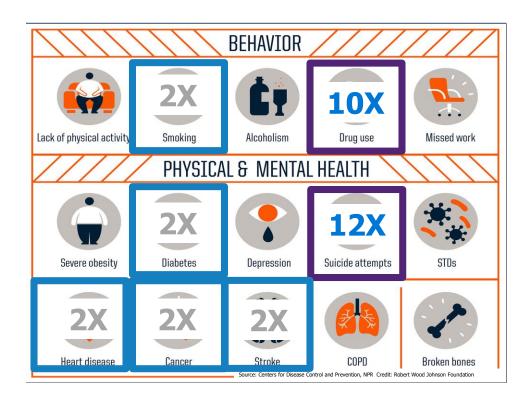
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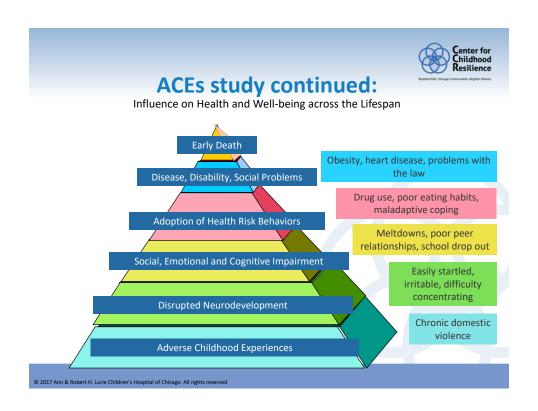


Results of the ACEs Study

- 1. ACEs are common
- 50% of the sample endorsed exposure to 1 ACE
- 25% endorsed 2
- 6% endorsed 4
- 2. ACEs occur together
- 3. ACEs are powerfully predictive of adult outcomes
- 4. The effects of ACEs are strong across groups of people with different backgrounds











Trauma in Context

Violence is a Public Health Crisis



Community violence, domestic violence, school violence, physical abuse, etc., impact:

- Youth who were injured
- Youth who witnessed injury or death
- Youth who witnessed any part of the violence
- Youth whose friends were injured or killed
- Youth whose friends/family perpetrated the violent acts
- All students at the school
- Teachers and staff in the same scenarios
- o Community members
- Parents (of all youth) in the community



Media amplifies sense of danger/vulnerability in communities.

Community Trauma



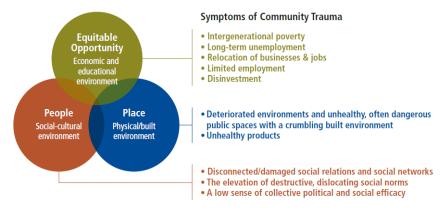
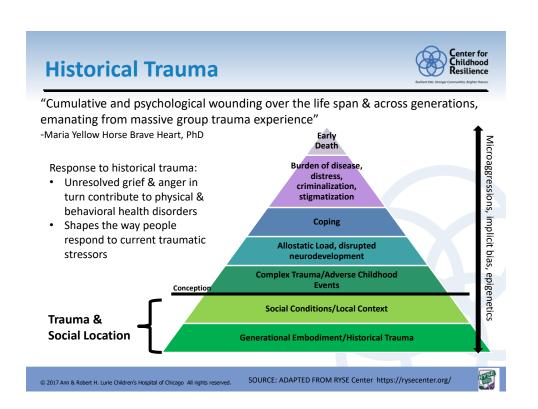


Figure 1 The Community Environment

Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA.



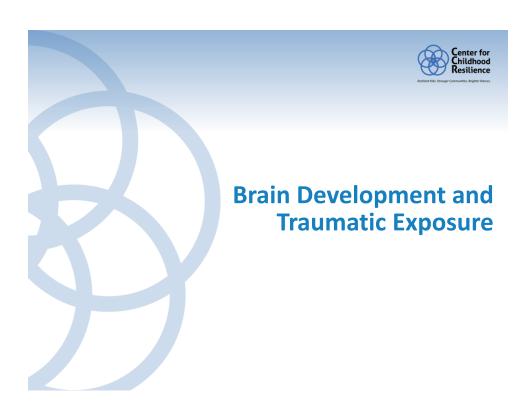
Traumatic Exposure for Refugee and Immigrant Children



- Refugee families often fleeing war/victimization/extreme poverty and experience subsequent trauma and disruption or separation during flight & post-arrival
- Fear of separation or deportation for adults can manifest in fear of new community or withdrawal
- Children acculturate and learn English faster than their adults.
- Parent/caregiver may have unresolved trauma of their own that impacts their parenting
- Possible shifts in family/gender roles
- Parenting strategies (e.g., disciplinary strategies such as corporal punishment) common in country of origin may be less acceptable in the US

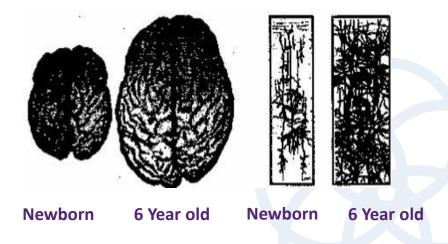
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Brain Growth



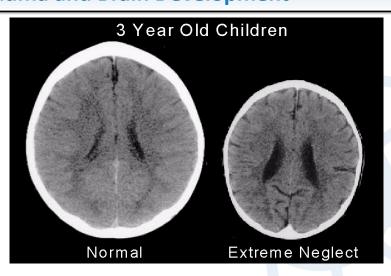


Bruce Perry, MD, PhD

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Trauma and Brain Development





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Fight, Flight or Freeze Response



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Fight or Flight Response



When confronted with a stressful or anxiety-provoking stimulus two hormones are released:

- Adrenaline
- Cortisol

After threat is gone, hormone levels should decrease

- Heart rate and blood pressure back to baseline
- Other systems (e.g., digestive, immune systems) resume regular activities

Perceived Threat

Body returns to baseline when threat is gone & hormone levels decrease Adrenaline & cortisol increase to prepare for fight or flight by curbing nonessential functions

Fight or Flight

Self-Regulation of Stress



Chronic & repeated stress create "too much of a good thing"

- Stress response is triggered more easily and more often, even in "false alarm" situations
- Body does not return to baseline functioning as quickly once the threat passes

Perceived Threat



Adrenaline & cortisol increase to prepare for fight or flight by curbing nonessential functions

Fight or Flight

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Trauma & The Brain



Key Concepts from Bruce Perry, MD

Resiliency!

- Not everyone exposed to adverse experiences is traumatized
- Our brains have an amazing ability to learn, grow, and change in response to environment

Recovery!

- Brains respond to repeated stimuli; the more you use it, the better you get
- We are hard-wired to learn through social reinforcement and relationships
- The brain has to be actively engaged in order to learn

We have the capacity to promote healthy neurodevelopment!



Common Reactions to Traumatic Exposure in Early Childhood: Adopting a Trauma Lens

Common Reactions to Traumatic Exposure



4 Categories of Reactions

Re-Experiencing

- Flashbacks
- Intrusive thoughts
- Nightmares

Avoidance

- Emotional numbing
- · Behavioral inhibition
- Dissociation

Hyper-arousal

- Hyper-vigilance
- Irritable outbursts

Negative Alterations in Cognition and

- Mood
 Anger
- · Depression or sadness
- Withdrawal

American Psychiatric Association, 2013

Specific Trauma Reactions: Children Ages 3-6



- Difficulties focusing or learning in Aggressive behaviors school/learning difficulties
- · Poor early verbal development
- · Memory problems
- Belief they are to blame for the traumatic experience
- Temper tantrums
- Acting out in social situations
- Poor peer relations
- Attention-seeking through both
 Stomachaches and headaches positive and negative behaviors

- Verbally abusive
- · Fear of adults who remind them of the traumatic event
- · Anxious, fearful and avoidant
- Fear of being separated from parent/caregiver, clinginess
- Withdrawn
- · Nightmares or sleep difficulties

SOURCE: CCTASI at Northwestern Feinberg School of Medicine

Note about Trauma Reactions



Not all children who experience traumatic events will present with trauma reactions.

Some key factors that may buffer the impact of trauma:

- Developmental age
- Subjective experience
- Type and severity of event
- Whether or not trauma is interpersonal
- Support system
- Coping style
- Strengths & resiliency factors



Early Chronic Stress & Trauma



Attachment- A foundational experience:

- Early experiences with unsafe social relationships negatively impact the ability to:
- Form and maintain healthy relationships
- Manage intense emotions

Factors affecting trauma recovery :

- The quality of the child's attachments
- The parents' ability to respond sensitively to the infant or young child's traumatic experiences



- Threats to or disruptions of the attachment relationship are linked to:
 - Distress and behavioral challenges for children
 - · Challenges to positive parenting.

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Evidence-Based Early Childhood Trauma Interventions



Parent Child Interaction Therapy (PCIT)

 Parent training intervention that focuses on improving the parent/caregiver-child relationship and on increasing children's positive behaviors.

Attachment, Self-Regulation and Competency (ARC)

Intervention with youth and families who have experience multiple and/or prolonged traumatic stress

Child Parent Psychotherapy (CPP)

- Evidence-based model of treatment for children age 6 and younger who have experienced trauma or witnessed violence
- Local training available which includes an 18 month Learning Collaborative host by an endorsed trainer
- Childhood Trauma Research Project (http://childtrauma.ucsf.edu/)

Children's Posttraumatic Reactions: Risk for Misdiagnosis and Mislabeling Center for Resilience Resilience

Risk of being misdiagnosed with a variety of disorders and functional difficulties



- Depressive Disorders
- Oppositional Defiant Disorder
- Conduct Disorder
- Reactive Attachment Disorder
- Psychotic Disorders
- Specific Phobias
- Learning or Developmental Disorders
- Juvenile Delinquency

Kisiel & Fehrenbach, 2014

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Do you know this child?

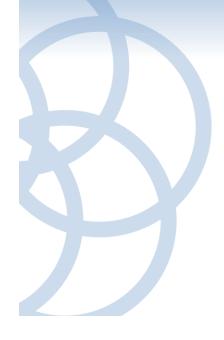


A 3-year-old child is not interacting with peers at preschool, her language is delayed, and she averts eye contact when teachers speak to her. She also has been having toileting accidents.

This child:

- A. Has an autism spectrum disorder
- B. Is being bullied
- C. Is shy
- D. Is reacting to persistent stress, exposure to violence, traumatic experience
- E. Trick question!





Creating Trauma-Informed Settings and Communities



Our Goal

To shift the perspective from:

"What is wrong with this child?"

to

"What has this child been through?"





Think about an Invisible Backpack

- Trauma affects how children feel, behave, and think...
- The Invisible Backpack
 - Beliefs about self
 - o Beliefs about adults who care for them
 - Beliefs about the world
- How can we repack this backpack?
- · How can we make students feel:
 - o Safe?
 - o Capable?
 - o Likeable/Lovable?



SOURCE: Caring for Children Who've Experienced Trauma: Resource Parent Workshop. NCTSN (2010).

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Resilience and Strength



- **Resilience** = Positive capacity of people to cope with stress and life problems.
- Things that promote resilience and strength
 - Strong bonds and connectedness with parents and caring adults
 - Positive experiences in the community (school, church, neighborhood)
 - Personal qualities, coping resources, courage, leadership



Components of Trauma-Informed Schools





Substance Abuse for Internal Fleatin Services Administration, 2014

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The Vision & Plan for Building a Trauma-Sensitive School or Agency



The Vision

- · Leadership & staff on board
- Safety for all Clients & Participants
- Holistic Support for Whole Child
- Building Connections for all children, youth & families
- Teamwork & Shared responsibility
- Anticipate & Adapt

The Plan

- Agency-wide Infrastructure, Procedures & Culture
- 2. Staff Training
- 3. Universal Programming and Instruction
- Building Mastery, Skills & Interests for Targeted Children & Youth
- 5. Linkage with Behavioral Health Professionals

Trauma and Learning Policy Initiative, Massachusetts Advocates for Children & Harvard Law School, 2013

School-Level Interventions



Trauma and Learning Policy Initiative

- Collaboration between
 Massachusetts Advocates for
 Children and Harvard Law School
- Advocate for "trauma-sensitive schools" where school-wide trauma sensitivity is a regular part of how a safe and supportive school is run





Trauma and Learning Policy Initiative, Massachusetts Advocates for Children & Harvard Law School, 2013

SEL Standards for Pre-K to 2nd grade



Self-awareness & self-management

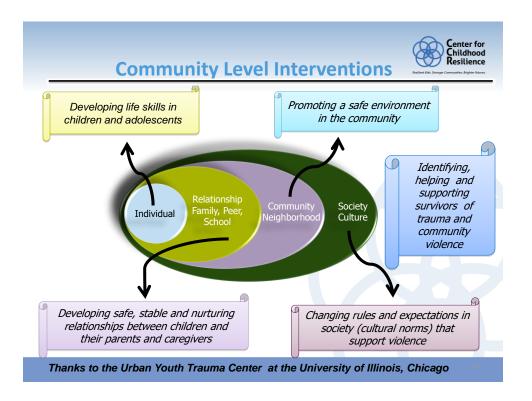
- · Label emotions & connect with behavior
- Identify likes/dislikes, strengths, goals
- · Control impulsive behavior

Establish & maintain positive relationships

- Recognize feelings & perspectives
- Listening skills & play behavior
- Recognize common peer conflicts & problem solving

Decision-making skills & responsible behavior

- Understand social norms & safe behaviors
- Identify daily decisions & understand positive choices
- Perform roles that contribute in school & community



Addressing & Preventing Community Trauma









Economic & Educational Environment:

- Improve economic opportunities for youth & adults with interventions that increase college attendance
- Job training and placement for non-college bound youth
- Job training/readiness for formerly incarcerated members of the community

Physical Environment:

- Improve physical environment, reduce deterioration, & create space for positive interactions.
- Reclaim public space to be appealing residents

Social-Cultural Environment:

Youth development, violence prevention & health promotion programs that build on existing community assets, involve community members & organizations that connect people.

Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA.

Addressing ACES Offers Critical Public Health Opportunities¹



- > ACES are the most <u>preventable</u> cause of serious mental illness
- > ACES are the most <u>preventable</u> causes of drug and alcohol abuse in women
- > ACES are the most <u>preventable</u> causes of HIV high-risk behavior (IV drugs, promiscuity)
- > ACES are a significant contributor to leading causes of death (heart disease, cancer, stroke, diabetes, suicide)

 1 IOM (Institute of Medicine) and NRC (National Research Council). 2013. New Directions in child abuse and neglect research. Washington, DC: The National Academies Press.

Trauma Prevention & Treatment Save Money (&Lives!)



Silver Lining: Resilience Trumps ACEs

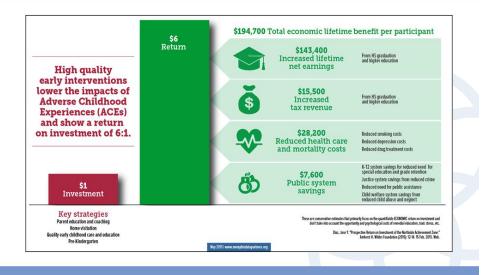
- Prevention & treatment programs are cost-effective
 - ➤ High quality home visiting child abuse prevention programs have been found to return ~ \$3.00/dollar of cost¹
 - ➤ Evidence-based child trauma treatments such as Parent-Child Interaction Therapy (PCIT) return \$3.64/dollar cost¹
- Transformation of school culture by increasing trust, love, mutual respect, sense of control, clear expectations, pride in achievement--better attendance, grades, and test scores even with increasing ACE scores²

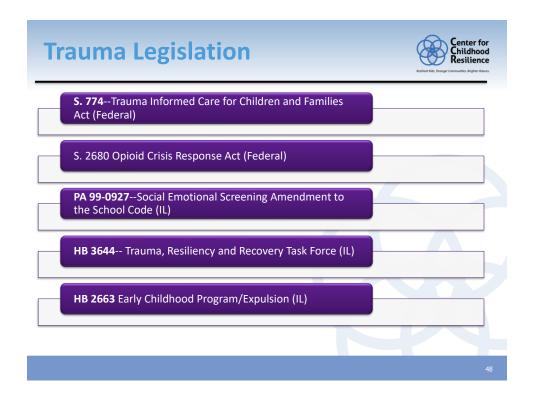
http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf ²D. Longhi, Resili

²D. Longhi, Resilience Report, February 2015

Promoting Return on Investment: Trauma Prevention & Treatment







U.S. Dept HHS: Resiliency in Communities After Stress and Trauma (ReCAST) US DOE: Resiliency in Communities After Stress and Trauma (ReCAST) US Department of Justice, Office for Victims of Crime (OVC) Vision 21: Linking Systems of Care for Children & Youth



Illinois Childhood Trauma Coaltion (ICTC)





The ICTC is a voluntary collaboration of organizations that are committed to applying a trauma lens to their efforts on behalf of children and families throughout the state. Founded in 2005, the Coalition is made up of over 120 public, private, clinical, research, advocacy and educational institutions.

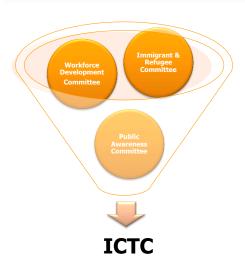
GOALS:

- ☐ Increase awareness of the importance of prevention, early identification and treatment of childhood trauma.
- □ Develop a workforce that includes all individuals working with children and families that is trauma-informed.
- ☐ Increase capacity to help trauma-affected children and their families.

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Illinois Childhood Trauma Coalition (ICTC)





- Workforce Development Committee: Develop a traumainformed workforce for all individuals working with children and families.
- Refugee and Immigrant Committee: Respond to the increasing numbers of refugee and immigrant children arriving in the US with significant trauma exposure.
- Public Awareness Committee: Raise public awareness about how trauma can impact children and families.

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Illinois Childhood Trauma Coalition (ICTC)





As part of ICTC communications efforts, the Coalition instituted a statewide public media campaign in 2015 to help families become more aware that childhood trauma exists. Learn more at www.LookThroughTheirEyes.org.

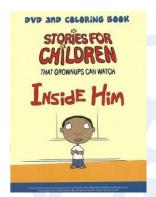
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ICTC: Look Through Their Eyes



• Materials for Early Childhood Professionals and Parents





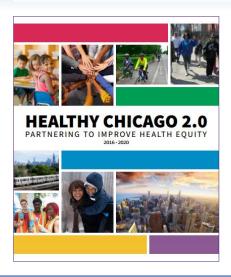
www.lookthroughtheireyes.org

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Healthy Chicago 2.0





- Launched March 29, 2016 by Mayor and CDPH
- 4-yr plan to address health inequities and improve health and well-being for all communities
- 10 priority areas identified through community health assessment process: #10: Become a Trauma-Informed City
- Action teams to address priorities, co-chaired by CDPH & community partner (including city agencies, faith communities, health providers & hospitals

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Promoting Resilience



Throughout the lifespan

From gestation/infancy through childhood, adolescence, and beyond

Across multiple locations of care and development

Home, school, community organizations, primary care and subspecialty clinics, emergency departments, and inpatient units

In every community

Build capacity of community resources to promote awareness and engage in creating collaborative solutions

In diverse domains

Academic functioning, peer relationships, emotional, psychological, and physical health

Additional Trauma Resources



ACES Study www.acestudy.org

ACEs Too High

https://acestoohigh.com/

National Child Traumatic Stress Network Child Trauma Toolkit for Educators (including Child Trauma Toolkit for Educators) www.nctsn.org

Dr. Perry and Child Trauma Academy www.childtrauma.org

Illinois Childhood Trauma Coalition -Look Through Their Eyes

www.lookthroughtheireyes.org

Creating Healing School Communities: School-Based Interventions for Students Exposed to Trauma

http://amzn.to/2EsBnZ7

NU Center for Child Trauma Assessment, Service & Interventions (CCTASI)

www.cctasi.northwestern.edu

http://www.nctsnet.org/nctsn assets/pdf s/Child Trauma Toolkit Final.pdf

Helping Traumatized Children Learn

http://traumasensitiveschools.org

Illinois Council Against Handgun **Violence- Student Voices Contest**

www.ichv.org

Futures Without Violence, Changing Minds Campaign

www.changingmindsnow.org

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Center for Childhood Resilience



For more information, visit

Childhoodresilience.org

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