



Talking to Children and Their Caregivers About Trauma Session 3

Part 1: Assessment, Case Conceptualization and Treatment Planning

May 22, 9-12:15

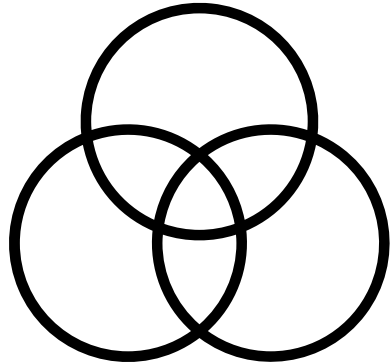
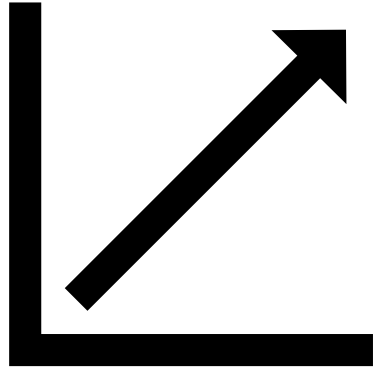
Presenter: Ashleigh Kraft, LPC, IMH-E®

Last Class...

- Reflections
- Questions
- What stood out?



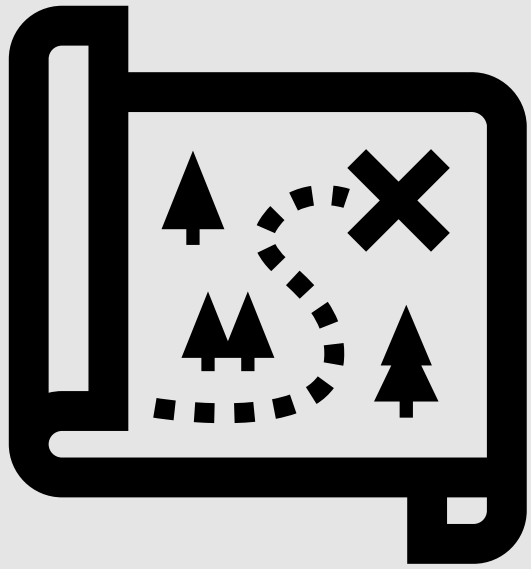
Why Assessment?



- Outcomes
 - Repeated measures over time (pre, mid, post)

- Clinical
 - Information gathering
 - Case Conceptualization
 - Treatment Planning

Why Assessment?



- Setting the frame
 - This is a place where we talk about trauma
- Building relationship
 - Modeling safety in relationship

The HOW is important



Excerpt from
“On
Supervision”

by Jeree Pawl

The **HOW** is Important



Model Safety by Helping to Titrate

- Speed
- Intensity of emotion
- Volume of Information



Zone of Tolerance

- <https://www.youtube.com/watch?v=TNVIppGz0zM>
- <https://www.youtube.com/watch?v=ZVEDueyZ2C4>

Containment



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In Dyadic Work

A lot to balance

- You and child
- You and parent
- Parent and child

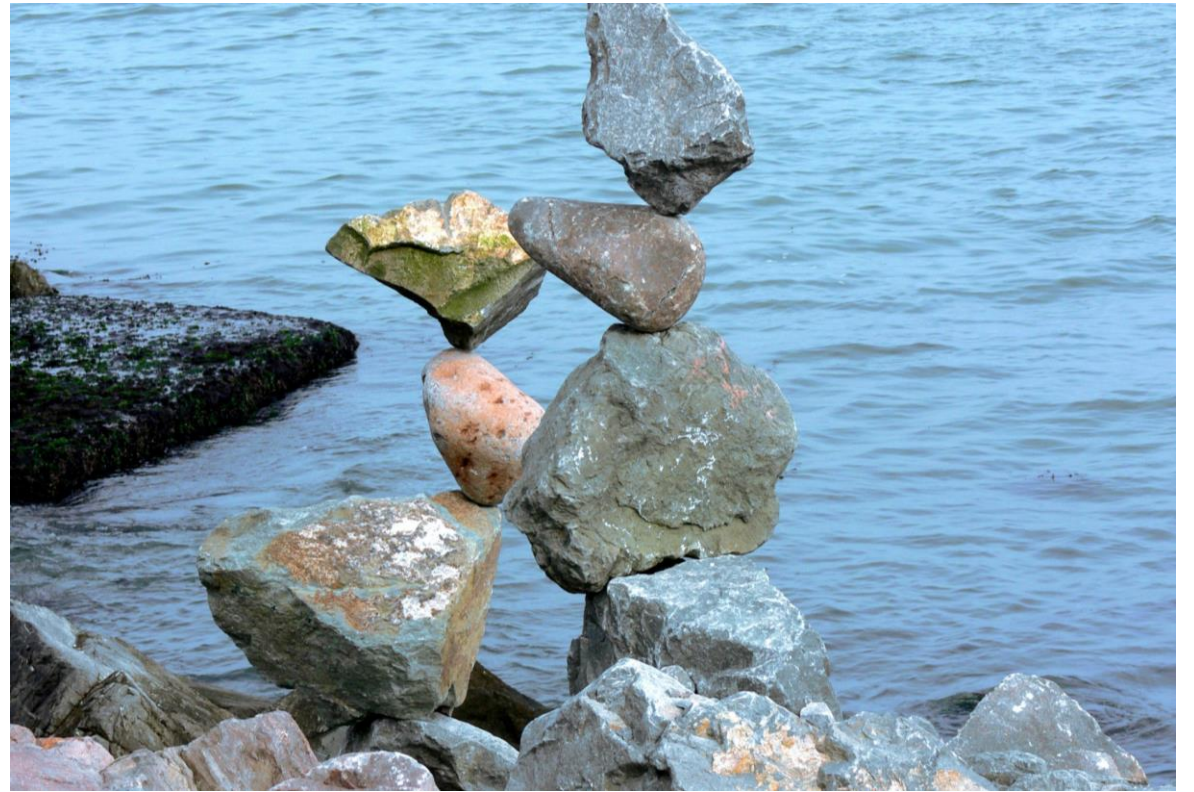


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Reflection-Forces that work against us

- Why is it hard to talk about trauma with kids?
- Are there types of trauma you find more difficult to think about children experiencing than others?
- What messages do we get from society about traumatic things happening to children?
- What will happen if you do a bad job of talking with a child or caregiver about trauma?



Children are not fragile, but
they are vulnerable.



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Bravery

“It’s not being brave if you aren’t scared.”

— Erin Entrada Kelly, [Hello, Universe](#)

Wounds From the Past: Integrating Historical Trauma into a Multicultural Infant Mental Health Framework

Chandra Michiko Ghosh Ippen

Handbook of Infant Mental Health, Fourth Edition-Chapter 8

Development &
Context

The ACT Model

(From Wounds From the Past)

Attachment

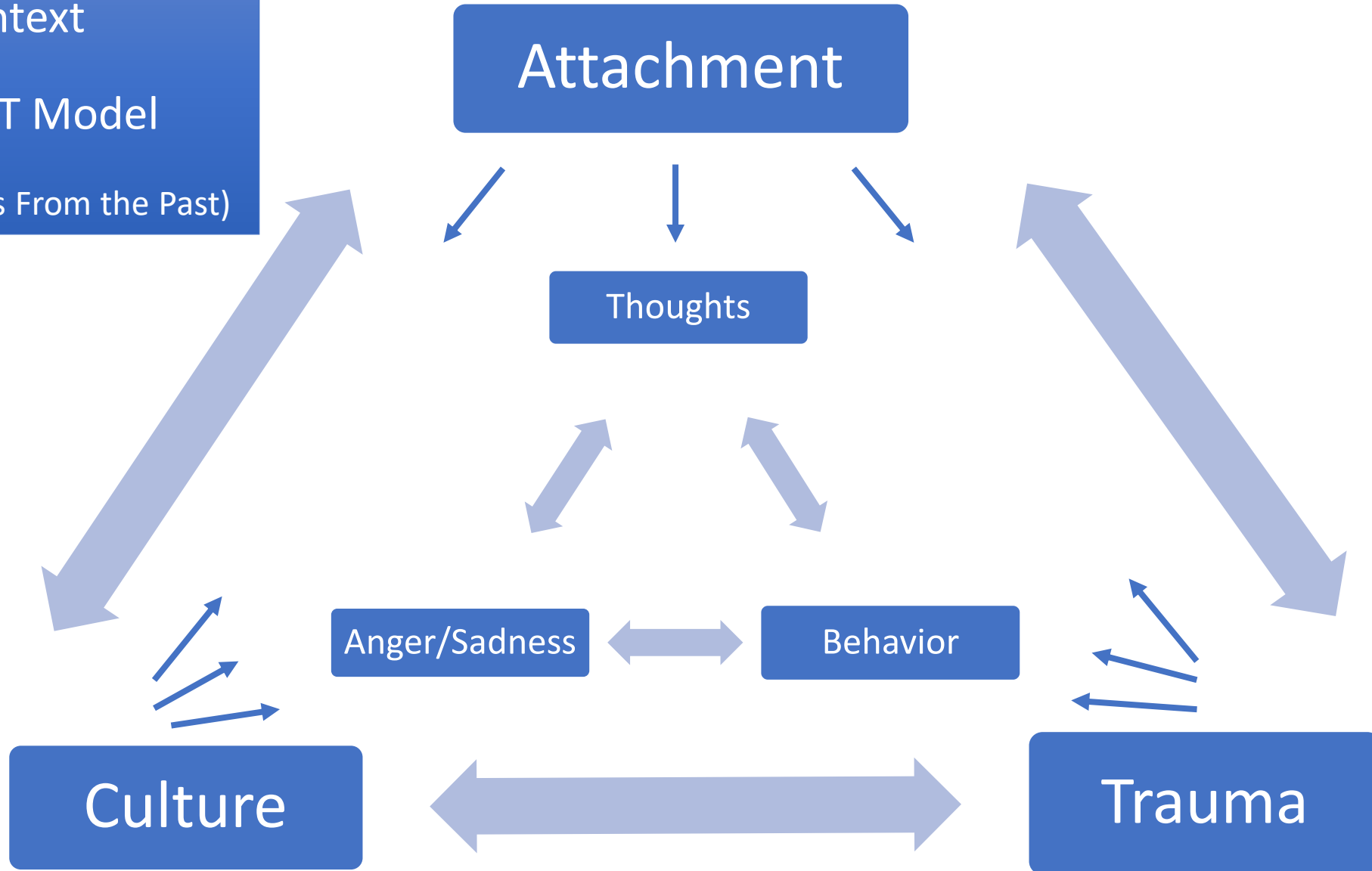
Thoughts

Anger/Sadness

Behavior

Culture

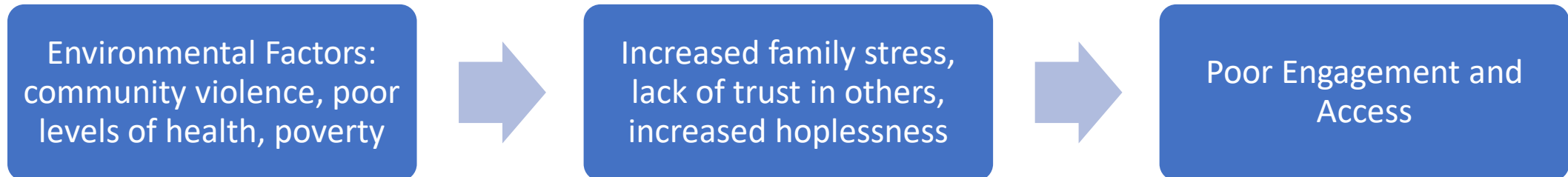
Trauma



Engagement

- 10-30% of families invited to home visiting drop either don't enroll or drop out in first month
- Outpatient attrition-30-60%
- Parenting programs-25% don't enroll, another 26% drop out before completing (half of those after 1st session)


“Diversity-related conflicts linked to historical power dynamics may contribute to early engagement failures” p139



What do we need to do?

Increasing supervision by 1 hour/month increased likelihood of continued participation for 1 year by 79%

- What might supervision be changing?
- How might this affect a family's capacity to trust us and become receptive to us and to intervention?
- What does this mean for our work and our systems?
- “jointly carry the burden”
- Connect affect to experience
- Walk faster than the moving staircase is moving in the opposite direction



There is no such thing as a provider. There is a provider shaped by social, economic, and cultural systems.

There is no such thing as a baby-there is a baby and someone Winnicot



Ghosts and Angels

<https://www.youtube.com/watch?v=sd5kmUwU6J8>



Plan for Next Class

- Read the TF-CBT and CPP fact sheets
- Find one therapy activity for kids to share with the group related to regulation, containment, psychoeducation about trauma (Expl. Big Feeling Eaters)
- Complete your own “I Am From” poem

Case Example: Thomas

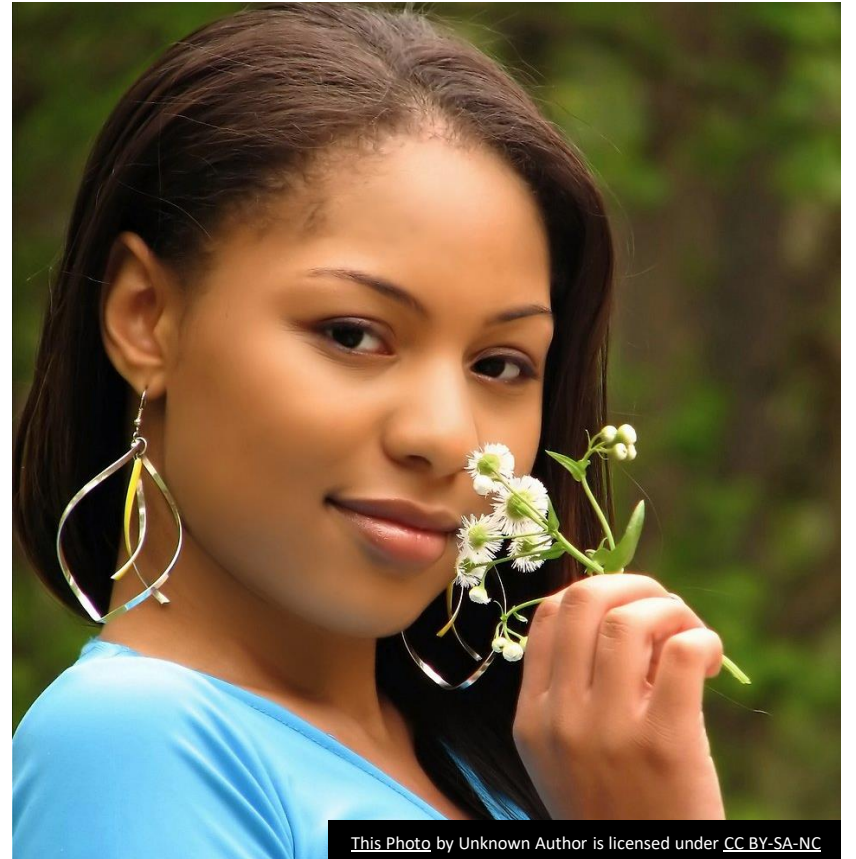
Three year old Thomas attends his first session with a counselor without his mom. The family lives in a domestic violence shelter and has been there less than one week. The abusive person is the child's dad and he is very controlling, physically violent to both the kids and their mom, and is often very paranoid due to methamphetamine use. The therapist's plan is to spend time orienting the child to the play room and she wasn't sure whether the child would feel comfortable talking with her by himself. He enters the room with his mom and she leaves with no visible distress on his part. Without even sitting down, he stands in the middle of the room and with a noticeable speech impediment says "I saw daddy try to hit mommy with his truck in the field. He pushed his truck right up against her tummy and I thought she would die. Mommy cried and screamed and then big Joe made dad turn off the car. Mommy called the police and we came here."



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Case Example: Mia

11 Year old Mia meets with her therapist for the first time. She is being seen in an outpatient clinic that serves children who have been exposed to domestic violence. The therapist knows from her intake which was conducted with her mom, that Mia has witnessed her mother being choked and threatened with a gun by her mom's boyfriend as well as verbal abuse. About a year ago the family's neighborhood was hit by a tornado and they were safe, but her mom reports Mia was very worried she would die and now is terrified when there is a thunderstorm or even a weather advisory. Mia's mother sought treatment for her because recently in a rage, her boyfriend slapped Mia across the face, which was the "last straw" according to her mother. They have moved into a different apartment and have a protective order. Mia's mother reports that she is having trouble sleeping, doesn't want to go to school and is "scared of her own shadow". When the therapist meets with Mia to complete the trauma assessment, she speaks quietly and looks down much of the time in your office. Mia reports one of the events that her mother reported and her report of symptoms is minimal.



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