

tip

trauma informed prevention

Predict - Anticipate - Prevent

A holistic, trauma informed approach to anticipate
prevent, manage and de-escalate crisis

Family Based Care That Builds Safe, Healthy, Peaceful, Stable
and Sustained Relationships

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Predict - Anticipate – Prevent

Facilitator’s Goals:

1. Truth is mutual understanding and a common shared meaning
2. We voluntarily made a personal commitment to work with traumatized children
3. Traumatized children/youth need highly skilled caregivers
4. Trauma is the underlying factor in the challenges foster children/youth and families face
5. Introduction to the definitions of trauma
6. It is not what’s wrong we me, it’s what happened to me
7. Explain the healing role of parents and caregivers and the importance of building healthy and sustained relationships in noncoercive environments
8. *tip* is grounded in the concepts of *Investment Parenting* T.B.R.I.
9. Overview of brain chemistry and developmental neurobiology
10. Teach the fundamental importance of “How to Be”
11. Effectiveness and efficiency of 5 basic rules
12. Utilization of Crisis Prevention Calendar
13. Reinforce the importance of “How to Be” to avoid E.B.I.
14. What is a FUDD and why it is important to understand its dynamics
15. Implement prevention goals
16. Apply the *tip* Predict – Anticipate – Prevent model to common crisis situations
17. Do the math on out of control people
18. Teach adult replacement skills to prevent crisis
19. Be like a duck
20. Practice *Preemptive Strike* and *Caregiver Rule*
21. Learn to take the de-escalator
22. Examine 2 levels of de-escalation techniques
23. Review precipitators and prevention variables from agency wide point of view
24. Expert recommendations for de-escalation and escalation
25. Pragmatically review, demonstrate and practice *tip* strategies, decision protocols and de-escalation steps

Key Learning Objectives:

1. Describe the concepts of trauma informed parenting and its benefits
2. Utilizing the principles of *tip* to proactively prevent and manage crisis.

tip

Trauma Informed Prevention, ***tip*** is a comprehensive training program based upon trauma informed best practice and emerging research to predict, anticipate, prevent and safely manage risk and crisis situations including escalated behavior. ***tip*** teaches pragmatic, long range proactive risk management and decision making protocols designed to promote anticipation, prevention and systemic strategies to manage risk and avoid crisis. ***tip*** emphasizes holistic, noncoercive, relationship enhancing discipline and parenting/teaching styles in the family, school, and community. ***tip*** allows caregivers to nurture and empower traumatized children/youth in stable, safe and peaceful living and learning environments. We will learn hands on ***tip*** strategies and interventions to anticipate, plan for, prevent, manage and de-escalate crisis.



*It takes two to speak the truth.
One to speak and another to hear*
Walt Whitman

Remember We Volunteered!

- We made the personal choice to work with children, youth and families who have experienced trauma, maltreatment, neglect, physical and sexual abuse, and who have experienced chaos and crisis.
- Most people do their best to avoid problems. As caregivers we ask for them. We want to be problem solvers. *We volunteered!*
- We work in a child welfare system that is often in *crisis*. We have to work hard to keep children/youth out of harms way.
- It is important that everyone; parents, clinicians, the judiciary, day care, case management staff, administrators, educators, and caregivers at every level utilize trauma informed care.
- The children, youth and families we serve have often led unpredictable and chaotic lives for years. They bring their chaos with them.
- As we try to build healthy and sustained relationships with them they bring their trauma and unpredictability into our lives.
- The caregivers who live with, care for, treat, work with and educate these children/youth will be *challenged* to develop the knowledge, skills, consistency, stability and commitment to meet the needs of these children and youth.

Traumatized Children/Youth Need Highly Skilled Caregivers

Imagine you are standing at the altar with your soon to be betrothed and you lean over and quietly whisper into their ear:

“If this doesn’t work out I’ll ask for a 30 day notice”.

Trauma Definitions

The Diagnostic and Statistical Manual of the APA defines a “traumatic event” as one in which a person experiences, witnesses, or is confronted with actual death or serious injury, or a threat to the physical integrity of oneself or others. A person’s response to trauma often includes intense fear, helplessness, and horror.

Other researchers describe trauma as the unique individual experience of an event or enduring conditions in which the individual’s ability to integrate his or her emotional experience is overwhelmed or the individual experiences a threat to life, bodily integrity, or sanity. Trauma disrupts the ability to stay present, understand what is happening, integrate feelings and make sense of the experience.

More than 20 years ago Bessel van der Kolk M.D. stated that trauma occurs when both internal and external resources are inadequate to cope with external threat.

Trauma is the personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and/or disaster (*NASMHPD 2004*)

Trauma can result in experiences that are private or public

Private experiences can include domestic violence, sexual assault, witnessing interpersonal violence and child abuse and neglect

Public experiences include natural disasters, terrorism and war

Trauma is now recognized as a significant factor in a wide range of health, behavioral health and social problems

**Prolonged or repeated trauma can be the
most severe**



Trauma robs children and youth
of who they were supposed to be

It is not what's wrong with me.....

It's what happened to me

*We should not ask or expect children and youth to
work on treatment goals without giving them a sense
of hope, purpose, belonging and worth*

Types of Trauma Maltreated Children and Youth Experience

Loss of Parent(s)

Loss of family, siblings, home, neighborhood, school, friends, pets and culture

In utero exposure to stress, alcohol and drugs

Birth and delivery complications

Prolonged neonatal care, NICU

Instability in daily life, homelessness, crime, truancy, inadequate nutrition, and lack of medical and dental care

Poverty

Alcoholism, Substance Abuse, Addiction

Neglect

Emotional Abuse

Physical Abuse

Sexual Abuse

Sexual Exploitation

Domestic abuse and family violence

Victims of Crime and violence

Witness to crime and violence

Suicide of Parent, Family Member

Incarceration of Parent or Family Member

System induced trauma

Trauma experiences resulting in serious and persistent mental and physical health problems:

- * Are usually not a single event
- * The experiences are cumulative
- * Are interpersonal in nature; intentional, prolonged, repeated, and severe
- * Occur in childhood and adolescence and may extend over an individual's life span

Chronic or Complex Trauma

- Difficulty with self regulation
- Find it hard to feel safe
- Have problems forming and sustaining relationships
- Inability to trust
- Suspicious of help from others
- Emotionally instability
- Instantaneous “flight, fight or freeze” responses
- Find it hard to navigate and adjust to life’s changes
- Can display extreme emotional and physical responses to stress
- Deeply held pessimism and negative beliefs about the future

Resilience the Role of Parents and Caregivers

Children/youth need to feel safe, capable and lovable to “bounce back” from traumatic events. Parents and caregivers should help the child/youth change their world view and see themselves with positive self regard and the world as manageable, understandable and meaningful.

Some of the factors that can increase resilience and healing include:

- A strong, supportive relationship with a competent and caring adult
- Stability
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- Membership in a community larger than themselves
(School, extracurricular activities, sports, faith based groups, girl scouts, volunteering, etc.)
- A safe, structured predictable environment
- Nurturing, empowering proactive environments
- Children and youth need a voice. Listen to their story at their pace
- Team with other caregivers and professionals knowledgeable about trauma to help children regain trust, confidence and hope

Children can't have too many people to love them

Healing from Trauma

Five Necessary Elements

Safety

Kids have to be safe and feel safe to escape from trauma. Healing cannot begin until they are safe.

Empowerment

Our job is to teach, motivate, nurture and encourage kids to develop the knowledge, skills and attitudes to empower themselves to make healthy choices and regain control over their own lives.

Creation or Restoration of Positive Self Regard

Caregivers should build on each child's strengths and talents to develop and rebuild a positive self image and sense of self. We need to help them to envision a successful future.

Reconnect to the world

All kids need to belong to a family, a school, a church, a peer group, the choir, a soccer team, the Girl Scouts, Future Farmers of America. We need to get them involved and keep them involved with healthy activities and healthy people.

Intimacy

Our primary responsibility is to build lasting, healthy, trustworthy relationships that can last a lifetime.

Adapted from Sue Coats, "Turning Points"

Trauma is not a side effect It is the central concern

Trauma associated with repeated childhood maltreatment, neglect, physical or sexual abuse can become the central defining characteristic of a child's identity, impacting nearly every aspect of his or her life.

Trauma in Our Society and Culture

- 1 out of 2 marriage fails
- The 4 leading causes of death in children and youth – accidents, homicide, suicide, and HIV-Aids – All Preventable!
- Homicide is still among the leading causes of death for African-American males age 14 to 25
- 3 children die from abuse and neglect every day in our country
- 1 out of 4 girls sexually abused
- 1 out of 5 boys sexually abused

Texas

- It's estimated over 2.4 million children live in poverty, the poverty rate for children under five is 28%, 600,000 children
- We lead the nation in uninsured children/youth
- 900,000 children could be at risk for abuse and neglect on any given day
- Department of Family and Protective Services receives over 1000 Hot Line calls a day for abuse and neglect
- 187 confirmed cases of abuse and neglect every day in Texas
- Out of the 50 states we are number 3 in teen pregnancies
- Number one in teen moms with multiple children
- Leads the nation in births to mothers under 15
- We lead the U.S. in premature births and babies born under 5.4 pounds
- Abuse rates have tripled since the 1980's
- Texas has traditionally under-funded social services
- One of the smallest child welfare systems in the nation compared to other states– slipped to 47th in child welfare funding per capita
- For every \$100 dollars we spend on child welfare, only 36 cents goes to prevention (3rd worst in the U.S., 47 states do better)
- Caseloads remain too high
- Turnover rates among Department of Family and Protective Service are too high and retention rates are too low
- Repeated efforts to improve services have stalled

Trauma and abuse and neglect is a major public health issue

Effects of Trauma Abuse, Neglect and Maltreatment on Children and Families

The impact can be devastating

- The earlier the maltreatment, abuse and neglect occurred – the more difficult it can be to treat
- The more extreme the abuse – the greater the developmental, emotional, psychological and interpersonal trauma
- The longer the abuse and maltreatment continued – the more unrelenting the consequences
- Can severely impair a child's neurobiological and cognitive development and leave children unconnected to any caregivers. Early, severe, and chronic maltreatment can virtually prevent attachment and bonding without stable, specialized care
- Chronic maltreatment can leave children without the capacity to trust adults
- Trauma can globally blunt development including physical, emotional, social, cognitive, educational, and behavioral development
- Deeply embed negative beliefs
- The legal and child welfare system's involvement can temporarily or permanently terminate parental rights. Children can lose parents, siblings, extended family, friends, schools, pets, culture and their neighborhoods. They lose everything.
- Children will often enter a world of confusing and frightening out-of-home placements
- Many will experience multiple placements, varied living settings, disruptions, broken relationships and system induced trauma
- Many young adults who grow up in the child welfare system believe they would have been better off staying in their abusive birth families

The most devastating impact?

They will grow up and parent their children the way they were parented

Generalized Trauma Impairments

Attachment

Distrust and Suspicion
Social Isolation
Interpersonal difficulties
Problems with boundaries
Uncertainty about the reliability and predictability of the world
Difficulty determining other people's distress and emotional states
Unable to enlist others to help

Behavioral

Lack of Impulse Control
Disregulated
Self Destructive behavior
Aggression
Self soothing behaviors
Sleep Disorders/Eating Disorders
Poor social skills
Substance Abuse
Excessive Compliance
Oppositional Behavior
Difficulty understanding and complying with rules and instructions
Reenactment of traumatic past in day to day behavior and play (Sexualized play or aggressive behavior, etc.)

Self Concept

Lack of consistent, predictable sense of self
Shame and guilt
Low self esteem self
Poor Self Regard

Biological

Sensorimotor developmental problems
Hypersensitivity to physical contact
Often problems with coordination and balance
Analgesia (Insensibility to pain)
Somatization (Psychological distress expressed as physical symptoms)
Increased medical conditions
Developmental Delay

Cognition

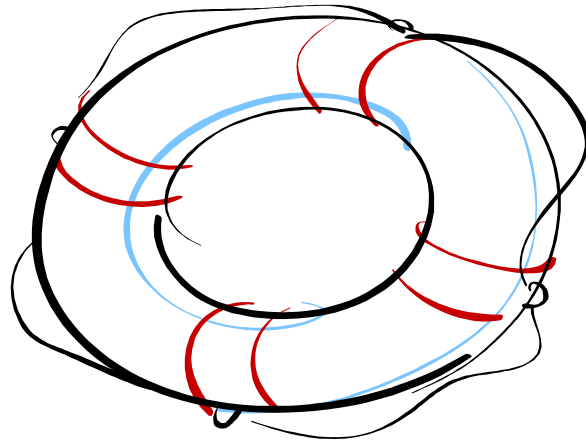
Difficulties in attention
Poor problem solving skills
Lack of sustained curiosity
Problems processing new information
Problems focusing, Completing tasks
Problems with object constancy - (Maintaining lasting relationships)
Learning difficulties
Difficulty understanding consequences of their own behavior
Language development difficulties
Orientation to time and space problems
Problems with visual and acoustic perception
Disorganized
Impaired visual-spatial comprehension

Affect

Poor emotional self regulation
Difficulty defining and describing feelings
Withdrawn
Difficulty communicating needs
Does not know how to meet wants and needs
Angry, demanding, confrontational

“If there is no external consistency . . . then there is no internal consistency.” Bruce Perry, M.D., Ph.D.

Universal Precautions



Assume that every child or youth in the system has been exposed to maltreatment, abuse, violence, loss, neglect or other traumatic experiences.

The 2 most important things you will ever do in your life are:

1. WIFE, HUSBAND, PARTNER
2. PARENT

“We get more training to drive a car!!!”

James Hinkle, M.D.

Investment Parenting

Parents make an upfront personal “investment” in training, commitment, continuing education, teamwork and time and effort to meet needs of each child and youth *TBRI*

Trauma Sensitive Care

Be Informed

Know the history of children and youth in care

- Details of the trauma and abuse and neglect
- Utilize trauma surveys and disruption inventories
- Determine behavioral and emotional needs
- Assess developmental needs
- Diligently search for triggers, trauma memories
- Search for outcomes of previous placements
- Utilize behavioral analysis
- Awareness of current family issues and permanency needs
- Give children/youth a strong voice
- Help them tell their stories in healthy ways
- Develop a proactive Crisis Prevention Calendar

Open Your Head and Your Heart to Change

Cultural Change and Non-Coercive Environments

- Investment Parenting *TBRI*
- “Stop the Bleeding” Don’t retraumatize children and youth *TBRI*
- Get started “On the Right Foot”
- Build a family atmosphere of Safety, Peace, Trust and Respect
- Establish “Felt Safety” *TBRI*
- Create holistic and consistent environments rich in sensory stimulation, nurturing, teaching, discrete learning, predictable schedules and healthy diets and recreation
- Build Healthy, Sustained Relationships
- Avoid Authoritative and Rigid Forms of Discipline
- Use Relationship Enhancing Discipline and Teaching Methods
- Total Voice Control *TBRI*
- Stick with Consistent Expectations and Structure
- Empower Children and Youth
- Always Validate Feelings, Listen Carefully, provide “Quiet Places”
- Teach and model pro-social replacement behaviors and skills
- Master “How to Be”
- Remember “The Caregiver Rule”

“Our job is to teach children that they are precious

Dr. Karyn Purvis

Trauma Sensitive Discipline

“Old School”, rigid, punitive, and coercive forms of discipline is counter-productive.

Inappropriate discipline re-traumatizes children/youth, creates road-blocks for trust and respect, inhibits relationship development, sabotages treatment, and becomes a catalyst for disruption and negative outcomes

Discipline means "to teach" in Latin

There is not a better definition for trauma informed parenting and prevention.

It is critical to be Proactive, Encouraging and Consistent

Proactive:

A trauma informed parent doesn't wait for a child to do something wrong and then correct it. They are always teaching. They look for appropriate behavior and strengthen it. They recognize triggers and trauma memories. Parents and support staff develop systematic interventions and strategies to model, teach, reinforce and practice appropriate social skills and behavior. Preventing crisis includes teaching discrete social skills, using your voice, anger management, problem solving, and conflict resolution. They proactively develop healthy relationships.

Encouraging:

If treating these kids harshly could change their behavior, they would not be in care. They need healthy, energetic, nurturing and encouraging parents who are invested in meeting their needs. Encouragement helps builds healthy relationships.

Consistency:

Consistency is absolutely critical. These children expect life to be chaotic, unpredictable and dysfunctional. They expect your family to operate like their birth family. Inconsistency will reinforce their dysfunction. It can re-traumatize children and will sabotage treatment. It will cause conflict. A consistently applied schedule, rules, routines, limits, consequences and practice and encouragement improves behavior and builds healthy relationships.

Trauma Informed Communication

Kids are either fighting or giving up

Trauma is cumulative Children get weaker with each new trauma

ENCOURAGE En-to give + Courage

DISCOURAGE Dis-take away + Courage

GIVE CHILDREN THE COURAGE TO CHANGE

Children and youth remember a small part of what you say.

They will remember more of what you do.

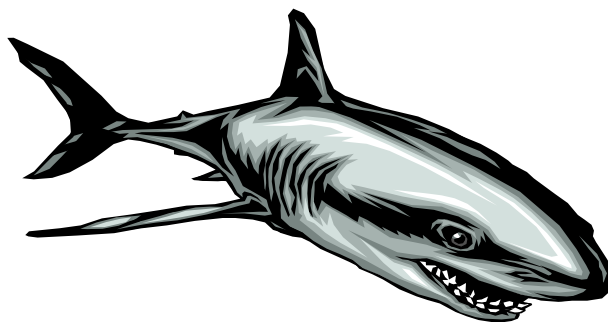
They never forget how you make them feel

“Listen, listen, and listen some more and when,
I feel heard, I will begin to heal.” *Foster care alumni*

Secure



Trauma



Healthy Relationship Building Is Trauma Informed Care Non-Coercive Discipline Prevents Crisis

- *Investment parenting* TBRI
- *Sensory rich, nurturing rich, non-coercive family environments*
- *Family atmosphere of trust, safety and respect (Felt Safety)* TBRI
- *Relationship building discipline*
- *Proactively teach, nurture, encourage, and reward discrete learning and social skills development*
- *Give kids a voice, "Use your words", practice, practice, and more practice* TBRI
- *Empower children and give them input and responsibility for procedures, guidelines and consequences*
- *Validate feelings Don't delay*
- *Listen carefully, utilize active listening skills*
- *Behavioral "what's", not "why's" should be reinforced*
- *Behavioral consequences should be known ahead of time and expectations of behavior should be clear*
- *Practice family culture of "Do Overs" and "Compromise"* TBRI
- *Consequences should be enforced calmly, unemotionally and matter of factually Do not force children to escalate*
- *Total Voice control* TBRI
- *Children should be allowed to save face Do not back them into a corner and force them to act out Respect personal boundaries.*
- *Avoid power struggles and control issues*
- *Be Creative and maintain a "sense of humor"*
- *Playful Engagement* TBRI
- *Be "How to Be"*
- *Partner with other trauma informed caregivers in school and the community*

Family Based Care

In order to heal a damaged or altered brain, interventions must target those portions of the brain that have been altered. Because brain functioning is altered by repeated experiences that strengthen and sensitize neuronal pathways, interventions cannot be limited to weekly therapy appointments. Interventions must address the totality of the child's life, providing frequent, consistent replacement experiences so that the child's brain can begin to incorporate a new environment—one that is safe, predictable and nurturing

Bruce Perry Ph.D., M.D.

Helping Children/Youth Define Themselves

One of our most important tasks will be to positively connect with children and help them define who they are and who they will become.

Trauma and especially complex trauma blunts their sense of self, where they belong in the world, how they relate to the world and what is their place in the world.

Without our care and focused help they may stay disconnected for the rest of their lives.

We can help children/youth develop a positive self regard by empowering them to answer these questions

- Who am I?
- What is likeable and loveable about me?
- What am I capable of?
- How can I make sense out of what's happened to me?
- Who will I be in the future?

Respect and support healthy, stable, enduring relationships in the life of your child that will last a lifetime

Help your child/youth develop a strength based understanding of his/her story

The Neurochemistry of Fear

When a child experiences complex trauma

The neurochemistry is fundamentally and chronically altered

Trauma causes the over or under production of brain chemicals and neurotransmitters that ensure healthy brain development and allow us to learn to relate to our external world in healthy, mutually beneficial relationships.

Trauma reorganizes the brain to fear

The biological cost of chronic fear is the actual physiological and neuro-chemical reaction to fear.

The developmental impairment is caused by fear and by not feeling and knowing you are safe.

Fear drives a toxic imbalance of brain chemicals that results in a bio-neuro insult to brain growth and nervous system development.

This biological insult can have broad and pervasive consequences.

The reorganization of the brain to fear and stress leads to chronic and persistent developmental, behavioral and emotional deficits. The consequences are the artifacts of fear

Sensory processing deficits can occur.

Cognitive impairment and learning delays can result from chronic stress and fear. Changes in brain chemistry cause chronic activation of the fear alarm system and fight, flight or freeze responses keep children constantly on guard and dissociative and disconnected.

The over or under production of brain chemicals like Cortisol and Serotonin are associated with many common mental, behavioral and emotional disorders seen in children and adolescents.

Appropriate levels of neurotransmitters are important to healthy brain development

Too much is not good and too little is also problematic. Balance is important.

Normal levels help cognitive functioning, clear reasoning and creative thinking

Trauma, fear and stress triggers elevated Cortisol which is associated with depression, anxiety, hypervigilance, aggression, emotional deficits and other behavior problems.

Serotonin is important as an inhibitory or calming neurotransmitter. Too much or too little Serotonin can bring about many symptoms associated with mental illness.

Dopamine is another important neurotransmitter. At healthy levels it is associated with fluid body movement, clear thinking, healthy digestion and pleasure and enjoyment.

An imbalance brings symptoms associated with autism, ADD/ADHD; sleep disturbances, lack of motivation, aggressiveness, and memory loss.

Healthy brain chemistry and development is the foundation for mental health and emotional self regulation

Without healthy development children are not able to self regulate and can become volatile and unpredictable.

Brain chemistry imbalance disrupts digestion and the absorption of nutrients.

These mechanisms can eventually leave children with severe impairments and the inability to trust or attach.

Impairment can be mild and transitory or extreme and lifelong

The lack of appropriate care-giving can alter brain chemistry and stunt brain growth and development leading to sensory processing deficits and cognitive impairments.

It can result in pervasive developmental delays across the full spectrum of development including physical, emotional, social and educational development

Without early intervention and effective treatment long term consequences can result in the inability to attach or trust, the inability to self-regulate or appropriately identify and manage their own feelings and emotions.

Chronic and toxic imbalances in brain chemistry can result in children and young people becoming neurobiologically “hard-wired” from trauma

Complex trauma can lead to fear responses, hyper-vigilance, PTSD symptoms, ADD like behaviors, and a whole set of symptoms and behaviors that lead to a mental health diagnosis.

Early on they can “act in” and experience fearfulness, anxiety, depression disassociation and withdrawal

Later they can “act out” and be aggressive, anti-social and delinquent

They may become dysfunctional adults who may never reach their full potential as human beings and live disconnected and unproductive lives.

The bad news is also good news

The plasticity of the brain is an asset in healing the neurochemistry of fear.

Trauma Informed care with knowledgeable, focused interventions and committed continuity can bring hope and healing

Brain functioning is altered by repeated experiences

Interventions cannot be limited to weekly appointments and interventions. Treatment must holistically address the child's life, providing frequent, consistent and healthy experiences so that encourage development.

The environment should be safe, predictable, consistent and nurturing

Parents work to restore and maintain healthy brain chemistry with predictable routines, proper nutrition and exercise

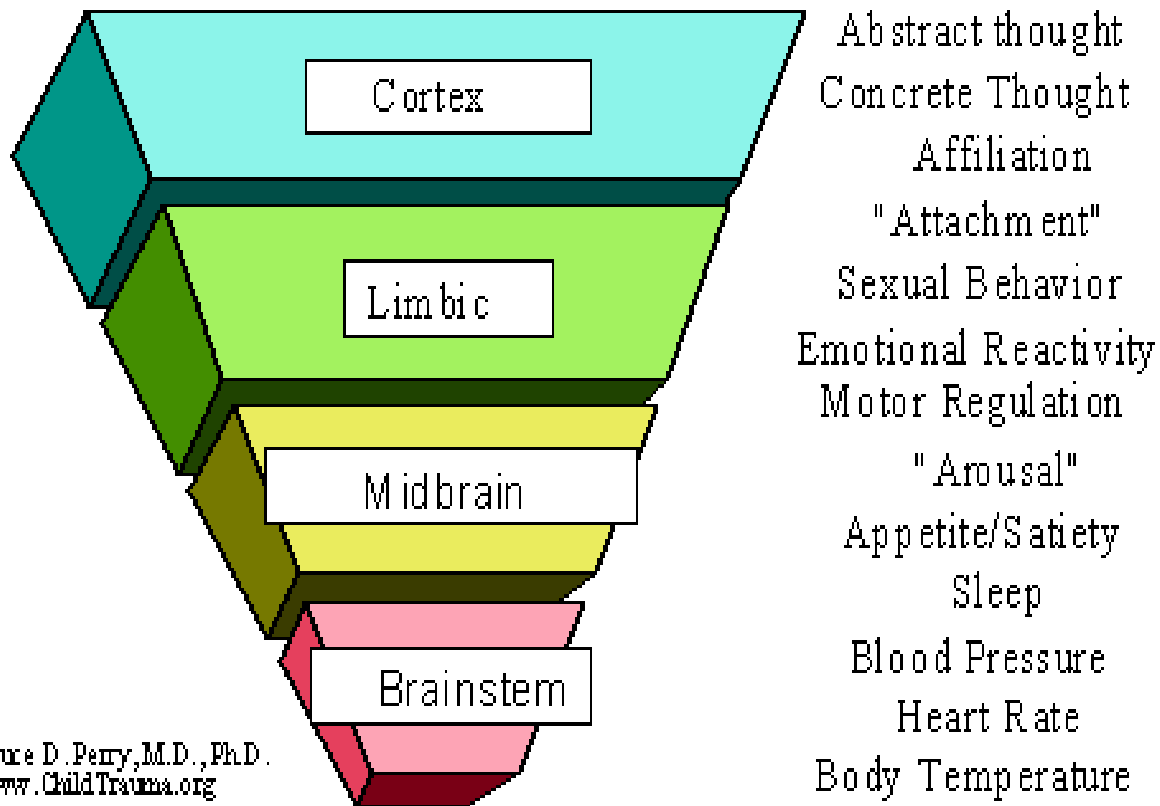
Proactive interventions prevent problems resulting from hunger, fatigue, frustration, sensory overload and unexpected changes and transitions.

Informed families develop proactive planning and organization to meet the needs of their children.

The fundamentals are evidenced based and have been proven to be effective interventions in remediating the damage and pain resulting from abuse, maltreatment and neglect.

Trauma Informed care gives the parents the knowledge, tools and mind set to succeed.

Brain Development



Bruce D. Perry, M.D., Ph.D.
www.ChildTrauma.org

Primary Prevention

Anticipation, planning, organization and implementation

Caregivers make a front end investment and commitment to developing their own knowledge base and skill set to competently parent traumatized special needs children/youth.

Children/youth must be safe and feel safe to heal and build healthy lasting relationships.

Organizations build a team of trauma informed caregivers and professionals to support children and families with services and resources.

Facilitate appropriate placements. High needs children/youth should be placed with highly skilled caregivers.

Develop trauma informed treatment planning, case management and multi-discipline/multi-system treatment approaches. Utilize trauma surveys.

Do your best to know and understand children/youth. Assessment and history should be as comprehensive as possible.

Implement competency based training and developmental activities in CQI context.

Match families and their strengths to specific challenges of children/youth.

Implement antecedent, behavior, consequence models and utilize trauma informed behavioral analysis to be proactive in understanding and changing behavior.

Nurturing, teaching, discrete learning and skill development are far more effective than reactive discipline.

Families should embrace the trauma informed values of respect, nurturing, empowerment, healing compassion and giving children/youth their own voice.

Meet children/youths developmental needs with a holistic approach including sensory and nurture rich environments, consistent routines and predictable transitions, adequate sleep, proper nutrition, physical exercise and developmentally appropriate care.

Meticulously search for antecedents, triggers, trauma memories and warning signs and signals.

Utilize trauma surveys and a self determined crisis plans.

Utilize models of discipline and structure that build and enhance healthy relationships.

Create safe, risk free family environments where children and youth can learn to grow, collaborate, make healthy choices and develop sustained relationships.

Make use of a trauma informed crisis prevention calendar.

Develop an array of planned and organized prevention tools that include safety steps, sensory modulation, self regulation, pre-teaching, respectful interaction, playful engagement, compromise, do-overs, feelings validation, collaboration and relationship enhancing discipline.

Minimize and eliminate the use of authoritarian, controlling, rigid and coercive interventions and discipline. Avoid retraumatizing children and youth.

Adjust and modify the family environment to prevent triggers and proactively meet the sensory processing and developmental challenges of children and youth

Extend healthy, trauma informed environments to school and community.

Secondary Prevention De-escalation

Recognize triggers, trauma memories, and power struggles to avoid interactions that escalate into behavioral crisis.

Be on the look out for FUDD situations

Learn and practice safe, comprehensive and systematic de-escalation models that stress non-coercive early intervention that reinforces least restrictive methods that avoid physical intervention and restraint.

Be healthy. Avoid secondary trauma. Know “How to Be”

Utilize self directed plans, quiet places, calming tools and techniques

***Never ever, ever, ever personalize behavior NEVER!**

Don't let the child's trauma become your trauma

Protect relationships

Immediately heal any damaged relationships

Develop self determined de-escalation plans and routinely pre-teach and practice plans within the family setting

Tertiary Prevention

Learn from experiences and use debriefing to guide prevention

Appropriate debriefing is essential to future prevention.

Quickly develop and implement interventions to repair and minimize relationship damage from a major behavioral episode or EBI.

Debriefing gives children/youth a voice, listen carefully

Make debriefing part of behavioral analysis Encourage the child and youth to identify triggers and trauma memories to avoid stress and crisis

Identify, implement and practice strategies that will prevent future behavioral and emotional crisis

Positive debriefing will empower children/youth and caregivers to mutually agree on future plans to prevent crisis and avoid EBI

Identify helpful crisis prevention calendar information

Utilize debriefing to develop and implement self directed crisis prevention

Practice self directed plans

Debriefing should enhance relationships and strengthen felt safety

Crisis Situations Common to Home Based Care

- ✓ Texas vernacular for Anti-Social Behaviors that can quickly escalate

fight'n lie'n talk'n back
cuss'n spit'n bite'n
steal'n refuse'n to cooperate
fuss'n be'n ornery and difficult
hurt'n themselves and others

- ✓ Power Struggles
- ✓ Physical Aggression
- ✓ Self Destructive Behavior, Self Harm
- ✓ Suicidal Behavior
- ✓ Runaway
- ✓ Psychiatric Emergencies
- ✓ Sexual Acting Out/Abuse
- ✓ Property Destruction
- ✓ Substance Abuse
- ✓ Drug Overdoses
- ✓ Visitation complications
- ✓ Medical Emergencies/Illness
- ✓ Accidents/Injuries
- ✓ Allegations and Investigations/False Allegations
- ✓ School Suspension
- ✓ Placement Disruptions
- ✓ Inappropriate Discipline/Abuse
- ✓ Risk to Your Family (bio-children, relatives)
- ✓ Risk to Community (school, church, neighborhood, etc.)
- ✓ Your Own Personal Mental Health
(Anger, Frustration, Over Reacting, Fatigue, Burn Out, Depression
Secondary Trauma)
- ✓ Respite – Break in routines/schedules (Can be risky)

“What we see as negative, inappropriate and even abusive, traumatized children perceive as only familiar” *M. Foster*

Effects of Trauma, Maltreatment, Multiple
Placements and Disrupted Relationships

SIT System Induced Trauma

Children and youth in these circumstances may develop risky and chronic behaviors that can precipitate crisis, including:

- emotionally disturbed/emotionally disturbing
- troubled/troubling
- lose the ability to trust and connect with others
- become unpredictable, explosive
- angry, demanding, confrontational
- oppositional
- may be aggressive (verbally, physically threatening)
- difficult to manage/and or redirect
- difficult to supervise
- poor judgment, risk taking
- few problem-solving skills
- exhibit poor social skills
- be secretive, sneaky, and manipulative
- trouble communicating and expressing feelings, wants and needs
- history or use of drugs and alcohol
- delinquent, illegal, and anti-social behaviors
- sexual abuse and revictimization
- sexualized and or seductive, grooming behavior and sexual acting out
- exhibit poor boundaries
- become opportunist and perpetrators
- develop “system smart” rationales
- make false allegations
- multiple psychotropic medications, long term poly pharmacy

It is critical for crisis prevention that these children and youth develop positive, constructive, and pro-social replacement behaviors.

Children and youth should live in trauma informed and non-coercive environments that teach and nurture with relationship enhancing discipline.

Traumatized kids can be . . .

DISCONNECTED

Unattached

DISINTERESTED

Unmotivated

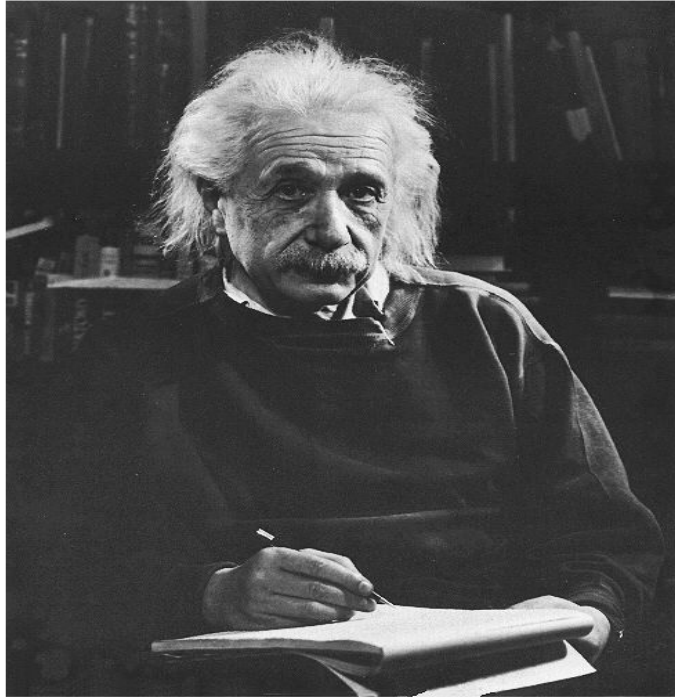
DISAGREEABLE

Oppositional

DISHEARTENED

Hopeless

While not very well known for his work with traumatized children.....



He did say:

“You cannot solve a problem with the same kind of thinking that created it.”

Albert Einstein

How to Do It and How to Be

How to Do It

- Developing knowledge and technical skills is very important
- It is not enough
- We need to know *How to Do It*, but just as important, if not more so, is to learn *How to Be*
- Every parent, clinician, teacher, and other caregivers should develop skills, interventions, techniques and strategies to anticipate, prevent and manage and de-escalate crisis
- It is important to know what to do
- How to do it
- When to do it, when not to
- What works, what doesn't
- What's safe; what isn't safe
- Crisis prevention, management and de-escalation is a science and an art. It takes time and practice, practice, practice.

How to Be

- Learning the BE in "How to Be" is a crucial skill
- Failing to manage yourself, you're "BE-ing" will always escalate a crisis.
- Successfully dealing with crisis means dealing with our own feelings and emotions in healthy and helpful ways that help anticipate, prevent, de-escalate and manage crisis
- Don't reconnect to your own trauma
- Stay Healthy
- Do Not personalize behavior

Crisis Prevention

Appropriate Admissions are Essential

1. **Planning** should include a comprehensive assessment and history on each child and youth. We should get all the information we need to implement trauma informed care. We have to ask, do the child's strengths and needs match our family's strengths and abilities?

Can we meet this child's needs?

Do we know what to do? Do we have the skills and knowledge?

(Investment Parenting) *TBRI*

Do we know how to be? Do we have the emotional stability and strength? (Attachment Style)

2. **Anticipation** should be used to predict potential problems and identify appropriate solutions and interventions prior to placement

How does this child fit into our family structure?

Does he/she put anyone at risk?

Can we protect them?

Individual treatment/behavior management planning should include:

Identifying triggers and what are the specific strategies and interventions we need to develop to meet each child/youth's individual needs.

- a. Do we know what to do and how to do it?
- b. How we will model, nurture and teach positive replacement behaviors.
- c. What other supports will we need?

New or continued training, specific consultation, therapy, wrap around services, case management, medication, assessment, educational services, respite.

“I keep waiting for someone to tell me to fight fire with fire, so I can reply, that’s funny. I always use water.” *Author Unknown*

The only
5 Rules
You'll ever need

Be Safe

Be Kind

Be Honest

Be Respectful

Be Responsible

Build Healthy Relationships to Prevent and De-escalate Crisis

1. Create an atmosphere of trust, safety and respect
2. Maintain Felt safety *TBRI*
3. Be aware of past trauma history
4. Practice behavioral analysis before applying consequences
5. Teach, encourage and promote appropriate behavior, replacement skills, and deal with triggers and memories proactively
6. 5 BASIC RULES 1. Be Safe 2. Be kind 3. Be Honest 4. Be Responsible
5. Be Respectful
7. Empower children and give them input and responsibility for procedures, guidelines and consequences.
8. Validate feelings. Don't delay.
9. Behavioral "what's", not "why's" should be reinforced.
10. Behavioral consequences should be known ahead of time and expectations of behavior should be clear Use Do Overs and Compromise *TBRI*
11. Consequences should be enforced calmly, unemotionally and as a matter of fact. Do not force children to escalate.
12. Children should be allowed to save face. Do not back them into a corner and force them to act out. Respect personal boundaries.
13. Use structured and planned interventions progressively.
14. Admit mistakes and correct mistakes as soon as possible.
15. Avoid power struggles and control issues. (Remember anti-social practice) Don't provoke unnecessary conflicts.
16. Be Creative and maintain a "sense of humor" Playful Engagement *TBRI*
17. When possible, children who are acting out should not be with peers. (It is easier to stop acting out off stage)
18. Determine immediate, measurable objectives. What is it you want done? Be concise and simple. Think safety.
19. Speak in a controlled, caring, authoritative voice. Convey confidence Total Voice Control *TBRI* Use non-threatening body language.
20. Use as little action as necessary to accomplish objectives. Attempt to verbally redirect rather than physically forcing the issue.
21. Do not provoke, do not threaten, plead or argue. Follow through with your directions.
22. State rationales why behavior is important.

Crisis Prevention Calendar

To anticipate and prevent crisis, it is important to know everything you can about the children and their lives. Once you have established a rapport with a child, begin questioning or exploring their past. Find out who and what events are most significant in their lives. Anniversaries, holidays, and scheduled events often trigger conflict and crisis. It is essential to prepare children ahead of time and acknowledge their fear, anger, sense of loss, and anxiety that produce these triggers. Our job is to change negative or unrealistic expectations into healthy ones. We need to help children identify potential conflicts and/or disappointments, and teach them healthy ways to deal with their feelings and behaviors. Anticipation, planning, and practicing appropriate alternatives will prevent crisis.

Birth dates - of bio-parents, siblings, relatives and significant others including foster parents, foster sibs, staff, friends, mentors, teachers, former caregivers, case workers, etc.

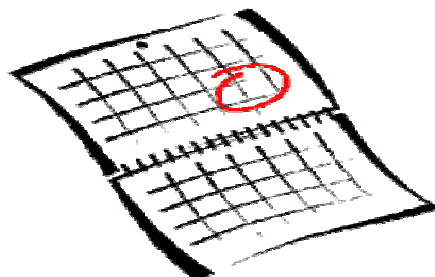
Anniversary dates of significant events - Removal from home or family, divorce, etc.; Placement dates; Deaths of relatives, pets, significant others; Traumatic incidents; personally important dates (court dates, staffings, therapy sessions, ARD's, etc)

Holidays - The big ones are Thanksgiving, Christmas, and Mother's Day; any holiday that deals with family, togetherness, tradition, and culture or is perceived as a loss is important.

School/Alternative Care - Beginning - Being "new" or "different". Clothes, supplies, etc.; Enrolling, filling out forms, acknowledging alternative care; P.E. (locker rooms and showers are scary places for youth with histories of sexual abuse); Transportation (structure and supervision); Inappropriate educational placement; Picture day; Test dates, dates of major assignments, science projects, etc.; Assignments dealing with family or personal history; Homework; conferences; D'Hall; alternative settings; suspensions; Recognition, awards; and special achievement days; Parent's Day, PTA or PTO meetings; open house; Competition dates and tryouts; Social events (prom, homecoming, big games, dances); Report card day

Leaving – Fear, anxiety, and unknown that causes youth to “re-enlist”.

Other - Specific dates important to the youth; Full moon; Running out of meds; Summer Solstice; Vernal Equinox; Eclipses; Major weather systems



Pat's definition of crisis:



An Elmer **FUDD**

Fear Uncertainty Doubt Danger

A FUDD starts as a physiological reaction

Pulse, blood pressure, and respiration go up. Various neurochemicals kick in. It's our body's neurobiological way of letting us know to get ready for a crisis. The child/youth is experiencing the same reaction.

Back in the days when we were cave people and encountered a saber-tooth tiger we had a split second to flee, fight or freeze or be eaten.

Our body didn't wait for our brain to gear up out of self preservation.

For those of us who haven't evolved that's a problem in civilized society.

It is especially true for parents and caregivers living with traumatized, provocative, behaviorally challenged, and emotionally disturbing children and youth.

We all react a bit differently:

Sometimes it is a quick, rapid breathing or tightness in the jaw, neck or shoulders. It can be an increase in our pulse rate or our stomach starts to roll or grumble. Maybe our temples begin to throb. We get a general feeling of tension, anxiety, or anger, frustration, and impulsivity. Fear, uncertainty, and doubt creep in. We sense danger.

Our own neurochemistry, feelings, trauma history and physiological reactions cloud our perceptions and overwhelm our ability to think rationally.

Decision making is difficult when stressed.

Impulsiveness, anxiety, frustration and fear limit our choices.

We can react without thought or planning. We can throw away timely, effective and therapeutic responses and retraumatize children and youth with our actions.

Hurt People Hurt People

Planning, discipline, practice, practice and more practice will keep fear, uncertainty, and doubt from disrupting crisis prevention and de-escalation

What is Prevention?

- * To keep from happening
- * To anticipate and forestall
- * To be in readiness
- * To satisfy in advance
- * Implementing advance measures
- * To stop or interrupt
- * To act ahead of time
- * Anticipating and planning ahead
- * Teaching new skills and attitudes

Let's put the 2 together Crisis + Prevention

The goals of **tip** are:

1. Use trauma informed care as a preventative model
2. Anticipate the potential for crisis
3. Plan ahead
4. Develop a personal competency based skill set of decision making rationales, appropriate interventions, de-escalation techniques, and "How to Be" mastery that will prevent crisis.

Safety is always the primary goal of crisis prevention

Keeping children, youth and families safe is the top priority

What's worse than 1 person out of control?

Simple math suggests a logical answer,

2 People

Crisis always happens on 2 levels

1. The actual incident
- and
2. What is going on inside you!

“How to Be” instructs us to BE in charge of our own:

**FEELINGS, PERCEPTIONS, RESPONSES, CHOICES
and TIME MANAGEMENT**

Essential Replacement Skills, Attitudes, and Beliefs
to Prevent and De-Escalate Crisis include:

Replace . . .

With . . .

ANGER

CALM

FRUSTRATION

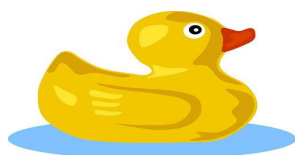
RESOLVE

IMPLUSE

PLANNING

FEAR

COURAGE



Be like a duck

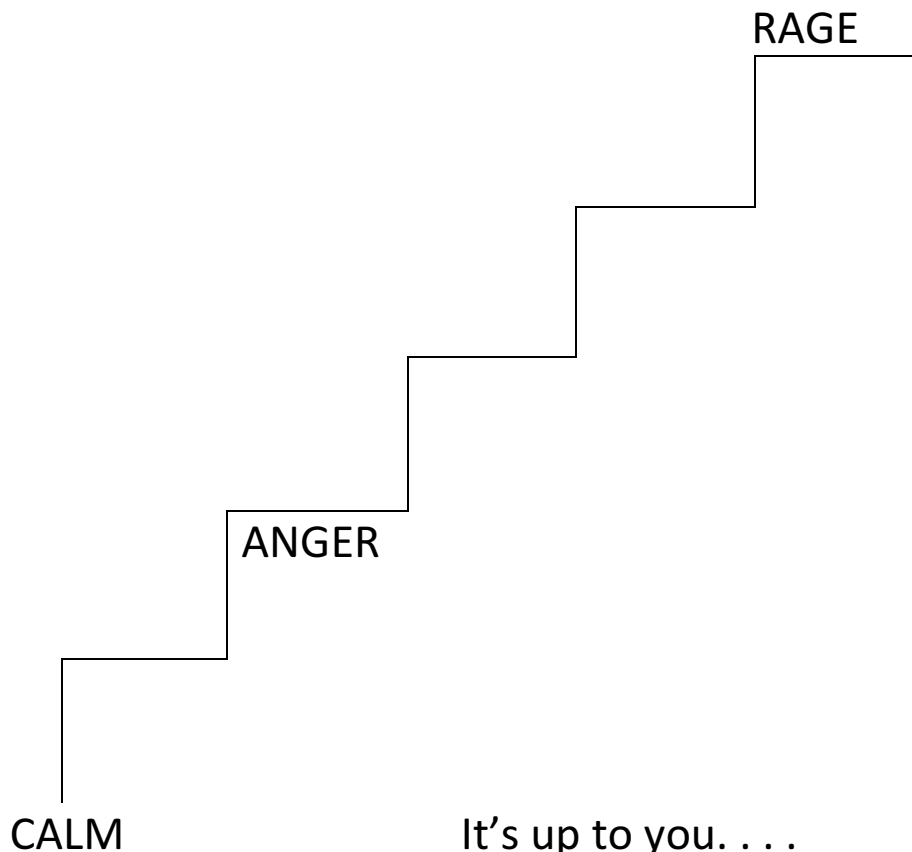
Serene on the surface, but paddling like hell underneath

CRISIS CAN BE PREVENTED with PLANNING and CONSISTENCY

PLAN AHEAD and TAKE PREVENTIVE STEPS

USE PROACTIVE INTERVENTIONS TO DE-ESCALATE AND PREVENT CRISIS

To successfully prevent crisis you need to look over the edge and anticipate what's coming next



It's up to you. . . .

Do you want to take the escalator or the de-escalator?

Calm: Cognition and reasoning intact

Anger: Reasoning diminished

Rage: Reasoning absent

Always start de-escalation by saying something reasonable



Be Proactive

Preemptive Strike *T.B.R.I.*

Use trauma informed interventions and strategies and relationship enhancing alternatives to avoid power struggles

Crisis Management

Most developing crisis situations have recognizable and defined decisions making steps that offer opportunities for intervention

Unfortunately some children can go from calm to anger to rage in 3.5 seconds!

Obviously Crisis prevention, for those children, should be planned well in advance

All the interventions and strategies you use will either escalate (increase), neutralize (stay the same), or de-escalate (decrease) a developing crisis

Utilize interventions and strategies that are measurable

We'll explore crisis escalators and de-escalators and develop ways to anticipate, prevent, and manage crisis

Each child and situation is unique

Be Proactive; utilize creativity, spontaneity, flexibility, and especially clairvoyance.

The most important issue and the primary goal of crisis prevention and de-escalation is always

SAFETY

Crisis Prevention

Precipitators & Escalators

Confusion about expectations

Policy and procedure failures

Inadequate policies or not following policies

Inconsistency

Impulsiveness or laissez-faire attitudes

Inappropriate placements

Poor communication

Knowledge and experience deficits

Training deficits

Incompetent Caregivers

Reactive, critical, punitive interventions

Personal issues, emotional stress, burnout

Unhealthy relationships

Dishonesty

Lack of Outcomes

Prevention & De-escalators

Clearly defined expectations

Clearly stated policies

Consistently followed policies and procedures

Consistency

Planning and thoughtful responses

Collaboration for appropriate placements

Trauma informed, aware of triggers, Positive communication

Knowledgeable, trained, and experience caregivers

Well developed, trauma based training programs

Investment Parenting

Nurturing, prosocial, trauma informed proactive interventions

Self-awareness, stress reduction positive mental health

Secure Attachment

Honesty and integrity

Q.A. and individual outcomes for homes

Crisis De-escalation from the Experts (9th Grade Special Education Students)

De-escalators

Calm, pleasant voice/tone
Offering to provide help
Appropriate humor
Positive feedback
Fair, reasonable
An explanation of how or what to do
Concern and engaged
Politeness
Smiling, friendly
Getting right to the point
Enthusiastic
Respectful
Understanding, empathy
Encouragement
Nurturing

Escalators

Shouting, hollering, bellowing
Bossy and demanding
Sarcasm, put downs
Only negative feedback
Unreasonable consequences
Accusing or blaming
Disconnected, ignoring behavior
Insulting, belittling remarks
Frowning, unpleasant attitude
Not able to speak
Unconcerned
Disrespectful
No concern for feelings
Complains, discouraging
Rigid, authoritarian, aggressive

The Caregiver Rule:

“Parents, teachers, and other caregivers must be stronger and healthier than the children in their care.” *Kenneth Hardy, Ph.D. Syracuse University*

It's essential to invoke The Caregiver Rule to prevent crisis.

If you feel you are in a FUDD, utilize the rule before it's too late.

Don't personalize inappropriate behavior. It's not about you – it's about the children. You're in trouble if your self-esteem is dependent upon feedback from disturbed children



DON'T STAY IN A FUDD

**Vacuum Up Messy Emotions and Behavior
Before It's Too Late
Stay Calm and Connected**

Be Self Aware

Don't step in it! Avoid power struggles



De-escalation Steps

Utilize **tip** strategies and interventions

Plan ahead and think ahead to avoid risk to children and adults

Think Safety, Safety, Safety

Avoid a FUDD

It is time to BE in “How to Be”

Decisions to use emergency behavioral interventions must be made in the context of the Emergency Situation licensing definitions

Actions based on Anger, Frustration, Impulse and Fear will always escalate crisis behavior

Do not act hastily

Don't be provocative

It is not time to be “John Wayne”, “Rooster Cogburn”, “Dirty Harry”, “Storm”, “Bruce Lee”, “Shaft” or “El Mariachi”

Do not under any circumstances personalize behavior (It becomes your trauma, not theirs)

Invoke the Caregiver Rule (You have to be healthier)

If possible, time for a “Tap Out”

Utilize crisis prevention strategies and interventions to defuse and de-escalate unsafe behavior

Make thoughtful, reasonable, proactive decisions

Use time wisely, don't throw it away, it is a valuable ally

Initiate self directed calming strategies, including quiet spaces, which you have proactively practiced to empower self regulation

Incorporate nonthreatening body language and posture

Maintain appropriate personal space

Remember to use total voice control

Use a controlled, authoritative voice that conveys confidence

(Even if..... especially if you're scared)

Be like a Duck (Serene on the surface, paddling like hell underneath)

Be aware of the total environment

Quickly formulate how to use the environmental space to maintain safety

(Don't get trapped in a corner or force kids in a corner without planning what's going to happen next. Give everyone an open escape route)

Do not turn your back on escalated children/youth

Consider the surroundings, furniture and accessories and be careful of items that could cause harm or injury
Look for things you could use to protect yourself (Big stuffed pillows, magazines and books are good for deflecting blows, standing behind a chair is safe and its helpful in projecting non-threatening body language)
Take notice of personal items that could cause injury
(Don't start removing jewelry, watches and accessories in front of escalated kids; you might as well wave a red flag; you're communicating "Let's get ready to rumble!!!")
Don't make demands
Screaming "I've had it with you", "Well...You've thrown away all your privileges mister", "You can't call me a bitch" and "Go to your room for the rest of the night" are not very effective de-escalators
Begin with "requests" that are reasonable, can be realistically accomplished and are immediately measurable
Pull out "Do Overs" and "Compromises" and self directed plans that have been practiced ahead of crisis. Develop and utilize calming areas.
"Would you please lower your voice", "I would appreciate it if you would try and take a deep breath", "I would feel safer if you would hold the bat down by your side", "Would you mind taking a step back" are simple, doable behaviors and can quickly be assessed and measured
If they comply then you are de-escalating
If not your in neutral
If they get louder, more rigid, more menacing or move forward they are obviously still in escalation mode
It's time to say and try something else.
Begin thinking of new ideas or quickly come up with plan B and start thinking about C
Start to remember the escape and blocking moves
Stay calm and make rational, safe decisions

Even disciplined and well practiced holds have the potential to turn into a free for all if the caregiver is not prepared to manage the physical strength and the emotional anger and rage of children and youth in emergency situations.

In times of increased agitation and stress remember the essentials of basic safety and use interventions that have the broadest and safest applications.

Every Child Needs

Love - *to feel loved and wanted. Children need people near them that care what happens to them. They need to know they're precious.*

Security - *to know that their home is a safe place they can feel sure about. Protective parents will always be on hand, especially during crisis when they are needed most.*

Acceptance - *to believe they are accepted for themselves. Children need to belong. They need a place to fit in.*

Limits - *to know that there are consistent limits. They will be expected to live by these limits. They will not be allowed to harm themselves or others.*

Guidance - *friendly help and encouragement to learn how to behave toward people and things. They need adults to show them by example.*

Independence - *to know that they will be encouraged to grow and try new things. They should develop confidence in their abilities to do things for themselves.*

Protection - *they must know that they will be safe from harm. When they must face unknown and frightening situations, someone they trust will be there to help them be safe.*

Faith - *a set of moral and spiritual standards to live by. Children need to believe in the human and spiritual values of kindness, courage, honesty, generosity, peace, respect, responsibility, and justice.*

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