



  
 Western Regional  
CHILDREN'S ADVOCACY CENTER

## Trauma-Informed Care and Practice in a CAC Setting Webinar Series

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**Disclaimer**  
 The opinions, findings, and conclusions or recommendations expressed in this program are those of the author(s) and do not necessarily reflect those of the Department of Justice.

  
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Welcome to a series of three webinars for professionals working with Children's Advocacy Centers. This series will examine:

- A trauma-informed approach to investigating child abuse allegations and responding to child victims,
- Ways for multi-disciplinary professionals to incorporate trauma-informed practices and skills in the systems that respond to those children and youth and
- The use of a Trauma-Informed Organizational Assessment tool to inform changes a CAC can implement to improve staff skills and services provided to children and families.

  
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This webinar will focus on the immediate and longer-term effects of trauma on children by introducing terminology related to trauma and adverse childhood experiences and examine how professionals on the multidisciplinary team incorporate their knowledge of the effects of trauma into the practices of their discipline's response to child abuse.




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*Trauma 101 and Trauma-Informed Practice by CAC and MDT Professionals*

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**A TRAUMA-INFORMED PRACTICE IN A CAC SETTING IS FOUNDED ON:**

- \* An understanding of trauma
- \* How trauma impacts the children and families served by CACs and MDTs
- \* How trauma impacts the CAC staff and multidisciplinary partners




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## PARTICIPANT REFLECTION

Consider the discipline you represent on your MDT - law enforcement, victim advocacy, child welfare, forensic interviewer, mental or medical health provider or others disciplines:

How does the way you investigate child abuse or respond to an abused child take into consideration an understanding of trauma?



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## TRAUMA EVENT VERSUS EXPERIENCE



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## What is a Traumatic Event?



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## Acute vs Chronic Events



Incident occurs in a specific time and place, short-lived, usually one time only



Repeated over time (either the same or related traumas)

May be complex trauma – relational component



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## PARTICIPANT REFLECTION

Given the range of ways children experience traumatic events, how could you change the way you conduct an investigation or respond to an abused child or family that keeps that knowledge front and center?



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## Taking Traumatic Events Into Consideration

- Impact on a child's affect
- Diminished trust a child/family feels toward a system
- Difficulty providing a linear trauma narrative
- Interest in culturally appropriate services



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## EVENT DOES NOT EQUAL EXPERIENCE



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## What Is Child Traumatic Stress? (Experience)



- The physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling)
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal
- Trauma is experienced as a series of traumatic moments each penetrating deep in the child's psyche



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## Trauma Happens in a Context

- Developmental level
- Internal resources
- Family support
- System support
- Prior traumas
- Severity of the trauma
- Cultural beliefs and values



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## Trauma and the Brain

- Biological stress symptoms can adversely affect brain development in children
- Trauma can cause long-term changes in levels of stress hormones
- Trauma can inhibit new learning
- Neuro-Plasticity – healing/growth



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## Immediate Trauma reactions



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## Effects of Trauma Exposure

- **Relationships**
  - World is uncertain and unpredictable
  - Problems with boundaries
  - Socially isolated
  - Difficulty trusting and feeling safe with others
- **Cognition**
  - Problems focusing on and completing tasks
  - Problems planning for and anticipating future events
  - Learning difficulties
- **Self-Concept**
  - Disturbed body image
  - Low self esteem, shame, and guilt

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## » Effects of Trauma Exposure

- **Mood Regulation**
  - Difficulty regulating emotions
  - Difficulty knowing and describing their feelings and internal states
  - Difficulty communicating wishes and desires
- **Biology**
  - Hypersensitivity to physical contact
  - Insensitivity to pain
  - Physical symptoms




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## » ACE STUDY (1995-1997)

Dr. Vincent Felitti discovered that exposure to childhood trauma is strongly correlated with development of risk factors for disease and health and social problems later in life.




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## » PARTICIPANT REFLECTION

Why is it important for MDT professionals to learn common behavior patterns present in children that have experienced trauma?




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## Taking Effects of Trauma Exposure Into Consideration

- Building rapport and safety for child and supportive caregivers
- Recognize child's ability or inability to focus
- Support emotional regulation during interaction with children and supportive caregivers
- Educate supportive caregivers understanding of childhood development and effect of exposure to trauma




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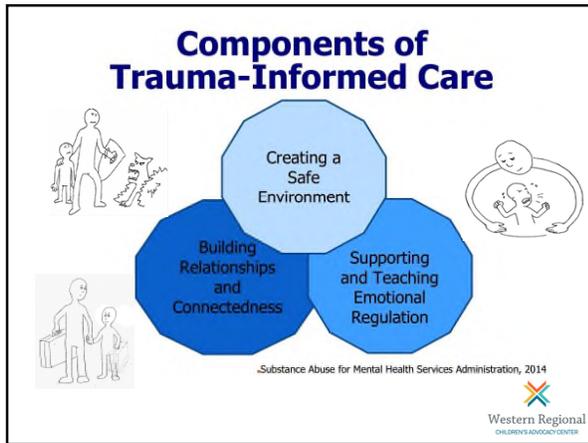
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## Psychological Safety



- What is it?
- What does it look like?
- How can you create it in your CAC, agency or MDT?




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## PARTICIPANT REFLECTION

How do you, as a multidisciplinary team, design your investigation and interaction with child victims and their families to not introduce additional trauma to the child?



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## CAC Accreditation Standards

- Trauma-Informed Care is embedded in the NCA Accreditation standards
  - Child-focused
  - Focus on MDT resiliency
  - Ensures confidentiality
  - Promotes evidence-based treatment



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## Any of these look familiar?

Secondary traumatic stress



Compassion fatigue



Burnout



Vicarious trauma



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## STS Signs and Symptoms

- Avoidance (including of certain clients)
- Preoccupation with clients/client stories
- Intrusive thoughts/nightmares/flashbacks
- Arousal symptoms
- Thoughts of violence/revenge
- Feeling estranged/isolated/having no one to talk to
- Feeling trapped, "infected" by trauma, hopeless, inadequate, depressed
- Having difficulty separating work from personal life




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## Self Care

- Time out
- Essential Oils
- Talking it out
- Sleep
- Exercise
- Cut the cord



*How full is your cup?*




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## Trauma-Informed Supervision

What's so special?

- ✓ Sharing of emotions and feelings about the work we do
- ✓ Thinking about one's own process
- ✓ Setting an expectation that this happens every supervision session




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## Reflective Supervision

Reflective supervision is not therapy. It is focused on experiences, thoughts, and feelings directly connected with the work. Reflective supervision is characterized by active listening and thoughtful questioning by both parties. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a "safe place" allows the supervisee to manage the stress they experience on the job.



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## Vicarious Posttraumatic Growth

Arnold, Calhoun, Tedeschi & Cann (2005)

The development of positive changes as a result of vicarious traumatic exposure.



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## Compassion Satisfaction

Joy



Connection



Accomplishment



Pride



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## PARTICIPANT REFLECTION

Do members of your MDT not only acknowledge impacts of vicarious trauma on individuals but have practices in place to build resiliency in individuals and in the team?



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## Building Resiliency in CAC and MDT Professionals

- Recognize and respond to signs of Secondary Traumatic Stress in team members
- Turn-over in MDT disciplines
- Celebrating successes



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What experiences do you want traumatized children and families to have when working with you?



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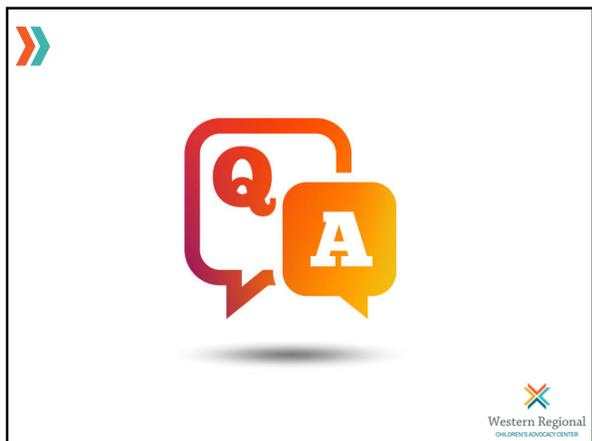
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