Interventions for Children Who Suffered Trauma

Dave Zidar, LISW
Zidar, Training and Consulting
davezidar@mac.com
The Shift

• In the 1980’s there was a move from internal forces (neurosis) to the concept of psychological injury.

• Trauma influenced practice asks, “what happened to this person?” not, “why is this person being problematic?”

• How can we create an environment to heal these trauma.
The Cup metaphor

Fill or Flush
Rerecording memories

• With Milieu; the goal is to overpower negative memories (in all its forms) and fill it with new, more adaptive memories.
Types of trauma:

- Abuse
- Neglect
- Accidents
- Placement
- War
- Witness to a crime
- Fire or natural disaster
- Medical Treatment
- Untreated Mental illness of the parent
- Drug abuse and addiction of the parents
- What else?
The topography of the trauma

- What is the nature of the trauma?
- What is the trajectory of the trauma?
- What developmental factors are in play?
- Age of the child
- What idiosyncratic factors of the trauma are manifesting themselves, e.g., strange pairing?
- Any cultural factors?
- It is important to note these factors in development of the milieu.
Two models of trauma

Terr and NCTSN
Type 1 and Type 2 Trauma
Lenore Terr (1990)

Type 1
• Short Term
• Unexpected
• Single blow, isolated
• Sudden, surprising
• Likely to Lead to PTSD symptoms
• More likely for quicker recovery

Type 2
• Chronic, long standing
• Usually of intentional human design
• May lead to altered view of self and world with feelings of guilt, shame and worthlessness
• Complex PTSD symptoms
• Longer recovery time
NCTSN

- Acute
- Chronic
- Complex
Trauma and ongoing stress: A moving target!

- Physical
- Psychological
- Reality
- Developmental
Milieu: The old Definition

• Bettleheim called this new environment a “milieu,” which was defined as “A medium, environment and surrounding or an enveloping matrix in which one lives”
Milieu, It’s is not just for Residential Treatment!

• A milieu is an environment rich in therapeutic exchanges.
• It is not specific to residential treatment programs.
• Our job is to look at their environment as part of the healing process and make the necessary changes to promote wellness after the trauma.
• Creating a new schema of success and safety after the event.
• Milieu: Creating a needs satisfying environment
Trauma Risk Factors:

- Co-morbidity with other pathology Including MR/DD
- Low self esteem
- Previous Trauma
- Low or poor mother-child bonding
- Poor or strained family relationships
- Lack of consistent adult role models
- Drug or alcohol use
- Pre-trauma training
Post-incident Trauma Risk Factors:

- Low emotional support
- Weak safety interventions
- Failure to provide debriefing
- Lack of bio-chemical support
- Lack of consistent role models
- Poor or strained family relationships
- Drug or alcohol use
- Post-trauma training and care
QuickTime™ and a TIFF (Uncompressed) decompressor are needed to see this picture.
Bruce Perry’s Model of Trauma Memory
Questions to ask based in Perry

• What is their overt affect saying?
• What part of their “brain” is speaking and behaving at the time?
• Are we seeing regression in service of the ego?
• How is the milieu going to help bring them back to balance?
Learning styles and Memory

Auditory:
Visual:
Kinesthetic:
Thoughts + Feelings = Behavior

Learning styles and Memory

Auditory:

Visual:

Kinesthetic:
Four areas of the milieu

Working

Learning

Playing

Forming Relationships
Working:
Developing a sense of what we can do.
Adding value to our lives and the people around us.
Learning

Relearning positive memories and learning how to apply them in our post trauma lives.
Playing:

Developing new, pleasurable memories in relations to Movement, Hearing and Visual experiences.
Forming Relationships:

• Developing new Relationships.
• Strengthen relationships that improve the overall wellness.
Working

Working:
Developing a sense of what we can do.
Adding value to our lives and the people around us.
Assessment of Activity for therapeutic value

Work:
Small detail work (Fine Motor)
Large muscle work (Gross Motor)
Do they enjoy the work they do?

Play:
Are they using play to grow, or as an ongoing distraction?
Is it providing an opportunity to grow?
Assessment of Activity for therapeutic value 2

Forming relationships:
Is the environment conducive to forming relationships?
Are people “struggling” toward a common good?
Are people talking about relationships?
Are relationships growing over time?
Has the pre-trauma relationships changed in light of the Revelation of the trauma?

Learning:
Are they learning “new” ways to self soothe?
Are they aware of the effect of the trauma on their current behavioral choices?
Who creates the Milieu?

- Parents
- Teachers
- Coaches
- Therapist
- Grandparents
- Most importantly: THE CHILD
Factors to Milieu Development

- Interest of the child(ren)
- Temperament of the child
- Nature of the family
- Willingness to try new things
- Amount of money to spend
- Willingness of NOP in support of the child
- Past history of trauma
Predictability

• Survivors of trauma will benefit from clear structured routines
• After the trauma, the child will desire to get back to their routine
• If foster care is a factor, we have to develop a new routine
• This provides the child with anticipatory guidance
Activities to promote wellness

1

- Pets
- Water
- Music
- Sports
- Gardening
- Private time
- Limit alone time
- Social readiness
Activities after the trauma

- Structure, routine and predictability
- Rituals and awareness of high risk situations
- Anticipatory guidance
- Soft questions
- Create safe places
- Use of faith
- Sleeping areas: nightlights, teddy bears (Transactional objects)
- Re-direction
- Focus on the activities
- Develop an awareness of the child’s reaction to consequences
- Functional analysis of behavior
Safety Rituals and Activities

- Trust walls
- What things make you safe activities
- What if games
- Prayer time
- Study carol
- Environmental changes
- Self-control and self discipline
- Overheard conversations
- Use of role models
- Validate feelings
Over Training

- Training the child and the family with the understanding that they may regress by up to 50%
- How does the family view the post trauma training?
Informing the family about post trauma care

- How open is the family system to new information.
- Seek and discover the families frame of reference in relation to trauma and creation of a milieu. (translated: do they get it!)
- Parents are going to have to be willing to change how they parent.
Two Major Goals!

• Help the parents and other caregivers reduce states of arousal of the child?

• Look at trauma as a manageable condition.
The written safety plan

- Parents, children and the therapist need to develop a cooperative plan to create the milieu.
- Every family member will need to have an understanding of how this plan works.
- There needs to be a default plan.
- There needs to be some psychological child proofing.
Aspects of the plan 1

• Bedrooms: Night lights, door alarms on inside.
• Touch: What type of boundaries are needed.
• TV: What’s OK?
• What to do during a flashback? It is better to think about it before it happens.
• What are the relatives to know?
• Who are the family supports?
• What about the school, how are they going to help with the safety plan.
Aspects of the plan 2

• Routines for non-readers: Create a picture board of their routine.
• Development of body awareness.
• Teaching parents and children relaxation methods, such as:
  • 1. Body tensing
  • 2. Deep breathing
  • 3. Belly breathing
  • 4. Foot breathing
  • 5. Teeth clicking
  • 6. Developing body awareness
  • 7. Thinking + Feeling = Behaving
What if the trauma happened in the home you are trying to create a milieu?

• Work with the child to see how much “control” the environment has on the child.
• Work with the family in relation to what things they can change to limit the problems the environment create.
• What things can be done to change the environment?
• Move! ?
High risk situations that may “tap into” traumatic event


- Bath time
- Bedtime
- 3:00-5:00 AM
- Driving through the home area
- Home visits
- Accidentally contact with predator
- Fire and police trucks

- TV (News or shows that have the theme of their abuse)
- Going to social services office
- Funerals
- Being on the presents of guns, ropes or knives
- Smells, sounds or other sensory experience that reminds the child of traumatic event.
- Sadly, you can’t prevent every reminder every possible cue!
Bibliography for Children Who Suffered Trauma


Claude MONET (1890) Meules, milieu du jour [Haystacks, midday]


