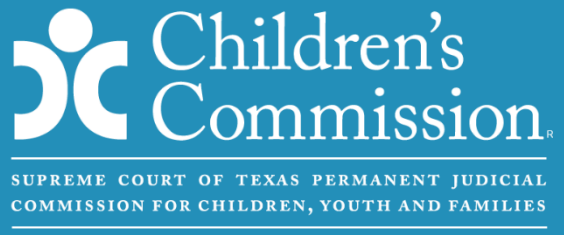
September 27, 2016

Trauma-Informed Advocacy



What is Trauma Informed and Why does it Matter?

1. What is your role as a child's attorney?
2. What is Trauma?
3. How does it manifest in our kids?
4. What can be done to help trauma exposed children?
5. How can you use this information to better advocate for the kids you represent?

The Role of the Attorney for the Child under Texas Family Code

- An attorney ad litem provides legal services to a child and owes to the child the duties of undivided loyalty, confidentiality and competent representation. Tex. Fam. Code § 107.001(2)

- An attorney ad litem must represent and follow the child's expressed objectives of representation in a developmentally appropriate manner, if the attorney determines that the child is competent to understand the attorney-client relationship and formed that relationship with the attorney ad litem. Tex. Fam. Code § 107.004(a)(2)

- The attorney ad litem shall seek to elicit the child's expressed objectives of representation and consider the impact in representing the child's expressed objectives. Tex. Fam. Code § 107.003 (a)(1)(B) & (C)

The Role of the Attorney for the Child under the ABA Standards

1. Establishing and maintaining a relationship with a child is the foundation of representation. (ABA Standard C-1)
2. Not only is it important to meet with child before hearings, the attorney should meet in-person with the child whenever there are changes in placement, school suspensions, in-patient hospitalizations and other similar changes. (ABA Standards C-1, Commentary)
3. Such in-person meetings allow the attorney to explain to the child what is happening, what alternatives might be available and what will happen next. (ABA Standards C-1, Commentary)
4. Also allows the attorney to assess the child's circumstances. (ABA Standards C-1, Commentary)

According to the ABA Standards, consistent with a child's wishes, the *attorney should seek appropriate services* (by court order if necessary) to access entitlements, to protect the child's interests and to implement a service plan. (ABA Standards C-4)

What is Trauma?

When a child's life, safety, or well-being is threatened by an event he or she is involved in or witnesses

Types of Trauma

1. Automobile Accidents
2. Serious Injuries
3. Acts of Violence
4. Terrorism
5. Physical or Sexual Abuse
6. Medical Procedures
7. Death of a loved one
8. Life threatening Natural Disasters
9. ****Relational Trauma – being hurt or neglected by the person or people whom they trust the most***

Trauma Research

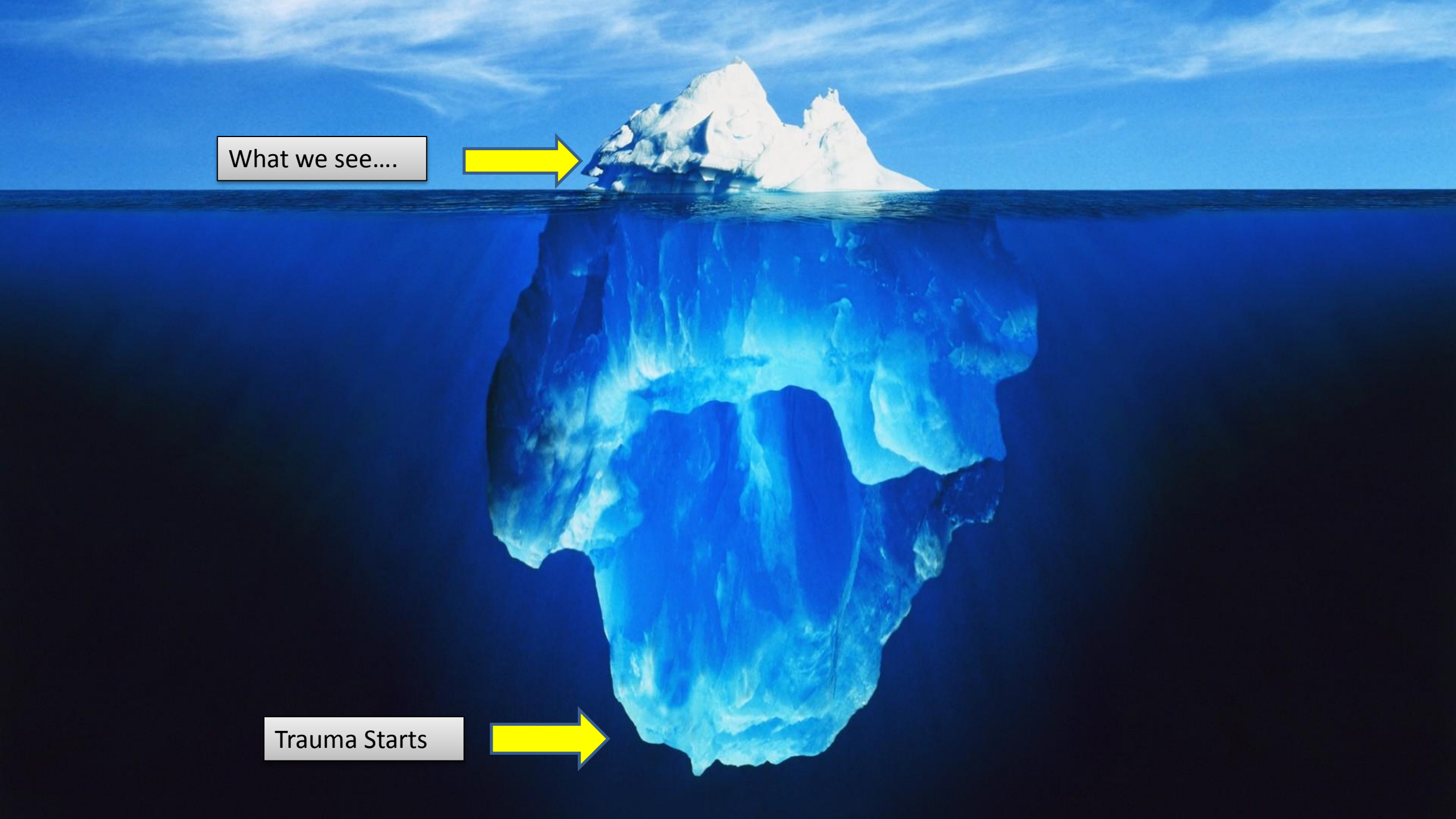
1. Mary Ainsworth, (1971, 1978) - Observational study to see how infants ages 1 and 2 reacted to mother in certain situations to determine attachment. See "Strange Situation Study"
http://www.simplypsychology.org/mary-ainsworth.html

2. Brain Development in Utero – Dr. John Gottman (1994), Dr. Edward Tronick: mom and dad's parenting during interactions with their child directly related to child's attachment ability later – see "Still Face Experiment."
https://www.gottman.com/blog/the-research-the-still-face-experiment/

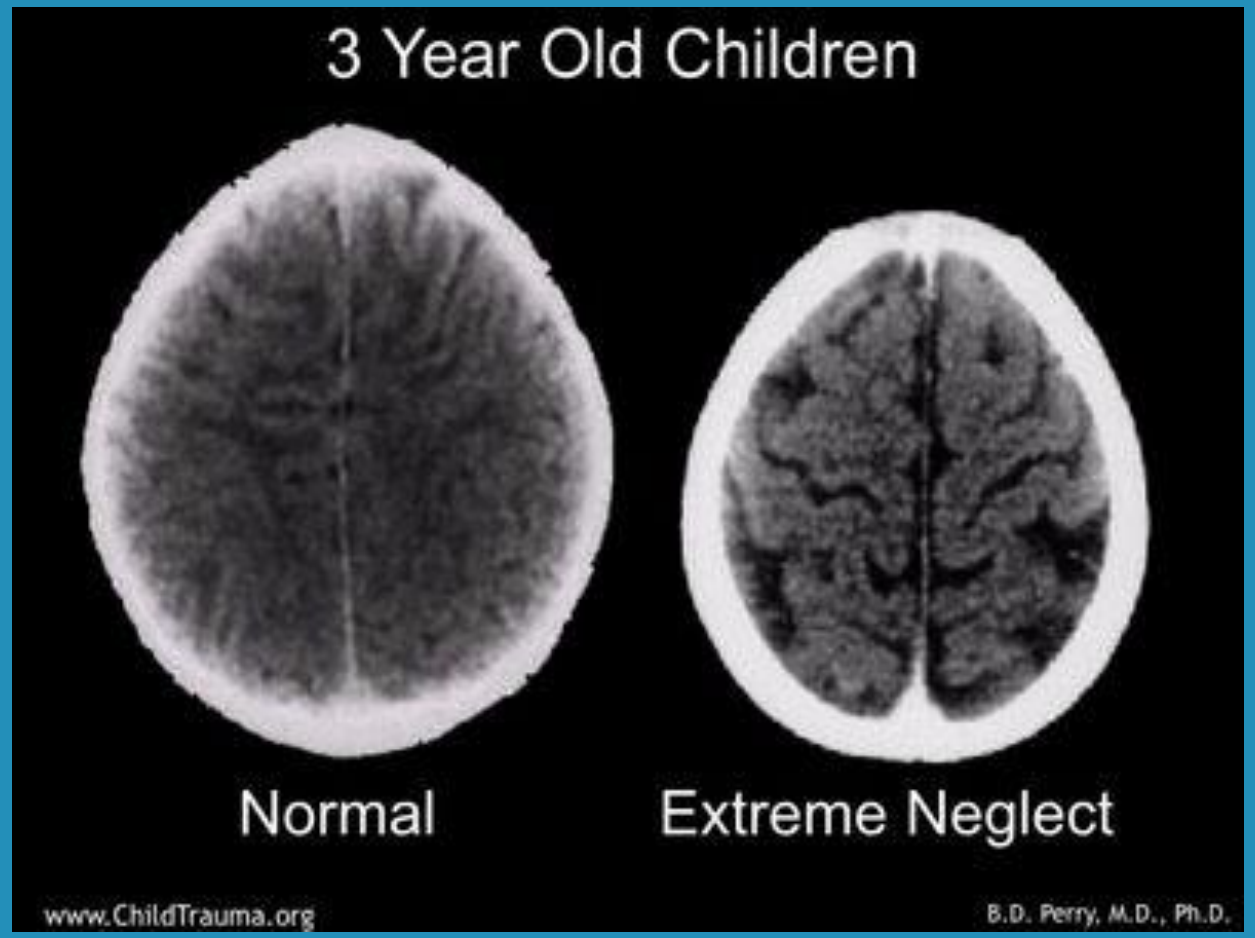
3. Romanian Orphans/Attachment – Dr. Rutter began studies, and several since regarding Romania orphans who were left in cribs without any contact or nurturing, physically impaired, lower IQ's and emotionally damaged. Study on those adopted later showed physical improvements, but attachment and emotional abilities still suffered. Early deprivation can be extremely harmful and lead to inability to attach. https://masteryourstudies.wordpress.com/2013/05/26/rutters-study-on-romanian-orphans-romanian-orphans-in/

4. Dr. Brazelton – T. Berry Brazelton – 1973 study lead to Neonatal Behavioral Assessment Scale – newborn and infant behavior in response to stimuli including the mother's voice, showed consistently that babies born with abilities and attachment.
http://www.brazelton-institute.com/research.html

5. Dr. Harry F. Harlow see "Monkey Love Experiments" 1950's experiment involving rhesus monkeys and their attachment to maternal figures. Asked questions about nature versus nurture, showed that the earlier the attachment is made, the better as attachment was a marker in overall health, both mental and physical
http://pages.uoregon.edu/adoption/studies/HarlowMLE.htm


What we see….
Trauma Starts

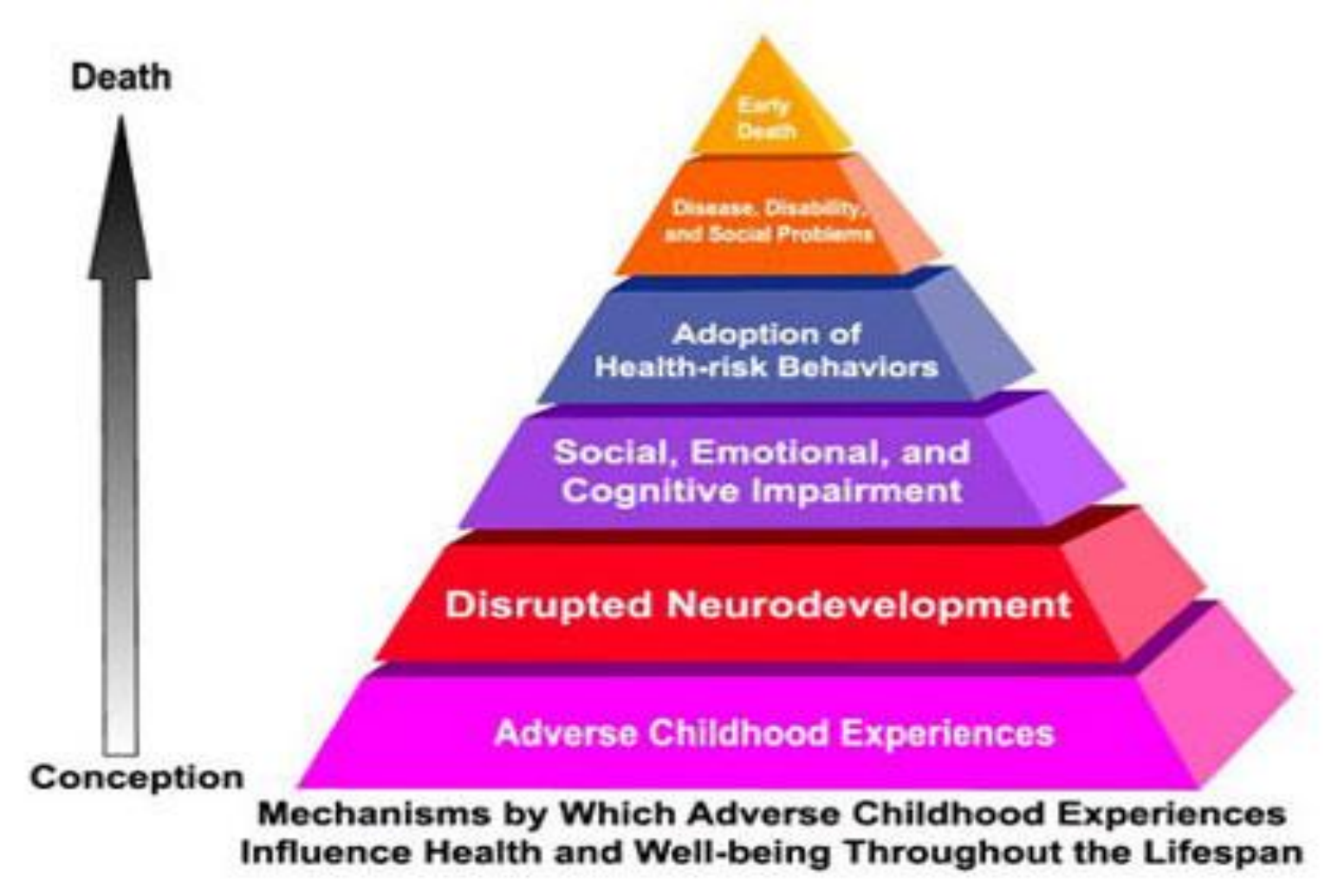
Trauma Can Impact a Child's Brain



Adverse Childhood Experiences
ACES

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Neglected
- Exposure to Substance Abuse in Household
- Exposure to Mental Illness in Household
- Exposure to Domestic Violence in Household
- Parent(s) Sent to Prison
- Were Parents Divorced or Did You Experience Parental Abandonment?

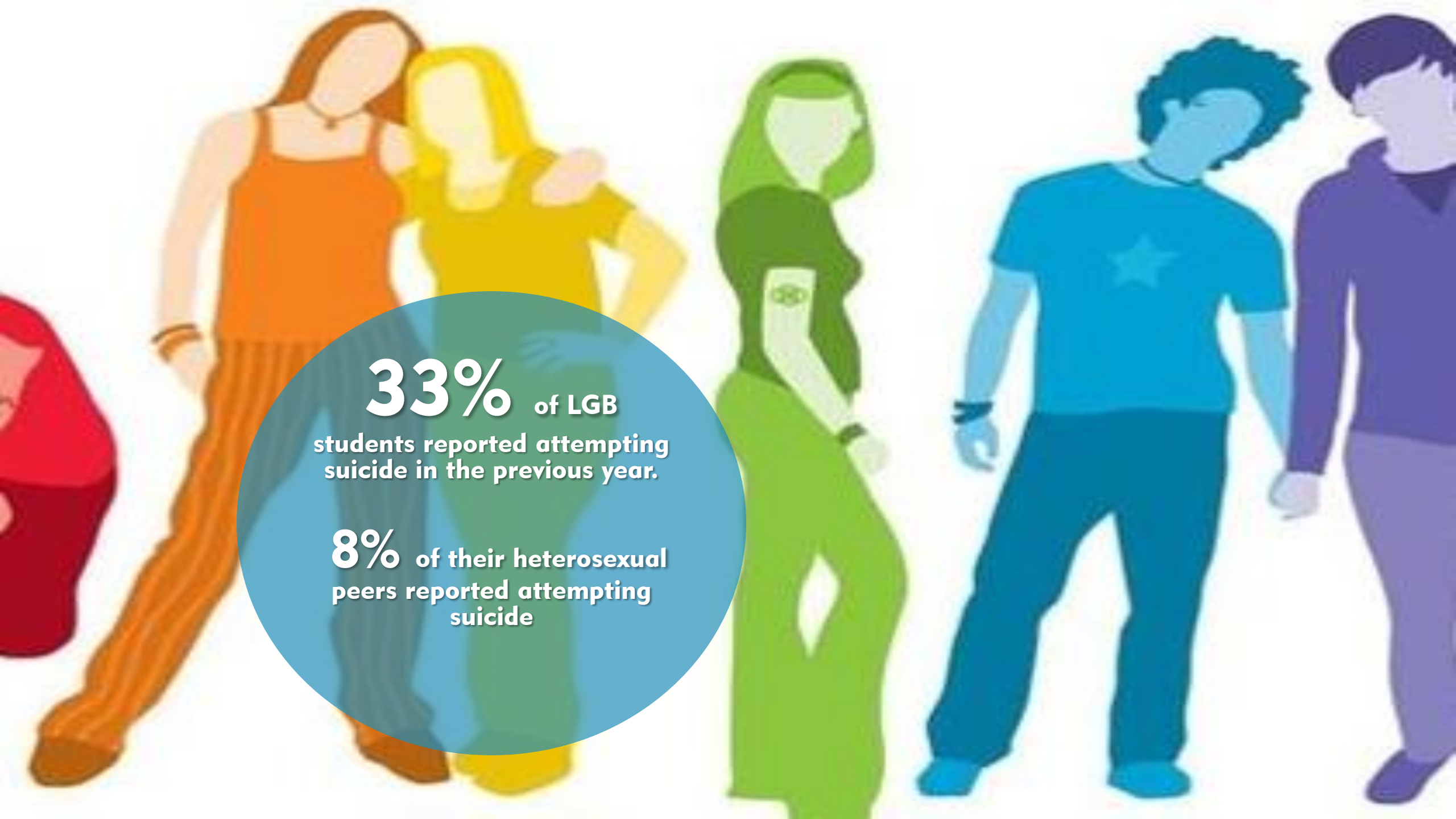
ACE Study Results



Vulnerable Populations

Some kids are more likely to Experience Trauma

1. LGBTQ;
2. African American;
3. Native American;
4. Medically fragile/IDD; and
5. Youth in RTCs


33% of LGB
students reported attempting suicide in the previous year.
8% of their heterosexual peers reported attempting suicide

African American and Native American children are…

more likely to be removed from their homes due to abuse and neglect.

African American and Native American children are…

less likely to ever return home or to their families.

African American and Native American children are…

more likely to grow up in foster care without being adopted or finding permanent placements.

Average Length of Stay in Care for all children:

1.93 years

Average for High-needs Children:

Emotional – 3.91

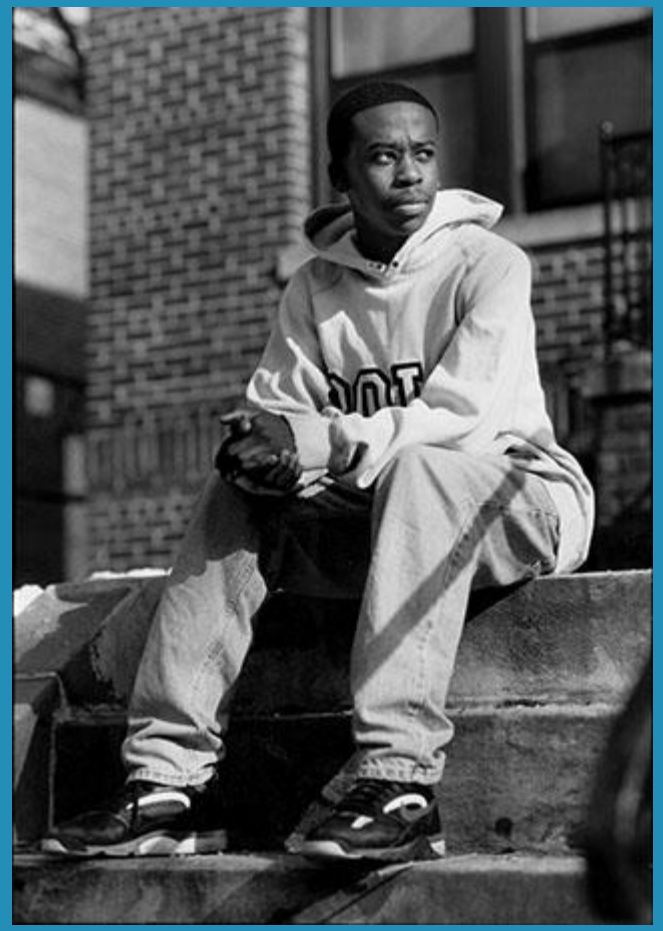
Medical – 3.98

Special Needs – 3.72

Children exposed to multiple traumatic events may be re-traumatized in the foster care system.

How does trauma impact children?

Regardless of the type, trauma has been shown to have long and short-term impacts on children

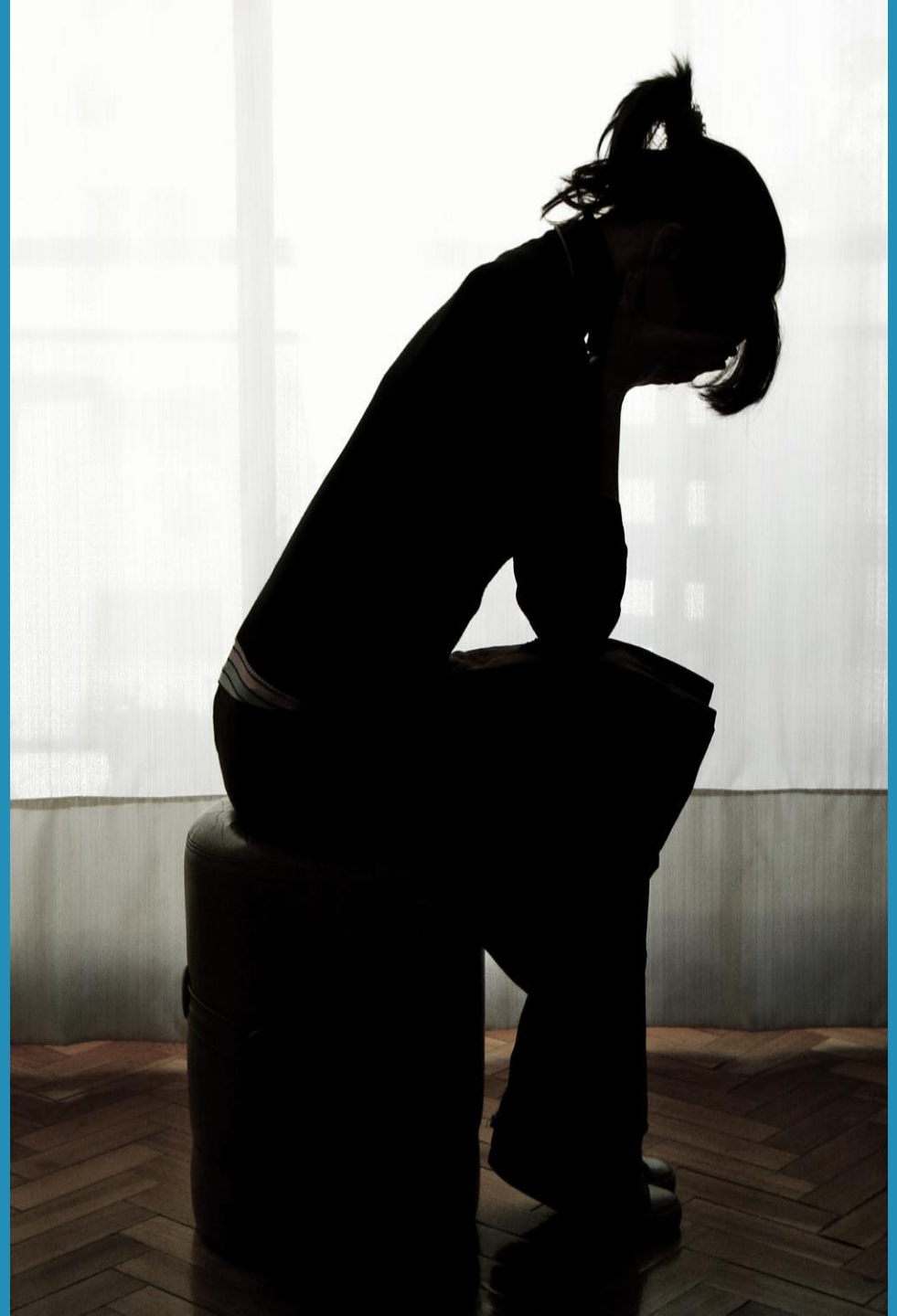


Behaviors: What Does Trauma Look Like?

When a child experiences trauma, the child may be unable to cope, have feelings of terror and powerlessness and experience physiological arousal they cannot control

Traumatized children may have:

- Difficulties with learning
- Ongoing behavior problems
- Impaired relationships
- Poor social and emotional competence

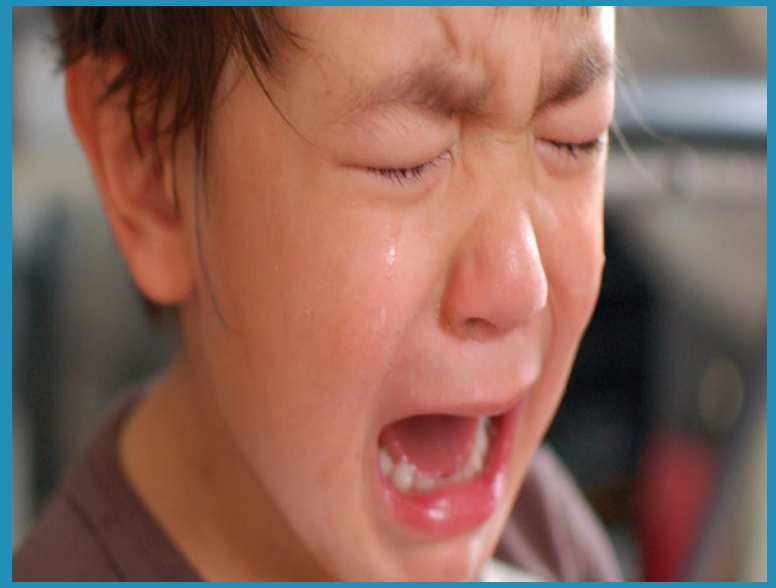


Psychological Evaluations

Children who survive traumatic events frequently display behaviors that also meet the diagnostic criteria for:

- ADHD
- anxiety disorder
- major depressive disorder
- conduct disorder

Signs of Trauma in Very Young Children



A young child may:

- start wetting the bed again
- go back to baby-talk
- strong startle reactions
- night terrors
- aggressive outbursts

Signs of Trauma in School-Age Children

Withdrawn or Unusually Aggressive

Talk About Trauma in Non-linear Manner

Blank Stares or Absent Looks

Thoughts of Revenge

Signs of Trauma in Adolescents

Adolescents may:

- be embarrassed by bouts of fear and exaggerated physiological responses
- engage in reckless behavior that endangers themselves and others or extreme avoidant behavior that can derail their adolescent years
- try to get rid of post trauma emotions and physical responses through the use of alcohol and drugs
- have sleep disturbances that remain hidden in late night studying, television watching, and partying

Leading Institutes

- Dr. Karyn Purvis and Dr. David Cross, TCU Institute of Child Development, Fort Worth
- Dr. Bruce Perry, ChildTrauma Institute, Houston
- Dr. Ginsburg, Center for Injury Research and Prevention at The Children's Hospital of Philadelphia

Connection is the most important coping strategy.

Dr. Kenneth R. Ginsburg

Relational Health is a better predictor of brain function than adverse experiences.

Dr. Bruce Perry

What do developmental psychologists recommend?

The TCU Institute of Child Development created Trust-Based Relational Intervention® (TBRI®), an evidence-based and trauma-informed model comprised of strategies to meet the needs of children from hard places.

TBRI®

TBRI®
Core Principles

Empowering
Connecting
Correcting

TBRI®

Empowering

Physiological Strategies (Physical/Internal)
- Understanding Sensory Processing
- Hydration
- Nutrition

Ecological Strategies (Environmental/External)
- Transitions (warnings, count downs)
- Routines and rituals (bedtime, homework)
- Scaffolding Self-Regulation
- Physical activity

TBRI®

Connecting/Engagement Strategies

You must genuinely connect with them:

- Give full attention
- Make eye contact
- Be aware of your proximity, facial expression, voice tone, body language
- Use playful interaction/simple games
- Offer Choices
- Offer Compromises/Share power
- Don't lie or make promises you can't keep

TBRI®

Mindfulness

Mindfulness is the awareness of what caregivers bring to interactions with children

- Awareness of self - what do I bring to the table, how am I feeling, worried, rushed, put out, upset about morning traffic
- Awareness of other - how does this child perceive me, am I tall, loud, nervous
- Awareness of situation – am I talking to child in a sterile room, with stand off body language- what does the scene look like physically
- Sensory Issues – does your child not like loud noises, crowded places, plastic chairs

TBRI®

Giving Voice

Children and youth from hard places may feel they have no voice and are much more likely to use aggression, violence manipulation , triangulation and control to deal with adults and other children.

To Give a Child a Voice – You Must Actively Listen to Them

TBRI®

Knowing Your Own Buttons

- Youth who need us the most are often those who push us away
- Youth who need us the most are often those who push our buttons
- Youth who need us the most may raise uncomfortable feelings in us
- Youth who need us the most often don't give us the feedback we crave

Dr. Ken Ginsburg

NOT Triggering Traumatic-Based Behaviors

- Earning Trust
- Radical Calmness
- Listening Actively
- Construct Rather than Destruct
- Body Language
- Understanding People Regulate Themselves Differently
- Physical Space and Touching
- Boundaries, Boundaries, Boundaries

Dr. Ken Ginsburg

Correcting Principles

Proactive Strategies teach and allow children to practice positive social skills through playful interactions, or role play

- Shared power / mutual respect
- Choices
- Compromises
- Life Value Terms
- Sustained and Consistent interactions
- Redirection and re-do – give kids a chance to re-do their behavior choices

Responsive Strategies provide guidelines for responding to challenging behaviors

TBRI®

Advocacy

Now that you know trauma, what it looks like, and some ways in which in can be helped, how do you use it in the representation of your child?

Essential Connection

- Regularly visit and contact your child
- They need your contact information

Give Your Full Attention

Offer Choices

Compromise & Share Power

Be Aware of Body Language & Proximity

How to Advocate in Court

Services May Include:
(remember the ABA standards?)
Read your Child's Service Plan!

1) Family preservation – related prevention or reunification services;
2) Sibling and family visits;
3) Medical and mental health care;
4) Drug and alcohol treatment;
5) Parent education;
6) Semi-independent and independent living service;
7) Long-term foster care;
8) Adoption services;
9) Education
10) Recreational or social services; and
11) Housing

How to Advocate in Placements

How to Advocate in Placements

1. You see child regularly
2. Are the caregiver and child connected?
3. Is the caregiver aware of the physical and physiological drivers?
4. Is the caregiver teaching proactively?
5. Is the caregiver catching behaviors low?
6. Is the caregiver working on calming engagement?
7. Is the caregiver trauma informed? How can you, the caseworker, the court help educate the caregiver to save a placement?

How to Advocate in Schools

How to Advocate at School

Insist on Positive Behavioral Intervention and Supports

- Education plays an important role in the lives of children with disabilities. The attorney ad litem should ensure that the child who receives special education or accommodations under Section 504 receives appropriate services at school, including positive behavioral intervention and supports and other related services.
- Are the teachers trauma-informed?
- Do the teachers know the therapeutic recommendations for the child?
- Are they proactive with breaks, snacks, fidgets….
- Has the Education Specialist for the School District been made aware of the child's needs?

STAY CALM

No Matter What

SEE THE NEED

Behind the Behavior

MEET THE NEED

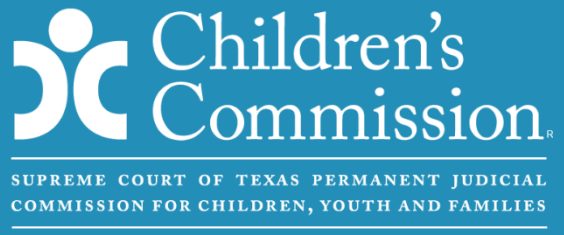
Find a Way

DON'T QUIT

If Not YOU, then Who?

TBRI®

Resources & Next Steps



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TBRI® An Overview: Putting the Pieces Together

TCU ICD
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Published on Feb 1, 2016

This short video explains the principles and concepts behind Trust-Based Relational Intervention®, a proven method for enriching the lives of at-risk, vulnerable children, adolescents, and their families. Trauma can impair language, sensory processing, and coping skills, and can lead to perplexing behaviors that are often mistaken for aggression or mental illness. This video features world-renowned experts who share research that documents how consistently positive experiences with loving caregivers can re-wire a child's brain for lasting change.

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stevieterp 7 months ago

is there any way that the captioning can be improved with punctuation and identification of who is talking? There are typos and no way to know who is saying what. It is difficult to follow the ideas without punctuation and separation by narrator or actor.

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Thank you!

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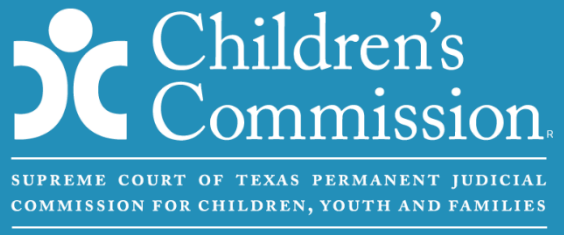
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