

The Ripple Effect: An Integrative Framework for Enhancing Trauma-Informed Practice

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These slides are part of an integrative framework for understanding trauma and enhancing trauma-informed practice. They include core concepts adapted from the National Child Traumatic Stress Network (NCTSN) Core Curriculum for Childhood Trauma (CCCT;

http://www.nctsn.org/sites/default/files/assets/pdfs/CoreCurriculum_InfoBrief_FINAL.pdf; Layne et al., 2001). The integrative framework is an authorized derivative of the CCCT designed to disseminate core concepts across systems. Full descriptions of the original core concepts are available as part of the CCCT and can be obtained at: <http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts>.

The slides and framework represent a draft of an ongoing work product that is still under development (© 2012 Ghosh Ippen, Layne, and Pynoos, 2012).

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The Ripple Effect



"Few will have the greatness to bend history itself, but each of us can work to change a small portion of events. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he [or she] sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance."

Robert F. Kennedy



It's a mistake to blame people in the systems, but it is not a mistake to look hard at the systems within which we operate and to say, "It's not good enough, it's too late, too little of one thing, too much of another." We have to commit ourselves to a zero tolerance policy regarding maltreatment of children. Until that sense of rage rises up in us, we will continue to say, "we're doing all right." I think we're not doing all right.

Rud Turnbull, Co-Director Beach Center on Families and Disability, The University of Kansas,



"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead



Starting Point: Basic Assumptions of this Talk

- Trauma is an epidemic, especially in early childhood
- Trauma exposure has negative consequences for young children's development
- Trauma is associated with later mental & physical health problems
- **THUS**, if we want to prevent, manage, or repair mental and physical health problems, we need to address trauma

Online resource: <http://nctsn.org/trauma-types/early-childhood-trauma>



Talk Overview

- Think together about why it is critical that across systems we share a trauma-informed perspective
- Introduce the Ripple Effect, an integrative framework designed to . . .
 - Quickly share core trauma concepts using colloquial language and metaphor
 - Enhance communication about these concepts across systems
- Think about the implications of core trauma concepts for our work
 - What are we already doing that is trauma-informed?
 - What might we do differently
 - Within our system
 - Across systems



Where does the framework come from?



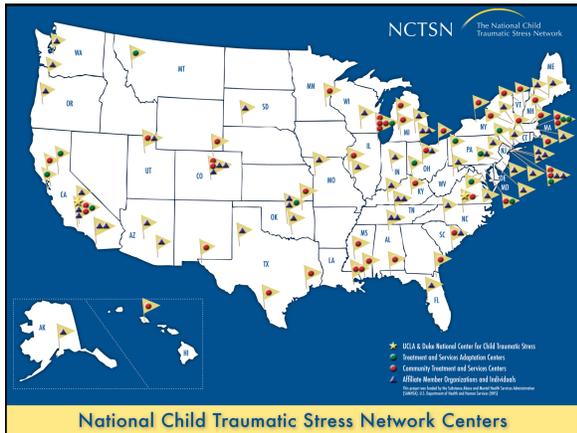
National Child Traumatic Stress Network

Mission

To raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

- nctsn.org
- <http://learn.NCTSN.org>





About the National Child Traumatic Stress Network (NCTSN)

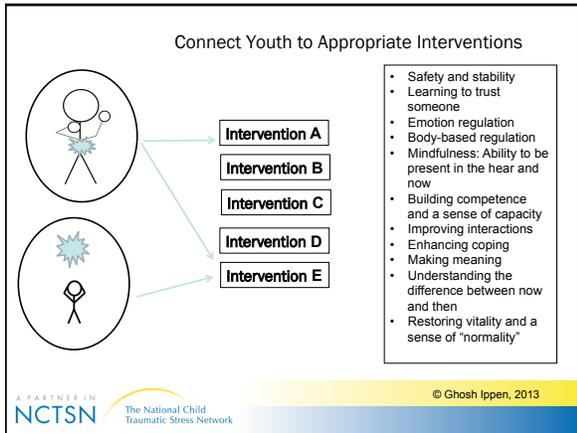
- NCTSN centers disseminate a number of trauma-informed practices (here is a sample)
 - Attachment, Self Regulation, and Competence (ARC)
 - Child-parent psychotherapy (CPP)
 - Child and Family Traumatic Stress Intervention (CFTSI)
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - Parent-Child Interaction Therapy (PCIT)
 - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
 - Trauma Focused CBT (TF-CBT)
 - Trauma Systems Therapy (TST)

.....
http://www.nctsn.net/nav.do?pid=ctr_top_trmnt_prom

NCTSN Core Curriculum for Childhood Trauma

- 12 core concepts for understanding traumatic stress response in children and families
<http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts>
- Rich clinical case studies
- Problem-based learning

http://www.nctsn.net/nctsn_assets/pdfs/CoreCurriculum_InfoBrief_FINAL.pdf



We have trauma treatments How do we understand. . . .

- How they "play" with each other?
 - Overlap
 - Differences in areas of focus and in core trauma concepts addressed)
 - Compatibility
 - Sequencing
- Whether the knowledge and skills embedded in these models might be relevant for other service sectors?
- How we go from trauma treatment → trauma-informed communities?

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Trauma-Informed Child and Family-Service System

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

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Why it is critical that across systems we share a trauma-informed perspective?



Trauma is Powerful Learning:
Trauma-Related Expectations

What do you think traumatic experiences teach people about . . .

- Themselves
- Other people
 - Grown-ups
 - Kids
 - Men
 - Women
- The world
- How to survive in life (how to navigate the world)

Ghosh Ippen, 2013



Trauma is Powerful Learning

If we want them to learn something else . . .

- They need to experience something else
- They need to experience it over and over so that they can count on it.
- As adults, interacting with youth, we are part of their “not-so-scientific” experiment. We are their learning laboratory.
 - When they interact with us, what do they learn?

“To create an effective “memory,” experience has to be patterned and repetitive. (Bruce Perry: The Boy Who Was Raised as a Dog)

Ghosh Ippen, 2013



How do we make changes to reduce the impact of trauma exposure?

Every day interactions are powerful interventions

Intervention and every day interactions

(I and I)

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Intervention and every day interactions (i)

Every day interactions are powerful interventions

| Positive interactions | Negative interactions |
|--|--|
| <ul style="list-style-type: none">• Smiling• Walking• Talking• Playing• Moving• Joking• Interacting (in positive ways) | <ul style="list-style-type: none">• Frowning |

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Why is it critical that across systems we share a trauma-informed perspective?

Our theory shapes our interactions and our interventions

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Why is the child having difficulties?

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| What is your theory? Why is this happening? | What is your plan? What would you suggest? |
|--|---|
| 1. | |
| 2. | |
| 3. | |

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Ghosh Ippen, 2012

At age 27 months Gabriel, a boy of mixed ethnic heritage (Latino, Native American and Caucasian) is identified by his pediatrician as having speech and language and motor delays. He is referred for early intervention services. The pediatrician also reports that mom is worried about his temper tantrums. The pediatrician says that mom seems overwhelmed. She says he was always a difficult baby.

© Ghosh Ippen, 2013



At age 49 months Gabriel is having difficulty in preschool. His teacher is concerned that he has ADHD. He doesn't focus, and he doesn't listen to his teachers. He is unable to sit during circle time. He hits and kicks other children. He is asked to leave his preschool after he kicks a teacher who intervenes during one of his fights with another child. His mother is overwhelmed and says that Gabriel is out of control.

© Ghosh Ippen, 2013



Shared versus Different Perspectives

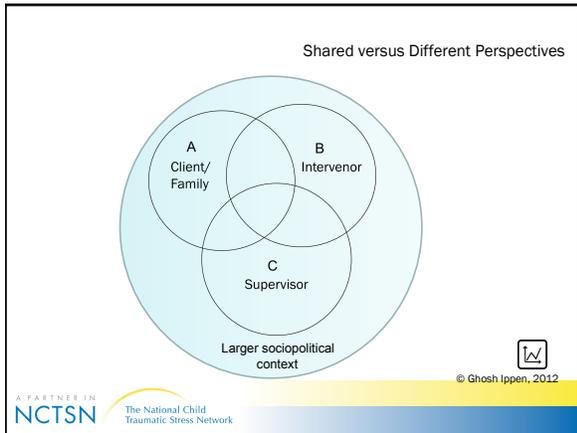
- The success of our interventions and systems depends in part on whether those we serve and those with whom we work share our assumptions and perspective.

From Building Bridges: Core Concepts for Diversity-Informed Practice (Concept 2)



© Ghosh Ippen, 2012





Shared versus Different Perspectives

Guiding Questions:
When Interacting with Another Person

- How might each person answer the following questions?
 - Is there a problem?
 - If so, what is the problem?
 - Why is there a problem?

- What are the strengths?

García Coll & Meyer, 1993; Ghosh Ippen, 2012

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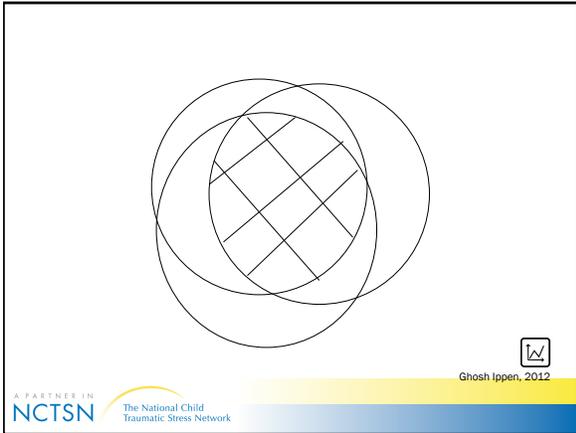
Shared versus Different Perspectives

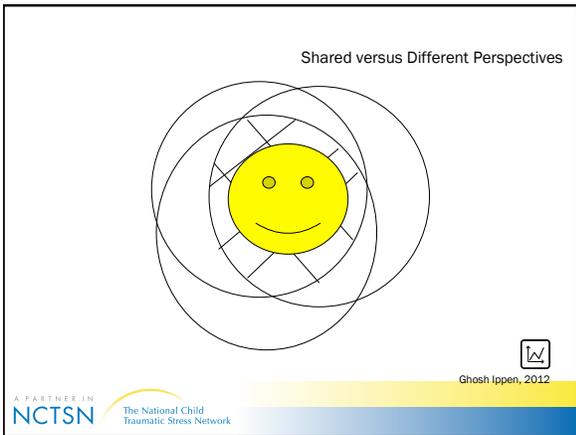
Guiding Questions:
When Interacting with Another Person (continued)

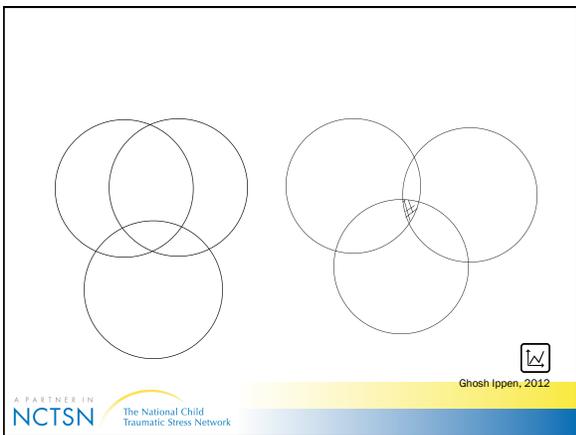
- How might each person answer the following questions?
 - What is the broader ecological, cultural, historical context related to this problem and the strengths?
 - What can and should be done?
 - Who should intervene to address the problem?
 - What is a good outcome?
 - What happens when we don't agree?

Ghosh Ippen, 2012

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The Power of Assessment and of Theory

The questions we ask, create a framework

I have a headache?

- What have you been eating lately?
- How is the pollution where you live?
- How often do you exercise?
- Have you been under stress?
- I think we should take a blood sample.
- Let's get an MRI

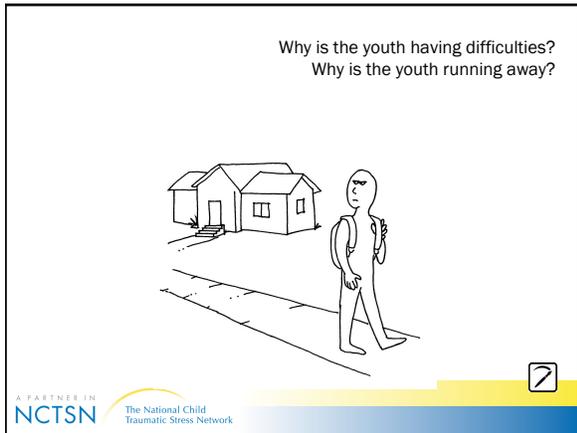
My child has behavior problems

Ghosh Ippen, 2015

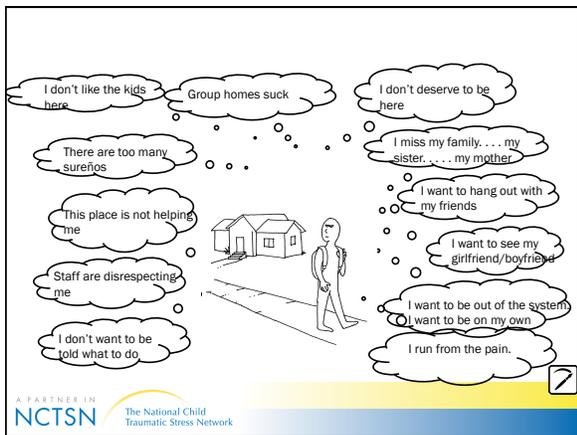
By age 16 Gabriel . . .

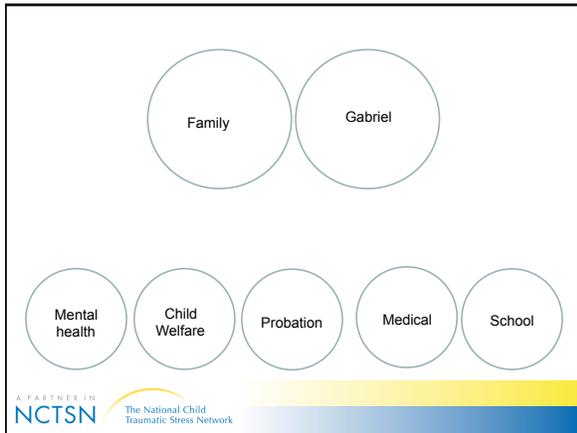
- Often misses school and is one year behind in his high school credits.
- Says some of his friends are involved in gangs, but he isn't a part of gang.
- Has used marijuana and has tried other drugs, such as ecstasy, meth, and alcohol.
- Started shoplifting two years ago and was arrested recently for breaking into homes and stealing a laptop, video game equipment, and some money.
- Frequently stays out all night or for a few days at a time.
- Is defiant and will curse at his mother. She says she cannot control his behavior at home.

Case details provided by Roxanne Stephens and Jesus Sanchez









Trauma?

- Do traumatic experiences (lifetime trauma, intergenerational trauma, historical trauma) play a role in what we are seeing?
- If so, how does this affect our understanding of what we are seeing?
- How does this affect the way we might respond to a family?
- How might this change the way we work together?
- How might this change system-level policies?

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Challenge: Trauma Fragments

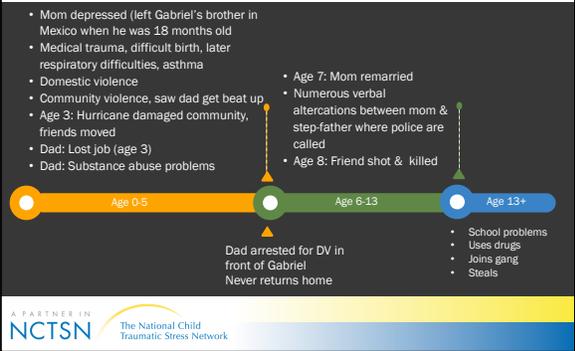
Trauma that is unidentified, unacknowledged, and unaddressed has the potential to fragment individuals and systems.

AND

Trauma that is identified, acknowledged, and addressed has the potential to serve as a unifying framework that can guide healing for an individual, a family, and a community and can unite systems in their efforts.

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Gabriel's History of Trauma and Other Stressors: Danger in the Absence of Protection



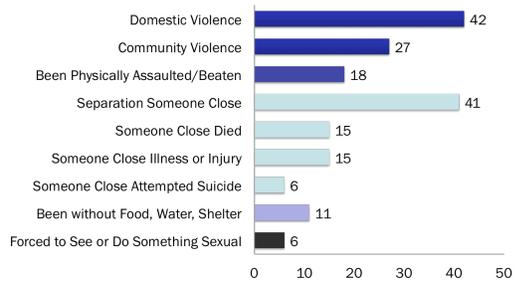
Prevalence of Trauma Exposure: Help Seeking Sample

- Participants**
- Children aged 3-6
 - Predominantly ethnic minority (31.8% Black, 43.5% Hispanic/Latino)
 - Lower income, urban community sample
 - Families seeking mental health, developmental screening services
 - Social, emotional, and behavioral problems (42.9%)
 - Parent support and education (23.4%)
 - Developmental issues and concerns (14.3%)
 - Exposure to violence and abuse (13%)

Crusto et al., 2010

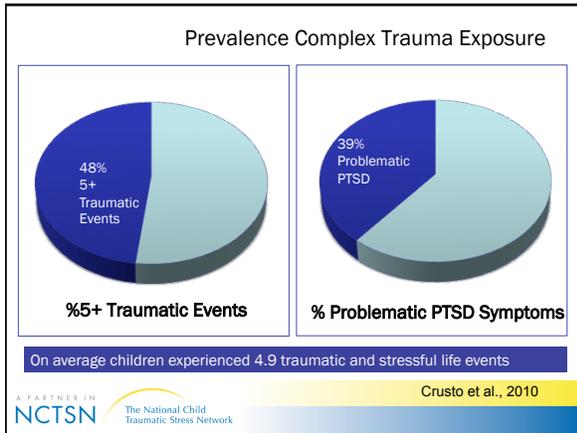


Prevalence of Trauma Exposure



Crusto et al., 2010





Growing our Intersection: Step 1

- Shared definition of trauma
- Acknowledge prevalence: trauma is an epidemic
- Understand that traumatic experiences have the potential to negatively affect a young child's developmental trajectory
- See pathways for possible healing: With the help of caring and well-informed adults, young children have tremendous capacity to heal from trauma

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Shared Definition: What Is Trauma?

An exceptional experience in which powerful and dangerous stimuli

- Overwhelm the child's developmental and regulatory capacity (including the capacity to regulate emotions)
- Insufficient resources to cope with the event




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Disrupted Attachment → Stress

- Maternal separation →
 - Elevated corticosterone & changes in corticotropin releasing factor (Kuhn, Pauk, & Schanberg, 1990; Dawson et al., 2000)
 - Disruptions in hippocampal development (Huot, Plotsky, Lenox, & McNamara, 2002), which can affect learning.
- Feeding and stroking weaken adrenocortical response to maternal separation (Sucheki, Rosenfeld, & Levine, 1993; Stanton & Levine, 1990)



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Separation → Stress → Drive a rat to Drink (Huot, Thirvikraman, Meaney, Plotsky, 2001)

- Separate rats from moms during postnatal days 2-14 (Stress Hyporesponsive Period)
 - 15 minutes a day
 - 180 minutes a day
- Scare mice (airpuff startle)
- Assess
 - Adrenocorticotrophic hormone
 - Corticosterone response
 - Water-sucrose vs. sucrose-ethanol



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Shhh, The Kids Can Hear You Arguing Even When They're Asleep

<http://www.npr.org/blogs/health/2013/04/29/179237081/shhh-the-kids-can-hear-you-arguing-even-when-theyre-asleep>



Even during sleep, babies' brains continue to take in and process angry voices.

Graham, A.M., Fisher, P.A., & Pfeifer, J.H. (2013). What babies hear: A functional MRI study of interparental conflict and infant's emotion processing. *Psychological Science*, 24(5), 782-789.

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Adverse Childhood Experiences

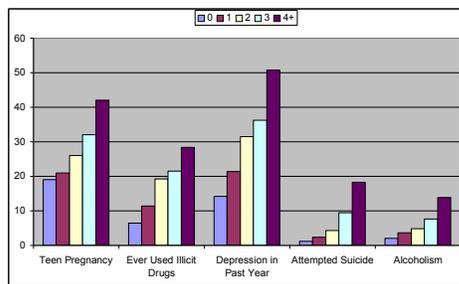
Growing up (prior to age 18) in a household with:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Sexual abuse
4. Mother being treated violently
5. One or no parents (parents divorced or separated)
6. Emotional or physical neglect.
7. Household substance abuse
8. Household mental illness: Someone who is chronically depressed, suicidal, institutionalized or mentally ill
9. Incarcerated household member

(ACE Study, Felitti et al. 1998; www.acestudy.org)



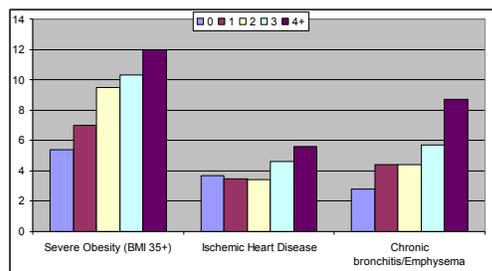
ACE Score and Health Risks



Anda et al., 2006, Dube et al., 2003, Felitti et al., 1998, acestudy.org



ACE Score and Health Risks



Anda et al., 2006, Dube et al., 2003, Felitti et al., 1998, acestudy.org





Tyler Perry

His ACEs

- 1. Violent beatings: His father's answer to everything was to beat it out of you
- 2. Molested at age 5 by a neighbor, and later by a male nurse, a man from church, and at age 10 by his mother's female friend
- 3. Domestic violence (mother was beaten by his father)
- 4. Parental separation
- 5. Verbal abuse
- 6. Likely mental illness in household

<http://www.oprah.com/oprahshow/Tyler-Perry-Speaks-Out-About-Being-Molested-and-the-Aftermath>





Tyler Perry

Who is he:

- Media mogul, produced more than 20 plays, movies, and TV shows
 - Tyler Perry's House of Paine
 - Diary of a Mad Black Woman
 - Meet the Browns
 - Medea's Big Happy Family
- 2010 Forbes named him the second highest-earning man in Hollywood





Tyler Perry

Strengths: What got him through?

- To endure the violent beatings, shouting and name-calling, Tyler says he used his imagination to escape.

"I could go to this park [in my mind] that my mother and my aunt had taken me to. ... I'm there in this park running and playing, and it was such a good day," he says. "So, every time somebody was doing something to me that was horrible, that was awful, I could go to this park in my mind until it was over."

"I thought, 'What is the point of living?'" he says. "My mother was truly my saving grace, because she would take me to church with her. I would see my mother smiling in the choir, and I wanted to know this God that made her so happy. If I had not had that faith in my life, I don't know where I would be right now..."
<http://www.oprah.com/oprahshow/Tyler-Perry-Speaks-Out-About-Being-Molested-and-the-Aftermath/4#ixzz2SadrlMVM>





Christina Aguilera

- Who is she: Singer-songwriter with 4 Grammy Awards and one Latin Grammy
- Her ACEs
 1. Domestic violence (she and her mother stayed in domestic violence shelters when she was growing up)
 - Aguilera's father, who was in the military, moved his family a lot during her childhood, and whenever they arrived in a new city, her mother "would find out the phone number of the nearest shelter and keep it on a scrap of paper in her back pocket" – just in case.
 2. Physically abused by her father
 3. Parents separated
 4. Likely verbal abuse
 5. Likely mental illness in household





Charlize Theron

- Who is she:
 - South African American actor and model
 - Academy Award for best actress
 - Activist: Among other causes: Africa Outreach Project
 - Started an anti-rape campaign in South Africa
 - <http://www.charlizeafricaoutreach.org/>
- Her ACEs
 1. Her father was an alcoholic
 2. Domestic violence
 3. At age 15, her mother shot her father and killed him after he threatened to kill both of them
 4. Separation from a caregiver
 5. Likely mental illness in household
 6. Likely verbal abuse





Michael Maddeus

- Who is he: Chief of thoracic surgery at the University of Minnesota
- His ACEs
 1. Mother was an alcoholic
 2. Mother not with father
 3. Step-father was physically abusive to him
 4. Likely mental illness in household

He dropped out of high school, was arrested 24 times as a juvenile
<http://www.minnesotaalumni.org/s/1118/content.aspx?sid=1118&gid=1&pgid=1703>





Bill Clinton

- Who is he: 42nd President of the United States
- His ACEs
 1. Father died in a car crash before he was born
 2. Step-father alcoholic
 3. Domestic violence: When he was 15, he warned his step-father not to hit his mother or half-brother again
 4. Step-father arrested
 5. Likely mental illness in household





Sonia Sotomayor

- Who is she: Associate Justice of the Supreme Court of the United States
- Her ACEs
 1. Father was an alcoholic
 2. Mother was emotionally not present (emotional neglect)
 3. Father died at age 9
 4. Mother was depressed after father died

Likely exposure to community violence
 Diagnosed with Type 1 diabetes at age 7
<http://www.today.com/news/sonia-sotomayor-opens-about-childhood-neglect-1B7976029>

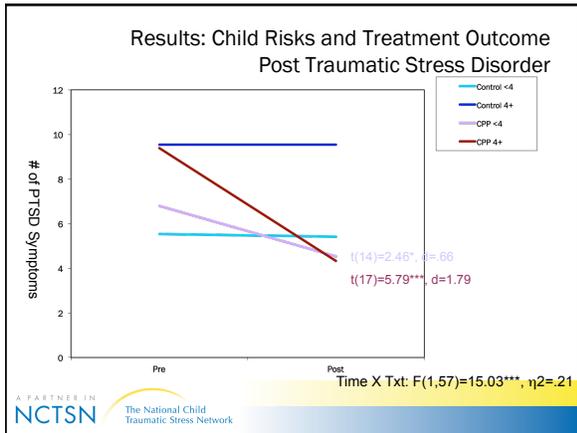


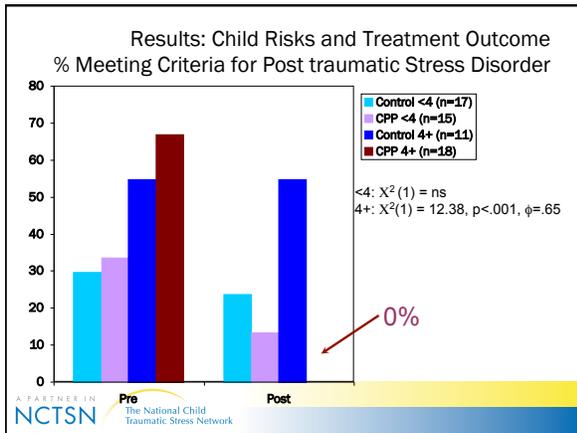


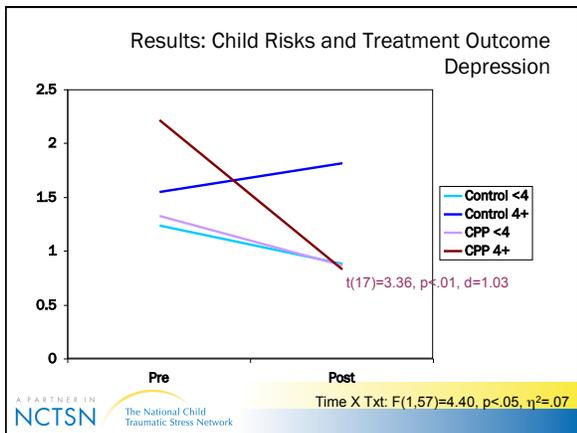
Sonia Sotomayor

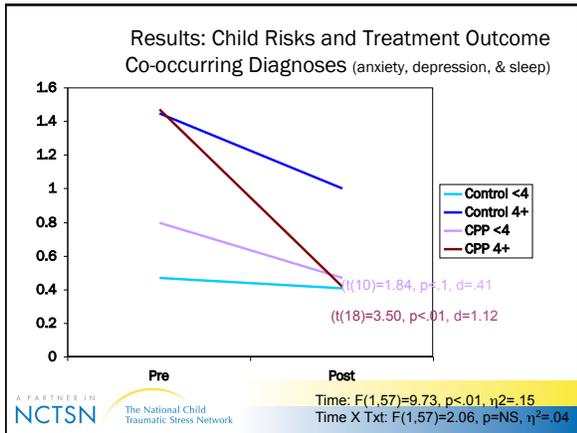
- Strengths, Resilience Factors
- "My mother's values are incredible: education, honesty, discipline, and hard work." Her mother put great stress on the value of education. She bought the Encyclopedia Britannica for her children.
 - Her mother scrimped and saved and enrolled her and her brother in Catholic school.
 - Her extended family got together frequently. She felt close to her grandmother who gave her a source of "protection and purpose."
 - Bright and driven.
 - "I was going to college and I was going to become an attorney, and I knew that when I was ten. Ten That's no jest."

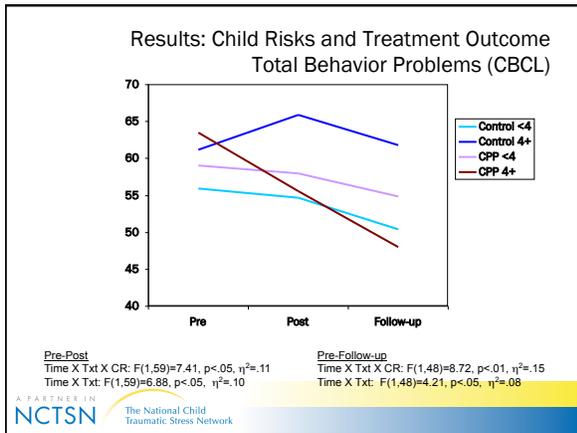


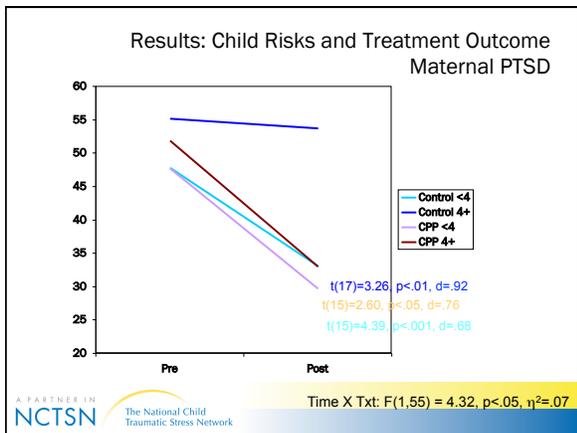


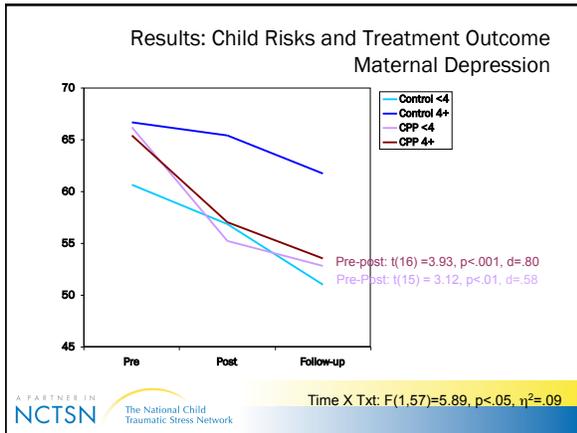


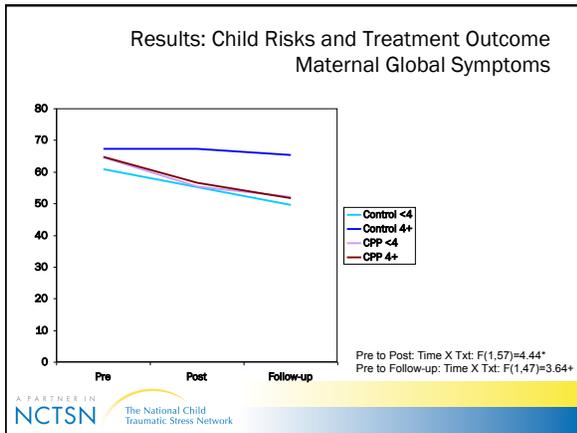


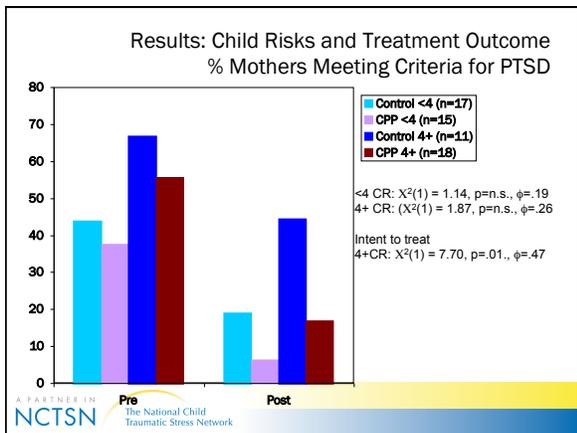


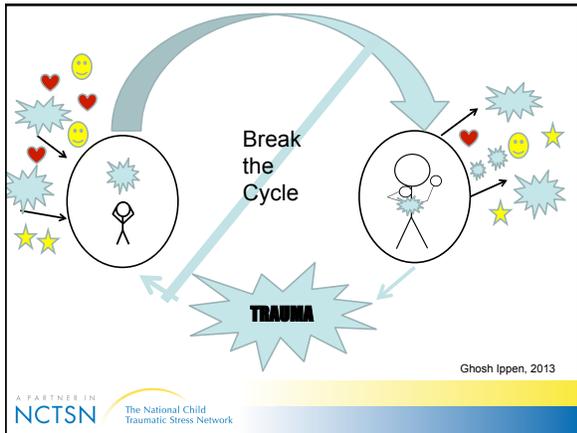


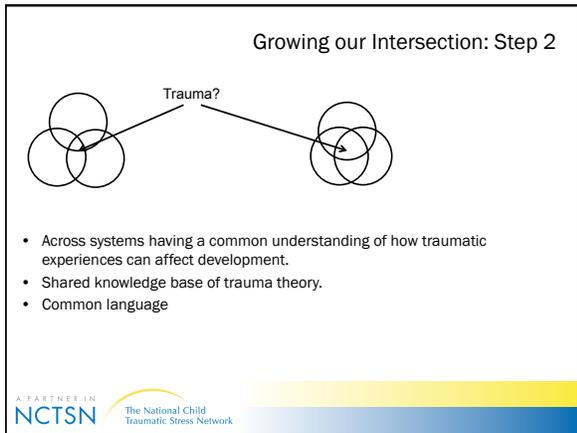












TRAUMA IS COMPLEX

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"Psychologists have found that people can be driven to irrational decisions by too much complexity and uncertainty."
Heath & Heath (Made to Stick)

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Goal: Cut through the complexity to find solutions that maximize the caring

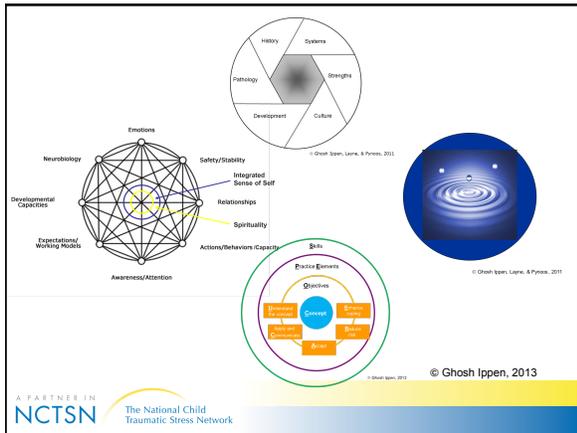
- The barrier to change is not too little caring; it is too much complexity.
- Complexity makes it hard to mark a pathway to action
- Cut through complexity to find the solutions

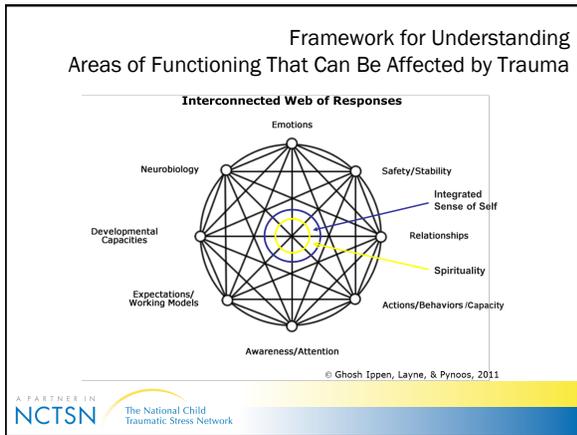
Bill Gates, Harvard Commencement Speech, June 8, 2007
<http://www.networkworld.com/news/2007/060807-gates-commencement.html>

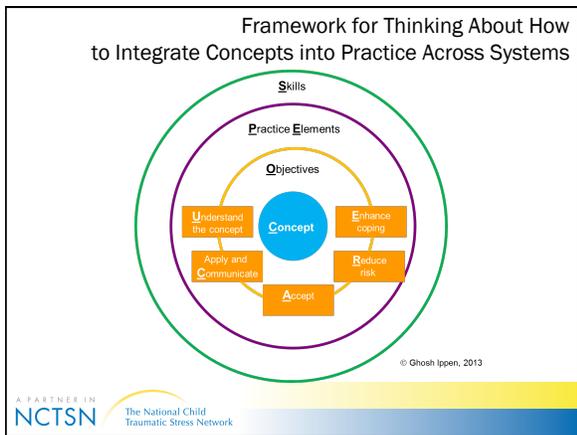
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Ripple Effect Overview
Four interconnected frameworks

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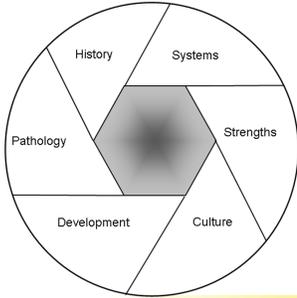
Framework for Understanding How Trauma Affects Functioning (the Mechanism)



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Framework for Understanding Perspective: The Different Lenses that Shape our View



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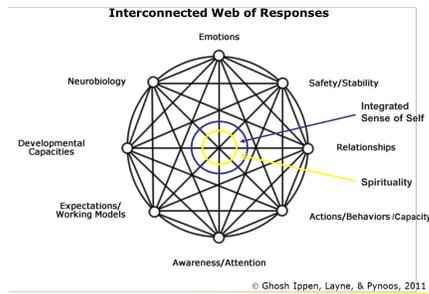
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How does trauma affect functioning?

What areas of functioning are affected by trauma?
Cluster B: Concepts for Understanding the Consequences of Trauma Exposure and its Aftermath

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Framework for Understanding the Impact of Trauma



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Consequences of Trauma Exposure in Early Childhood

Interpersonal trauma linked to:

- Posttraumatic stress symptoms
 - Comorbid disorders
 - Behavior problems rated by parents and teachers
 - Physical health problems
 - Worse cognitive performance
 - More negative social interactions
 - Heightened sensitivity to conflict
- Meta-analysis of children exposed to interparental violence suggests risks may be greater for preschoolers than for older children (Kitzmann, Gaylord, Hold, & Kenny, 2003).

For reviews: Chu & Lieberman, 2010; Ghosh Ippen & Lieberman, 2008

Bogat, DeJonghe, Levendosky, Davidson, & vonEye, 2006; DeJonghe, Bogat, Levendosky, von Eye, & Davidson, 2005; Farver, Natera & Frosch, 1999; Farver et al., 2005; Graham-Bermann & Seng, 2005; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006; Mongillo et al., 2009; Scheeringa, Peebles, Cook, & Zeanah, 2001; Scheeringa & Zeanah, 2008; Stoddard et al., 2006; Shahinfar, et al., 2000.

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Framework for Understanding the Impact of Trauma

Trauma can affect all of the following domains:

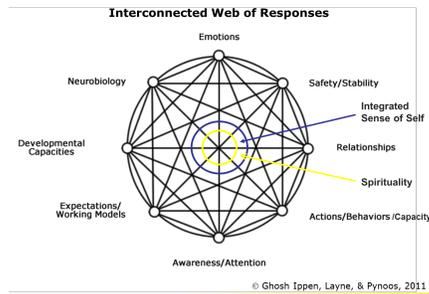
- B.1 Neurobiology
- B.2 Safety
- B.3 Feelings, emotions, and emotion regulation
- B.4 Development capacities
- B.5 Relationships
- B.6 Expectations and working models
- B.7 Actions and behavior
- B.8 Awareness and attention
- B.9 Integrated sense of self
- B.10 Spirituality

B.11 **Interconnection of Trauma Responses:** Trauma responses are interconnected. Impairment or strengths in one domain can affect functioning in other domains, and change in one domain can produce changes in other domains.

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Framework for Understanding the Impact of Trauma



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Developmental Impact of Trauma: Relationships

- **Relationship → Safety**
 - Disruption of the myth of the protective shields and of healthy attachment
 - I don't know if grownups can keep me safe
 - This affects the way I explore my world and interact with others
- **Relationship → Expectations**
 - Disturbed mental representations of who is safe and who is dangerous
 - I am not sure who might hurt me. If other people have hurt or left me, will you leave or hurt me too?
 - If people I care about hurt me, others are likely to hurt me
- **Relationships → Behavior**
 - I've seen people hurt each other. Maybe it's normal for people to hit and hurt each other when they are angry.
 - I find it hard to connect to others

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Developmental Impact of Trauma (continued)

- **Neurobiology**
 - I'm stressed all the time, so I get upset easily
 - I have a hard time calming down once I am upset
 - My danger sensors fire easily and often
 - I just need to move around
 - I get sick a lot
 - Feelings inside my body trigger me
- **Safety**
 - I feel unsafe because bad things have happened
 - I am alert to danger
 - I worry that you cannot keep me safe. Maybe you are dangerous.

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Developmental Impact of Trauma (continued)

- **Developmental Capacity**
 - Is it safe to explore and learn?
 - I feel like I'm not like others my age.
 - When I get stressed, I can't do certain things that I "should" be able to do
- **Awareness/Attention**
 - If the world is dangerous, and I don't trust caregivers to protect me, I have to watch out for danger.
 - This makes it hard to focus on other things.
 - I am watching you carefully to see what kind of person you are.

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Developmental Impact of Trauma (continued)

- **Expectations**
 - I have learned that bad things can happen
 - I worry that they will happen again.
 - I think others will hurt me, leave me. . . .
 - You can't trust others.
 - I am not loveable. They left me.
 - I am not capable. I could not do anything.
- **Behavior**
 - Sometimes I show how I am feeling through my behavior.
 - My behavior has meaning. Everything I do, I do for a reason.
 - I just don't always know why I do things.
 - I now do what I saw.
 - The person who used to understand me may be gone. How will you understand my behavior?

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Developmental Impact of Trauma
Emotions and Emotion Regulation Abilities

- **Heightened levels of emotional arousal**
 - I have big icky feelings, and I don't know what to do with them. I don't even know what feelings are.
 - I get upset a lot more than before. (I get in trouble more.)
- **Disruption of the secure base (not always but often):**
 - The person who should help me calm down doesn't seem safe.
 - I am so mad at that person that I just can't run to them.
 - I don't trust anyone, so there's no one to turn to
- **Faced with complex and often seemingly contradictory feelings**
 - I love my dad, but he scares me.
 - I love my mom, but she can't protect me, and I am angry at her.
 - I think I can trust this person, but I am afraid s/he will leave me.

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Developmental Impact of trauma
Emotions and Emotion Regulation Abilities (continued)

- **Traumatic reminders serving to further dysregulate emotions**
 - So many things remind me of what happened and make me feel icky.
 - I don't know what happened, I just snapped. I must be crazy. I must be bad.
- **Emotions acting as a trauma reminder**
 - I don't like feeling this way. It reminds me of when bad things happened. It makes me feel out of control. . .
 - When you are mad at me, it reminds me of all the people who have been mad at me before.
 - When you are mad at me, I worry that bad things will happen.

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Developmental Impact of trauma
(continued)

- **Integrated Sense of Self**
 - Sometimes I just don't feel like myself. I feel out of it.
 - I don't always like myself.
 - I often don't feel connected to my body or my feelings
- **Spirituality**
 - What have I done to deserve this?
 - Is there any one that is protective?
 - How could God let this happen?
 - I sometimes feel cursed

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Vignette: Marla and Theo

Theo is a 3 year old half Caucasian half Latino boy with significant speech and motor delays. His foster parents report that he has serious nightmares and temper tantrums. When he is upset he will bang his head and claw at his face. He was placed in foster care 4 months ago after his mother brought him to the ER. She was high and somewhat incoherent, but she later revealed that Theo's father had burned him repeatedly on his arm with a cigarette. Theo also had bruises all over his thighs. Marla said that Theo's dad would pinch him whenever Theo would cry.

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Gwen & Carla

- Gwen was 15 months old when she was removed from the care of her mother Carla. Her early history is unknown. Carla was a meth addict. She went to get drugs and left Gwen in her crib. Gwen was found dirty, with bug bites all over her body. She was severely malnourished and dehydrated and required treatment in the hospital.
- She has been in foster care with her uncle Josiah and his new wife Kia for the last 3 months. She cries all the time, and she stuffs herself with food even after she has eaten.



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How the Work May Affect Us

- Can affect our view of the world and our sense of safety
- Difficult to think about what these very little children have experienced
- We may be angry with those who have harmed these children
- Even when their parents are changing, we may feel that they aren't doing enough
- We may get triggered by history and behavior



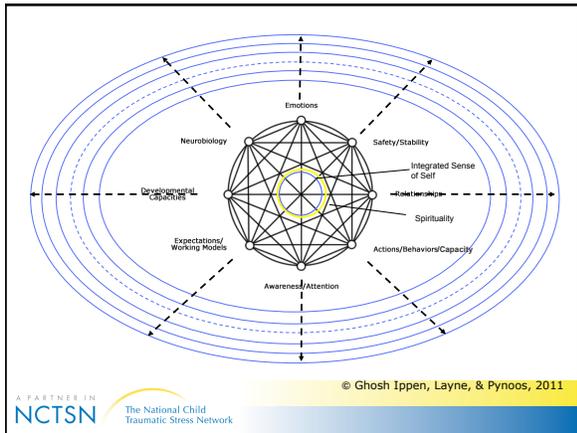
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Critical Implications for Intervention

These core concepts apply to everyone who lives or works with trauma-exposed children and families. Exposure to traumatic material can evoke distress that can affect how we interact with children, with others, and can make it more difficult to care for them and ourselves.



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Core Concepts

- **Feelings and Emotions:** Trauma and distressing reminders generate intense negative emotions and can impair emotion regulation.
- **Neurobiology:** Responses to trauma are rooted in neurobiology and involve the stress response system and key brain structures.
 - Fight (aggression)
 - Flight (withdraw)
 - Freeze (dissociation)
 - Tend or befriend (cling)

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Core Principle

- When affect is dysregulated, the first affect to regulate is your own.
- It is best not to intervene without your frontal lobes.

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Affect and Perspective

When we are angry, we are . . .

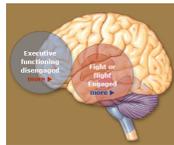
- More likely to see people rather than situations as responsible for a problem (Keltner, Ellsworth, & Edwards, 1993)
- Less likely to trust others (Dunn & Schweitzer, 2005)
- More likely to make judgments based on stereotypes (Bodenhausen, Sheppard, & Kramer, 1994; DeSteno, Dasgupta, Bartlett, & Caidrie, 2004; Tiedens & Linton, 2001)

- Positive affect is associated with increased flexibility in thinking and action (Fredrickson, 2001).

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Am I Responding or Reacting?

- We are "wired" to react.
- It takes practice, support, planning, effort, and the capacity to learn from mistakes to learn to respond.
- What part of my brain am I using during interactions?



- Understanding perspective
- Seeking to restore safety
- Helping to regulate emotions
- Jointly planning the best course of action

- Flight
- Fight
- Flood
- Freeze
- Cling

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Vignette: Marla and Theo

Theo is a 3 year old half Caucasian half Latino boy with significant speech and motor delays. His foster parents report that he has serious nightmares and temper tantrums. When he is upset he will bang his head and claw at his face. He was placed in foster care 4 months ago after his mother brought him to the ER. She was high and somewhat incoherent, but she later revealed that Theo's father had burned him repeatedly on his arm with a cigarette. Theo also had bruises all over his thighs. Marla said that Theo's dad would pinch him whenever Theo would cry.

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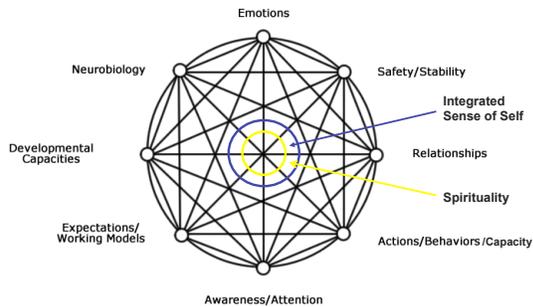
Vignette: Marla, Theo & Shari

Shari is a first year clinical intern. She is treating Marla and Theo. Marla is in a substance abuse treatment program and wants to reunify with Theo. Shari meets Marla. While she is impressed by Marla's willingness to address what happened, she has a hard time working with Marla because she can't imagine how she could have let all of this happen. Theo has a lovely relationship with his foster parents, and Marla wonders whether he might be better off with them. Shari and her partner have a four year old boy. After Shari met with Marla and heard Theo's history, she went home. She felt "out of it." She found herself snapping at her partner. She would watch her son play and find that she was thinking about Theo.

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Interconnected Web of Responses



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Compassion Fatigue, Burnout, Compassion Satisfaction Factor's impacting a Professionals Quality of Life Clark & Sprang, 2010; Sprang, Clark, Whitt-Woosley, 2007

Findings

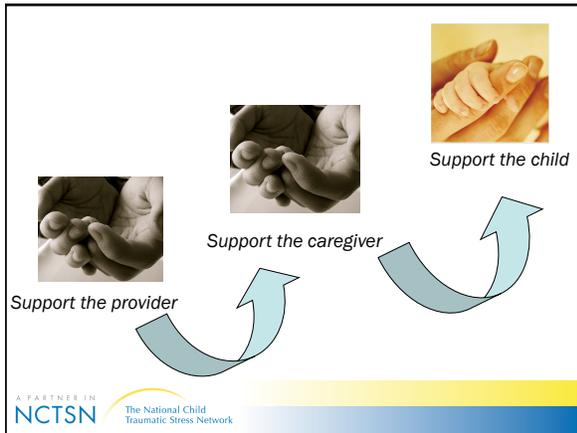
- Younger therapists reported more burnout
- More experienced therapists reported more compassion satisfaction
- Specialized trauma training enhanced compassion satisfaction and reduced compassion fatigue and burnout
- Use of evidence-based practices associated with reduce burnout and compassion fatigue and increased compassion satisfaction.

Why would this be

- Specialized training enhanced clinician self-efficacy.
- Knowledge and training might provide some protection against the deleterious effects of trauma exposure.

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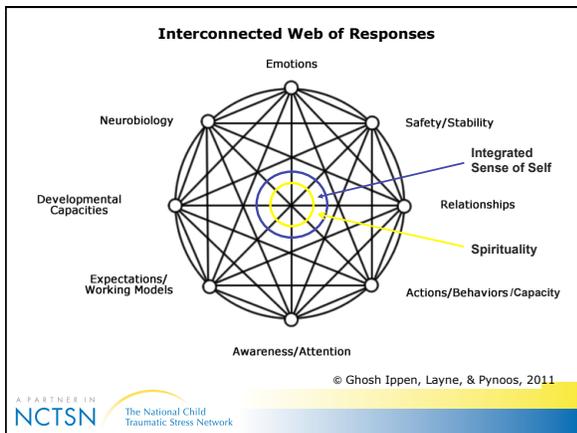




Focus on Ourselves

- How does the work affect us?
- What do you do to take care of yourself?

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To the tune of

This Land is Your Land this Land is My Land. . . .

This web is your web. This web is my web.
 We get affected when we feel rejected.
 When we feel unsafe our minds and hearts race
 With thoughts of what this means for you and me.

This web is your web. This web is my web
 I focus on the bad
 When I'm feeling sad or mad
 This affect my body
 And my ability
 To be the way that I would like to be.

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To the tune of

This Land is Your Land this Land is My Land. . . .

This web is your web. This web is my web.
 I'm wired to react
 When I feel that I'm attacked
 But I am learning I can breathe
 And change what I see
 And find new ways to be with you and me

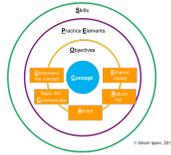
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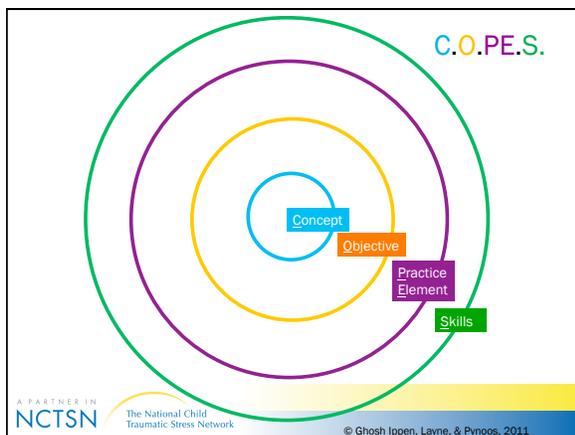
Framework: C.O.P.E.S.

- Guides intervention
- Connects concepts to practice
- Helps us think about how we can intervene across systems to reduce the negative impact of trauma exposure.



The C.O.P.E.S. Conceptual Framework

- **Concepts:** Guiding theoretical foundation and principles for trauma-informed interventions
- **Objectives:** Goals of intervention and desired outcomes
- **Practice Elements:** Observable procedures, practices, and actions that can be used to bring about desired outcomes
- **Skills:** The process through which interventions are carried out
 - Assessing and Addressing: Affect, behaviors, and cognitions related to intervention
 - Relationship: understanding how quality of relationship affects intervention
 - Tailoring and Timing
 - Tailoring interventions based on developmental level, culture, context, strengths, needs, history, life circumstances
 - Timing: Is now the right time to do this intervention?
 - Sequencing of interventions



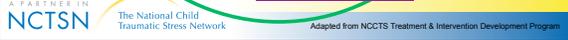
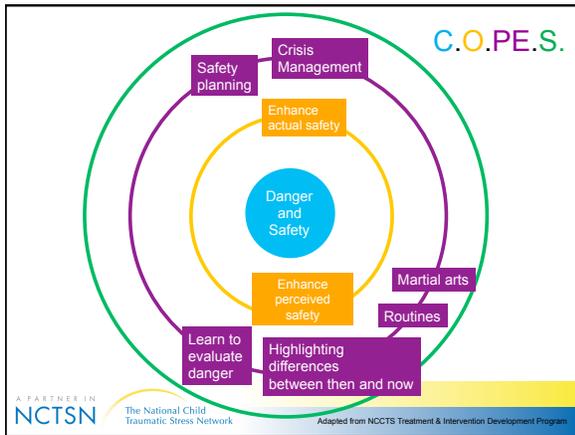
Concept: Danger and Safety

Concept 5: Danger and safety are core concerns in the lives of traumatized children.

Traumatic experiences can undermine children's sense of protection and safety, and can magnify their concerns about dangers to themselves and others. Ensuring children's physical safety is critically important to restoring the sense of a protective shield. However, even placing children in physically safe circumstances may not be sufficient to alleviate their fears or restore their disrupted sense of safety and security. Exposure to trauma can make it more difficult for children to distinguish between safe and unsafe situations, and may lead to significant changes in their own protective and risk-taking behavior. Children who continue to live in dangerous family and/or community circumstances may have greater difficulty recovering from a traumatic experience.

<http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts>



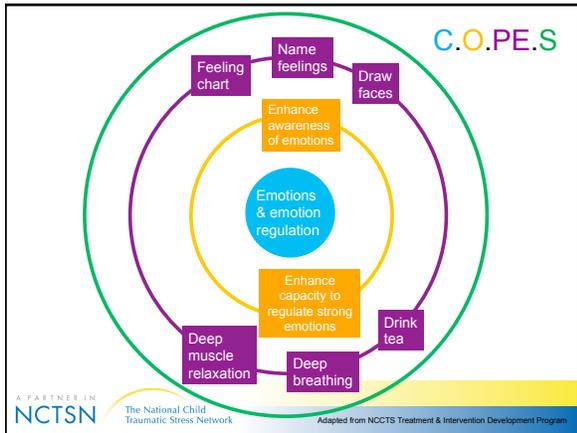


Concept: Emotions and Emotion Regulation

Trauma and distressing reminders generate intense negative emotions and can impair emotion regulation.

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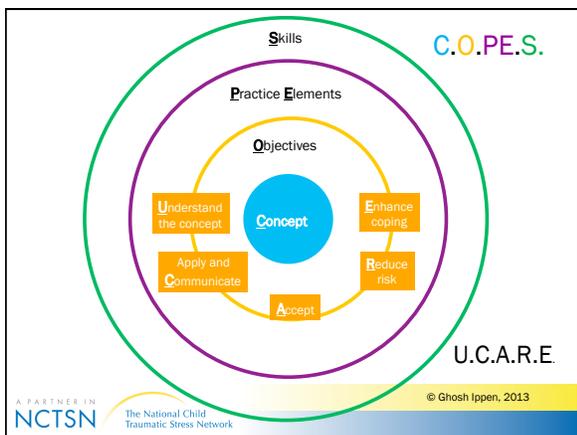


Building on the C.O.P.E.S. Framework: Objectives

- Pattern of 5 broad objectives that repeats for all the concepts (U.C.A.R.E.)
- Broad objectives are easy to train
- Apply to different service sectors

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C.O.P.E.S: Objectives

1. **UNDERSTAND:** Gain familiarity with the basic core concept
(e.g. understand the concept of a trauma reminder)
 - Connect concept to traumatic experience
(e.g. traumatic experience results in trauma reminders)
 - Connect core concept to current functioning
(e.g. trauma reminders can dysregulate affect, lead to problems in relationships)
 - Understand interconnections among core concepts
(e.g. in the presence a reminder, a child may feel unsafe. The child may worry that others will harm him or her, and may act aggressively out of fear).

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C.O.P.E.S: Objectives

2. **CONNECT AND COMMUNICATE:** Think and talk about how a given concept applies to a specific child, family, individual, or system.
 - Enhance capacity to observe and identify processes related to a core concept, within a specific, child, family, individual or system
(assessment is a practice element)
 - Increase ability to communicate about the traumatic experience and the traumatic response as related to the concept.

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C.O.P.E.S: Objectives

3. **ACCEPT:** Accept the traumatic response
 - Understand the response is expected given prior and current experience and context (normalize the traumatic response)
e.g.
 - it makes sense that you feel unsafe given what you have been through.
 - It makes sense that you worry that people will harm you
 - Appreciate the potential cyclical nature of the traumatic response (e.g. anniversary reactions)
 - Accept aspects of the traumatic response that cannot be changed

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C.O.P.E.S: Objectives

4. REDUCE RISK

- Reduce risk factors
 - Some systems (e.g. police, child welfare) have the ability to alter the context during the traumatic experience
 - Reduce risks to safety
 - Reduce exposure to unnecessary trauma reminders
- Identify and remove barriers to positive change

C.O.P.E.S: Objectives

5. ENHANCE REGULATORY AND REPARATORY CAPACITY

- Strengthen existing resources
- Develop protective and promotive factors
- Create new opportunities and contexts for new learning
(e.g. allow the child to have a different experience and experiment with new ways of being)
- Learn new strategies and skills
- Integrate new learning into core sense of self

C.O.P.E.S. Coding Grid

| Concept | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|---------------|------------------------|-------------------------|-------------------------------|-------------|--|
| Neurobiology | | | | | |
| Safety | | | | | |
| Emotions | | | | | |
| Relationships | | | | | |

C.O.P.E.S. Coding Grid

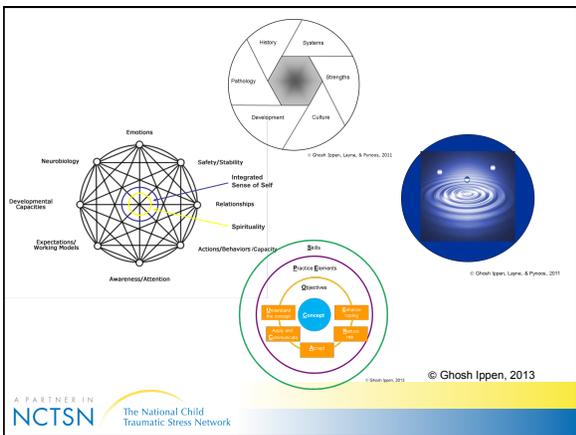
| Concept | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|------------------------------|------------------------|-------------------------|-------------------------------|-------------|--|
| Developmental Capacities | | | | | |
| Expectations/ Working models | | | | | |
| Awareness/ Attention | | | | | |
| Actions/ Behaviors/ Capacity | | | | | |

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C.O.P.E.S. Coding Grid

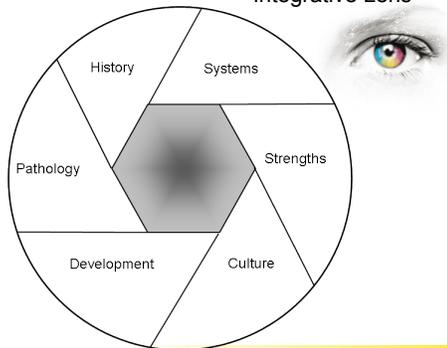
| Concept | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|--------------------------|------------------------|-------------------------|-------------------------------|-------------|--|
| Integrated sense of self | | | | | |
| Spirituality | | | | | |

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As we do this work, what key factors shape our perspective, including the way we see and understand the family and the interventions we develop?

Integrative Lens



Integrative Lens: Concepts that Shape Perspective on Concepts, Objectives, Practice Elements, and Skills

Applied to all aspects of the C.O.P.E.S. framework

- Psychosocial Functioning
 1. Strengths, protective factors, & wellness
 2. Risk, pathology, & vulnerability
- Contextual Factors
 3. Culture and ecological context
 4. Development
 5. Systems
 6. History

Applying the Integrative Lens to the Concept of Emotions and Emotion Regulation

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Lens: Application to a concept Emotions and regulation

| | |
|-------------|---|
| Pathology | <ul style="list-style-type: none"> How often does s/he typically express different feelings (anger, sadness, fear, happiness) Is s/he able to calm down after being upset? Is s/he aware of feelings Does s/he have ways he can calm down? Given this child's experience does it make sense that s/he has these feelings? Does his/her caregiver recognize when s/he is upset and have ways of helping him/her calm down? |
| Strengths | |
| Development | <ul style="list-style-type: none"> Compared to others his age... <ul style="list-style-type: none"> How is he at calming down? Does he get upset more frequently? What are age appropriate affect regulation strategies? How might trauma affect typical emotion regulation processes that are developing at this age? |

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Lens: Application to a concept Emotions and regulation

| | |
|---------|---|
| Culture | <ul style="list-style-type: none"> How does the family and cultural group feel about the expression of different emotions (anger, sadness, fear, happiness)? What is the typical cultural and family response when a child (or youth) has these feelings? In the family's culture of origin are there rituals or certain activities that may be linked to affect regulation? |
| Systems | <ul style="list-style-type: none"> How do different systems socialize the child with respect to different emotions? How might the way different systems are organized act to soothe or trigger the child? |
| History | <ul style="list-style-type: none"> Prior to the trauma (if there was a time before the trauma), what was the child's experience of emotions and emotion regulation? What is the caregiver's experience of emotions and emotion regulation? Historically, for the cultural group, is there a reaction to certain emotions? |

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How does trauma affect functioning?

What is the mechanism through which trauma affects functioning?

Cluster A: Concepts for Understanding the Traumatic Experience





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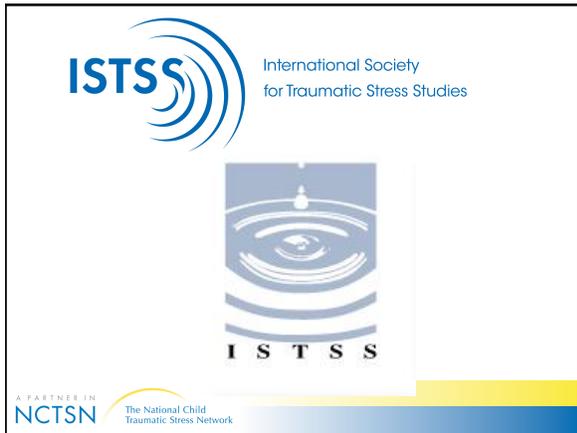


Concepts for Understanding the Traumatic Experience

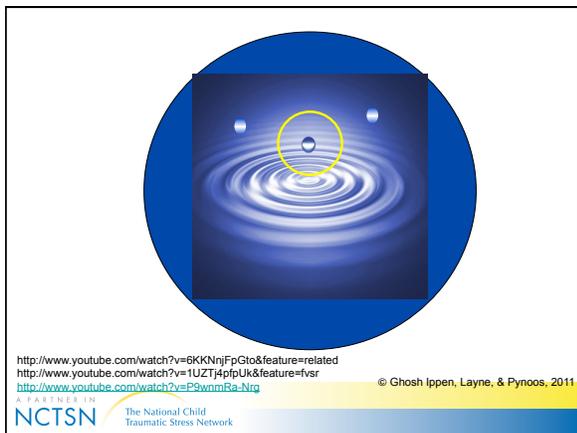
- A.1. **Multiple Moments:** A traumatic experience consists of different traumatic moments that are encoded in the brain and body at multiple levels
- A.2. **Trauma and Loss Reminders:** Trauma can generate distressing reminders that may affect the child's life and functioning long after the event has ended.
- A.3. **Ruptured Social Contracts:** Trauma can rupture of spoken and unspoken social contracts (family, community, and spiritual contracts)

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Video of a drop of water

The logo for NCTSN (The National Child Traumatic Stress Network) is located in the bottom left corner of the slide. It features the text "A PARTNER IN NCTSN" and "The National Child Traumatic Stress Network" next to a stylized graphic of a person's head and shoulders.

A blue circle containing a white teardrop shape above a white geometric wireframe sphere. The teardrop is positioned at the top, and the sphere is below it. The entire graphic is centered within the blue circle.

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Listen to a Life Nearly Passing By
NPR Interview with David Eagleman, Ph.D.

- As a boy fell from a roof
- Felt that time passed slowly
- Alice in Wonderland Effect
- Experiments
- SCAD diving
- Has research assistants fall from 150 foot (15 story towers)

A woman in a blue jumpsuit and yellow life vest is shown falling from a height. She is looking up with a surprised expression. The background is a blurred view of a building's exterior.

<http://www.npr.org/templates/transcript/transcript.php?storyId=129112147>

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Listen to a Life Nearly Passing By
NPR Interview with David Eagleman, Ph.D.

- Neuropsychologist – fell from a roof as a boy. Felt that time passed slowly as he was falling. Alice in Wonderland effect
- SCAD Diving: Has people fall from 150 foot (15 story) tower
- People report that time passes slowly.

“it’s a trick of memory. Normally our memories are like sieves. (but when you are in a life or death moment) “our memories go wide open.” “That’s what memory is for. It’s for when everything hits the fan. You want to write it down and remember it.”

“So all of it goes right to your hard drive – the clouds, the feeling of the air. Oh look, there’s a guy in a blue shirt.”

“So when you read that back out, the experience feels like it must have taken a very long time.”

<http://www.npr.org/templates/transcript/transcript.php?storyId=129112147>

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Listen to a Life Nearly Passing By
NPR Interview with David Eagleman, Ph.D.

Normally, the trivial stuff gets dumped but in this situation it gets written.

And then you realize how much trivial stuff there is.

Which makes you wonder. . .how we’d feel if we remembered all that stuff all the time?

You’d be totally consumed by memories. You’d . . .

Buried

You wouldn’t be able to forget it.

Having an experience like this creates a surfeit of memory – too much to remember.

<http://www.npr.org/templates/transcript/transcript.php?storyId=129112147>

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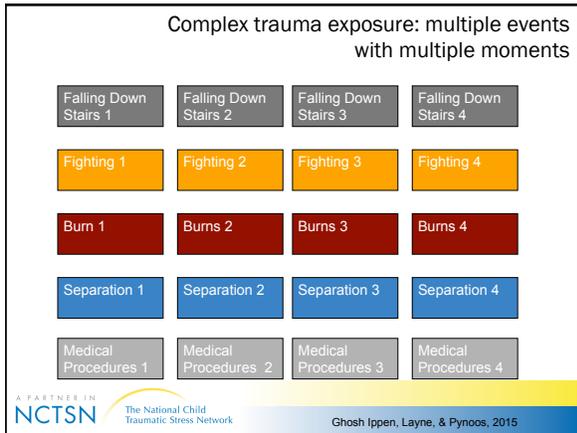
Multiple moments

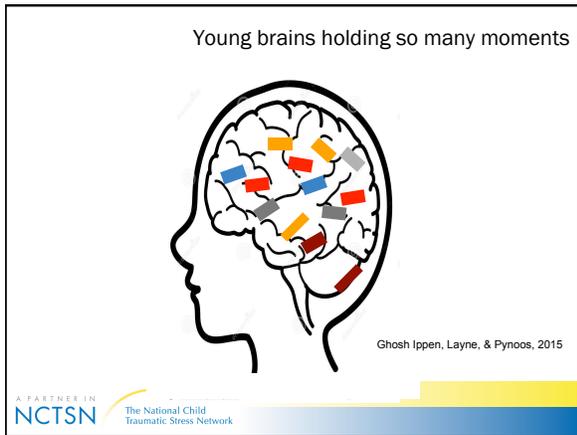
| | | | |
|----------|----------|----------|----------|
| Moment 1 | Moment 2 | Moment 3 | Moment 4 |
| Moment 5 | Moment 6 | Moment 7 | Moment 8 |

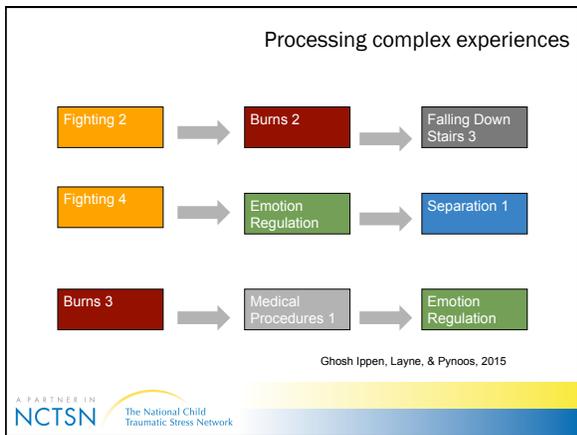
- At each moment what is the child’s experience?
- What is the caregiver’s experience?
- What is being encoded in the brain and body as associated with danger?
- How does the child’s age affect how this experience is encoded?

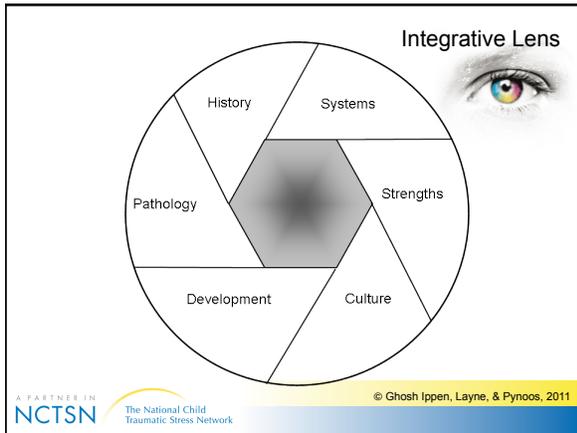
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Using the Lenses

Development: How does the child's development and capacities. . .

- Affect the moment by moment experience
- Affect the way information is encoded

Strengths:

- At each moment and at each level of the system what were the protective factors (e.g. positive actions of self, others, society)
- What protective factors were encoded – how accessible are they?

Culture and Context

- Meaning of the multiple moments given culture and context
- How does this event connect to history of the cultural group (historical trauma) – do these moments connect to other moments
- Thoughts related to spiritual beings (e.g. God) during the traumatic experience
- Interactions with others from different cultures during the moments (e.g. police – what is their "typical" response to your "group." What was there response during the traumatic experience. How did you encode this.

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Using the Lenses

Systems:

- What is the experience of different systems?
 - Child
 - Caregiver
 - Family
 - School
 - Community
- During the traumatic event, what is the response of different systems (e.g. police, medical personnel, child welfare)?

History:

- How does this event connect to the child, family's, and group's experience of other events?

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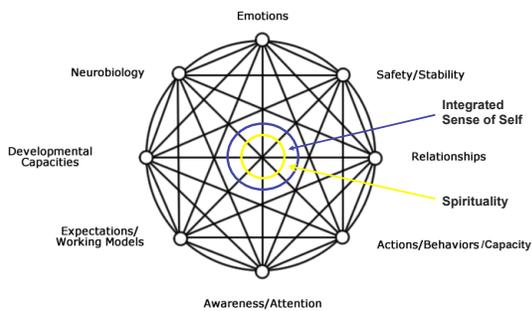
Gwen & Carla

- Gwen was 15 months old when she was removed from the care of her mother Carla. Her early history is unknown. Carla was a meth addict. She went to get drugs and left Gwen in her crib. Gwen was found dirty, with bug bites all over her body. She was severely malnourished and dehydrated and required treatment in the hospital.
- She has been in foster care with her uncle Josiah and his new wife Kia for the last 3 months. She cries all the time, and she stuffs herself with food even after she has eaten.

Gwen & Carla

- Trauma is powerful learning.
- What are Gwen's multiple moments?
- What do you think these experiences have taught Gwen?
- Is she too little to remember?
- How might the we and the grown-ups in her life help her?

Interconnected Web of Responses



C.O.P.E.S. Coding Grid

| Concept  | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|--|------------------------|-------------------------|-------------------------------|-------------|--|
| Neurobiology | | | | | |
| Safety | | | | | |
| Emotions | | | | | |
| Relationships | | | | | |

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C.O.P.E.S. Coding Grid

| Concept  | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|--|------------------------|-------------------------|-------------------------------|-------------|--|
| Developmental Capacities | | | | | |
| Expectations/ Working models | | | | | |
| Awareness/ Attention | | | | | |
| Actions/ Behaviors/ Capacity | | | | | |

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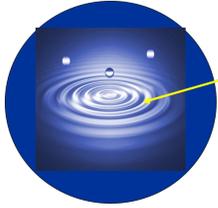
C.O.P.E.S. Coding Grid

| Concept  | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|--|------------------------|-------------------------|-------------------------------|-------------|--|
| Integrated sense of self | | | | | |
| Spirituality | | | | | |

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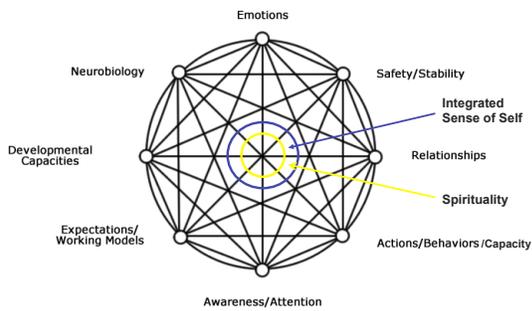
Core trauma concept #2: Trauma reminders



Trauma can generate distressing reminders that may affect the child's life and functioning long after the event has ended.

Core Curriculum for Childhood Trauma, NCTSN

Interconnected Web of Responses



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What Might Serve as Reminders?

- Awareness and Attention: Things in the environment
 - Sights
 - Sounds
 - Smells
 - Tastes
 - Weather
 - Certain places
- Safety:
 - Situations where you are unsafe or in danger (even when it is less dangerous).
 - Things that signal danger
- Neurobiology
 - Emotions live in the body
 - Body-based reactions (heart beating fast, sweating)

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What Might Serve as Reminders? (continued)

- Emotions
 - Feeling scared
 - Feeling helpless
 - Feeling frustrated
 - Feeling loss of control
 - Feeling sad
- Relationships
 - Certain people
 - Separations (saying goodbye to people)
 - Things people do (e.g. showing certain emotions)
 - Thoughts about God and other spiritual beings
- Actions/Behaviors
 - Certain activities (e.g. getting in a car, seeing a social worker, playing soccer, dinner time)
 - Certain body movements
 - Body positions (kinesthetics)
 - Not being in charge (not being capable)

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What Might Serve as Reminders? (continued)

- Expectations/Working Models
 - Certain core beliefs:
 - I am not loveable. I will be alone
 - I am not capable. I can't do it.
 - I am not safe. Bad things keep happening to me.
- Developmental Capacity
 - Certain developmental tasks
 - Potty training
 - Learning to read

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Integrative Lens

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Lens of History: Historical Trauma and Loss Reminders?



- Anniversaries
- Things that suggest that history is repeating
- Trauma to your child when you have had a history of trauma
- Aggression when you have experienced aggression
- Discrimination, racism
- Echoes of historical trauma: things happening to “your people” that remind you of how your people were treated in the past

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Example:

Apply U.C.A.R.E. to the Concept of Trauma Reminders

- **Understand:** Help caregivers understand about trauma reminders in general
- **Apply and Communicate:**
 - Identify child and caregivers' trauma reminders
 - Communicate about trauma reminders to child and to people who care for child
- **Accept:** Accept that the child is triggered
- **Reduce Risk:** When possible (without inviting avoidance), reduce exposure to reminders
- **Enhance Regulatory and Reparatory Capacity**
 - Acknowledge that child is triggered – label feelings
 - Be present
 - If things are different and child is now safe, let child know this
 - Soothe child (if possible)
 - Help child learn ways to soothe self (if possible)

Ghosh Ippen, 2011



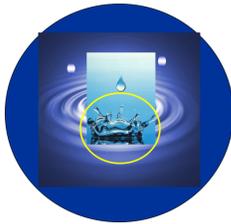
- **Therapist:** So how are you doing with Gwen
- **Josiah:** You know we really see how she's so sensitive to meal times.
- **Kia:** Yeah, if Gwen doesn't get fed on time, it's like you see a whole different side of her.
- **Therapist:** Makes sense huh?
- **Josiah:** Yeah. I know that Carla didn't feed her. Poor baby. She was nearly starved. I guess I'd hate being hungry too if I went through what she went through.
- **Therapist:** So what are you doing to help her?
- **Kia:** Well we keep her mealtimes regular, so she knows what to expect.
- **Josiah:** Yeah, and we've both got little healthy snack packs on us when we go out.
- **Kia:** Sometimes we forget and then we just tell her we know she's hungry, and we're going to get her food, but she's just gotta wait a second.
- **Josiah:** It's kind of funny talking to her like that cause she's so little, but I think she understands.



Identifying Trauma Reminders

- What are indicators that the child may be having a reaction to a reminder
 - Behavior that seems unpredictable, “comes from no where”
 - Child “switches”
 - Behavior seems driven
 - Physiological response
- Note: First think about normal response and response to being tired, hungry, uncomfortable

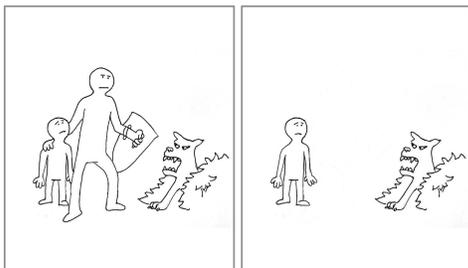
Core trauma concept #3: Ruptures in relationships



Trauma can rupture spoken and unspoken social contracts (family, community, and spiritual contracts)

Ghosh Ippen, Layne, & Pynoos, 2015

Core trauma concept #3: Ruptures in Social contract



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Core trauma concept #3: Ruptures in Social contract



- View of adults as absent or dangerous
- Leads to dysregulated patterns of adaptation
 - Fight - aggression
 - Flight - Depression, anxiety, slowing of developmental momentum
 - Freeze - dissociation, inattention
 - Cling - Indiscriminant attachment, connecting with strangers

Ghosh Ippen, Layne, & Pynoos, 2015



Core trauma concept #3: Ruptures in Social contract

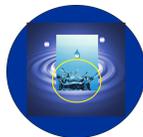


- Help children see that grown-ups are protective
- That grown-ups are working together across systems and with their caregivers to ensure safety and help them learn to regulate

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Ruptured Social Contracts: Trauma can rupture spoken and unspoken social contracts (family, community, and spiritual contracts)



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Vignette: Marla and Theo

Theo is a 3 year old half Caucasian half Latino boy with significant speech and motor delays. His foster parents report that he has serious nightmares and temper tantrums. When he is upset he will bang his head and claw at his face. He was placed in foster care 4 months ago after his mother brought him to the ER. She was high and somewhat incoherent, but she later revealed that Theo's father had burned him repeatedly on his arm with a cigarette. Theo also had bruises all over his thighs. Marla said that Theo's dad would pinch him whenever Theo would cry.

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Vignette: Marla and Theo

Marla is 22 years old. Her mother left her in Mexico when she was 3 years old. She was raised by her grandparents, who were very abusive to her and her older brothers. She came to the U.S. when she was 11. Her mother's new husband was violent. He beat her regularly. Neighbors called the police, but the police never did anything.

At age 14 Marla began hanging out with the wrong kids and was getting in trouble at school. She started using drugs. At 16, she met Patrick. He treated her differently. They started dating and Marla felt that maybe things could be different. Patrick was shot and killed when she was 18.

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Ruptures in Relationships

- What are the possible ruptures
 - Child ↔ caregiver
 - Child ↔ other family members
 - Caregiver ↔ caregiver
 - Family ↔ system (e.g. school, police DCFS)
 - Child ↔ society
 - Family ↔ society
 - Child ↔ spiritual beings
 - Family ↔ spiritual beings

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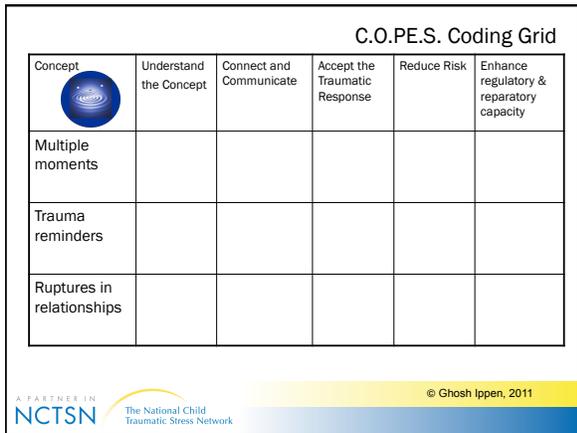


Ruptured Social Contracts
Trauma can rupture spoken and unspoken social contracts

- Family contracts
 - Parents protect children
 - Older family members protect younger family members
- Community contracts
 - A just community protects its members
 - Fellow community members do not harm or recklessly endanger one another
 - A just society punishes those who harm others
 - A just society seeks to reform those who harm others
 - A just society seeks to repair the harm
- Spiritual contracts (with divine beings, God, ancestors, saints, spirits. . .)

The rupture can be bi-directional (e.g. I am at fault)

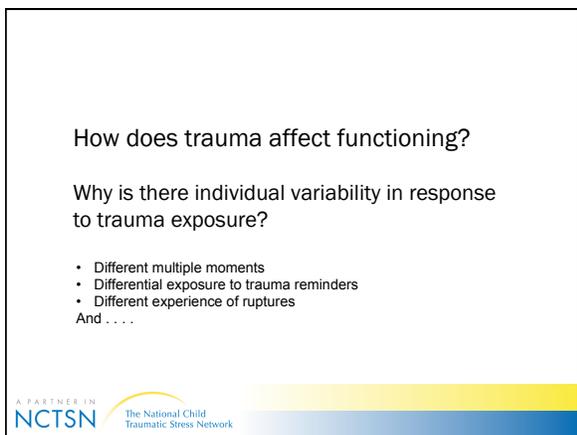
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C.O.P.E.S. Coding Grid

| Concept | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|---------------------------|------------------------|-------------------------|-------------------------------|-------------|--|
| Multiple moments | | | | | |
| Trauma reminders | | | | | |
| Ruptures in relationships | | | | | |

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How does trauma affect functioning?

Why is there individual variability in response to trauma exposure?

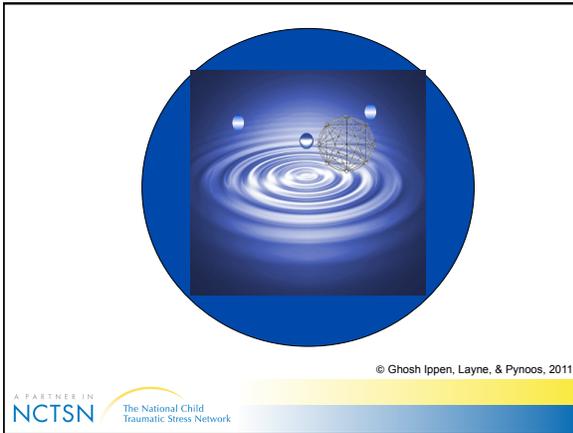
- Different multiple moments
- Differential exposure to trauma reminders
- Different experience of ruptures

And

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Concepts for Understanding Variability in Response to Trauma

- A.4 **Intrinsic capacities and resources:** The child's intrinsic capacities and resources (including psychological, neurobiological, and genetic strengths and vulnerabilities) affect the child's response to the traumatic experience and its aftermath.
- A.5 **Physical and social ecology:** Ecological factors can be affected by and can shape response to and recovery from trauma.
- A.6 **Co-occurrence of trauma:** Traumatic experiences often co-occur. The presence of some types of trauma (e.g., physical abuse) are markers of risk for the presence of other types of trauma (e.g., domestic violence). Further, a prior history of exposure to some types of trauma (e.g., sexual abuse) increases risk for subsequent trauma exposure.



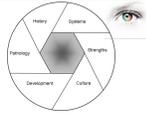
Intrinsic Capacities and Resources

- The child's **intrinsic capacity and resources** affect the child's response to the traumatic experience and its aftermath
- What kind of boat is trying to float?



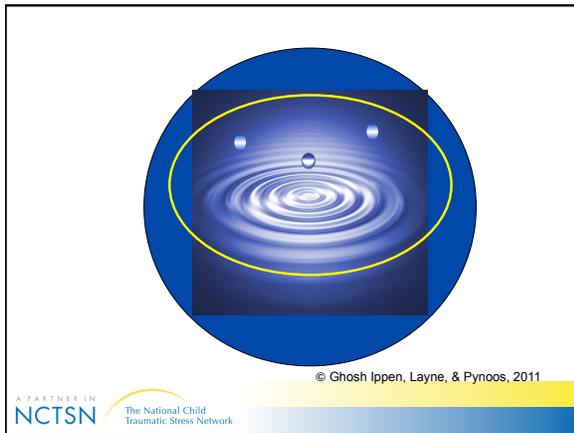


Child's Innate Capacities

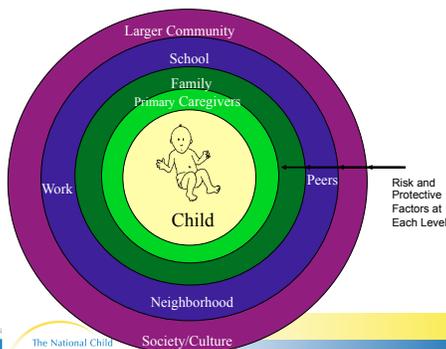


- Development - What are child's capacities given his/her age.
- Pathology - Developmental and neurobiological challenges linked to biology and prior experience
- Strengths - Developmental and neurobiological strengths
- Culture - Ways capacities and challenges are perceived in child's culture
- Systems - How do the multiple systems "hold," adapt, and/or amplify effects related to the child's strengths and challenges
- History - Historical effects on child's capacity, prenatal influences, early experience, genetic influences





Physical & Social Ecology (Before, During, & After the Event Shape Response to Trauma



| | Before Trauma | | During Trauma | | After Trauma | |
|---|--------------------|--------------|--------------------|--------------|--------------------|--------------|
| | Protective factors | Risk factors | Protective factors | Risk factors | Protective factors | Risk factors |
| Caregiver | | | | | | |
| Family | | | | | | |
| Peers | | | | | | |
| School/daycare (school quality, peer relationships) | | | | | | |
| Community | | | | | | |
| Society (e.g. response to trauma, response to family) | | | | | | |

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Trauma and Secondary Adversities

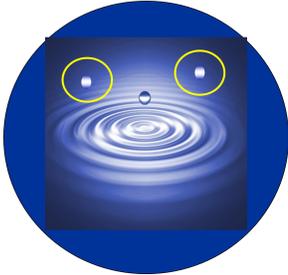
Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.

Traumatic events often generate secondary adversities such as family separations, financial hardship, relocations to a new residence and school, social stigma, ongoing treatment for injuries and/or physical rehabilitation, and legal proceedings. The cascade of changes produced by trauma and loss can tax the coping resources of the child, family, and broader community. These adversities and life changes can be sources of distress in their own right and can create challenges to adjustment and recovery. Children's exposure to trauma reminders and loss reminders can serve as additional sources of distress. Secondary adversities, trauma reminders, and loss reminders may produce significant fluctuations in trauma survivors' posttrauma emotional and behavioral functioning.

<http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts>

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Co-Occurrence of Trauma



- How many events?
- When in development did they occur (at what ages)?

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C.O.P.E.S. Coding Grid

| Concept | Understand the Concept | Connect and Communicate | Accept the Traumatic Response | Reduce Risk | Enhance regulatory & reparatory capacity |
|---|------------------------|-------------------------|-------------------------------|-------------|--|
|  | | | | | |
| Intrinsic capacities and resources | | | | | |
| Physical and social ecology | | | | | |
| Co-occurrence of trauma | | | | | |

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What will you each do with this information?

Within your own system
?In the ways we partner together?

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Does the information help us. . . .

- Have a better understanding of how trauma affects development and interactions
- Understand how to better care for ourselves
- Understand what the youth may need
- Think about ways to intervene that are trauma-informed (where we respond instead of react)
- Begin to see ways to alter the cycle → see pathways that promote healing
- Create new pictures in our mind

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Trauma does not need to overshadow me, my relationships, or my future

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- I carry my past-It doesn't rule or define me.
- Understanding and holding my past in this way, makes me strong (gives me muscles).
- As I travel through life, there are people who can help me understand and carry what happened.
- As I travel down the road, I am not pushed or driven by trauma, I choose my path.

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"Big" people protect "little" people and keep them safe.

Staying Connected

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<http://www.facebook.com/ChildParentPsychotherapy>