

Strengthening Families by Healing the Wounds of Children's Trauma: What Visit Supervisors Should Know

*The New York Society for the Prevention
of Cruelty to Children*

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Overview

- Trauma – a definition
- The neurobiology of trauma;
 - Trauma memory storage;
 - Trauma memory triggered;
- Healthy attachments in the healing process;
- The visitation room;
- Affect modulation exercises.

Trauma – a definition

Trauma is an event or situation that causes disruption or stress. It challenges our sense of safety and belief that the world is generally a safe place.

The NYSPCC's Therapeutic Supervised Visitation Program

- 80-90% of children enrolled in The NYSPCC's Therapeutic Supervised Visitation Program have experienced either chronically or acutely some form of trauma.

A Therapeutic Model

- Pre AND Post-coaching sessions for all visiting parents;
- Counseling sessions with custodial parents, as needed;
- Parenting Education classes mandated for all visiting parents;
- Individual counseling offered to all visiting parents;
- The Trauma Recovery Program- offered to all children in our visitation program;

Trauma Recovery Program

- Trauma focused treatment
- An integrative model of treatment:
 - Trauma-Focused Cognitive Behavioral Therapy;
 - Systems therapy;
 - Neurobiologically informed treatment.

The Three Brains

- The brain stem – (the reptilian brain);
- The neocortex (the pre-frontal cortex or the frontal lobe);
- The limbic system (the mammalian brain);

Hierarchy of Brain Function

Limbic

Midbrain or
neocortex

Brainstem

The Brain Stem

- The reptilian brain;
- The core regulatory system of the body;
- Allows us to urinate, defacate, to breathe, to sleep, to be awake;
- Fight or flight response;

The Neocortex

- The thinking brain;
- Develops a sense of time;
- Develops empathy;
- Inhibits action;
- Develops ability to regulate our emotions;
- The Broca's area is responsible for translating personal experiences into communicable language;

The Limbic System

- The emotional brain;
- Develops as a result of interactions with others;
- What feels good/bad?
- What feels safe/dangerous?
- This is not in our conscious awareness;

More on the Limbic System

- The amygdala:
 - the bundle of neurons that carry emotional responses, i.e. fear response;
 - Gathers sensory information, assesses and stores it;
 - Assigns the significance of emotional experiences;

Central Nervous System

- Sympathetic nervous system
 - Elevates physiological response
- Parasympathetic nervous system
 - Decreases physiological response

Adaptive Responses to Trauma

- Two primary responses to traumatic events:
 - Hypervigilance or hyperarousal
 - Dissociation

The primary adaptive style during a trauma determines which post-traumatic symptoms will develop.

Impact of trauma: left brain v. right brain

Left brain or thinking brain (neocortex)

- The Broca's area of the brain turns off;
- Hippocampal functioning is interrupted;

Right brain or emotional brain (limbic system)

- Heightened activity in the amygdala;
- Cortisol (a stress hormone) is secreted;
- Chronic shifts in arousal levels creates emotional dysregulation;

Memory Storage

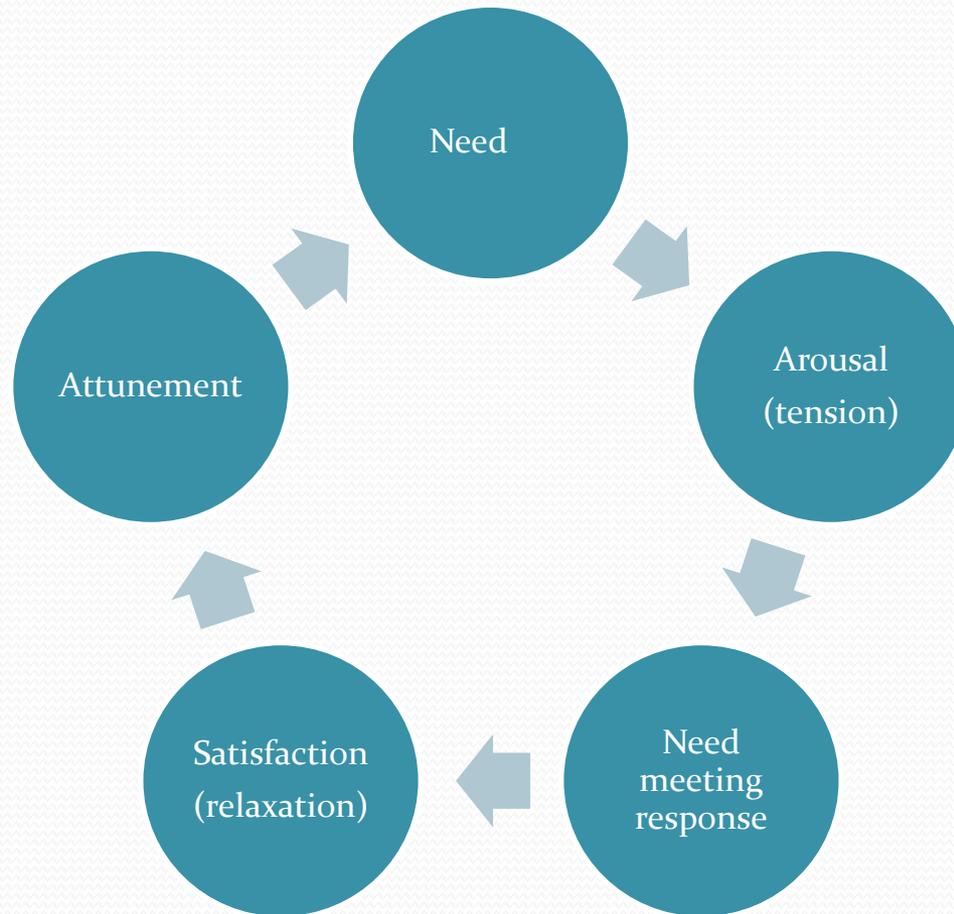
Normal Memory Storage

- Heightened activity in the amygdala;
- Cortisol (a stress hormone) is secreted;
- Chronic shifts in arousal levels creates emotional dysregulation;

Traumatic Memory Storage

- Toxic levels of cortisol hippocampal functioning;
- Traumatic memories are stored in sensations;
- Chronic shifts in arousal/cortisol levels creates barriers to emotion regulation;
- Pruned synapses between thinking and feeling brains.

Attachment Theory

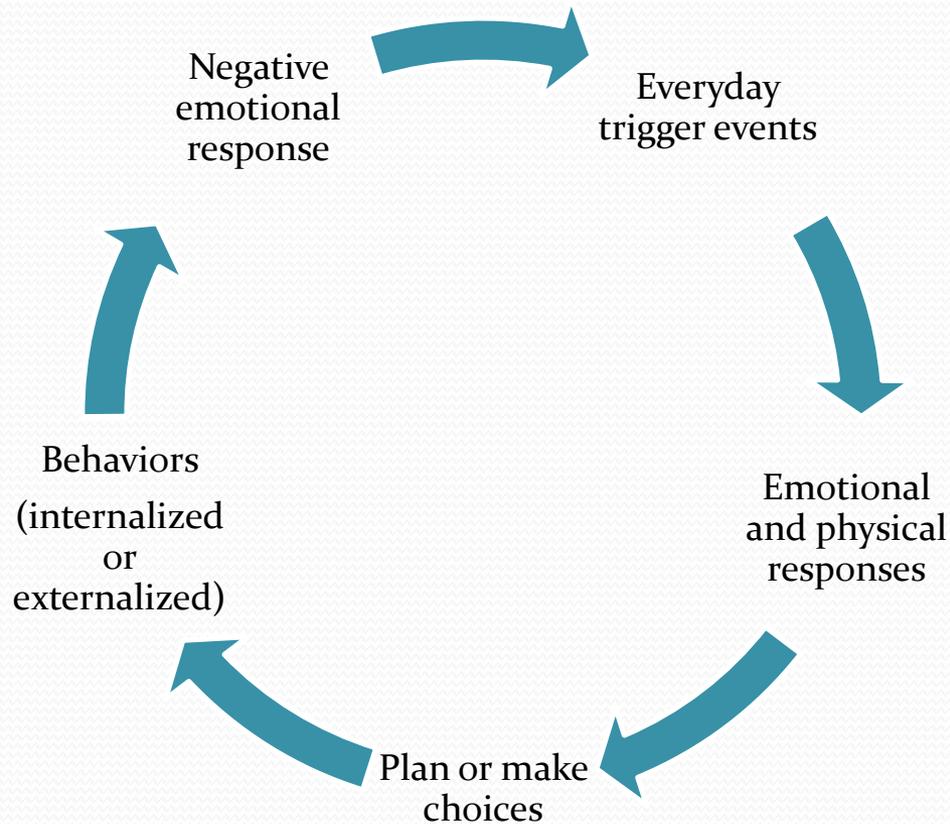




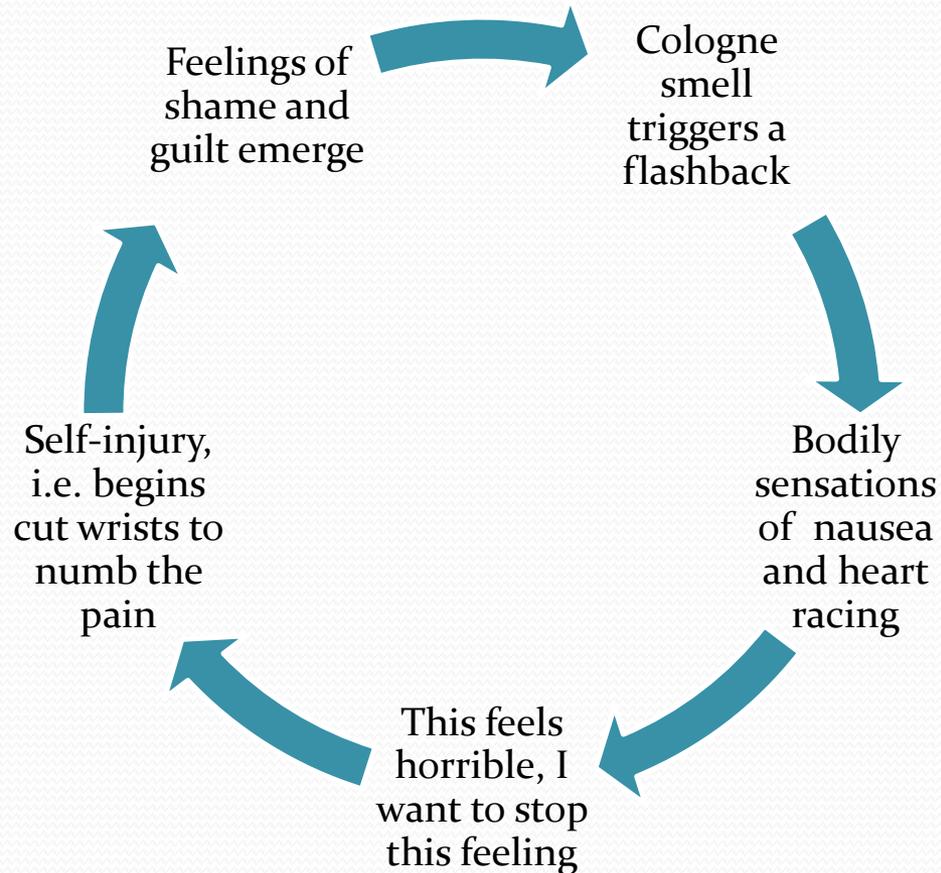
The Impact:

**“Our bodies weep the tears our eyes
refuse to shed.” D. Millan**

The trauma cycle



An example:





Case example

Two Case Vignettes

Trauma indicators

- Disrupts the general view of the world as a “safe place;”
- Misread external cues, will miss or ignore signs of danger;
- Baseline is hypervigilant or dissociative;
- Primary adaptive style during trauma becomes part of the personality structure, i.e. if someone dissociated during trauma to survive.

Manifestations in the visit room

- Inability to focus on appropriate stimuli, i.e. attentional problems;
- Inability to inhibit action when aroused, i.e. poor impulse control;
- Uncontrollable feelings of rage, anger, or sadness;
- Hyperarousal or hypervigilance;
- Dissociative states – can present as quiet or withdrawn

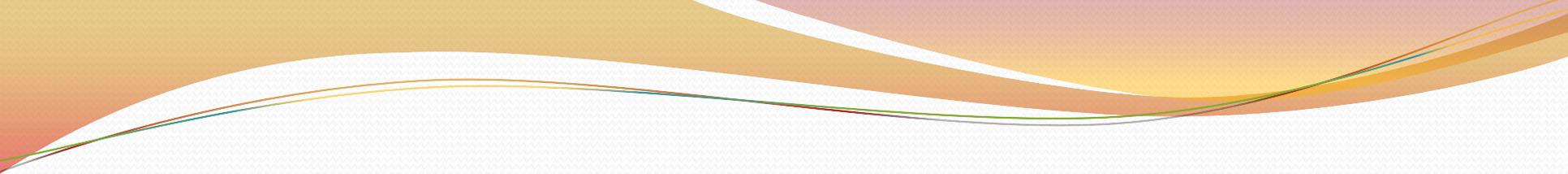
Trauma cases

“In traditional cases, we help people by talking to them. In trauma cases, we help people learn to talk.” Ken McNeil, PhD

Attunement

- Attunement goes beyond praise—it reflects the **other's** emotional experience;
- Aligning your own internal state with those of your children;
- Accomplished by the sharing of nonverbal signals;
- Helps children to feel “felt;”
- As we emotionally connect with another, we mutually influence the internal state of the other and build bonds.

Daniel Siegel, MD &
Mary Hartzell, M.Ed



Mirror neurons

Neurons in the brain fire or respond in synchrony with the behaviors of those with whom you are interacting.

Tuning in comments

- Wow! You built those blocks so tall!
- You jump really high!

Tuning into non-verbals:

- You seem sad. What is it that you're thinking about?
- You climbed those monkey bars even though it was pretty scary for you! Great job trying!

In the visit room:

- Structure and predictability;
- Provide the child with a sense of personal agency or control;
- Must access sensory experiences;
- Creative therapies are targeted at the right brain or emotional brain;

Affect modulation exercises

- Blowing bubbles;
- Blowing pinwheels;
- Progressive muscle relaxation;
- Wet noodle/tin soldier;
- Mindfulness exercises, i.e. coloring mandalas;
- Visual imagery.

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