

# Understanding Trauma-Focused Approaches: An ECHO Series

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Thanks for joining us!

The session will begin on time.

# Understanding Trauma-Focused Approaches

## Welcome!

- ▶ Your microphone has been **muted**. Please use the chat or unmute yourself to communicate.
- ▶ We appreciate you keeping your **camera** on.
- ▶ **Completion certificates** will be emailed after all sessions are complete. Make sure your first and last name are visible.
  - ▶ Use the “rename” feature in the menu to change.

# Presenters



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# Project Disclosure Statement

- ▶ We have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- ▶ We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

## Mitigating Potential Bias

- ▶ The information and recommendations involving clinical medicine is based on evidence that is currently accepted within the profession.

## Series Overview

**Session I:** Which children need trauma-focused approaches?

**Session II:** What to expect from a trauma-responsive mental health provider

**Session III:** Introduction to Trauma-Focused CBT

# Session Overview

Didactic presentation

Chair Yoga exercises

Breakout Room scenario

Q&A



# Chair Yoga #1

## Layers of Sound

# Principles of Trauma-Informed Care

## Safety



Ensuring physical and emotional safety.

## Trustworthiness/ Transparency



Decisions are made with transparency, with a goal of building and maintaining trust for all.

## Peer Support



Utilizing their stories and lived experience to promote healing.

## Collaboration / Mutuality



Everyone has a role to play in the healing process.

## Empowerment, Voice & Choice



Individuals' strengths are recognized, built on, and validated.

## Cultural, Historical, and Gender Issues



Actively moving past stereotypes and biases, offering inclusive services.

# Mandated Reporters

**In both Kansas and Missouri, teachers and mental health professionals are mandated reporters**

- Mental health professionals should disclose their role as mandated reporters to families as part of the process of obtaining consent for services

If you suspect a child is being abused or neglected, please telephone the **Kansas Protection Report Center at 1-800-922-5330**



# Mandated Reporters

Mandated reporters sometimes find that responsibilities to report suspected child abuse creates perceived conflicts between the principles of trauma-informed care

Examples:

- Concern that reporting abuse will result in retaliation against the child
- The family has had prior negative experiences with social services agencies that investigate reports

# Assessing Trauma History

Do I have to know a child's trauma history to make a referral? (no.)

Screening for trauma at school

- Should only be done by those with appropriate training

- Can make individuals feel unsafe

- Should not be done as a large group of children or staff/teachers/administrators

Screening for trauma by mental health providers

- Often occurs as part of routine mental health services

- Best when it centers child voice

- Good to assess when it happened, how frequently, how severe

- Also good to assess relational health/benevolent childhood experiences

Benevolent/Positive Childhood Experiences Scales:  
<https://loulebentz.com/wp-content/uploads/2020/05/ACE-Resilience-Questionnaires-Derek-Farrell-2.pdf>

# Common Approaches

- ▶ Reminder: focusing on Tier III interventions
  - ▶ Intensive
  - ▶ For a few
- ▶ Many different options – “look for” a treatment plan
  - ▶ A Clear PIE
    - ▶ A(ssessment)
    - ▶ Plan
    - ▶ Implementation
    - ▶ Evaluation
- ▶ Chicken or egg?
  - ▶ Complex challenges → complex cycles of change
  - ▶ Be patient, be clear, be proactive

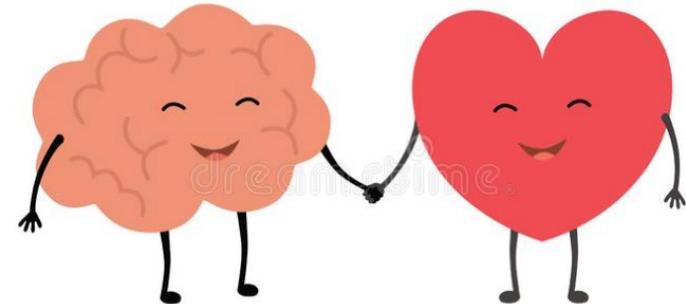


**National Child Traumatic Stress Network**  
***Treatments & Practices***

<https://www.nctsn.org/treatments-and-practices/trauma-treatments>

# Trauma Responsive Best Practices

- ▶ Reminder: schools = all *and* some *and* few
  - ▶ The better the *all*, the easier the *some* and *few*
- ▶ Invest in:
  - ▶ Consistent & predictable
  - ▶ Safety
  - ▶ Relationships



# Collaborating With Providers

If you know that a child in your school or other program is working with a trauma-responsive mental health professional, it can be helpful to share information about:

- Emotional or behavioral problems (or improvements!) in the classroom
- Learning problems
- Plans for educational supports

**Be sure to obtain consent from the child's parents or legal guardian before exchanging information with a community-based therapist**

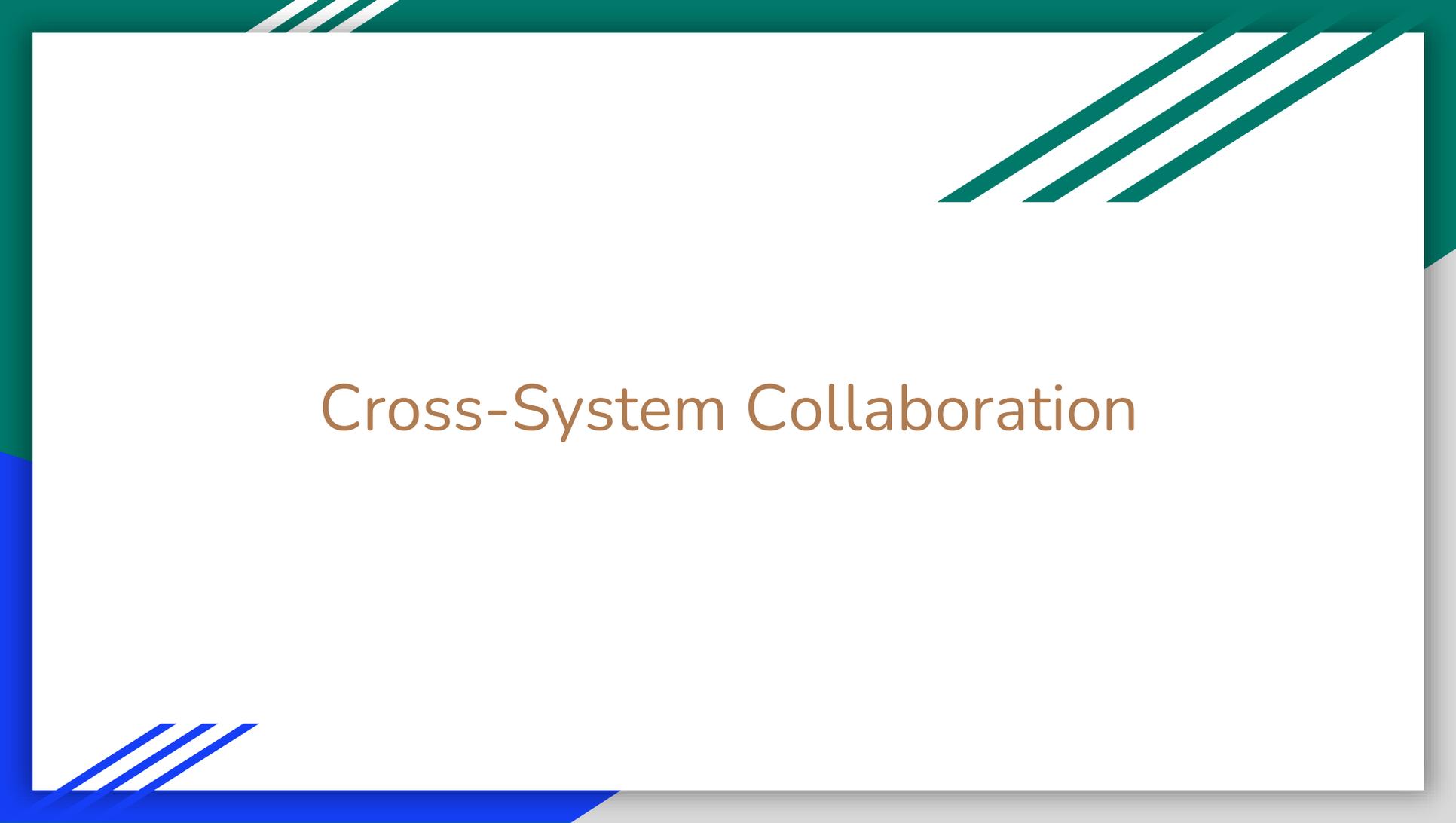


# Chair Yoga #2

## Cactus Arm Affirmations

<https://www.ksdetasn.org/smhi/mindfulness-school-based-yoga-tools>





# Cross-System Collaboration

## Tier 3 Mental Health - Interconnected Systems Framework

- Mental health professionals are part of the tertiary systems team
- FBA (Functional Behavior Analysis) and/or BIP (Behavior Intervention Plan) completed together with school staff and mental health provider for one concise plan, rather than each completing paperwork to be filed

# Setting Common Goals Across Systems

A child's attention is poor and they are frequently cranky (back talking, tearful, impatient with peers). 2-3 times a week, they fall asleep during class. You (classroom teacher) meet with the biological parent and the community-based therapist. You learn that this child recently lost a family member to violence. The group determines that sleep may be an important first intervention domain.

School - What supports can be put into place and what skills can be taught to address sleep?

Supports: Non-contingent nap opportunities, excused tardies if child is sleeping in

Skills: teaching child how to ask for nap opportunities, teaching child relaxation strategies

Home?

Community?

These strategies come from the KSDE TASN School Mental Health Initiative Trauma Responsive Support Plans, available free here:

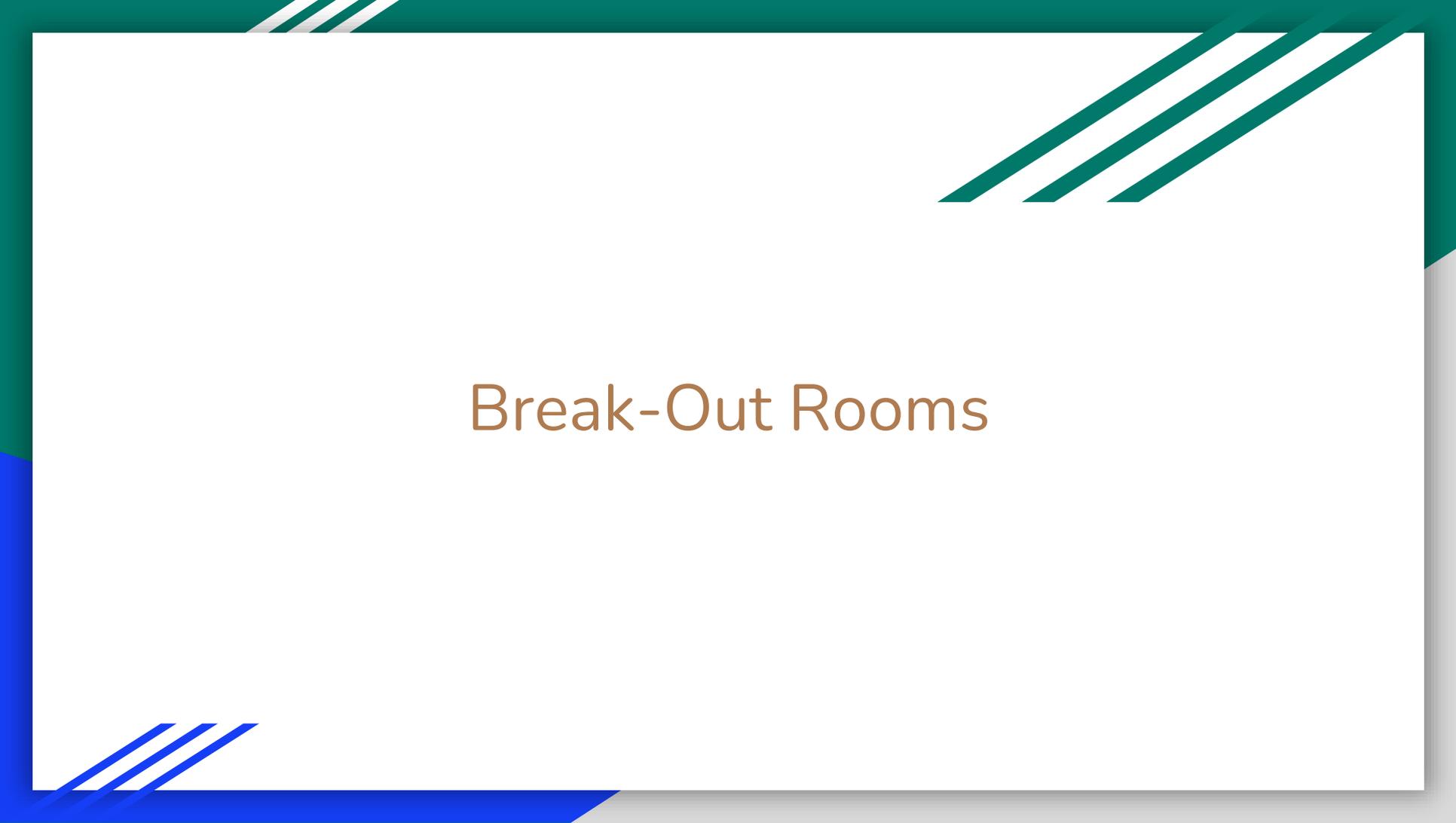
<https://www.ksdetasn.org/resources/2491>



You and a mental health provider both agree that a primary concern with a trauma-exposed 7-year-old child is emotion regulation (when faced with seemingly small challenges, they tantrum and become aggressive).

Work together to agree upon a support that should be put into place and a skill that should be taught across school, home, and community environments.





# Break-Out Rooms

# Q & A

End by placing a new insight into the Chat

# Word Cloud

Name something you plan to try this week based on today's session

# Thanks for joining!

- **Next session:** June 15 from 1-2:30 PM CST
- **Resources:** recording and follow up materials will be sent via email as soon as they are processed.
- **Certificates of attendance:** sent at the end of the series.
- **Email:** [telehealthROCKS@kumc.edu](mailto:telehealthROCKS@kumc.edu)

**Telehealth ROCKS**

Rural Outreach for the Children of Kansas