

TLC 2008 Summer Assembly

Expert Panel

Practitioner's Forum

Friday July 18

Expert Panel: Roger Klein, Cathy Malchiodi, William Steele, Juli Alvarado, Deeanne Ginns-Gruenberg, Cindy Ciocco, David Grill, Sandra Caramela-Miller

Introduction

This year's Practitioner's Assembly Forum brought together experts from varied disciplines in the field of trauma. With both clinical and school representation the panel discussed topics related to school-based intervention, play, art and other creative therapy techniques, psychophysiology, neuro-sequential development and the importance of self-care.

We would like to thank the panelists for their participation and for sharing their knowledge. And, a special thank you to the participants who asked great questions leading us to a comprehensive discussion that provided us with rich material and information to use in our everyday practice.

The Topics of Discussion are listed followed by the verbatim responses of the panel. Should you have any questions please email Caelan Kuban at ckuban@tlcinst.org.

- **Ready Set Relax/Relaxation Techniques**

Roger Klein: Ready Set Relax is based on a two-year research project where we were able to do school-wide intervention. It is based on the belief that children need to know how to soothe themselves. In the research we taught progressive muscle relaxation to children. We also told them stories. The children listened to the stories and imagined themselves within the story. They then finished the story with a positive self-statement. It was pretty remarkable in regard to the types of results that they were able to get. These children had significant changes (self-report) of anxiety decreasing, self-concept increasing, depression decreasing. During the second year of the study we also saw statistically significant results of children increasing their achievement scores. Kids believe in themselves, anxiety is reduced and then, achievement scores go up.

I believe it is imperative for all of us to reduce anxiety and to give kids techniques to use to empower themselves. They need to learn how to lower their heart rates and to be able to self-soothe.

We are also working on a program that is similar for adolescents called Relax.com

List of Worries: I also have kids list their worries when I see them. We list them; rank them and we do that at each session. Doing this gives us a way to track their worries and see if they are diminishing as we work together. This is a good and easy way to track how kids are doing.

Stomach Breathing: Put your hand on your stomach. Blow up your stomach like a balloon when you inhale through your nose. Then, exhale through your mouth and feel your stomach go in; deflate the balloon in your stomach. So, you inflate the balloon as you breathe in through your nose and then you deflate the balloon as you breathe out through your mouth. Do that a few times, and see how good you feel?

DeeDee Ginns-Gruenberg: (Tip) Don't let your older kids see the cover of (Ready Set Relax) and some books that look "young" because then they will think that they are for younger kids and won't be interested. But, really I have used Ready Set Relax with kids, adolescents and even adults. The Pillar of Strength in Ready Set Relax is a great activity that I used once with a 16-year-old girl and in just one session she incorporated that script into her thinking and it really changed the way she felt about herself and her anger.

Ready Set Relax also has cross-referencing, which is great because you could look up for example, test anxiety and find the scripts that address test anxiety, and so on.

- **School as a place to provide treatment/Alliance with Teachers**

Roger Klein: I personally think that school is a great place to provide treatment because you are able to reach a lot of kids who can't access treatment otherwise. They may not have insurance or may not have access to a social service agency. I actually have always felt like I could do better treatment in school than in my private practice. The reason is because I had access to the kid. He is there. In fact, it is really important to develop a working relationship with teachers to best accomplish your goals.

And, doing group work is great too. You can also start working with teachers and staff and just teach them some simple relaxation techniques. Also, just doing some stomach breathing before the class starts can calm the whole class/school (teachers and other staff included).

So, really we have to change our thinking that schools aren't a good place to intervene, really they are. And school people are specialists; they can help students, teachers, etc. You don't have to refer out to "specialists". You are the specialists.

Cindy Ciocco: Building positive relationships is so important with children who have been traumatized. Kids, usually build this relationship with their classroom teacher. So, just by providing the classroom teacher with additional supports for the child

like for example giving the child a place, an alone zone, a designated spot for that child to feel safe in while he's in that classroom. You can also help to get additional support from other staff for children such as an occupational therapist or counselor. So, really work with the classroom teachers, they can really become your allies.

Audience Member: A really good idea too is to make classrooms more relaxing and peaceful but using softer lights and calming paint colors. That seems to bring the anxiety down. A place for safety, a time out place with a rug and pillows where kids can go and sit and be comfortable and feel safe – a place where they can “chill out”.

- **Connections**

Roger Klein: One of the most powerful interventions you can do involves the idea of connections. For example, at the beginning of the school year put pictures of all of the children up in the gymnasium. Then have teachers and all staff if possible walk through. As each teacher or staff member looks at the pictures have them place a checkmark next to the children that they have some sort of connection with. Then, look and see which pictures don't have checkmarks by them. Ask teachers and staff to volunteer to make a connection with those kids. So, you immediately know which kids in the building already have connections with teachers and staff and which kids need connections.

An add on to this idea is to have teachers, staff make a commitment to work with these kids during the year - tutoring, reading books, having lunch with them once in a while, smiling at them, saying good morning, making eye contact with them. The connection piece is really powerful.

Juli Alvarado: Much of the new research about the evolution of the brain and the ongoing development and healing capacity of the brain, even with seriously traumatized children is about education. Education to those who are responsible for becoming the conduit to healing for these children is essential. And, many times it is teachers, parents, foster parents and adoptive parents that spend more time with traumatized children than anyone else. So, the therapist (social worker, psychiatrist) should not be the primary healing agent in the life of the child (we are only with them 50 minutes each week.) We should/can help teachers and staff and those of us who spend the majority of time with these children really understand what is happening in our body mind system and how connection is so important.

For example, eye contact sometimes can help child go from, “I am going to kill you to literally a puddle of tears on the floor in a ten-minute session. So, I'd really like to see us get in to the schools and empower teachers again to become not just stabilization agents but healing agents.

- **No Disposable Kids**

William Steele: One of the newer programs we are quite excited about that we will be introducing next year is called, No Disposable Kids. This program will give us the structure to really incorporate some of the things that we are hearing today in terms of working at several different levels. No Disposable Kids enters in at the system level in terms of trying to re-educate that system as to how to nurture and how to really bring trauma informed care in to the system and into the classroom because it goes from board, administrative level right to the classroom and to teachers. This program will teach us how to create a safe environment and an empowering environment.

- **Positive Behavior Support**

Cindy Ciocco: Positive Behavior Support – This is a model based out of the University of Florida. It is a great model on building positive relationships and creating supportive classroom environments. The model goes from classroom teachers up to administration. The model focuses on six key life skills that all children need to have in order to come to school and to be successful. We all know that it is difficult enough for our typical children to come to school and be successful. They need to learn and develop the ability to solve problems, to enter playgroups and focus on tasks. www.csefel.org.

- **Self Care/Compassion Fatigue/Debriefing/Vicarious Trauma**

William Steele: One of the main problems, and why professionals don't debrief themselves is because it is not a "billable hour" in your agencies to do this. Therapists should be getting together to do debriefing on a regular basis. Formal debriefing should be done at least quarterly. Unfortunately, unless an administrator says this can/will happen it won't happen. Now, when I debrief for schools I build in an hour or so just to give folks a chance to have a voice. So that they have someone who will listen to all they have had to deal with. Again, it is a system issue but allowing debriefing would really help with staff retention.

David Grill: The first thing we have to realize is that we need debriefing. We really think that we can just move on but we can't, it isn't that easy. We need to attend to ourselves. Red Cross mandates that workers debrief after a disaster. It is even helpful to do a mini-debriefing over the phone. People have to talk about their body experience when they debrief. First, ask about the facts, provide education regarding resources and then look at what is going on right now as you debrief, are people getting activated? What is going on in their bodies? Always ask people how they are doing in that moment. Allow them to tell their story

Importance of Bodywork, yoga, massage, etc.

William Steele: A lot of times with folks in New York after 9-11 they were saying, "I don't want to talk about this anymore, that doesn't help me feel better." What did help them to feel better (100% reported) and allowed them to return to work and home was that the community athletic organizations and the physical rehab units opened their doors to the educators. So any educator had a free pass to use the athletic facilities, go in the whirlpool, to get a massage, to get physical therapy. And the neat thing is that everyone reported that the body assistance did more for him or her than all that talking. Now, initially telling the story certainly had to be helpful in some way but at some point, bodywork also needed to be incorporated to give them some relief, to feel better.

Audience Member (Stacey Sechrist): I am working on developing a three-part model to deal with this issue of vicarious trauma/compassion fatigue. It basically covers the three aspects, 1) Education - would include very extensive training on what the difference is between vicarious trauma and burnout 2) Body Work - where professionals could access a local holistic health center that has agreed to discount services such as massage therapy, chiropractic services, acupuncture, yoga, nutrition services and reiki. Staff would be able to access these services on paid time so that there are no excuses. And 3) Regular Debriefing - Debriefing on regular basis, and diffusing every few weeks.

- **Play Therapy/Sexual Abuse**

Cathy Malchiodi: I like to get people to do spontaneous work to get an idea of what they are about. But with children and sexual abuse, usually it is a chronic abuse. I try to be very structured with them in the beginning. I use a lot of play and art to create safety. It isn't just a quick fix and it is important to give them a sensory experience of safety at the beginning. There is a lot of attachment that has to happen, trust and safety first. And, I think the only vehicle you can get there is through art and play and those sensory kind of things that can get the trust and safety established. It isn't so much about the materials you are using at the beginning (clay, collage, etc.), as it is about what kind of activity you're providing in those early stages of establishing a relationship with that child. It is important that you (interveners) are trained in using modalities and that interveners know what to look for and how to intervene. (If the child is getting too activated).

Another example: research shows that you can't let the kids reenact the trauma over and over without helping them try to change the ending or reframe the behavior/play and It is also so important to end every session on a positive.

DeeDee Ginns-Gruenberg: As a Registered Play Therapist there are certainly some activities that you would not want to do like having kids trace each other's bodies. You will notice that in the (post traumatic) play you will see kids reenact and reenact their trauma, trying to achieve mastery over their trauma. Kids take us where they need to go. I am somewhat eclectic and use both directive and non-

directive approaches. But, I agree with Cathy, give them an opportunity to change the ending of their story.

William Steele: Just remember that any intervention can be a potentially dangerous intervention. And when you understand the nature of trauma, you understand the need for structure. We want the child to lead us however; we have to have very clear boundaries. We have to not provide them activities that are too active. You have to remember that titration is so critical and just doing it a little bit at a time and constantly checking, having that person checking in with their body and looking for physiological indicators to make sure that they aren't becoming too activated is critical.

Cathy Malchiodi: Read Eliana Gil's book the *Healing Power of Play*. And now her newest book, *Helping Abused and Traumatized Children Integrating Directive and Non Directive Approaches*, in which she talks about two types of posttraumatic play. One is stagnant play where the child keeps repeating the same play over and over again and it is not going anywhere. It is constricted. The other form is dynamic which we see sometimes spontaneously in children. But that's where we want them to be able to move to so that they are able to feel better after they are doing the activities. So sometimes we have to change it in some way or alter the intervention. I think the kids that come across as dynamic the ones that have some resilience. They really move along they are the wonderful ones to work with because they move right along through what you're giving and what you're providing. It is the kids that are in that stagnant mode that are much harder to help. But it can happen if you change the dynamics of how you are providing the activities

For example, in a child that continues to draw the same shooting over and over again (it is okay to see and hear a few times) but then at some point, I have them tell me that same story using Play Dough or using the Sand Tray. Change the medium.

Tip: Another thing about drawing is regarding kids who don't want to draw on paper – in one way the control piece is very important. But also, we have kids use marker boards because for some reason when kids have said I don't want to put it down there, and you say okay use the marker board. And, that they can erase it if they want.

White Crayon Example DeeDeeGinns-Gruenberg: If a child does not want to say a word you can have them write down the word in white crayon. And then if you want to see it later or if they decide they want you to see it you can color over it with a color.

If you had one wish DeeDee Ginns-Gruenberg: Ask the question, "If you had one wish what would that wish be?" This really gives you insight in to what they are thinking about or worried about.

DeeDee Ginns-Gruenberg: It is really important to have real equipment when possible. For example, a real stethoscope rather than a toy stethoscope. And if you

have those things available for kids to see in your “office/playroom” allows kids that may otherwise slip by us to lead us in their healing.

- **Sensory Triggers and Sexual Abuse Survivors/Psychophysiology**

David Grill: My trauma clients always ask, “Where is the magical wand?” But, unfortunately trauma work is long term work a lot of the time. Yes, many wonderful things can happen in one session but so much of what is needed has to be “re-embedded” in the neuro pathways – the neuro-network in the brain. And, those can only be created by experiences. Correct experiences. But, not just one corrective experience is going to change the neuro-network. It is repetition, repetition, and repetition. So, it is long term. And, titration is so important.

So, when I am working with a person’s experience, their sensory memory. I try to move around within that experience first with maybe a thought, then an image, emotion etc. And if one area is too overwhelming for them I will move around to another place. For example, to a smell or a sound.

What is important is the movement. Because in trauma we are frozen and this movement helps them become “unstuck”. IF they are stuck on a smell I ask them what thoughts, feelings, emotions come up for them in that “smell” and so on. This is called pendulation. Movement between a sound, an image, a behavior. “What would you like to do when you smell that smell or hear that sound?” It is the movement that is the healer. It is from an old concept, the space between. And, we have to move them between those places, polarities. Remember, trauma is “freeze”. And if you get movement going in the system, things begin to open up.

- **Extreme Physiologic Reactions**

David Grill: When this happens, such as intense vomiting when they are triggered etc. The best thing you can do is to normalize these reactions and allow them to happen. If they need to vomit, let them vomit Tell them that people can and do vomit in your office. Tell them that it is normal to have nausea and vomiting from trauma. And then try to regulate that reaction, the intensity of the reaction. Let them know that the “urge” to vomit etc. will not go away if it is denied or ignored. When these reactions are ignored and denied that is when people get migraines, peptic ulcers and have children who are in the nurse’s office every day at school or staying home and won’t get out of bed to go to school Acknowledge the symptom and normalize the symptom.

When we deny that physiological aspect of trauma we deny our client or our children’s right to acknowledge the physiological aspect of trauma. So, even if you are intervening on the phone just say, “Let it out, vomit.” After that their system gets a little bit closer to the regulated state and then you can do some cognitive processing with them. You can start to investigate, “What was happening right before you got that nauseated feeling?” “What were you throwing up?”

Sandra Caramela-Miller: It is important to monitor your client's eating habits, sleeping habits, reactions etc. Refer them to medical doctors if need be. We need to be clear on if we are dealing with anxiety or chest pains in our office. But if they need to get something out, let them do that. Remember too, we are persons before the trauma; we are persons after the trauma with real symptoms and reactions. It is the healing and the path of that healing that is what we want to see.

- **Neurosequential Development**

Juli Alvarado: In Bruce Perry's work he talks about the importance of the timing of the trauma because depending upon the stage of development in the brain, the trauma will manifest differently. Perry gives specific interventions depending upon the trauma, level of trauma and development of the brain when the trauma occurred. The reparative nature of the brain in that stage for the child then becomes really important. Our clinical intervention has to be created around the stage of development the child was in at the time of the trauma and where they are now.

For example, you have to teach the parents or primary caregivers of children that if their children are acting like 2-year olds, they probably need to be treated like 2-year olds for a period of time. And many of us foster and adoptive parents and biological parents have a hard time with that. However, if a 13-year old was victimized between the ages of 2 to 4 years old that may explain why he is acting like a 2-year old. So, the first piece is really to educate those who are with the child most. Then dependent on the age and brain development of the age of when the trauma occurred you will need to look at doing some very repetitive interactions with that child that promotes safety first without ever engaging in any discussion or therapy about the abuse because through the calming of the regulatory system and building of trust in the relationship, those dynamics that inevitably manifest themselves because of the abuse will come out in a safe trusting relationship. I might color on the floor or shoot hoops for a long time before I do anything that "looks" like therapy. You may need to rock, hold, tell stories, read books, color etc. over and over and over to create new memories, lay down new neuropathways.

- **Safety**

David Grill: And again, safety, safety, safety. The thing that is always missing with traumatized children and adults is safety. A safe place, a safe person. So it is essential to be that safe person, create a safe place. If the environment you create is safe they will begin to engage.

DeeDee Ginns-Gruenberg: In domestic violence situations (many times when this situation isn't going to change) I need to give the child some coping skills. For example, a plan. Then draw the plan. And, then talk about and draw every aspect of the plan, who to call etc.

Sandra Caramela-Miller: These kids need consistency. They need continuity. Sometimes by being consistent we are at least planting a seed, they experience us as safe and know now what that feeling feels like and then in the future they are going

to be in an environment where somebody else is going to come along who they feel is safe and they will remember us/that experience and remember what safety is like.

Dee Dee Ginns-Gruenberg: I think of the philosophy of the here and now and what we can do right now on a sensory level to help the child. Because, honestly we can't protect them when they leave our office. So it is how you can help them to feel safe on a sensory level right now, in this moment. I do things that are normalizing. Pop popcorn, draw, color, and create sensory memories that are safe.

Audience Member Tip: Use the word safe often when you are working with children.

Cathy Malchiodi: The book, *Fly Away Home* (By Eve Bunting) is a great book. It is a great book to use when all you want to say to the child is, "Yes, your life sucks right now." The book is very real. It talks about a little boy and his dad that are homeless - they feel like they will be in this situation forever, nothing goes right. The book ends with a bird, which has also been stuck, finally able to fly out of a little crack. The book ends with the little boy telling the bird to Fly Away Home. Neat book.

William Steele: Everyone think for a minute about when you were a kids, an adult that you remember that touched you or one you really liked, Think of an adult that you remember with warm pleasurable feelings. And, when you are thinking of this person you will probably even be able to get the exact special moment you shared with that person. You may remember a certain sound, smell, image of where you were. Remember, you may barely touch a child you work with but even if it is just for a moment they will remember you like you are able to remember this special person in your life/memory. We really do plant seeds.

Book Reading DeeDee Ginns-Gruenberg: When using bibliotherapy I tell kids not to try to follow along with me because I always add things in and take things out. In certain stories you want to repeat things a few different times, in various ways.

- **Look for the Positive/Experiments vs. Exercises**

David Grill: I am constantly looking for something positive in every child/adult that I see. I use these things as a resource.

Tip: Tell your clients that you are doing an experiment, not an exercise when you are working with them. They like the word experiment better and are more willing to try things.