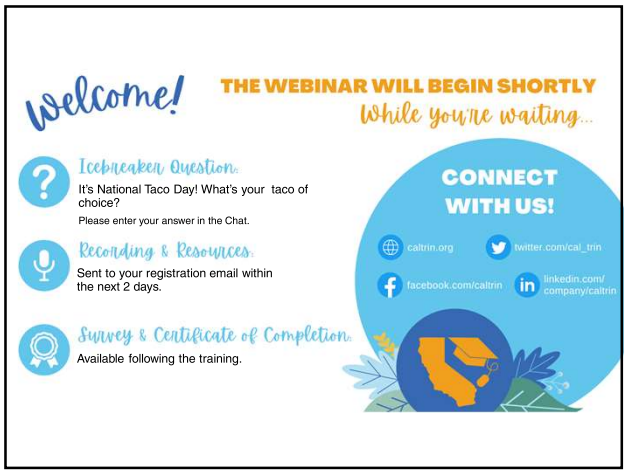
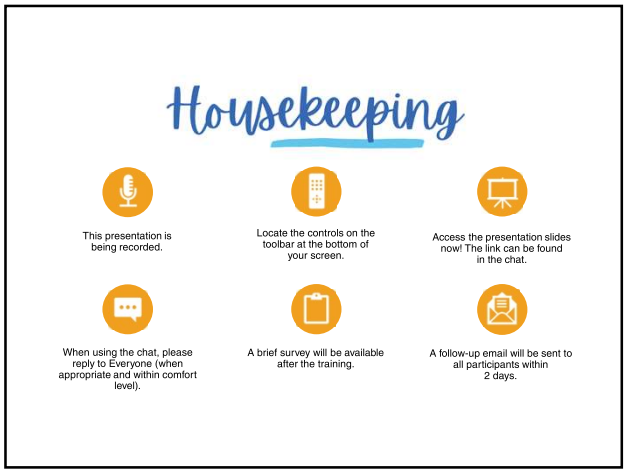

Welcome!
THE WEBINAR WILL BEGIN SHORTLY
While you're waiting...
Icebreaker Question:
It's National Taco Day! What's your taco of choice?
Please enter your answer in the Chat.
Recording & Resources:
Sent to your registration email within the next 2 days.
Survey & Certificate of Completion:
Available following the training.
CONNECT WITH US!
caltrin.org
twitter.com/cal_trin
facebook.com/caltrin
linkedin.com/company/caltrin

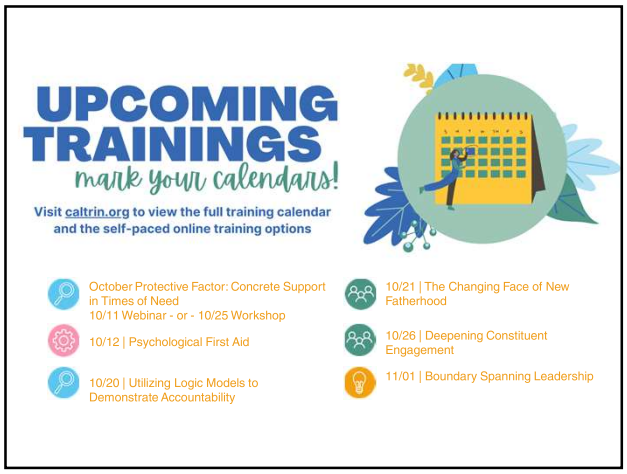
1


Housekeeping
This presentation is being recorded.
Locate the controls on the toolbar at the bottom of your screen.
Access the presentation slides now! The link can be found in the chat.
When using the chat, please reply to Everyone (when appropriate and within comfort level).
A brief survey will be available after the training.
A follow-up email will be sent to all participants within 2 days.

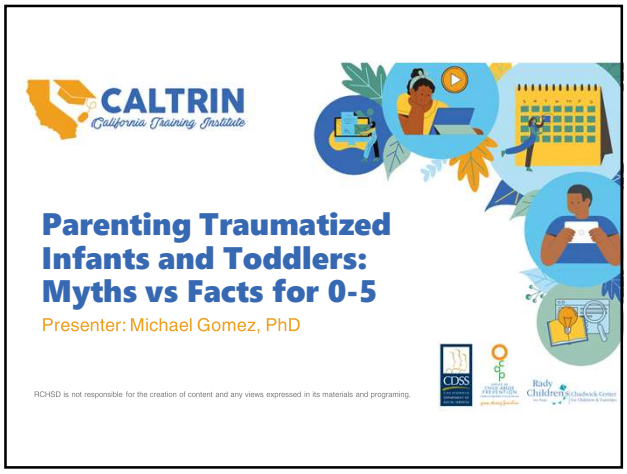
2


Hi, We're CalTrin!
Who we are:
The California Training Institute
Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to FRCs and CAPCs
We support child abuse prevention in California through professional development and extended learning.
What we offer:
Live webinars & small group training
Virtual, self-paced courses
Job aids & other resources
INYO
TULARE
KERN
SAN BERNARDINO
RIVERSIDE
CALTRIN
This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

3


UPCOMING TRAININGS
mark your calendars!
Visit caltrin.org to view the full training calendar and the self-paced online training options
October Protective Factor: Concrete Support in Times of Need
10/11 Webinar - or - 10/25 Workshop
10/12 | Psychological First Aid
10/20 | Utilizing Logic Models to Demonstrate Accountability
10/21 | The Changing Face of New Fatherhood
10/26 | Deepening Constituent Engagement
11/01 | Boundary Spanning Leadership

4


CALTRIN
California Training Institute
Parenting Traumatized Infants and Toddlers: Myths vs Facts for 0-5
Presenter: Michael Gomez, PhD
RCHSD is not responsible for the creation of content and any views expressed in its materials and programing.

5


CALTRIN
California Training Institute
Speaker SPOTLIGHT
MICHAEL GOMEZ, PHD
Psychologist, Bradley Hospital, Lifespan Institute
Warren Alpert School of Medicine at Brown University
Clinical Instructor at Bradley Hospital
Previously Director of the Adversity and Resilience Community Center in Texas, adjunct faculty at Texas Tech University, and faculty at the Center on Child Abuse and Neglect/Child Study Center Dept. of Developmental-Behavioral Peds at the Oklahoma University Health and Sciences Center
Co-Chair of the National Child Traumatic Stress Network's Trauma and Intellectual and Developmental Disabilities (IDD) Workgroup
Specializes in Trauma-Focused CBT, treatment of adolescents with problematic sexual behaviors (PSB), PCIT, TARGET, and assessment of autism spectrum disorders
RCHSD is not responsible for the creation of content and any views expressed in its materials and programing.

6

Parenting Traumatized Infants and Toddlers: Myths vs. Facts in 0-5

Michael Gomez, Ph.D.
Psychologist, Bradley Hospital, Lifespan Institute
Warren Alpert School of Medicine at Brown University
NCTSN Steering Committee Member
NCSTN Trauma IDD Workgroup Co-Chair
Nationally Certified TF-CBT Trainer
Nationally Certified PCIT Therapist
Nationally Certified CE-CERT Trainer

7

Objectives

At the end of the presentation, trainees will:

1. Learn how trauma impacts behavioral, emotional, cognitive and developmental functioning for children ages 0-5
2. Understand what it means to actually be "trauma informed" for this age range
3. Gain concrete tools and resources for this age range that can be shared with caregivers.

8

"Normal" child development

- LOT of information from the American Academy of Pediatrics (e.g., specific motor milestones)
  - Ex: https://www.healthychildren.org/English/ages-stages/Pages/default.aspx
- Here is the easiest heuristic
  - Very young children (e.g., toddlers and Pre-K)
    - A + B = ME!!!!
  - Young elementary to late elementary children (but 100% can see it in toddlers and Pre-K sometimes)
    - A + B = C
  - Tweens and Teens
    - A + B = Y

9

A + B = Me!!! ("Egocentric")

- ANY event will be interpreted as being CAUSED by the CHILD, him/herself
  - This is NOT just traumatic or stressful events
- Ex: Colleagues 4 year old son, during a hail storm, ran to the door and shouted "Stop it God!!!!"
- You do not have to "argue" them out of this; you can't
  - Remember their analytic skills are not fully developed yet
- You just have to be PRESENT and COMFORTING
  - This is basic attachment theory
  - Parent-Child Interaction Therapy (PCIT) PRIDE skills are built around helping children in distress who are in this specific stage

10

A + B = C ("Concrete")

- ANY event will be interpreted as being CAUSED by the most proximal thing
  - Ex: Mom and dad are fighting because of my potty accident (because that's what they most recently talked about).
  - They're in the "Correlation = Causation" phase
- You might be able to logic them out of this but you have to give REALLY concrete data
  - Easiest way: Just tell them (and keep repeating it)
  - Repetition is a big big factor here
- YOU being calm and direct is also a big factor
  - When we teach private parts, we say the anatomically correct terms
  - Good rule of thumb: If you're going past 10 words you have lost them. Short, sweet, to the point

11

A + B = Y ("Abstract")

- NOW events can be interpreted beyond "me" or beyond the concrete
- But . . .
  - They are not great at this out the gate
  - A teen (even a sharp one) is kind of like a 15 year old who is driving a Maserati
    - WWWWAY TOO MUCH horsepower and they haven't figured out how to use it yet
    - So you're gonna get "wrecks." Be patient. Use these as teachable moments
- Essentially their frontal lobe is still "cooking"
- Frontal lobe is where all our "Executive Functioning" is
- Work with them, still repeat things, but you have a few more options now

12

Common Myths I Hear

- Children 5 or younger . . .
  - Can't engage in treatment
  - ONLY respond to behavioral modification
  - ONLY respond to play therapy
  - Require highly specialized training to work with
  - Do not have a high enough IQ/Cognitive functioning to do EBP's
  - Can't do CBT (or any EBT) because they don't have thoughts

13

Post-Traumatic Stress Disorder DSM-V

CHILDREN 6 AND UNDER, ONE OR MORE OF C OR D

"B" Intrusion Symptoms

- Recurrent/Involuntary /intrusive thoughts/ images
- Dissociative reactions/ Flashbacks
- Recurrent distressing dreams (in kids don't need trauma content)
- Trauma re-enactment play (kids)
- Distress to cues (internal external)

1 or more of these

"C" Avoidance

- Avoid memories, thoughts/feelings of event (internal reminders)
- Avoid (or try to) people/places objects/situations (external reminders

1 or both of these

"D" Negative Cognitions or Mood

- Inability to remember aspects of trauma
- Persistent /exaggerated neg. beliefs of self, etc.
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities interests
- Detached/estranged
- Can't experience Positive emotions

2 or more of these

"E" Arousal & Reactivty

- Irritable of angry outbursts
- Reckless / Self-destructive
- Hypervigilance
- Exaggerated Startle Response
- Problems concentrating
- Sleep disturbance

2 or more of these

14

14

Developmental Trauma Disorder

"A" Exposure

- Direct experiencing or witnessing (so typical A criterion)
- Significant disruption of protective caregiver (from separation or impairment)
- Emotional Abuse

Chronic – Lasts, at least, over a year

"B" Affective/Physio Dysregulation

- Inability to modulate, tolerate, recover from extreme affect states
- Disturbance in regulation of body functions
- Diminished awareness or dissociation
- Impaired capacity to describe emotions or bodily states

2 or more of these

"C" Attn/Behav Dysregulation

- Preoccupation with threat or impaired capacity to perceive threat
- Impaired capacity for self protection (e.g., extreme risk taking)
- Maladaptive self-soothing (e.g., rocking)
- Habitual (intentional or automatic) or reactive self-harm
- Inability to initiate or sustain goal directed behaviors

3 or more of these

"D" Self/Relation Dysregulation

- Intense preoccupation with safety of CG, or difficulty tolerating reunion after separation
- Persistent negative sense of self (e.g., worthlessness)
- Extreme and persistent difficulty in close relationships
- Reactive physical or verbal aggression
- Inappropriate attempts to get intimate contact (e.g., PSB's)
- Difficulty with empathy (too much or too little)

2 or more of these

Plus at least 1 sx in 2 of 3 PTSD B, C, D areas (DSM IV)

15

What exactly does "trauma informed care" mean???

- It means not asking one question but asking two questions.
- ~~Question NOT to ask: "What's wrong with you?"~~
- First question to ask: "What happened to you?"
- Second question to ask: "What were you supposed to get that you didn't?"
- Traumatic Stress is the "Great Imitator" – Cassandra Kiesel
- www.rememberingtrauma.org

16

Child Trauma Treatment

- Recommended components for ALL Evidence Based Trauma Treatments:
  - **Assessment (symptom and data driven)**
  - Psychoeducation
  - Stress management techniques
  - Direct exploration of the trauma
  - Exploring/correcting inaccurate attributions
  - ***With kids → INCLUSION OF CAREGIVERS***
- With kids → Parent Management Training (PMT)
- These also have a specific time range (NOT open ended)

17

3 Effective Treatments for Traumatized 0-5 year olds

There are more than 3, but this gives you a good idea of the common themes

18

Caregivers are the solution, not the problem

- 3 types of problems
  1. Strep throat
  2. Stage 4 lymphoma
  3. Diabetes
- 3 barriers for caregivers
  1. "Knowledge" Gap
     1. ESPECIALLY "Wood vs. Grease" fires
  2. "Energy" Gap (2 flavors)
  3. Cognitive Distortions
     - Mary McKay calls them "perceptual barriers"
- "Caregiver Affect Regulation" via ARC

19

PCIT – Parent Child Interaction Therapy (www.pcit.org)

- 2 phase model, about 15ish sessions give or take
- Phase 1 – Child Directed
  - Attention is to behavior as oxygen is to fire
- Phase 2 – Parent Directed
  - Limit setting
- Average session time is 15 sessions
- Multiple RCT's showing significant reduction in externalizing behaviors in kids 2 to 8
  - And SPECIFIC DATA this works with kids with kids that are NOT neurotypical (e.g., ASD)
- 4 Treatment Outcome studies demonstrating efficacy on physically abusive caregivers and neglectful caregivers
- Works not by "changing the child" but by altering the REACTIVITY the caregiver has in the interaction

20

PCIT – Child Directed Interaction (CDI)

- DO Skills
  - Praise (labeled) 10
  - Reflect 10
  - Imitate
  - Describe 10
  - Enthusiasm
- DON'T Skills (2 total)
  - No commands
  - No questions
  - No negative comments

ACTIVE IGNORING!!!!

21

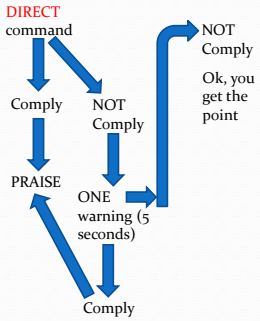
It's not fun when no one's paying attention

- https://www.youtube.com/watch?v=oT2R8pTpcoo

22

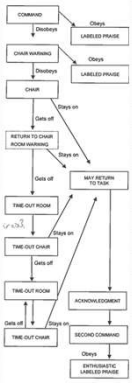
PCIT – Parent Directed Interaction (PDI)

- BE DIRECT commands
- Be specific
- Every command positively stated
- Developmentally appropriate
- Individual (vs. compound)
- Respectful and polite
- Essential commands only
- Carefully timed explanations
- Tone of voice is neutral



23

Parent Directed Interaction (PDI)



24

CPP (Child Parent Psychotherapy)

- What is it?
  - Dr. Vanderzee can tell you: https://www.youtube.com/watch?v=syDQP7yg5Zo
- Like PCIT, "speak through the language of play" (this is their easiest way to communicate)
  - Parents learn to "speak play"
  - CPP treats this like learning to speak Spanish
- "Speaking play" has the specific goal of metabolizing traumatic stress
  - For BOTH parent and child
    - And because it focuses on BOTH parent and child it has an added benefit of drawing a line in the sand for intergenerational trauma

25

CPP Cont.

- It was originally created with the problem scenario of domestic violence
  - But is a solid EBT for 0-5 traumatic stress of many types
- Added benefit of being super easy to incorporate cultural, spiritual, ethnic, etc diversity
  - Ex: Therapist can switch out the "standard toys" with toys that are more reflective of that child's family/culture
- Can be up to a solid year of therapy (e.g., 50 sessions)
  - But keep in mind they are often dealing with generations of trauma
- https://childparentpsychotherapy.com/about/

26

Trauma-Focused CBT

- Targets:
  - PTSD, depression, anxiety, and behavioral symptoms secondary to trauma
- Over 20 RCT's and over 70 peer reviewed studies
- TF-CBT treats:
  - Children ages 3-18
  - All types of traumas
  - In outpatient, school, group home, foster home and in-home settings
- Most commonly provided to child and parent in outpatient clinical settings in 15 to 30 sessions.

27

Over 80% of children in TF-CBT show significant PTSD symptom improvement within 12 to 16 weekly 60- to 90- minute sessions.

Child Outcomes
- Reduced PTSD symptoms
- Reduced depression
- Reduced feelings of shame
- Reduced behavior problems

Parent Outcomes
- Reduced depression
- Reduced emotional distress
- Reduced PTSD symptoms
- Enhanced ability to support their children

28

Standard Model - TF-CBT Treatment

Approx 8-16 sessions

Gradual Exposure

Parenting Skills

Pscyhoeducation
Relaxation
Affective Modulation
Cognitive Coping

Stabilization and Coping Skills Development

Trauma Narrative and Processing

Reduction of distress to trauma memories and correction of problematic trauma-related beliefs

In vivo
Desensitization
Conjoint Sessions
Enhancing Safety

Integration, Skills Consolidation, Safety Planning

29

TF-CBT Pacing – NOT Neurotypical & Trauma

Used with permission of Dr. Daniel Hoover and Dr. Peter D'Amico

Time: 25+-??+ sessions

Parenting Skills

Gradual Exposure

Pscyhoeducation
Relaxation
Affective Modulation
Cognitive Coping

Stabilization Phase 1/2

Trauma Narrative and Processing

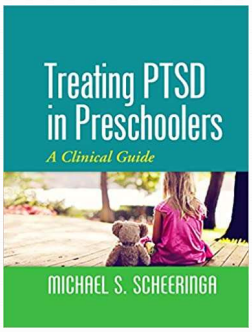
Trauma Narrative Phase ¼

In vivo
Conjoint Sessions
Enhancing Safety

Integration/ Consolidation Phase ¼

30

What does it nuts and bolts look like?



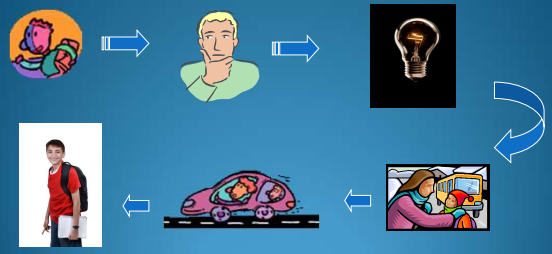
31

What CBT looks like for a 3 or 4 year old

- https://www.youtube.com/watch?v=kkZe1v17UeM&list=LL&index=35

32

Teach about regular stress visually



Created by Roy Van Tassell

33

34

"Kids show stress, but they also show resilience." – Dr. Joy Osofsky

35

Basics of Secondary Traumatic Stress and Burnout (i.e., "Psychological PPE")

Guess what, YOU have stress reactions too . . . Ya, I know, I was just as shocked as you to find out

36

If this is so hard/stressful/dangerous, then why do you keep coming back???

37

Effects on **Providers**

- "Vicarious Trauma"/"Secondary Trauma" VT/STS
  - Definition
- Those working with trauma populations more at risk
  - Mental health workers, social workers, first responders, medical, legal
- Separate from "burnout" but both overlap
  - VT/STS is a Virus
  - Burnout is an Immune Deficiency/Compromise

38

Effects on **Providers**

- Signs of Vicarious Trauma/Secondary Trauma
  - Similar to Posttraumatic Stress Disorder (PTSD)
    - Reexperiencing (e.g., nightmares)
    - Avoidance (e.g., numbing out)
    - Negative Moods and Cognitions (e.g., "I should know better")
    - Hyperarousal (e.g., exaggerated startle reflex)
  - Others
    - General disillusionment
    - Feelings of alienation
    - Persistent and constant exhaustion
  - So how do we cope???

39

Dr. Gomez's Coping Skills

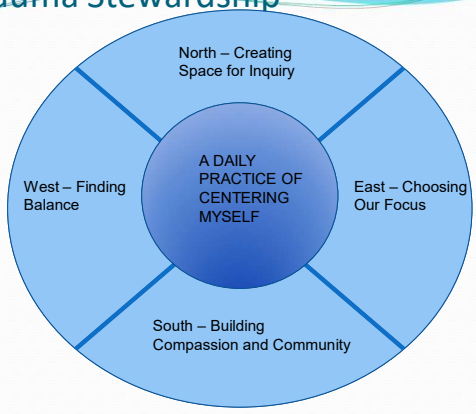
40

Approaches to VT/STS

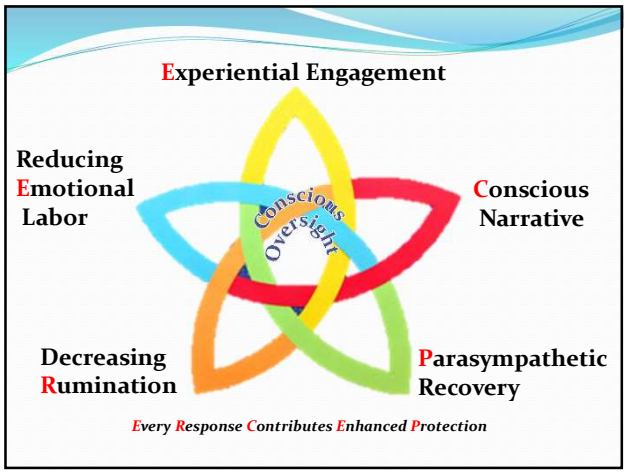
1. "Can't take the heat" Ideology
2. "Self Care" Ideology
   - If you are already doing it cool
   - If you are not already doing it cool
3. The idea of "trauma stewardship"
   - Just as a gardener who gets dirt under his/her nails is not a bad gardener, a person who is impacted by the trauma they witness is still an effective professional
     - But make sure you wash the dirt off before dinner ☺
4. CE-CERT – Beyond "Self Care"

41

Trauma Stewardship



42



43

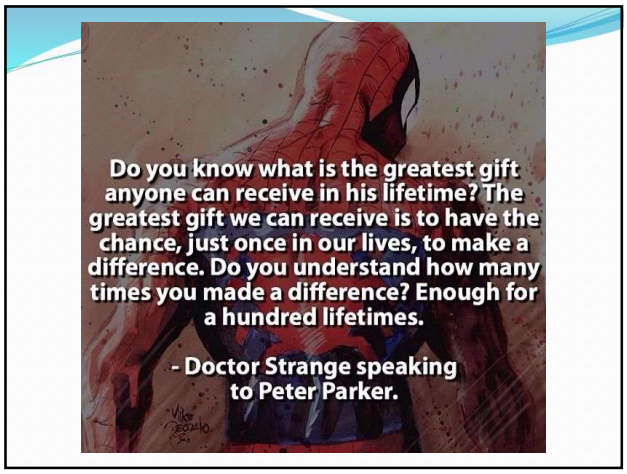
CE-CERT – Better Coping Skills

- CE-CERT = Components for Enhancing [Clinician] Engagement and Reducing Trauma
- **"Caregiver Affect Regulation"**
- 5 Skill Component Domains based off of 2 MASSIVE fields of literature
  1. Over half a century of outstanding Trauma Therapy outcome literature
     - This is why you do not tell Janie to "watch a movie"
  2. Positive Psychology and "3rd Wave Treatments"
     - ACT, DBT, Mindfulness, Flow, Peak Experience, etc, etc.
     - The NBA and NFL use this science

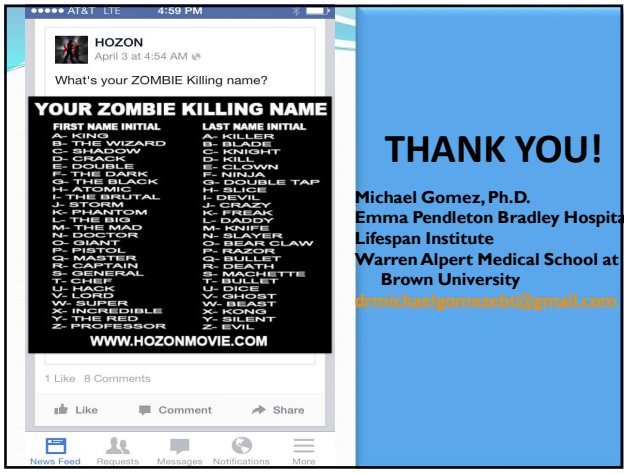
44

Dr. Gomez's Philosophy of Therapy & Your most powerful "therapy tool"

45


Do you know what is the greatest gift anyone can receive in his lifetime? The greatest gift we can receive is to have the chance, just once in our lives, to make a difference. Do you understand how many times you made a difference? Enough for a hundred lifetimes.
- Doctor Strange speaking to Peter Parker.

46


AT&T LTE 4:59 PM
HOZON
April 3 at 4:54 AM
What's your ZOMBIE Killing name?
YOUR ZOMBIE KILLING NAME
FIRST NAME INITIAL
A- KING
B- THE WIZARD
C- SHADOW
D- CRACK
E- DOUBLE
F- THE DARK
G- THE BLACK
H- ATOMIC
I- THE BRUTAL
J- STORM
K- PHANTOM
L- THE BIG
M- THE MAD
N- DOCTOR
O- GIANT
P- PISTOL
Q- MASTER
R- CAPTAIN
S- GENERAL
T- CHEF
U- HACK
V- LORD
W- SUPER
X- INCREDIBLE
Y- THE RED
Z- PROFESSOR
LAST NAME INITIAL
A- KILLER
B- BLADE
C- KNIGHT
D- KILL
E- CLOWN
F- NINJA
G- DOUBLE TAP
H- SLICE
I- DEVIL
J- CRAZY
K- FREAK
L- DADDY
M- KNIFE
N- SLAYER
O- BEARS CLAW
P- RAZOR
Q- BULLET
R- DEATH
S- MACHETTE
T- BULLET
U- DICE
V- GHOST
W- BEAST
X- KONG
Y- SILENT
Z- EVIL
WWW.HOZONMOVIE.COM
1 Like 8 Comments
Like Comment Share
News Feed Requests Messages Notifications More
THANK YOU!
Michael Gomez, Ph.D.
Emma Pendleton Bradley Hospita
Lifespan Institute
Warren Alpert Medical School at
Brown University
drmichaelgomezebt@gmail.com

47


CALTRIN
California Training Institute
What Happens Next?
• Survey and certificate in the chat now
• Recording and resources available within two days
• Find and register for your next professional development opportunity at www.caltrin.org
• Watch your inbox for the next issue of CalTrin Connect
Stay connected for more free training & resources
www.caltrin.org
info@caltrin.org
Facebook.com/caltrin
Twitter.com/cal_trin
linkedin.com/company/caltrin

48