CONNECTION BEFORE CORRECTION: TRAUMA INFORMED CARE AS A PATH TO HEALING

AARYN LANDERS LAMB
5209 Heritage Avenue
Building 2, Suite 200
Colleyville, Texas 76034

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AARYN LANDERS LAMB
Law Office of Aaryn Lamb
5209 Heritage Avenue, Building 2, Suite 200
Colleyville, Texas 76034
(817) 803-2620
Fax: (817) 310-6399
Aaryn@AarynLamb.com

EDUCATION

Juris Doctorate, 2005, Texas Wesleyan School of Law

B.B.A. Management, 2002, Southwest Texas State University

PROFESSIONAL EXPERIENCE

LAW OFFICE OF AARYN LAMB, Owner & Attorney At Law

TRAUMA FOCUSED NETWORK, Founder & Executive Director

CHILD WELFARE LAW SPECIALIST, Certified by National Association of Counsel for Children (2012)

COLLEGE OF THE STATE BAR OF TEXAS, Member (2009-Present)

STATE BAR OF TEXAS, Member (2005-Present)

AWARDS

ATTORNEY AD LITEM OF THE YEAR, Denton County CASA (Court Appointed Special Advocates) (2008)

KITTY CARLISLE HART AWARD OF MERIT FOR LIFETIME ACHIEVEMENT, Glaucoma Foundation (2003)

VOLUNTEER WORK

JUVENILE DIABETES RESEARCH FOUNDATION, Corporate Sponsor (2011 & 2012), Walk Participant (2008-2012)

"WALK TO ACTION" fundraising event for Prevent Child Abuse Texas, Participant (2010)

TARRANT COUNTY NATIONAL ADOPTION DAY, Volunteer/Volunteer Attorney (2008-2010, 2012)

DENTON COUNTY NATIONAL ADOPTION DAY, Volunteer Attorney (2009)

THE GLAUCOMA FOUNDATION, Volunteer (1999-present)

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I. INTRODUCTION

Children involved in foster care and juvenile justice experience trauma at a much higher rate than children in the general population. How a child deals with and recovers from trauma can have lasting, sometimes lifelong, consequences on the child. Children and families involved in the justice or welfare systems could have improved outcomes if trauma-informed services were offered.

II. WHAT IS TRAUMA?

Trauma, in the psychological context, very broadly, is the experiencing of a scary, stressful, or dangerous event that leads to feelings of terror, horror, or helplessness. Trauma can be the result of a physical harming or injury, or from merely witnessing an event and having no physical or outward signs of injury. While the body can heal from physical trauma with time and medical treatment, mental or emotional trauma can linger for a lifetime, if not treated. When a child experiences an intense event that threatens or causes harm to his or her emotional and/or physical wellbeing, it is "child traumatic stress." *What is Child Traumatic Stress?*, The National Child Traumatic Stress Network.

A. Types of trauma

Psychological trauma has been broken down into three general types of trauma, based upon the events precipitating the traumatic event:

1. Acute trauma - a single traumatic event that is limited in time, such as a natural disaster or car accident.
2. Chronic trauma - multiple and varied traumatic events, such as a child being exposed to domestic violence at home, being involved in a car accident, and then becoming a victim of community violence. Chronic trauma also includes repetitive and/or long-standing trauma, such as physical abuse or war.
3. Complex trauma – "The dual problem of children's exposure to multiple traumatic events and the impact of this exposure on immediate and long-term outcomes." Cook, A., et al., *Complex Trauma in Children and Adolescents,* 21 *Focal Point: Research, Policy, and Practice in Children's Mental Health: Traumatic Stress/Child Welfare* 1*,* (2007). Many, if not most, of the children we serve in the justice and welfare systems are the victims of complex trauma.

B. Causes of trauma

Trauma can be caused by many different scenarios, including:

1. Domestic violence, which is the actual or threatened physical, sexual, or emotional abuse between adults in an intimate relationship. A child can be traumatized by domestic violence as the victim or by witnessing the violence between adults.
2. Early childhood trauma results from traumatic experiences that occur between the ages of 0 and 6 in children, and includes intentional violence toward the child, natural disaster, accidents, medical trauma, or serious emotional trauma, such as the sudden loss of a parent or caregiver.
3. Medical trauma occurs following serious injury or illness or invasive medical procedures or treatments. Even though the medical interventions are well-intentioned, the psychological effects of treatments that are painful or invasive can last much longer than the medical ailment itself.
4. Natural disasters, such as hurricanes, tornadoes, or earthquakes.
5. Neglect happens when parent or caregiver does not provide a child food, clothing, shelter, medical care, or education. Neglect also includes exposing the child to dangerous environments, providing poor supervision of a child, or abandoning a child.
6. Physical abuse is causing or attempting to cause physical pain or injury, which can be a single act or a series of acts.
7. Refugee or war zone trauma can occur after exposure to war, political violence, or torture.
8. Sexual abuse includes a range of sexual behaviors, including direct contact and no contact behaviors (i.e. flashing), that occur between a child and an older person or between a child and another child/adolescent.
9. Terrorism is the intent to inflict psychological damage on an adversary, including attacks by individuals acting in isolation or people acting for groups.

10. Childhood traumatic grief may follow the sudden death of someone close to the child and the trauma symptoms interfere with the child's ability to go through the typical process of bereavement.

C. Trauma and children in juvenile justice and child welfare system

Parental instability, abuse, neglect, drug exposure, chronic homelessness, and chronic hunger are just a few examples of the traumas routinely experienced by children involved in the juvenile justice or child welfare system. Experiencing traumatic events often leads to psychological effects, which include mental and emotional disorders, such as post-traumatic stress disorder (PTSD). The psychological effects of trauma can help explain the negative behaviors of children in the welfare or justice system. Understanding the trauma experiences of children can shape treatment of the children and their families.

III. IMPACT OF TRAUMA

When a child's brain and body are responding to a traumatic situation, their growth and development are impeded, even if just temporarily. If a child is repeatedly traumatized, especially during crucial times of development, including in utero, the child may be delayed developmentally, in creating and nurturing attachment relationships, creating and maintaining peer relationships, and in their ability to emotionally regulate themselves. These delays can reduce a child's level of functioning at home, at school, and in the community. Sibling groups exposed to the same traumas can exhibit different impacts of the trauma based on how they naturally handle stressful situations. One child may have anger issues while the sibling has emotional outbursts. Post-trauma supportive and healing environments can lessen the impact of trauma and reduce the likelihood of lingering issues.

In addition to the impact on development, traumatic stress can lead to the development of psychiatric disorders, including posttraumatic stress disorder (PTSD), separation anxiety, and depression. If a child has a preexisting mental health condition and then suffers from traumatic stress, the stress and exacerbate the condition. NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families*. Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

A. Temporary Impact

The body's most immediate reaction to a dangerous situation is fright, flight, or freeze: the pupils dilate, heart rate and respiration increase, and the body is poised to react. These physical responses are just temporary and should subside once the threat of danger is gone.

B. Longer lasting/permanent Impact

Repeated exposure to traumas can cause the immediate physical reactions to become a permanent state for the body. If the body is constantly responding to a dangerous or threatening situation, your body becomes used to the flight, fright, or freeze reaction. The body is always on high alert and ready to react, so a person who has been through multiple trauma may seem to always "on edge." A child who is always "on edge" is less likely to be able to focus on school or learning, and gets into physical and/or verbal altercations frequently. They are also more likely to have behavioral meltdowns because their body is physically tired from all of the adrenaline regularly coursing through their system.

Traumatic stress early in life, or even in utero, can impair important development, emotionally and physically. When a child's body is focused on responding to danger, the brain is not focused on performing its "routine" tasks of development and therefore development is delayed. Some delays are minor and are easily rectified, however others are more significant and take longer and greater interventions to correct.

C. Impact of trauma and children in juvenile justice and/or child welfare system

Many times when presented with a child in the justice or welfare system, one asks "why" a child is the way they are or why they behave in the way they do. Explanation could be found in looking in the child's history for traumatic experiences. If a child's experienced trauma, their development could have been impacted and/or impaired, thus offering a possible explanation of why a troubled child is the way they are. Traumatized children's behaviors and responses to experiences in life will be different from those of a child not exposed to trauma. While a "normally" developing child may respond to a verbal taunt verbally, a child who was physically traumatized may only know how to respond physically, even to only a verbal attack, therefore offering some explanation as to why a child escalated a minor incident into a full-blown physical altercation. Some traumatized children may feel scared but their physical demeanor and reaction could appear to be mad because they have developed coping mechanisms to not reveal their fear. These types of children are at a much greater risk for being in trouble or being labeled as "bad."

IV. TRAUMA ASSESSMENTS - HOW TO KNOW IF A CHILD HAS BEEN EXPOSED TO TRAUMA

A. What are trauma assessments

A trauma assessment typically involves a detailed social history of the child. The history should include a thorough trauma history to identify all forms of traumatic events experienced directly or witnessed by the child. According to the NCTSN, this history should include each child abuse incident, any automobile accidents, exposure to family or community violence, painful medical procedures, or other types of traumatic experiences so the best type of treatment for a specific child can be determined. NCTSN Child Welfare Trauma Training Toolkit (2008). *Module 4: Assessment of Child's Trauma Experiences*. The assessment is useful in helping practitioners gain a full picture of a child's experiences and trauma systems. Many times the people in the best position to provide the detailed historical information needed are unable or are unwilling to do so because of CPS involvement. If possible, medical and school records should be reviewed and collateral witnesses interviewed to create the most detailed assessment possible.

A basic assessment can be completed by a first responder, such as a caseworker or probation officer. Based on the results of the initial screening, a more thorough assessment completed by a trained therapist/counselor/psychologist based upon referral from first responder. A treatment plan can be developed after reviewing the more thorough assessment.

Once treatment has begun, follow up trauma assessments are needed in order to evaluate progress and make any necessary changes to the treatment plan. Follow up assessments are important to assess any new instances of trauma, such as a change in placement, while in the welfare or justice system.

Trauma assessments can also be utilized for the child's parents. Many people do not recognize their own traumatic experiences and are therefore unable to heal from their pasts. If a parent is dealing with their own traumatic history in maladaptive ways, such as by neglecting their children, it will be difficult for them to help their child heal. Offering parents the opportunity to be assessed and engage in recommended treatments will aid the family unit as a whole.

B. How trauma assessments benefit children

Trauma assessments are an important tool for those involved with a child's care, both daily care and ongoing medical and mental health care. If a caregiver or treatment provider is aware of where the child is coming from, it adds a layer of understanding to the relationship with the child. This is especially true for children who have suffered from chronic hunger. If a caregiver knows the child's history of not being able to eat for days, the caregiver can utilize different approaches to reassuring the child that food will always be available, such as providing nutritious snacks the child can eat whenever the child chooses. If a caregiver was unaware of the child's history of hunger, the caregiver could react negatively to discovering the child was hiding food or sneaking food at night, and negatively punishing the child for "stealing" food. A negative punishment reinforces to the child that they cannot control their physical needs and prevents the child from trusting that their caregiver can adequately provide for their needs.

Trauma assessments are incredibly important for a child's treatment providers. The assessment is an excellent tool for identifying areas of intervention and guiding treatment. If a thorough assessment can be completed, it could be possible for a child to avoid being prescribed medication to control behavior if the assessment is able to ferret out the cause of a child's bothersome behaviors and the treatment provider can try alternatives to medication, such as offering nutritious snacks and water to drink at regular intervals throughout the day.

Older children who complete a trauma assessment are provided insight into how they feel and how they can learn to control their own reactions. Most importantly, the assessment can help the child understand their history is not their fault. This is an important part of healing from a long history of abuse or neglect.

C. Where trauma assessments can be implemented in juvenile justice/child welfare system

A. First responders – police, social workers, CPS investigators, intake staff at juvenile detention facilities
B. Ongoing caseworkers in juvenile justice or child welfare systems
C. Child placing agencies
D. Therapists and counselors
E. Residential treatment centers
F. Provide additional insight to judges, attorneys and others who make decisions that impact long-term placement of child

V. OVERCOMING TRAUMA – TRAUMA-INFORMED TREATMENTS

Many types of trauma-informed practices are currently available, and more are being developed. The mental health community is currently focused on trauma, and specifically child trauma, so more professionals are being trained in trauma-informed practices. Some examples of trauma-informed treatments include:

A. ARC - Attachment, Self-Regulation, and Competency

1. Includes individual, group and family treatment; parent workshops; milieu/systems intervention; and a new home based prevention program
2. The approach is grounded in attachment theory and early childhood development and addresses how a child's entire system of care can become trauma informed to better support trauma focused therapy. The approach provides a framework for both trauma informed and trauma specific therapeutic intervention.
3. Used in populations ages 2-21
4. Long-term treatment
5. Go to www.NCTSN.org to find a Fact Sheet and more information on ARC.

B. TF-CBT - Trauma Focused Cognitive Behavioral Therapy

1. Includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication.
2. Used in populations ages 3-21
3. 12-25 sessions with trained provider, time divided equally between child and caregiver
4. Includes Psychoeducation about child trauma and trauma reminders, Parenting component including parenting skills, Relaxation skills individualized to youth and parent, Affective modulation skills tailored to youth, family and culture, Cognitive coping: connecting thoughts, feelings and behaviors, Trauma narrative and processing, In vivo mastery of trauma reminders, Conjoint youth-parent sessions, Enhancing safety and future developmental trajectory, Traumatic grief components
5. Go to www.NCTSN.org to find a Fact Sheet and more information on TF-CBT.

C. TBRI - Trust Based Relational Intervention

1. Developed by Drs. Karyn Purvis and David Cross at the TCU Institute of Child Development
2. TBRI is a "therapeutic model that trains caregivers to provide effective support and treatment for at-risk children" Karyn B. Purvis and David R. Cross, *Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma*.
3. TBRI has been applied in orphanages, courts, residential treatment facilities, group homes, foster and adoptive homes, churches, and schools. It has been used effectively with children and youth of all ages and all risk levels. Pruvis and Cross.
4. Dr. Van der Kolk developed the 3 pillars of Trauma Informed Care. Howard I. Bath, *The Three Pillars of Trauma-Informed Care*, Reclaiming Children and Youth, 17, 3, 17-21 (2008). The three pillars that should be included are "(a) development of safety, (b) promotion of healing relationships, and (c) teaching of self-management and coping skills." Purvis and Cross, and Bath.

TBRI has built on Dr. Van der Kolk's three pillars and addresses three avenues of intervention: empowering, connecting, and correcting. Karyn B. Purvis, David R. Cross, and Jacquelyn S. Pennings, *Trust Based Relational-Intervention: Interactive Principles for Adopted Children with Special Social-Emotional Needs*, 3 Journal of Humanistic Counseling, Education, and Development, Vol. 48 (Spring 2009).

a) Empowering

Empowering is about attention to physical needs. As Dr. Purvis says, a child's mind is housed in its body, and the needs of the body influence ability to do higher/more difficult tasks. If the body is depleted of food or water, it cannot do higher tasks, like math homework.

The ecology of empowerment includes the concept of "felt safety." For the children in the welfare or justice system, is usually is not enough for the caregiver to know the child is safe. The child must feel safe. Felt safety can take time to develop, but it is a key step in helping the child heal from trauma. Another way to empower a child is to provide predictability. According to Dr. Bruce Perry, unpredictability and chaos are stressful to a child. Bruce D. Perry and Ronnie Pollard, *Homeostasis, Stress, Trauma, and Adaptation, 33* Child and Adolescent Psychiatric

Clinics of North America, Vol. 7, No. 1, (Jan. 1998). Establishing predictability can be as simple as having a daily schedule or routine for repetitive daily tasks. Changes in activities, places, or people can create anxiety, so if a child is given notice of a change and allowed to transition between activities, it can reduce stress and anxiety. Once a child is in a more consistent environment, their felt safety will increase.

The physiology of empowerment includes utilizing safe touch. Safe, nurturing touch sends a signal to brain that can slow the heart rate, reduce blood pressure, and can reduce stress chemicals in the brain. Before touching a child, you must ask the child for permission and ensure the child understands the touch is friendly, sees the touch coming, and does not feel trapped. Many of the children in the juvenile justice or welfare system were physically harmed or touched in inappropriate ways, and will need to learn boundaries for what is a safe touch, so use this approach with caution.

Engaging a child in a time of sensory input or physical activity that includes repetitive movements (i.e. walking, riding bike, jumping on trampoline) boosts calming chemicals and decrease stress chemicals in the brain, allowing child to think more clearly. This type of activity is especially important to have before highly stressful events, such as testifying against a perpetrator, going to court, or going to a stressful parent-child visit. These tactics can also be used to help a child calm when they are just generally worked up.

Dehydration can cause mental or cognitive impairment. History of neglect or in utero exposure to alcohol can lead to chronic dehydration because child's body not used to being adequately hydrated. Sufficient hydration can reduce harmful brain chemicals and generally improve the body's functions. Keeping a water bottle handy is a great way to encourage a child to stay hydrated.

Proper nutrition aids good chemicals in the brain. Small, regular snacks that include protein and complex carbs keep blood sugar stable, which can reduce mood swings and increase ability to learn.

b) Connecting

Connecting is paying attention to attachment needs. Abused or neglected children tend to withdraw as way of protecting themselves. Focus on gaining the trust of the child, and because a child cannot trust if she or he does not feel safe. Purvis, Cross, and Pennings.

In order to connect with a child exposed to trauma, become more aware of the child. Awareness can be increased by observing the child's reaction to events and observing the child's voice (volume, cadence) and facial expressions. It will also help improve connection if you are able to recognize a child's behavior as a way of expressing thoughts the child cannot be put into words. Instead of just punishing the behavior, care should be taken to understand the reasons, if any, that caused the behavior so treatment can address the root causes and offer the child other, healthy ways of coping with the situation that lead to acting out.

A key way to connect with a child is by having eye contact. A harmed or traumatized child may avoid eye contact as an adaptive strategy. Having sustained eye contact with someone is very intense, especially for a child who has rarely had eye contact with anyone, much less a person in an authoritarian position such as a parent, teacher, or law enforcement. If a child avoids eye contact, it is important to first reflect on why this is occurring and then to lead the child gently toward sustained eye contact.

It is important to take time in having a child who avoids eye contact learn to make meaningful eye contact in order to aid their connection to others. No attempt should ever be made to physically force a child to make eye contact. Three ideas for working on gaining eye contact that will not break the trust of the child are: (a) playfully moving your head into the child's field of vision, (b) saying the child's name in the context of the sentence you are speaking and then pausing, and (c) asking for eye contact. Always praise the child when eye contact occurs and this will encourage future eye contact. Be content with small gains in eye contact, even if they are fleeting at first. As the child learns to trust and the connection grows stronger, eye contact will be sustained longer.

Another way to work on connecting with a child is by paying attention to your body position when interacting with the child. Matching the physical position of the child can promote a connection with the child, such as sitting on the floor if the child chooses to sit on the floor. Antonella Sansone, *Mothers, Babies, and their Body Language*, (2004). You can also move to the eye level of the child, even kneeling if necessary. If the child is sitting cross-legged, the adult may mimic that body posture as well as the floor position. Matching your body position and posture to that of the child also includes matching the path of the child's visual track for a few seconds before asking for eye contact.

Your voice and inflection can also be tools to aid in connection with a child. During a conversation, lead the child to respond to your statements with an expression such as "Good enough?" or "Yes ma'am," being sure to respond to the child with the same words. This communication between adult and child shows the other that you are actively listening to what is being said, hopefully setting the stage for better communication and connection. Purvis, Cross, and Pennings. Matching the inflection of the child, such as whispering if the child is whispering, will signal the child that you are paying attention to what they are saying and how it is being said.

Grieving or working through past traumatic experiences is a process. It is very important to encourage the process for children. Be careful to observe the child for signs of sadness, and remember that sadness may present itself as anger and aggression, or in the more easily identified lethargy. Give a child "permission" to process their feelings (e.g., "It's okay to feel angry. Sometimes I feel angry too! What are some good ways to deal with anger?")

Building trust and a connection with a child happens through engagement with the child. One way to engage is to use matching. Another way to encourage engagement is to practice active listening. When interacting with a child, it is important to be an active listener and to pay full attention as the child speaks.

Interactions with traumatized children should be nurturing. When attempting to connect with a child, pay attention to the aspects of relationships that may have been missed in infancy. This may include attention to physical needs and attentiveness to emotional needs, in addition to others. The child's emotional needs may be more similar to those of a young child because these needs were not met consistently during infancy, ex: a child who is 6 years old who was never held as an infant or small child may just need to be held and rocked in order to gain connection with their caregiver. Providing the interactions the child missed earlier in life can open up the child to greater learning and healing.

A key component of building a relationship with any child is playful engagement. Sharing silliness, laughter, and games all demonstrate to a child that she or he is not in danger of being harmed. Some ways to incorporate playful interaction into everyday activities include making up silly songs or turning tasks into a game. Using a lighthearted attitude and tone of voice, interjecting gentle games and jokes whenever possible, encourages trust and learning on the part of the child. It is important to note here that although the adult is being playful, he is still the adult and sets the guidelines for all the playful interactions.

c) Correcting

Correcting a child with a traumatic past should be done with mindfulness of the child's past. Careful attention should be given to the child's behavioral needs.

Being proactive in correcting a traumatized child's behavior is crucial. A child who was not taught how to regulate their own emotions because they were abused or neglected as a young child will likely act out later in life. Children can be taught how to regulate their emotions through patient practice with a supportive caregiver. One tool is called "How does your engine run?," a part of the Alert Program and published by Therapy Works, Inc. Encouraging a child who is in the beginning stages of a behavioral meltdown to stop and think about their body (engine), can help them learn to recognize their own needs. If a child is getting whiny when doing homework, asking the child how their engine is running can help the child determine that they are thirsty, hungry, or tired and address their body's needs by getting a drink, having a snack, or taking a few minutes of quiet time to recharge. If a child is feeling anxious and is exhibiting hyper behaviors such as an inability to sit still, ask the child how her engine is running and help her learn to control her own fidgetiness by holding her breath or doing other calming tasks.

A very simple way to redirect a child who is misbehaving or who is about to misbehave is to tell them to stop and breathe. This allows the child to assess their personal actions. An adult should use a firm touch on the shoulder or arm of the child, or can take the child's hands into their own, makes eye contact, and in a firm but approving voice prompt the child to stop and breathe. The adult should model the action for the child. Stopping and breathing together can disarm and de-escalate a downward spiraling situation.

Always encourage the positive behavior and choices of a child. Look for opportunities to praise, not just responding to opportunities to correct or punish. Watch for cues of overstimulation (physical, emotional) and encourage the child to engage in an activity to reduce stimulation, such as eating or drinking water, or engaging in a physical activity before a negative event occurs.

Working with traumatized children to learn life value terms can help them regulate their own behavior. A child who began life without a devoted caregiver learned one simple value: survival. A child raised in survival mode dealt with difficult circumstances on sheer instinct alone, perhaps by becoming manipulative, avoidant, or physically dominant. Teaching a traumatized child short scripts such as "show respect" and "be gentle and kind" reflect important core values and are designed to simply communicate these life values to the child. Over time and with regular use, these short scripts become meaningful markers for the child to evaluate her or his own behaviors. For example, when a child is showing signs of becoming aggressive, a gentle reminder for the child to show respect when speaking with an adult can help them curtail any potentially negative words before it is too late. Purvis, Cross, and Pennings.

As frequently as possible, children should be allowed to choose between two appropriate options (e.g., "Would you like to do your homework first and then play, or would you rather play first and then do your homework afterward?"). Empowering a child to make simple choices gives her an investment in her world, an appropriate level of control, and an opportunity to practice good decision making and creates in her a sense of safety. Giving choices

in this manner also provides opportunities for the child to develop both strategies and skills in learning to compromise on decisions that are not too emotionally charged.

If proactive strategies failed to prevent the misbehavior, redirective strategies should be utilized next. Traumatized children should be given choices for their discipline. Giving the child choices gives the child a voice and provides an optimal avenue for discipline and redirection. When dealing with traumatized children, it is important to use the least invasive intervention possible. A good first step in redirecting a child's behavior is to offer them a redo. Redos allow a child to practice the appropriate response after they have given an inappropriate response. An example would be a child throwing a tantrum when told it was time to go to bed. The caregiver will ask the child if they would like the chance for a redo to their response and possibly ask for a compromise. The caregiver models the correct response and then allows the child to have a redo. If the redo is done correctly, the caregiver should abundantly praise the child. Offering redos helps children learn appropriate ways to interact and provides the child an opportunity to succeed, instead of fail. As this is the first step in redirecting negative behavior, the exchange between caregiver and child should be playful.

All children, including those who have been traumatized, should be taught natural consequences of misbehavior, both positive and negative. Consequences can be reinforced during daily life by simply directing the child's attention to a consequence.

When disciplining a child, an adult should display an authoritarian persona. Their voice should begin as gentle, firm authority used when child disobeys. If the negative behavior continues, the adult's voice should be more intense, slightly louder, but not shouting, with a lower intonation, slower cadence, and delivered in close proximity to child, not shouted across room. Discipline should challenge the child's behavior, never the child's safety or likeability.

Studies have shown that the vast majority of human communication is non-verbal. To indicate to a child the authority position of the adult, the adult's stance during discipline should differ from other, more playful interactions with a child. Feet should be planted firmly on ground when speaking with the child. The disciplinarian should remember to breathe deeply and make gentle movements toward child. When the adult eventually touches the child, the touch should be firm but gentle. An adult disciplining a traumatized child should always be mindful of the child's history of being abused or neglected and strive to not reinforce the negative behaviors of the child's past.

Children who have histories of trauma or behavioral problems often find it difficult to complete tasks. Usually a gentle reminder to redirect the child's focus to the assigned task is sufficient. However it may take multiple reminders before the task is successfully completed.

VI. WHAT CAN I DO?

As an attorney you may be wondering what is within your ability to do to assist traumatized children. The first thing is to learn more. There are many resources available for education on trauma-informed care and practices. Many are listed in the references section of this article.

Seek out local mental health organizations with trauma initiatives in your area, such as Tarrant Cares and the Mental Health Connection in Tarrant County. The organizations may offer trainings and different resources for traumatized children.

Strive to make every interaction you have with a youth trauma informed. Once you are aware of what traumas children may have been exposed to, you can be more mindful of any symptoms they may exhibit. If you suspect that a child you represent has a trauma history, strive to find treatments and other resources to meet the child's specific needs.

Many times we are one of the few constant adults in our child client's lives. Their caseworkers may change and they may be moved between multiple foster homes or residential treatment centers. Typically we are "with" or child clients until their time in the welfare or justice system is complete. Therefore it is important to build trust with your clients. Many traumatized children have trouble trusting any adults, so the trust formation process can be slow. Make promises only for those items that you can deliver. Start small so the child will know that when you promise something you will follow through.

The juvenile justice and child welfare systems must become more trauma-informed and sensitive in order to provide better outcomes for the children we serve. This can only be accomplished by more people learning about trauma and what specific trauma-informed resources are available. Encourage others to learn more and provide foster placements, detention facilities, residential treatment centers, etc. resources on trauma informed care. Get educated on what trauma-informed services are available in your area so you are able to be another resource for your client. If you encounter a child where trauma intervention could be beneficial, speak up and advocate for uyour client to receive trauma-informed services.

VI. RESOURCES FOR MORE INFORMATION

For more information on child traumatic stress, go to The Child Traumatic Stress Network's site at www.NCTSN.org where you will find numerous articles and resources, including information on treatments, tool kits, and online seminars.

For more information on TBRI, go to the Texas Christian University's Institute of Child Development's site at www.child.tcu.edu. The book, *The Connected Child*, by Karyn Purvis, David Cross, and Wendy Sunshine is an excellent resource for TBRI. For a list of professionals who have been trained in TBRI, go to http://www.child.tcu.edu/Resources/TBRI%20Alumni%20Contact%20Info.pdf.

For more information on child trauma and the effects of trauma on a child's development, go to the Child Trauma Academy's website at www.childtrauma.org. This Houston based organization was founded by Dr. Bruce Perry, works to improve the lives of high-risk children through research, education, and direct service.

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