

Webinar Guidelines

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- ASL interpretation is being provided. We invite those using ASL interpretation to please connect directly with interpreters in the chat box. Live captioning is available.
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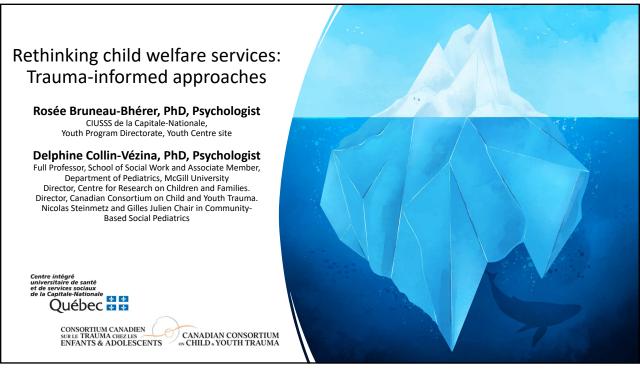
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Interpretation and Slides

- This Learning Network and Knowledge Hub Webinar will take place in French with simultaneous English interpretation.
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Learning Objectives

- 1) Reflect on the impact of traumatic childhood experiences;
- (2) Be familiar with the principles of trauma-informed approaches and the intervention pathways proposed by the Attachment, Self-regulation, and Competency model (ARC; Blaustein & Kinniburgh, 2019);
- (3) Apply this knowledge to a clinical child welfare situation.

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What is a trauma-informed approach?

A trauma-informed approach aims to influence policy and practice by focusing on

- ✓ raising awareness of the prevalence of trauma,
- ✓ understanding the impact of trauma, and
- ✓ committing to incorporating this knowledge into policies, procedures and practices.

Source: free translation, Yatchmenoff et al., 2017

Guiding principles

The "4Rs" rule suggests four components in developing trauma-focused practices:

Realize the impact of trauma and the importance of providing opportunities for healing;

Recognize signs and symptoms of trauma in clients, families, staff and others involved in the system;

Respond to clients' needs by fully integrating trauma knowledge into policies, procedures and practices;

Actively **resist** reactivating new traumas.

Source: https://www.samhsa.gov





Clinical vignette:

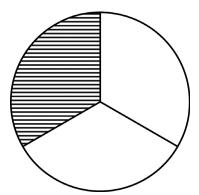
Jeremy 9 years old

Reporting assessment in a complex trauma context

Painting: <u>Portrait drawing of a young boy with</u> <u>freckles (dessins-elise.fr)</u>

Canadian situation

Canadian Community Health Survey - Mental Health (2012)



32% of Canadians report having experienced sexual abuse, physical abuse and/or exposure to intimate partner violence before the age of 18

Source: Afifi et al. 2014

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Complex trauma - events

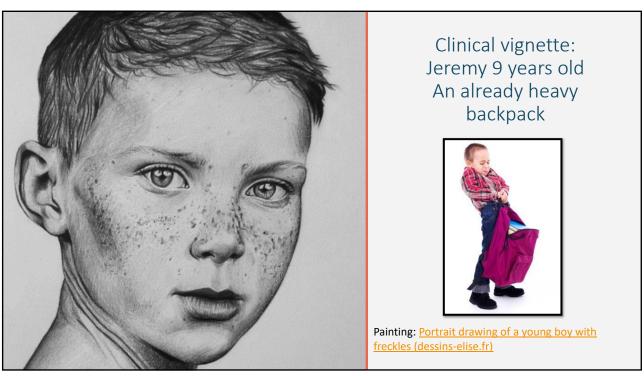


Complex traumas are experiences that:

- 1. are interpersonal and often involve betrayal;
- 2. are repeated or prolonged;
- 3. involve **direct harm** due to various forms of abuse (psychological/emotional, physical, and sexual), neglect, and loss or abandonment by persons responsible for the care, protection, or guidance of others; and
- 4. occur during **developmentally vulnerable times in life**, such as infancy, or that significantly undermine developmental gains at any point in life.

Source: Ford & Courtois, 2013





Aftermath - Posttraumatic stress disorder

Posttraumatic stress disorder (PTSD) is a psychological disorder that occurs following exposure to a traumatic event, including exposure to actual or potential death, serious injury or sexual violence.

- 1. Recurrent, involuntary and intrusive distressing memories of the traumatic event (e.g., trauma-related nightmares, flashbacks);
- 2. Avoidance or efforts to avoid painful memories, thoughts, or feelings about, or closely associated with, the traumatic event;
- Marked alterations in activation and reactivity associated with the traumatic event (e.g., tendency to be constantly on the lookout for danger, feverishness, startle response);
- 4. Negative cognitive and mood alterations associated with the traumatic event.

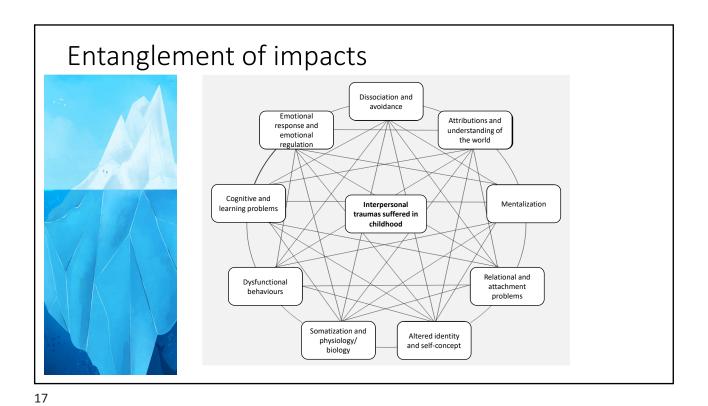
Sources: Crocq, M.-A., Guelfi, J. D., & American Psychiatric Association,

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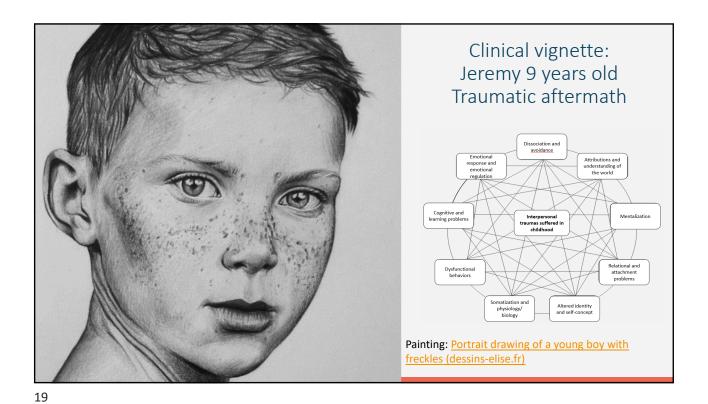
Alberta Family Wellness Center and PALIX



<u>Video</u>: https://www.albertafamilywellness.org/resources/doc/ressources-en-francais



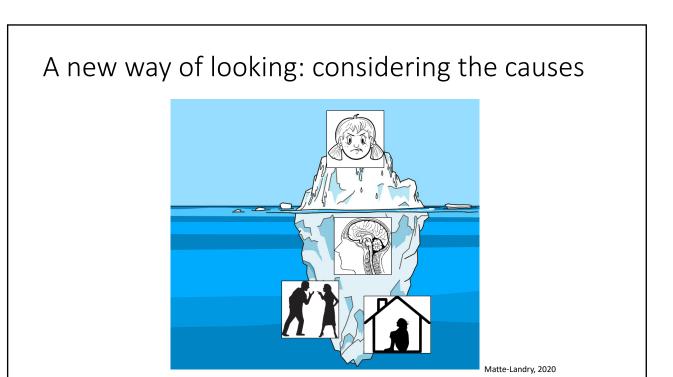
Complex trauma and/or mental health? TRAUMA ADHD Feelings of fear, helplessness, uncertainty Difficulty maintaining attention and vulnerability Reactivity, nervousness Overlap Difficulty following instructions avoidance Difficulty organizing Being easily distracted Irritability, anger Motor agitation Disorganization Difficulty taking turns Feelings of guilt or shame Hyperactivity Talking excessively Dissociation, feelings of unreality Losing personal belongings or feeling "out of body" Interrupting others ifficulty sleepir Feeling always on alert, in danger or Aggressiveness, self-destructive or Grisé-Bolduc and Collin-Vézina,



The trauma-informed approach is a new way of looking



Source: 2022. [Online image]. Panasonic Blog News Magazine. https://www.experience.panasonic.ch/fr/lifestyle-fr/dans-les-yeux-de-lobservateur





A new way of looking: aiming to soothe

The act of soothing oneself, of calming down; the state of being serene, quiet, calm, at peace.

Let's all become soothing givers! Let's create sanctuaries.



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A new way of looking: fostering healthy empowerment

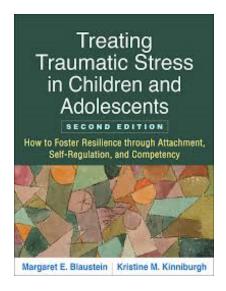
- Too often, our services are aimed at children's obedience and compliance, not their engagement and healthy empowerment.
 - Submission has already been too much a part of these children's lives.
 - It is important to give back empowerment in the decisions made for and by children and adolescents in our systems.



ARC: a systemic method

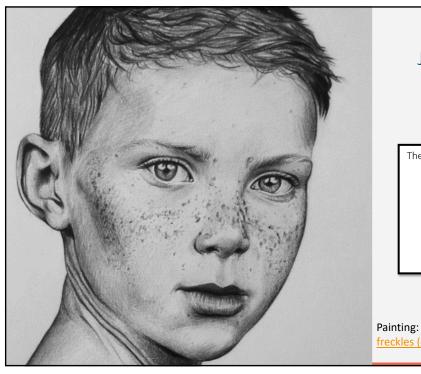
Attachment, Self-Regulation and Competency (ARC)

Recognized as a promising practice by the National Child Traumatic Stress Network and the Substance Abuse and Mental Health Services Administration (SAMHSA; U.S. Department of Health and Human Services)

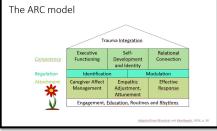


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The ARC model Trauma Integration Executive Self-Relational Competency **Functioning** Development Connection and Identity Regulation Identification Modulation Caregiver Affect **Empathic** Effective **Attachment** Management Adjustment, Response Attunement Engagement, Education, Routines and Rhythms Adapted from Blaustein and Kinniburgh, 2018, p. 38



Clinical vignette: Jeremy 9 years old Trauma-sensitive interventions



Painting: Portrait drawing of a young boy with freckles (dessins-elise.fr)

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Routines

- Allow the hyperactive nervous system of traumatized children to return to a state of calm.
- Ensure predictability in the day's sequence while allowing for flexibility.
- Foster positive relational moments with adults throughout the day.



Empathic adjustment, attunement

- Traumatized children frequently communicate their emotional life through gestures, not speech; trauma inhibits the development of emotional expression skills.
- Most challenging behaviours are facades that hide unmet needs or unregulated affect.
- Triggers can cause stress response reactions (flight, fight, dissociation, negotiation).
- Read the message carefully:
 - What is the function of the behaviour in the broadest sense? What is the need?
 - What are the triggers that lead to a danger reaction?
 - What prevents or leads the child to regain a state of emotional regulation?

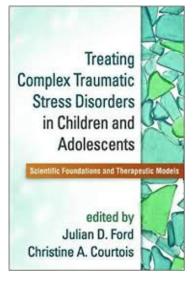
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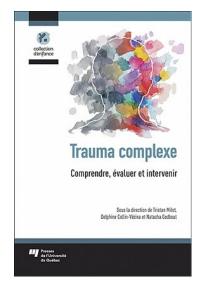
Modulation

- The child must be supported to develop safe and effective strategies to modulate and regulate his or her emotional and physiological states.
- Emotional regulation is learned through relationships with others, through experiences.
- The adaptive aspect, the link between the traumatic experience and the current reactions must be valued.
- There are different types of modulation in children: the hyper-reactive (volcano), the labile (roller coaster), and the contained (time bomb).

Additional resources







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Additional resources

- Pratique intégrant la notion de trauma : de la théorie à la pratique (Practice integrating the notion of trauma: from theory to practice) (IUJD)(in French)
 - Teenagers' version
 - Children's version
- The trauma capsule consists of a background and three components (in French)
 - http://capsuletrauma.com
- The *Remembering Trauma* video and its discussion paper
 - https://www.cctassifilms.org/child-trauma/

Thank you for your attention! Questions and comments?

· Any questions can be addressed to:

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http://www.albertafamilywellness.org/resources/doc/ressources-en-francais

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