

CONFERENCE:

Effective Therapy to Promote the Well-Being of Children Traumatized by Child Abuse and Neglect

A conference addressing the role of therapy and means of effective therapy that promote and maintain the well-being of children traumatized by child abuse and neglect, with a focus on current resources and programs available for those currently working with families and children in need.

Conference: Effective Therapy to Promote the Well-Being of Children Traumatized by Child Abuse and Neglect

Date: June 22, 2011 9:00am-4:00pm

Location: The Children's Center, 492 First Avenue, at 29th Street, NYC

Sponsored by: **The New York Center for Children** in association with **New York State Unified Court System Child Welfare Court Improvement Project, Prevent Child Abuse America, and NYC Children's Services.**

Conference Chairs: **Katherine Teets Grimm**, MD, Medical Director, New York Center for Children; and **Anne Reiniger**, JD, LMSW, Past Chair, Prevent Child Abuse American

Audience: 200+ professionals, including clinical therapists, foster care caseworkers/staff, child protection workers, lawyers, social workers, guidance counselors, teachers, doctors, nurses, child advocates, and childcare professionals.

According to the 2011 US Census Bureau's annual report, in 2008 there were 84, 089 child victims in New York State alone. Furthermore, many cases of child abuse, sexual or otherwise, go unreported. The effects of abuse on the well-being of children are numerous and debilitating.

Studies show that children who are victims of abuse are:

- more likely to abuse their own offspring
- at a higher risk for substance abuse and addiction
- more likely to exhibit juvenile delinquency or exhibit violent adult behavior
- more likely to have serious mental and emotional health issues, including depression and anxiety
- more likely to exhibit developmental delays or disorders
- more likely to be placed in foster care, which is itself often traumatic
- more likely to be homeless later in life and/or live in unstable housing conditions
- more likely to become a parent at a younger age
- more likely to be dependent on social assistance
- more likely to fall into prostitution

The New York Center for Children, in cooperation with the New York State Unified Court System Child Welfare Court Improvement Project, Prevent Child Abuse America, and NYC Children's Services, convened a conference to discuss effective modes of therapy in order to promote the well-being of traumatized children. The conference **“Effective Therapy to Promote the Well-Being of Children Affected by Child Abuse and Neglect,”** brought attention to issues and resources that can support and facilitate better and more long-term outcomes for children and families affected by abuse. After a panel of speakers discussing different modalities of therapy and describing present organizations that serve families and children affected by abuse, as well as a work shop training on Trauma-Focused Cognitive Behavior Therapy, it is our hope that professionals, agencies, and the community alike have gained a greater understanding of the needs and issues unique to this population, as well as the ways in which they can better serve children and families affected by abuse.

Remarks of Gita Thadhani, speaking in place of John B. Mattingly, MSW, Ph.D:
Commissioner, NYC Children's Services.

In her welcome to the participants, Ms.... stressed the importance of providing care to traumatized children, and explained how ACS's mental health divisions provide the best kind of care to its children in need. Not only does ACS train its staff to become informed about the individual and cultural issues related to trauma within the child welfare system, but they also have clinical consult teams within every bureau, conduct annual and monthly screenings with staff and other organizations (such as OMH), provide services for secondary trauma within its units, and work hard to track and match the mental health needs of the children within their system. Gita, on behalf of Dr. Mattingly, was appreciative and impressed with the audience's interest in learning about how to better serve the needs of vulnerable and victimized children.

Remarks of Hon. Edwina Richardson-Mendelson, Administrative Judge, New York City Family Court.

Judge Richardson-Mendelson spoke of the importance of awareness of the effects of trauma on children and families. Trauma, she stated, affects every aspect of the family court system, whether that be within cases of juvenile delinquency, foster care, or even child support. Because trauma has a lifelong impact and can leave invisible scars, it is of the utmost importance to learn about its effects as well as its cessation so that lawyers, judges, therapists, and caseworkers can work together to foster a child's overall well-being now and in the future.

Key Note Speech

Remarks of Dr. Glenn Saxe, Chair, Department of Child and Adolescent Psychiatry, NYU Medical Center, Director, NYU Child Study Center.

“Trauma Systems Therapy: Treating Child Traumatic Stress Across the Services System”

Dr. Saxe's presentation primarily discussed three things: the impact of trauma on children, his evidence based treatment "Trauma Systems Therapy," and the importance of taking a Systems Approach to treating traumatic stress in children.

Dr. Saxe began the presentation by emphasizing the deleterious effects trauma has on children. Adverse childhood experiences, he stated, are directly linked not only to mental health problems, but also to main public health problems, such as cancer and heart disease. Therefore, experiencing abuse or trauma as a child has an enormous impact not only in the present but also in the future. Staging a trauma intervention in the form of therapy or preventive services can have a significantly large impact.

How much impact does therapy or preventative services have on a child's well-being? In his previous experience, Dr. Saxe discovered it was almost impossible to tell. In order to measure the impact of interventions on a child's well-being Dr. Saxe and his team developed the Evidence-Based Treatment "Trauma Systems Therapy," or TST. There are five main goals pertaining to TST. The first goal is to directly address the core developmental problem of traumatic stress, which is the dysregulation of emotional states when confronted by a stressor. The second is to address the social ecology of the child through home-based or community-based care. The third is that the form of treatment must be compatible with other systems of care. Fourth, the treatment must be sustainable rather than based on grant funding, for example, and fifth, the treatment must engage and generate feelings of value to the child and family.

Dr. Saxe then explained two different models of TST, the Organizational Model and the Clinical Model. The Organizational Model is necessary for the integration of services for agencies that provide treatment for traumatized children, while the clinical model is important for the efficient and effect treatment of the traumatized child. To provide successful clinical services it is necessary to understand the organizational resources the therapist and his or her team will have access to, while the organizational team must also have knowledge of successful therapeutic services.

The organizational model contains four service elements. The four services are: legal advocacy, skill-based psychotherapy, psychiatry/psychopharmacology, and services within the community. The planning process behind the organizational model is also extremely important. It is necessary to define a group of organizational leaders and create a specific plan that aligns with the top priorities of the organization through reasonable means, financially or operationally. This helps determine the organization's most important priorities, its vision for how TST will help achieve these priorities, decision about programs, partnerships, and staff operations, and, most importantly, how the program will be evaluated based on the evidence of whether the organization has reached their primary goals with and through TST.

Describing the Clinical Model of TST, Dr. Saxe provided us with a case story of "Denise," a 13 year-old girl with a history of sexual abuse who is failing school, is living in a very stressful home environment, and when faced with stress often self-mutilates. Dr. Saxe also states that Denise's problems stem generally from two main issues, which

he labels the “Trauma System.” The first problem is that a traumatized child present who is unable to regulate his or her emotional states. The second is that that child lives in a social-environment or has a system-of-care that cannot help contain his or her dysregulation. Dr. Saxe then described a system of complex biological and environmental interactions that lead to the absence of emotional regulation, in which the child’s higher organizational thinking literally shuts down. Emotional regulation and dysregulation can be formulated and understood through a series of “patterns of moments.” For example, after an environmental stressor, Denise will go from an emotional state of normalcy to a feeling of shame, then panic, and finally to a dissociative state in which she self-mutilates.

In order to help Denise it is important to determine the problems, not only in her psychological patterns, but also within her social environment. To emphasize this point, he referenced a study that was done on play behavior between rats. When a stressor, in this case the hair of a cat, was placed in the environment in which the rats were playing the rats never played at the same frequency again, even once it was removed. This example emphasizes the serious and detrimental effects trauma or stress can have on an organism, and it becomes necessary for the therapist determine what in a child’s environment is the “cat hair,” or what, exactly, is it that is providing the stress that inhibits the child’s well-being and happiness. In order to help Denise, one must understand the pattern of links between her environmental stimuli and her pattern of dysregulatory responses.

In Denise’s case, Dr. Saxe listed the priority problems that TST would address. The first is the sexual comments Denise experiences at school, which directly affect her health as they trigger her emotions and lead to self-mutilation. The second would be witnessing violence at home, as this leads to dysphonic and suicidal states. The final problem is that failing at school causes her mother to express disappointment in her, which then leads to school avoidance. The intervention process undertaken by the TST team is a mental health intervention, which does not only mean therapy, but means, rather, anything that is done to remediate a mental health problem. Therefore the TST team speaks to the school about creating an environment to reduce offensive comments, the team improves her substandard housing by fixing a door to her bedroom, and they provide domestic violence and therapeutic services to help her mother, as well as help foster awareness to the other members of Denise’s family on better supporting Denise. The TST team can even speak with the school bureaucratically, ensuring their policies are such that they are adequate and beneficial for children facing traumatic stress.

Dr. Saxe closed by emphasizing that the most important thing to do to help a child is to define the problem as specifically as possible. That is the main thing that helps professionals be effective for the children and families we serve.

Remarks of Adrienne Williams Myers, Program director, Project SAFE, Northside Center for Child Development

Ms. Williams Meyers discussed the inception of the art therapy program, and gave an overview of the Project SAFE program (“Safety Awareness is Fundamental to

Empowerment”). Project SAFE is a sexual abuse specific treatment program that began in 2004 and provides art therapy groups for children and provides a concurrent and supportive psychoeducational group for non-offending parents. It is a values-centered multidisciplinary treatment approach to address sexual abuse for families experiencing trauma. Ms. Williams Meyers also explained why group art therapy is used. It is a multimodal and multidisciplinary approach that helps chronic trauma families according to their complex needs. It is an alternative approach that is less threatening and helps engage and retain families in therapy. Finally, because it has a common goal that is agreed upon by all participants, families are better able to benefit from the art therapy program’s consistent message.

Remarks of Drena Fagen, Art Therapist for the Creative Arts Therapy Program

Drena Fagen’s presentation introduced the mode of art therapy this year. Art therapy, she said, “doesn’t feel like therapy...it is highly flexible and nurturing [and] creates a community that encourages empathy, support, and enjoyment of others disrupted by relational abuse.” The goals of art therapy are: to increase communication between the child and the non-offending parent, to increase awareness of personal boundaries and use verbalization to express feelings and decrease physically acting out, to transform traumatic experience in a symbolic and meaningful form, and to enhance the child’s self-worth. In Northside’s program group art therapy is used because group therapy helps children understand the commonality of abuse, decreases shame and stigma, increases one’s circle of support and provides a safe environment for the expression and experience of multifarious feelings, and it instills hope for the future, as people see clients at different stages of healing. Creative art is an especially beneficial form of therapy as it creates a common language between clients, helps relieve feelings of helplessness, can introduce mindful awareness of inner experiences, and often “expresses the unspeakable.” Ms. Fagen provided poignant examples of her clients’ art that were very effective in demonstrating the value of this mode of therapy.

Remarks of Alexis Howard, Clinical Social Work Consultant

Ms. Howard’s presentation was a part of the Art therapy presentation as a whole, and she spoke about the importance of having parent care-giver groups for therapy. She stated that family support is critical to the child’s healing process, and, in addition, the non-offending parent must also heal. In parent/care-giver therapy groups, parents are able to help each other problem solve difficult situations, and learn about the impact that trauma or abuse has had on the family. Group therapy also facilitates other forms of treatment as it reduces resistance and noncompliance to other forms of therapy that may be perceived as more invasive or more threatening and difficult. Parents can also gain a larger support system that includes family members rather than only emergency or social services staff, which Ms. Howard found particularly important, referencing the theme that relationship building is the key to successful therapy outcomes.

Remarks of Dr. Edward Greenblatt, Director of Therapeutic Services at the New York Center for Children

Dr. Greenblatt described the group therapy program offered at The New York Center for Children for children ages 6-12 who have been in foster care for less than one year. Dr. Greenblatt began his presentation by summarizing the academic and behavioral problems children often face in foster care. Children in foster care often have problems in school and at home they can exhibit nightmares, depression, and behavioral problems such as bedwetting. Dr. Greenblatt emphasized the importance of group treatment. Group therapy helps children feel less alone, and provides them with a safe space to talk to about their experiences and feelings, gaining support not only from the therapist leading the group but also from other children who are facing similar problems. Dr. Greenblatt explained children are sometimes not able to participate in group therapy due to certain barriers, such as conflicting obligations of the parent, or distance from home to therapy clinic. Dr. Greenblatt provided a list of incentives to encourage foster parents to bring their children to group therapy as necessary, such as provide the family with metrocards or meals. Dr. Greenblatt then summarized the content of group sessions. Within each cycle are specific therapeutic exercises, such drawing their experiences, participating in role-play, or learning about different emotions. Dr. Greenblatt concluded that by the end of the therapy the children often do not want to leave, as it became an extremely positive experience for them. After group therapy treatment, children can then segway to individual treatment, with the hope that the child has gained greater self-awareness and a greater sense of well-being.

Remarks of Diane Kindler, Director of Clinical Services, Casey Family Services

Diane Kindler discussed the foster care permanency goals of her organization, Casey Family Services. Ms. Kindler views every child within foster care as a traumatized child, because foster care is an extremely difficult and stressful experience. The Casey Family Services is family focused and provides a collaborative approach to foster care through its goal of permanency. Ms. Kindler emphasized that permanency is a shared responsibility between all parties related to the child, not only the foster parents and the caseworkers, but also the biological parents and other significant figures in the child's life. Ms. Kindler outlined the Casey Family Services plan to ensure permanency. They meet a minimum of once a month with all primary players regarding the placement of the child. Casey Family Services also makes it clear to foster parents before they accept a child that this will be the last foster home the child will be placed in, with the family either committing to adoption or committing to staying with that child until he or she is permanently placed. The Casey Family Services is currently in the process of getting The Family Member's Teaming Model to become an Evidence-Based Treatment model. This model aims to help the biological family as well as the foster family to understand the trauma associated with foster care, and to help prepare all parties involved with the stress that may come with placing a child in a permanent home. Ms. Kindler stated, "parents and foster parents are the biggest things that affect the outcome of a child's placement; we must have a common goal, negate common harmful misconceptions about foster care children and permanency, and give children permission to love more than one family."

Remarks of Dr. Harvey H. Mar, Director of Mental Health Services, New Alternatives for Children

Dr. Mar's presentation discussed promoting the well-being of children and families who are a part of New Alternatives for Children, or NAC, an organization that serves primarily medically fragile children who also have developmental disabilities. These children furthermore face family and domestic violence, neglect or abuse, cultural barriers, poverty, and instability. They may have cancer, diabetes, HIV, renal failure, or muscular dystrophy, and the impact of these issues on their well-being can range from mild to quite severe. This population is highly likely to present symptoms of diagnosable social and psychological problems. Dr. Mar also stressed the high correlation between medical and development issues and the child's family and school functioning, as well as the success of the child's intervention. It is necessary, he said, to figure out the nature and extent of the psychological and behavioral interaction in order to understand the child's dysregulation, as dysregulation within this population rarely stems from just one source. For example, a child's medical issues in addition to family violence, drug use, sibling rivalry, and educational environment can all simultaneously affect the child's functioning.

In order to treat children with complex needs, Dr. Mar prescribed a mental health treatment framework, or ways to view children and the intervention process. For example, a child exists within a context of different systems. In treating children therapists are part of an interdisciplinary team that works together to understand how life events impact the child.

Dr. Mar also described unique issues within NAC's population. Oftentimes the children and families have miscommunications and misunderstandings about the medical issues associated with the child's diagnosis. Second, the child's issues of health and disability are often put aside for the more everyday challenges of life. Third, the history and pattern of discontinuity within family life, either through being hospitalized, or going to numerous doctors appointments, can interfere with the attachment process. Fourth, the child often lacks knowledge about the illness, and it becomes a question for the team as to whether the child should learn about their illness, and what psychological effect that sort of disclosure might have. Children also often exhibit fantasies about the illness, and express feelings or behavior that suggest a feeling that they lack control in their lives. Dr. Mar concluded by offering some guidelines for effective therapeutic practice. He stated one must respond to trauma in a multi-tiered way. He also said that therapists must be mediators working with a team, parents should gain some feeling of value from the therapy, the child should also gain a greater sense of control, and treatments, such DBT or Play therapy, should be viewed as tools rather than cures. Finally, Dr. Mar emphasized that relationship building is the "key to therapy" and success.

Remarks of Dr. Erica Willheim, Clinical Director of the Family PEACE Program at the New York-Presbyterian Hospital.

Dr. Willheim spoke about child-parent psychotherapy offered through the Family PEACE program at the NY-Presbyterian Hospital, that serves domestic-violence exposed children and their non-abusing caregiver. Dr. Willheim stated that 60% of domestic violence exposed children are under 6 years old, and that children exposed to domestic violence are more likely to be either a perpetrator or victim of it as adults. Furthermore it

can create a disturbed sense for the child of who is safe and dangerous, as well as other numerous psychological disturbances. Child-parent psychotherapy is effective, Dr. Willheim explained, in treating early childhood trauma in general and enables children to learn emotional regulation skills such as self-soothing. It also helps re-build the attachment process so that the child can feel secure and safe within the dyad of the child and parent. Dr. Willheim described the process of trauma experienced by a child and parent who are witnesses or victims of domestic abuse as “relational PTSD.” For example, the relationship itself between a child who witnessed domestic abuse and the parent-victim of abuse can be a stressor and a trigger for PTSD symptoms in both parent and child, because the individuals can both be traumatic reminders to each other of the incident. The treatment goals of child-parent psychotherapy are to re-establish a sense of safety between the child and the parent as a dyad and as individuals, to re-establish their self-regulation, to encourage normal development, to normalize the traumatic response, to respond realistically to treatment, to re-establish and differentiate trust of the bodily experience, to construct a trauma narrative in order to give meaning and understanding to each other’s trauma, and finally, to find joy in life.

Evidence Based Treatment: Trauma-Focused Cognitive Behavioral Therapy” Sarah Anders, Meara Beirne, Emily Friedman, Dr. Edward Greenblatt.

The Afternoon workshop consisted of a workshop on the implementation of Trauma-Focused Cognitive Behavior Therapy for children who have experienced trauma (see powerpoint.) The workshop concluded with a case study exemplifying the beneficial outcomes that TFCBT can offer children who have experienced abuse.

Conference Evaluations

Conference evaluations were extremely positive. **98%** of respondents gave the conference an overall rating of a 4-5 (5 being the highest ranking.) The average rating was a 4.5. Attendee comments include:

- Great information for us to use in our practice to assist our families
- Thank you, I loved this! It was very informative.
- All presenters did a wonderful job at conveying pertinent information and theories relevant to social work practice.
- Inspirational!
- It is so helpful to have all disciplines involved to help us understand how we can work together to improve the lives of the families we work with.
- Thank you for putting together such a comprehensive conference. Your presenters offered such useful information and tools that I will be able to use on a regular basis. I am so grateful to know that there are such amazing practitioners who are brave and talented enough to do this work.

The New York Center for Children is a privately-funded non-profit organization providing comprehensive services, free of charge, to children who have been abused. The conference is made possible by the generous support of New York State Unified Court System Child Welfare Court Improvement Project, the Annie E. Casey Foundation, and the LLS Foundation.