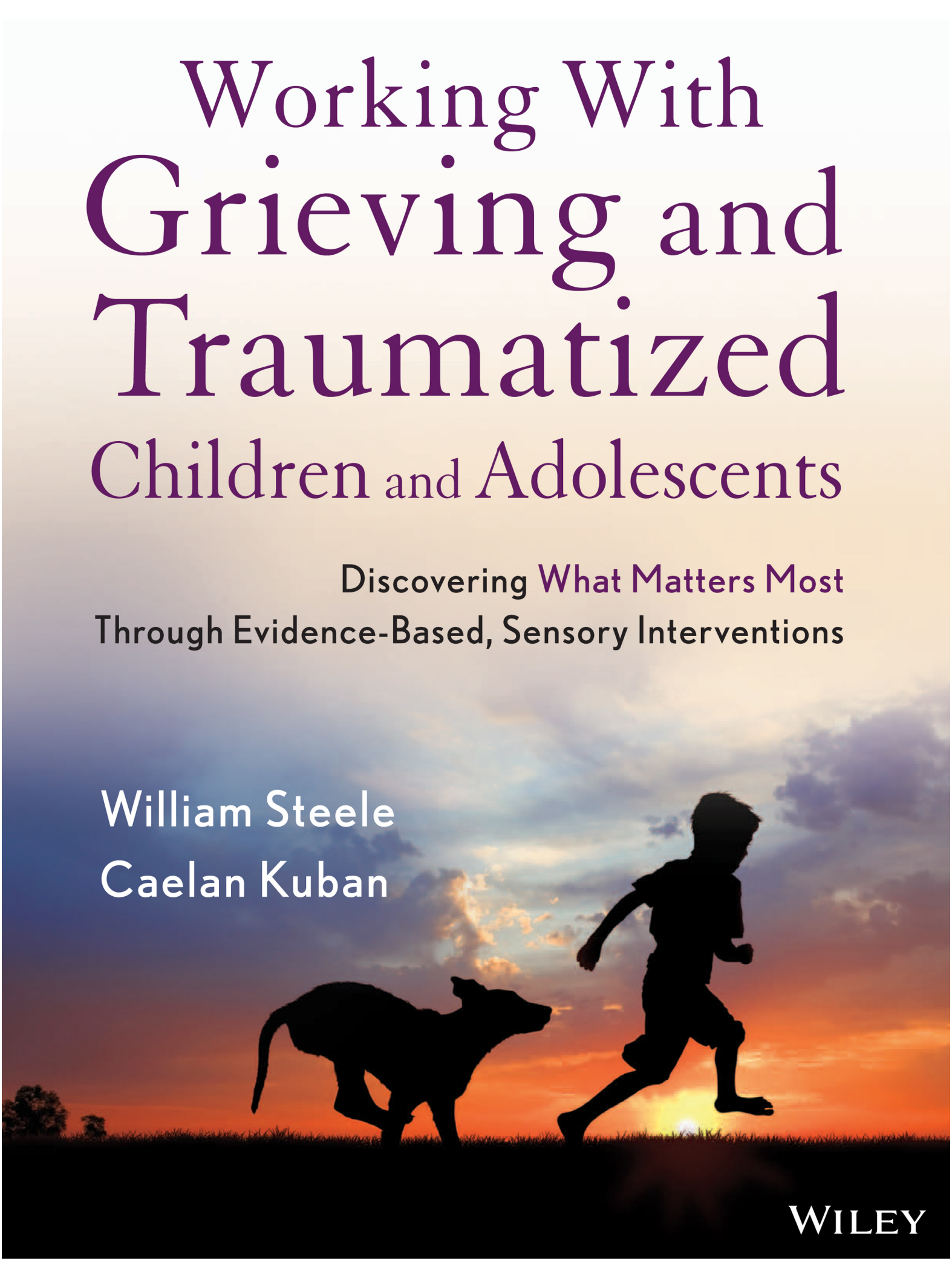
Working With Grieving and Traumatized Children and Adolescents

Discovering What Matters Most Through Evidence-Based, Sensory Interventions

William Steele
Caelan Kuban



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Praise for *Working With Grieving and Traumatized Children and Adolescents: Discovering What Matters Most Through Evidence-Based, Sensory Interventions*

"In the sea of rhetoric about trauma-informed care, *What Matters Most* delivers answers that will make a difference to young people right now. This book equips professionals working at all levels with young people impacted by trauma to do their work differently, incorporating one fundamental principle that stands above all else: this work is not about doing to children, but being with children, and empowering them in their own healing journey. From neuroscience to relational practice, this book is the most compelling and practical story about trauma treatment told to date."

—Kiaras Gharabaghi, PhD, Ryerson University, Toronto, Canada

"This book is a page-turner, a comment usually reserved for action novels. Rich with recent neuroscience findings, the impact of trauma on the brain, case studies, and specific interventions, *Working with Grieving and Traumatized Children and Adolescents* is a must-have resource for anyone who works with and cares about young people of any age. As a foster care survivor and now a college professor, I am grateful for Steele and Kuban's contribution."

—John Seita, EdD, School of Social Work, Michigan State University

"Building on years of developing and researching structured sensory interventions, the authors share poignant stories of resilience, integrate findings from neuroscience and empirical studies, and offer simple and effective interventions that build safe and secure relationships for grieving and traumatized children and teens."

—Anne L. Stewart, PhD, Professor of Graduate Psychology,
James Madison University, and president of the Virginia Association for Play Therapy

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WILLIAM STEELE

To the resilient forces in my life:
my wife, son, and daughter, our grandchildren, and the thousands of professionals
I have met over the years, who continue to expect the best of themselves
in order to foster the strengths and resilience
of the grieving and traumatized children they are helping every day.

CAELAN KUBAN

To my daughters, Luscia and Maren,
who have allowed me to experience connection, joy, and love.
To my mother, Bridget, who gave me
not only her sunny disposition but also her unconditional support.
And to the many professionals whose time and expertise
have enhanced my understanding of what matters most
in our efforts to help grieving and traumatized children flourish.

Contents

Foreword

Reading *Working With Grieving and Traumatized Children and Adolescents* is like being blessed with having two wise, seasoned trauma therapists to consult whenever one is in need of support, encouragement, and inspiration. As Bill Steele, founder of the National Institute for Trauma and Loss in Children (TLC), and Caelan Kuban, current director of TLC, emphasize throughout this fine book, their clients have taught them much during their years of practice. Fortunately for the rest of us, the authors have decided to pay it forward by sharing these lessons of hope and resilience with readers.

What I love about this book is that the authors have created a reading experience for us that actually parallels the process of the therapeutic relationship they create with their clients. One indispensable quality of effective therapy is authenticity, and as I read the book, I encountered real people—clients, parents, teachers, and therapists—in every chapter. I was not reading the typical, traditional case studies that characterize so many books on therapy. Those case studies often strike me as formulaic, contrived, analytical, and superficial. They leave me perhaps edified, but rarely moved. Instead, in *Working With Grieving and Traumatized Children and Adolescents*, I experienced narratives that were told with all the vivid characterizations and dramatic power of short stories. These rich and nuanced accounts rang true in their depth, authenticity, and complexity. They did much more than demonstrate principles; they touched me, stirred my emotions, invited me to care deeply, and ultimately inspired me. By engaging us with such powerful illustrations and narratives, the authors do much more than help us understand important concepts and principles. At a deep and implicit level, we truly get it.

I also love that the book dedicates an entire chapter to the topic of curiosity and celebrates taking the stance of not knowing. As a trainer of therapists, I have discovered that students find it particularly challenging to accept not knowing as an essential condition for successful therapy. After all, aren't they attending graduate school, studying

diligently, and earning their degrees in order to become *experts*? Setting aside that professional mask and stepping down from that expert pedestal to encounter our clients, to learn from them, and to bear witness to their journey of healing are daunting tasks. However, once students follow the example of Steele and Kuban by taking these risks, they can engage in their own transformative experiences of *being* truly therapeutic—not merely *doing* therapy.

Another parallel between the book and the process of therapy is that each chapter of *Working With Grieving and Traumatized Children and Adolescents* begins and ends in a safe place—just like a successful session. Steele and Kuban also practice what they preach by following the show-and-tell method of their therapy. They first share with us the powerful drawings by clients that give expression to the raw, searing experience of their traumas. The authors then elaborate on these pictures by using words to give voice to their therapeutic narratives.

One particularly disturbing case study reminded me of the classic Harry Harlow studies (1958) on infant rhesus macaque monkeys who were separated from their mothers. Virtually every introductory psychology textbook contains stunning pictures of these poor, traumatized creatures, clinging desperately to their cloth surrogate mothers. What is little known, however, is that a later study, reported by Cozolino (2010), demonstrated that these monkeys were not condemned to a life of profound dysfunction and alienation. In fact, Harlow and Suomi (1971) developed a successful therapy, involving 12 sessions, for these deeply troubled monkeys! The therapists were other monkeys who had been raised with healthy attachments. Although these monkeys were smaller and welcoming, the isolated "clients" reacted with anxiety whenever the "therapists" at first tried to engage with them. However, the gentle touches and persistent overtures of the "therapists" won out as the "clients" began to feel safe and began to interact with them. At the conclusion of the therapy, the initially isolated monkeys successfully joined the colony. I'm willing to bet that most practitioners believed that these monkeys were hopeless cases. Steele and Kuban have dedicated their professional lives to working with similarly supposed hopeless cases and to sharing their invitational, gentle, and nonthreatening manner of drawing out the strengths and nurturing the resilience of their clients.

An unexpected bonus of this book is that readers also gain a greater understanding of neuroscience, including mirror neurons, brain functioning, neural plasticity, and neural pathways. Steele and Kuban artfully introduce neuroscience principles and research findings in the context of their dramatic narratives of trauma and triumph. As a result, instead of inflicting on us a dry treatise on brain functioning, the authors engage us in a mystery in which neuroscience is providing clues into what makes our clients—and us!—tick.

Based on the work of Cozolino (2010) and other neuroscientists, Steele and Kuban highlight how empathic attunement, which is the foundation for a safe and secure relationship, promotes neural plasticity. Such a therapeutic alliance, which activates the

processes of attachment, is the optimal chemical environment for creating new neural pathways. They practice a therapy that is based on synchrony and attunement. One of the common slogans of neuroscientists is, "Neurons that fire together, wire together." In other words, therapy invites the creative expression of previously dissociated, denied, or inhibited thoughts and feelings. This process of working through experiences builds new neural pathways.

Building on the fundamental insight that therapy is a shared here-and-now experience, Steele and Kuban have developed wonderfully creative techniques to help clients express their experiences in modalities other than verbal communication. By immersing their clients in the creative moment and expanding their awareness, Steele and Kuban have enabled traumatized, grieving children and youth to create narratives of resilience and transcendence.

I would also like to mention that the timing of this publication is fortuitous. As the publication of *DSM-5* approaches, numerous articles have been written on proposed changes to the PTSD diagnosis. Ever since PTSD was entered into the official psychiatric nosology in 1980, "no other psychiatric diagnosis, with the exception of Dissociative Identity Disorder (a related disorder), has generated so much controversy in the field as to the boundaries of the disorder, diagnostic criteria, central assumptions, clinical utility, and prevalence in various populations" (Spitzer, First, & Wakefield, 2007). In *Working With Grieving and Traumatized Children and Adolescents*, Steele and Kuban provide a convincing argument for adding a new diagnosis, Developmental Trauma Disorder (DTD), in the *DSM-5* (van der Kolk & Pynoos, 2009). The proposal of this diagnosis was based on the findings from developmental psychopathology, the clinical presentations of children and youth exposed to chronic interpersonal violence, and emerging evidence from the field of neurobiology regarding the impact of trauma on brain development. They note that the *DSM* PTSD criteria were not developmentally sensitive and did not capture clinically relevant symptoms for children living in chronically unsafe conditions. However, the proposed PTSD criteria for *DSM-5* would result in inaccurate diagnoses for children who undergo multiple and complex traumas, especially those exposed to harmful caregiving (van der Kolk & Pynoos, 2009). The proposal for DTD was not accepted for inclusion in *DSM-5*, but thanks to Steele and Kuban, the discussion of the merits of an alternative classification system for children experiencing complex trauma is continuing.

Working With Grieving and Traumatized Children and Adolescents includes many "magical moments" of therapy that practitioners have described to the authors with heartfelt eloquence. Interestingly, in addition to studying the work of therapists, researchers are now beginning to investigate how stage magicians exploit neuroscience to create their illusions. In other words, magicians are just as much practitioners of sleight of mind (Macknik & Martinez-Conde, 2010) as they are of sleight of hand. Although magicians take advantage of neurological processes to trick audiences, therapists use the same processes

to enhance neuroplasticity. Consequently, a magic performance can leave a spectator mystified, but therapy can leave a traumatized client transformed.

Speaking of magic, the authors pull off a great trick themselves with this book. While giving detailed instructions and excellent examples of how to help clients reframe their experiences of trauma, Steele and Kuban skillfully guide us readers into reframing our own roles as trauma therapists. By the time we finish their book, we have come to cherish the power of curiosity as a powerful therapeutic tool, to respect the transformative potential of bearing witness rather than dispensing expertise, and to focus on what's strong rather than what's wrong with a client. Now, that's a magic moment!

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Preface

The mandate coming from both grieving and traumatized children today is to spend time in their world—a sensory world without language—to see what they actually see when they look at themselves, others, and the world as a result of what they have experienced. From their perspective, if we cannot see what they see, feel what they feel, and think what they think, how can we possibly know what matters most in their efforts to remain resilient and flourish despite the troubling and traumatic situations they experience?

The following experiences, and many others, represent the kind of grief- and trauma-inducing situations; varied levels of severity, complexity, and diverse environments; and developmental ranges of children and adolescents that have taught us so much over the past 22 years:

- The parents of a 4-year-old daughter and 6-year-old son divorce. The son is managing fairly well, whereas the daughter struggles with nightmares and has become very defiant.
- An only daughter, 8 years old, witnesses her mother dying from cancer at home. One year later she has isolated herself, is quite sad, and is still very fearful and traumatized by all the sensory memories of her mother's physical and emotional deterioration.
- At age 2, Alex witnesses his father kill his mother. Now age 7, the only way he can fall asleep is to sleep on the floor.
- Taken from his mother at an early age, James is moved in and out of 15 different foster care homes.
- Three siblings, ages 5, 11, and 15, are traumatized by the brutal rape and murder of their stepsister. One year later, all of them are involved in challenging and troublesome behavior.
- Abused, neglected, and raped multiple times, 15-year-old Ruby has become unmanageable.

- A mother and her 4-year-old son drive up to their garage. As the mother opens the garage door, both are struck with terror as they see the body of the boy's father hanging dead.
- Two teenagers are killed in an auto accident, while four friends following in the car behind them witness it all.
- While bending over to catch the baseball his 7-year-old grandson hit, the boy's grandfather dies suddenly of a heart attack.
- Twenty-four high school students witness the shooting and murder of their beloved coach. Months later, they and their parents are struggling at home and at school with intense fears, worries, and emotions that alter their relationships and ability to perform.
- A high school student stabs his teacher to death in the classroom. Parents, staff, and students are overwhelmed.
- The many victims of the Gulf War, the bombing of the Federal Building in Oklaholma City, 9/11, and Hurricanes Katrina and Rita continue to deal with the aftermath of these events.

By presenting these survivors with opportunities to bring us into their troubling and traumatic worlds, to see what they saw as they looked at themselves and the world around them, to discover what was driving their challenging behaviors, we learned to abandon traditional intervention processes for structured, sensory-based experiences that evidence-based outcomes and practice history now demonstrate are effective in reducing posttraumatic stress and related mental health symptoms and behaviors.

Advances in neuroscience clearly support rethinking our understanding of grief and trauma and the interventions we practice. The five stages of grief, for example, developed in the late 1960s by Dr. Elisabeth Kubler-Ross, have been used for years to guide the treatment of grief. Today these stages are axiomatic, no longer reflecting the reality of how grief is experienced and processed. Furthermore, neuroscience has clearly documented that trauma is not primarily a cognitive experience but a series of subjective experiences that do not respond well to our use of reason, logic, or talk-based interventions. These advances alter the way we must relate with grieving and traumatized children today.

Becoming a witness to these subjective experiences and helping survivors transform their internal grieving and trauma-specific implicit memories and sensations into concrete, tangible forms in ways that lead to the restoration of their sense of safety, empowerment, and resilience are the strategies we detail in *Working With Grieving and Traumatized Children and Adolescents*.

A Timely Practical Resource

The detailed, evidence-based intervention strategies we present make this a timely, practical resource for addressing the realities of today's grieving and traumatized children, adolescents, and adults in schools, agencies, and clinical and community

settings. The intervention model presented, *SITCAP*® (*Structured Sensory Interventions for Traumatized Children, Adolescents and Parents*), was developed in 1990 by the National Institute for Trauma and Loss in Children (TLC), a nonprofit program of the Starr Global Learning Network, which has been helping children and adolescents flourish for more than 100 years.

Benefiting Survivors and Practitioners in Diverse Settings

Several aspects make *Working With Grieving and Traumatized Children and Adolescents* unique:

- It is based on the TLC's 23 years of working with grieving and traumatized children, families, and professionals in school, agency, and community-based programs across the country.
- The *SITCAP* intervention model has met the criteria for best practices (practice-based evidence) as supported by consistent outcomes over years of practice by 6,000 TLC Certified Trauma and Loss Specialists and by published, formal evidence-based research conducted in school and agency settings.
- The interventions have been demonstrated to address violent situations, such as murder, physical and sexual abuse, and domestic violence, as well as nonviolent grief- and trauma-inducing situations, such as divorce, critical injuries, car fatalities, terminal illness, and environmental disasters.
- Each chapter provides activities for use when helping children with specific aspects of their subjective experiences, such as terror, worry, guilt, and powerlessness. In addition, each chapter includes a brief *Point of Interest* insert that addresses specific topic areas such as Attention Deficit Hyperactive Disorder and PTSD and *Magical Moments*, the key turning points for children as told by practitioners using *SITCAP* with children and adolescents.
- Given that services for grieving and traumatized children and families are severely shrinking, while waiting lists are extended for months, *Working With Grieving and Traumatized Children and Adolescents* provides practitioners the opportunity to safely apply very structured, sensory- and evidence-based, short-term interventions that have demonstrated long-term gains.
- *Working With Grieving and Traumatized Children and Adolescents* approaches healing within the parameters of the more recent findings regarding the resilience of those who are exposed to significant losses or trauma, as well as what children, when given the opportunity, tell us matters the most to their healing, recovery, and resilience.
- The use of *SITCAP* is supported by ongoing training conducted by TLC, its manualized programs inclusive of developmentally appropriate workbooks with activity worksheets that can be copied, additional resource materials that address specific issues involving grief and trauma, numerous continuing education approved online courses, and easy access to TLC, its staff, and Certified Trauma Practitioners.

For the Reader

Through the use of vivid characterizations, dramatic short stories, sequential and structured processes, and the integration of training activities used in actual training in the use of the *SITCAP* model, readers will learn:

- Why children's experiences, rather than symptoms and behaviors, matter significantly in determining what will be most helpful to their healing
- Ways to be *curious* rather than *analytical* to allow children to safely bring us into their secret, often terrifying worlds, while revealing the private logic driving their grief- and trauma-related behaviors
- What is meant by *sensory-based interventions* and how they can help children reveal what they are thinking, feeling, and now seeing when they look at themselves and the world around them, when they have neither the words nor the language to describe their thoughts, feelings, view of self, and others (activities will be presented)
- How to apply intervention to the 10 primary experiences of trauma and grief
- The critical timelines used to determine the most appropriate interventions with grieving and traumatized children within a school setting
- How to determine the gains made by children when a formal assessment is not available
- How we help children create narratives of resilience and strengths, which help them begin to flourish
- What allows some children to do better than others who are exposed to the same situation and the kinds of interactions that help them maintain resilience even in the face of future grief- and trauma-inducing situations

We hope that the *Magical Moments* shared by practitioners in this text and the structured intervention processes we present on our journey into the world of the children's stories we tell reveal that what matters most in our efforts to help is our ability to provide them with the opportunity to make us a witness to how they are experiencing themselves and their world, while teaching us what matters most to their ongoing efforts to flourish despite the significant losses and trauma they have experienced so young in life.

William Steele
Caelan Kuban

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Over the past 20 years, we have had the wonderful opportunity to learn a great deal from thousands of traumatized children and their families. In many ways, they are the authors of this book. We cannot thank them enough for their inspiration, resilience, and guidance in defining what matters most in our efforts to help children heal from grief and trauma. Hundreds of dedicated professionals also volunteered their time to participate in field testing and rigorous research of our evidence-based sensory intervention programs. Their feedback ensured that the intervention processes and activities accomplished what they were intended to accomplish: significant reduction of PTSD and other mental health–related reactions while strengthening the resilience of grieving and traumatized children. We thank them for all of the valuable lessons they have taught us over the years. We also wish to acknowledge the hundreds of school districts, child care agencies, and mental health and community-based programs that have collaborated with us to bring best practices to the grieving and traumatized children, adolescents, and families they serve every day. Their efforts are making a difference.

CHAPTER

One

How Structured, Sensory Interventions Help Grieving and Traumatized Children

This first chapter begins with a brief history of what we learned at the National Institute for Trauma and Loss in Children (TLC) while working with grieving and traumatized children who had been exposed to a variety of violent and nonviolent experiences. Established in 1990, TLC is a program of the Starr Global Learning Network of Starr Commonwealth, which has been helping children and adolescents flourish for the past 100 years. The children taught us what mattered most in their efforts to overcome their painful and overwhelming experiences, which lead to the development of the evidence-based *Structured Sensory Interventions for Children, Adolescents and Parents* (*SITCAP*) programs presented in detail in this text. The *SITCAP* model meets the criteria validating it as a practice-based and an evidence-based intervention model. This criteria and how it is supported by *SITCAP* is reviewed, as funding sources are more frequently requesting that today's interventions meet these requirements.

In addition, a distinction is made between nonviolent and violent situations to illustrate that the subjective experiences of children, not the nature of the situation, determine whether the experiences are grief or trauma inducing. This is followed by a very simple yet profound mandate by children and a brief discussion regarding its implications for treatment. This introduction becomes essential to understanding the *Core Principle* and *Key Concepts* of *SITCAP* presented in subsequent chapters. These concepts describe how children's subjective experiences are revealed and utilized to help diminish the painful, overwhelming, and terrifying reactions they can experience. Similar to Lenore Terr's (2008) descriptions of magical moments in psychotherapy, we also introduce *Magical Moments*, those turning points in children's lives that practitioners using *SITCAP* shared with us over the years. *Magical Moments* are featured in each chapter, in addition to *Points of Interest*, which briefly discuss a variety of subjects pertinent to helping grieving and traumatized children and adolescents. The chapter concludes with a review of two cases and their evidence-based outcomes, supporting the overall benefits experienced by those who have participated in *SITCAP* over the years.

Was It Grief or Trauma: What Matters Most?

Examining our experiences in the 1970s and 1980s with children, teens, and families who sought help while in crisis—or created a crisis to draw attention to their need for help—revealed what mattered most in our efforts to help. Grief was a common response to their crisis experiences resulting from the losses precipitating their crises—loss involving a loved one to sudden or accidental death, suicide, homicide, domestic violence, sexual and physical abuse, or terminal illness, or loss due to divorce, betrayal of trust in relationships, abandonment, homelessness, or exposure to catastrophic events. In the early 1980s, suicide became an epidemic claiming the lives of youth. At the core of the suicide experience is the loss of value for oneself, the loss of connectedness to any significant person, and the loss created for the family members and friends who are left behind. In the later 1980s, suicide rates remained high; however, violence claimed this unfortunate title of epidemic, reflecting the disturbing ways our children were now experiencing their worlds.

With these losses, we were observing reactions not only associated with grief but also with the posttraumatic stress disorder (PTSD) described in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III-R*) (APA, 1980). Unfortunately, these criteria, as defined by the *DSM-III-R*, were specific to adults. The challenge we faced was helping others acknowledge that children could, in fact, experience the reactions attributed to adults at the time. This would not occur until the mid-1990s. Practitioners in the 1980s, for example, observed adult PTSD criteria in adolescent survivors of suicide as well as those who discovered the bodies of those who took their own lives. However, it wasn't until 1993 and subsequent years that the literature began to acknowledge that discovering the body of a loved one, friend, or peer who had taken their life was traumatic (Brent et al., 1993). The term *trauma* was not formally assigned to children by the American Psychological Association until 1994, when they were included in the adult-designed PTSD diagnostic category in the *DSM-IV* (APA, 1994). This inclusion was certainly encouraged by the research that emerged in the 1980s regarding the association of PTSD with suicide and violence among children and adolescents (Pynoos & Eth, 1986; Pynoos et al., 1987).

Despite the various situations that brought children and families to our attention, so many victims showed us that grief and trauma were not necessarily separate entities; they often coexisted. Symptoms could be attributed to both grief and trauma, as we understood them at that time, but also to other disorders, making it difficult to assign treatment based on symptoms alone. What we discovered really mattered the most to those who were grieving and traumatized was *not their symptoms, but how they experienced themselves, others, and life following exposure to traumatic events in their lives.* TLC was founded in 1990 to develop an intervention process that would be helpful to both grieving and traumatized children and that could be initiated in clinical and community settings and also in schools, where children are the most accessible.

It Is Not the Situation

An Internet search for *trauma-informed care* yields more than 7 million references. It is safe to say that a great deal of information exists about the prevalence of trauma experienced by children and what constitutes trauma-informed care. The majority of articles regarding trauma consistently cite violence as the primary cause of trauma. There is no doubt that violence does induce severe trauma in children. Most would agree that at least 50% of the children in child welfare and 60% to 70% of youth in the juvenile justice system experience trauma (Hodas, 2006; Kerig & Becker, 2010). However, research began to emerge as early as the 1990s indicating that trauma can also be induced by disasters such as fires (McFarlane, Policansky, & Irwin, 1987), hurricanes (Lonigan, Shannon, Finch, Daugherty, & Taylor, 1991), boating accidents (Yule, 1992), burns, and medical procedures such as bone marrow transplants (Stubner, Nader, Yasuda, Pynoos, & Cohen, 1991). Three million people yearly are involved in car accidents; up to 45% of those injured suffer PTSD (Goodin & Abernathy, 2011). In fact, divorce can also induce trauma when the conditions of that experience leave children vulnerable (Divorce and PTSD, 2012).

We have two reasons for making this distinction between violent and nonviolent situations, which are not the result of direct intent to do harm. First, in comparison to the volumes written about the relationship between violence and trauma, we rarely read about the daily nonviolent trauma-inducing situations in children, such as homelessness. Often, trauma is not screened for in children who are exposed to situations such as a depressed parent, house fires, car fatalities, critical injuries, terminal illnesses, divorce, or victims of bullying and cyber bullying. Second, we must conclude that if both violent and nonviolent situations can induce trauma, then perhaps it is not the situation that induces trauma but how that situation is being experienced that leaves children and youth vulnerable to trauma. If this is true, then it follows that we must first know how children are experiencing what they are exposed to if we want to determine what might be the most helpful and appropriate trauma-informed response.

Children's Mandate

> If you don't think what I think, feel what I feel, experience what I experience, and see what I see when I look at myself, others, and the world around me, how can you possibly know what is best for me?

This is a simple yet profoundly wise mandate. When we can appreciate how traumatized children are experiencing themselves, others, and their lives as a result of their experiences, we can assign timely, useful, and appropriate interventions. Resilience research, for example, clearly documents that not everyone exposed to what we might consider to be a trauma-inducing incident is necessarily traumatized by that incident