



Roadmap to Resilience:

Supporting Children Experiencing Stress and Trauma

A podcast series for professionals and families who are supporting children experiencing stress and trauma.

Podcast Hosts



Dr. Julian Ford



Dr. Amanda Zelechowski

Series Outline

Ep 1: Introducing Roadmap to Resilience

Ep 2: What is Trauma?

Ep 3: What is Resilience?

Ep 4: Preventing Trauma

Ep 5: Understanding Dissociation

Ep 6: Supporting Children (and Adults) Who Have Been Sexually Abused

Ep 7: Supporting Children in the Aftermath of Intimate Partner Homicide

Ep 8: Working with Trauma in Cross-Cultural and Immigration Contexts

Ep 9: Understanding the Impact of Global and Collective Traumas

Ep 10: How **Mental Health Providers** Can Foster Resilience

Ep 11: How **Healthcare Providers** Can Foster Resilience

Ep 12: How **Clinical Training Programs** Can Foster Resilience

Ep 13: How **Lawyers and the Legal System** Can Foster Resilience

Ep 14: How **Parents** Can Foster Resilience

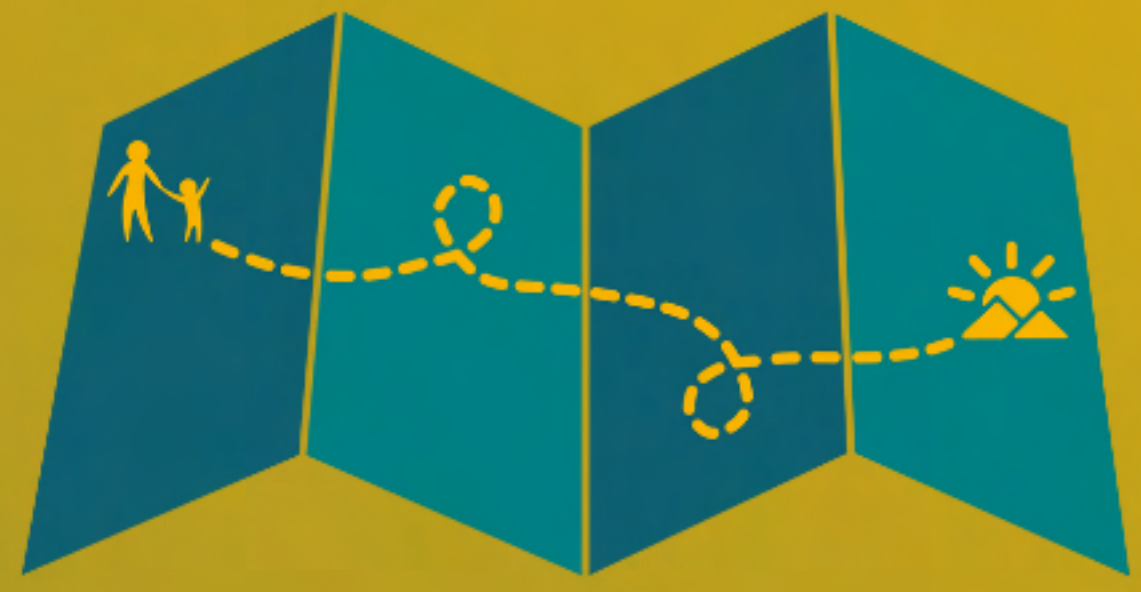
Ep 15: How **Communities** Can Foster Resilience

Ep 16: How **Policies and Systems** Can Foster Resilience

Ep 17: Trauma & Resilience: How the Helpers Help Themselves

Roadmap to Resilience is a collaboration between the University of Connecticut School of Medicine, Pandemic Parenting, Inc., and the Interorganizational Child Trauma Task Force.

Roadmap to Resilience



Join experts in the field of child stress and trauma as they delve into research-based strategies for building resilience in children of all ages. Your hosts, Dr. Julian Ford and Dr. Amanda Zelechoski, along with guest experts explore how children and families successfully face and overcome adversity, and how helping professionals can support and empower this resilience. Together, they'll paint a holistic picture of what a roadmap to resilience can look like for children experiencing stress and trauma.

Meet Our Hosts



Dr. Amanda Zelechoski

Dr. Ford and Dr. Zelechoski bring decades of experience as psychologists and researchers to make these strategies available for all who care for children. Whether you're a mental health provider, parent, lawyer, social worker, or caregiver, you can use these tools to help the children you support step from difficulty into strength.



Dr. Julian Ford

Meet The Experts



Dr. Apryl Alexander



Dr. Claudia Antuna



Dr. Sandra Baita



Dr. Archana Basu



Hernán Carvente-Martinez



Dr. David Corwin



Jessica Feierman



Dr. Bianca Harper



Dr. Brooks Keeshin



Nicole LaPlena



Dr. Sandra Rafman



Dr. Michael Salter



Dr. Joyanna Silberg



Yehudis Stokes



Dr. Viola Vaughan-Eden

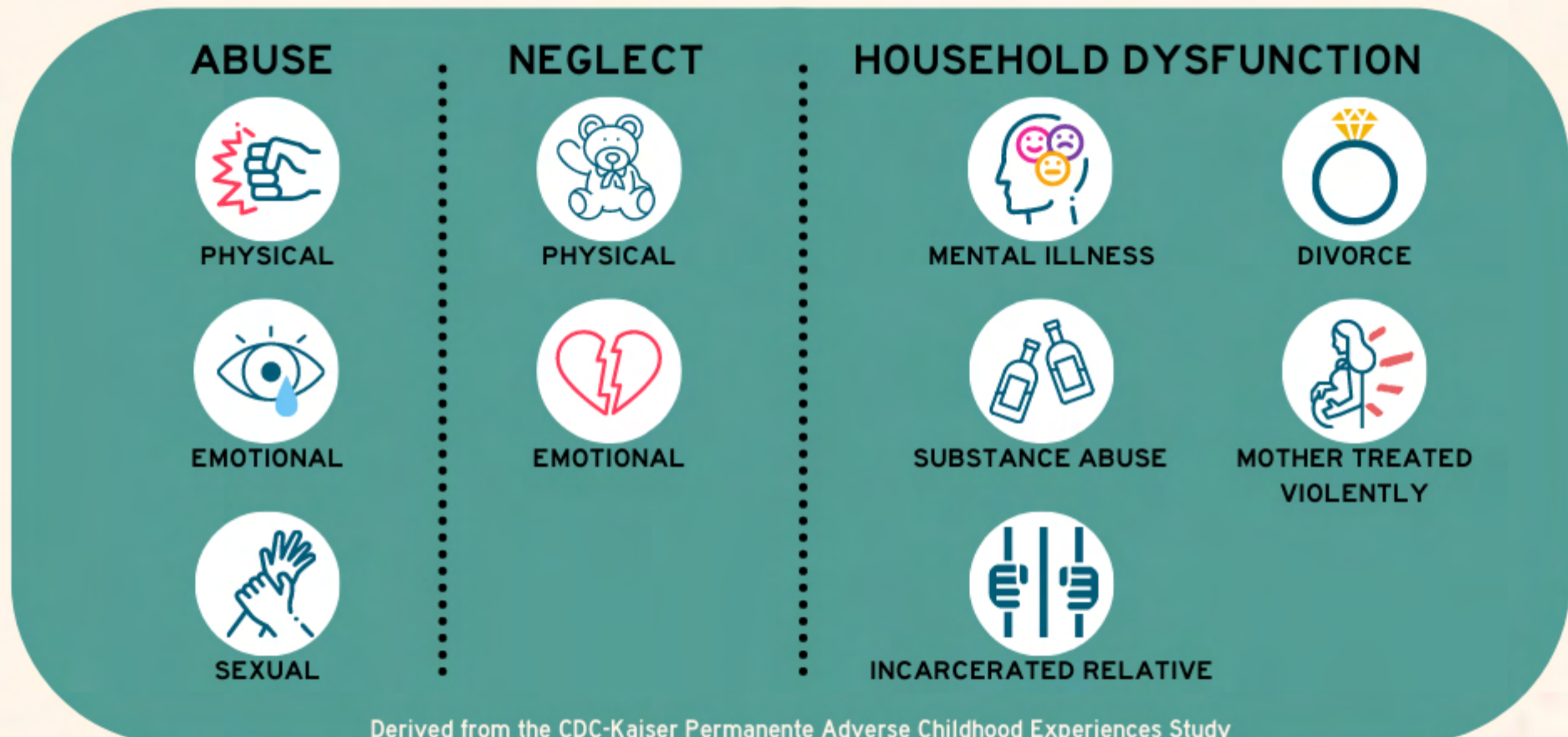


Karen Zilberstein

INCREASING RESILIENCE

In Children Who Have Experienced Trauma

Adverse Childhood Experiences (ACEs) are traumatic events in childhood that can cause serious health concerns for children and adults.



Positive Childhood Experiences (PCEs) can make a significant difference for children who have multiple adverse childhood experiences. Many of these positive experiences are easy for parents to initiate and control.

• WHAT ARE SOME EXAMPLES? •

Playing and reading with parents and friends



Participating in community traditions and activities



Being able to talk openly with a family member



Feeling safe and protected by someone in the home



HOW CAN PROVIDERS SUPPORT CHILDREN AND ADULTS WITH ACEs?

1. Educate yourself. There are free webinars available through the California ACEs Academy. [www.avahealth.org]
2. Integrate what you're learning into your practice.
3. Make it clear to your patients that you understand and care about the things that may be happening to them and their children.

Advice from **Dr. David Corwin**, Professor at the University of Utah and pediatrician, specializing in sexual abuse.



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Learn more at www.roadmaptoresilience.org

DISSOCIATION

IN CHILDREN AND ADOLESCENTS

Children who experience severe forms of trauma may develop dissociative symptoms or disorders. These children cope by disconnecting themselves from the reality of their experiences.



Advice from **Dr. Joyanna Silberg**, clinical child psychologist and expert on childhood trauma and dissociative disorders.

What Are Common Signs of Dissociation?

- Frequent looking away, not listening or “spacing out”
- Interacting with imaginary friends
- Dramatic **shifts in behavior** or relationships with peers, teachers, and parents
- **Loss of memory of previous events or behavior** when they shift into a different state of feeling (e.g., After calming down, a child not remembering being angry and breaking a plate)



When to Seek Support From a Professional

- Your child’s **imaginary friends are bossy** and make your child do things they don’t like. **Your child doesn’t like their imaginary friends and believes they are real.**
- Your child **doesn’t remember why they did something.** Memory loss of a child’s own behavior is a warning sign for parents.
- Your child’s **dissociative episodes** (looking away, not listening or “spacing out”) last **10-15 minutes or more.**
- Your child is **fainting** in situations of anxiety and fear.



How Can You Help as a Parent?

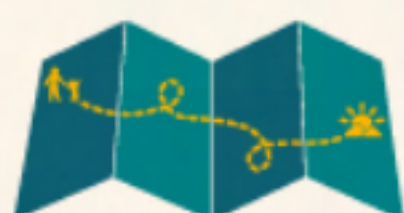
Help your child use descriptive language that is feelings-oriented around their experience of themselves. Ask or describe why they might be feeling or acting a certain way. For example, describe their imaginary friend as their feelings talking to them.



Join and Describe



Criticize or Correct



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Listen to the episode “**Understanding Dissociation**” to learn more.

THE INTERSECTION BETWEEN THE JUVENILE JUSTICE SYSTEM AND TRAUMA



Jessica Feierman



Hernán Carvente-Martinez

How is the juvenile justice system related to trauma?

How can we help youth and families in a healing way?

Response from Jessica Feierman:

Our systems themselves are typically trauma-creating. Young people are:

1. Pulled from their homes, families, and communities
2. Typically put in places that are scary and uncomfortable
3. Often subjected to physical abuse, sexual abuse, and/or verbal abuse

Response from Hernán Carvente-Martinez:

Within the current landscape of our society, people of color often lack accessibility to various resources. We need to create new systems of support through community-based resources for young people within:

1. Mental Health
2. Education
3. Child Welfare
4. Policy



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Listen to the episode "How Lawyers and the Legal System Can Foster Resilience" to learn more.

SUPPORTING CHILDREN WHO EXPERIENCE SEXUAL ABUSE



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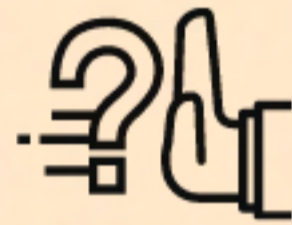
PREVENTION

- Teach children the correct and proper names for their body parts (genitalia). Try to avoid nicknames or made-up terms.
- Help children understand what their boundaries are and who is allowed to touch them.

RESPONSE TO DISCLOSURE



Stay as calm as possible. If you get upset, you risk making the child upset, too.



Limit the amount of questions you ask. Say "help me understand" to conduct a discussion rather than an interview.



Gather enough information to make sure the child's experience isn't a misunderstanding.

SUPPORT

- Understand the potential impacts of sexual abuse and victimization.
- Tell the child "you are not alone" and "I believe what happened to you."
- Recognize that no child is responsible for their own abuse. Reassure the child that it wasn't their fault.
- Be an active listener to whatever the child wants to talk about.
- Use supportive phrases such as:

"I'm sorry this happened to you"

"I'm so glad you told me about this"

"We're going to work together to keep you safe"

"I'll always be here for you"

"I won't be upset if you tell me"

"Let's discuss who you can talk to if anything like this happens again"



Advice from **Dr. Viola Vaughan-Eden**, Associate Professor and PhD Program Director with the Ethelyn R. Strong School of Social Work at Norfolk State University. She serves as a consultant and expert witness in child maltreatment cases – principally sexual abuse.

Learn more at www.roadmaptoresilience.org

FOSTERING RESILIENCE IN UNDER-RESOURCED FAMILIES AND COMMUNITIES

Many families with multiple needs are finding the service sector hard to access and navigate. Sometimes, the effort it takes for families to get resources exceeds the benefits. As a result, families are left with only the services they can get, rather than the services they need.

How Can **Communities** Better Foster Resilience?

Advocate for Green Spaces

Among many other benefits, studies have shown that, when kids are in green spaces, they are less aggressive.

Harness the Power of Coming Together

When communities come together to express their grievances, to protest and demand changes, we see increased validation, action, and expression of feelings in the community.



How Can **Mental Health Professionals** Better Foster Resilience?

Speak about what you know and educate others.

Studies show that legislative bills are more likely to be passed when psychological research is cited.

Advocate for families and their communities.

Advocate for increased funding for more resilience tools and resources.

Show up in community spaces to learn and share.

Tap into your network to discuss how to support families through existing structures.



Advice from Karen Zilberstein, a psychotherapist and clinical director of A Home Within, an organization providing pro-bono psychotherapy to children and adolescents in foster care.



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www.roadmaptoresilience.org

As a mental health provider, how can I be an ally to vulnerable youth?



We regularly work in systems like the juvenile justice system, public education, foster care, healthcare, and more. We often see first-hand the inequities of our systems, so what do we do about it?

Guest expert and clinical psychologist, Dr. Apryl Alexander, shares some ways you can get involved as an ally to vulnerable youth:

ONE



Write to your local legislators and speak about what needs to change in policy. Don't be afraid to use your voice - it matters.

Write op-eds and media pieces to get related research beyond the pay walls and academic language of peer-reviewed articles.



TWO

THREE



Remember your clinical training: practice active listening. You can also speak up from your expertise as a psychologist.

"It's not always about marching downtown. Advocacy is also speaking on behalf of the populations we say we're serving."

-DR. APRYL ALEXANDER



Listen to the episode
"How Mental Health
Providers Can Foster
Resilience" to learn
more.



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HOW CAN MENTAL HEALTH PROFESSIONALS HELP IMMIGRANTS NAVIGATE

cross-cultural differences?

Many immigrants face incredible challenges in trying to find a better life for themselves or their families. A significant struggle that many immigrants and refugees face when crossing borders is the difference in cultures and knowing how to navigate tangible and intangible social and cultural differences, especially when their livelihoods may be at risk.



Dr. Claudette Antuña

Guest expert and forensic psychologist, Dr. Claudette Antuña, shares ways mental health professionals can be of help to someone from a different racial, cultural, or linguistic background:

1 Have a willingness to learn about the new or the unfamiliar. Treat them as the expert that they are in their culture.

2 Advocate for the other person and their safety and educate them on how to stay safe.

3 Don't be afraid to ask questions to properly educate yourself on a new culture - it's okay if you don't know all of the answers.

4 Have an open conversation with the other person. Share your own story to show that you also have an interest in learning about their story.



← Listen to the episode **“Working with Trauma in Cross-Cultural and Immigration Contexts”** to learn more.



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5 PIECES OF ADVICE FOR NEW CLINICIANS

BUILD TRUST WITH YOUR CLIENTS

When treating a child, start by developing a trustworthy therapeutic relationship. You can play games with kids, ask casual, fun questions about their likes and dislikes, and give them your undivided attention and interest.



DON'T BE AFRAID TO WORK WITH PARENTS

Involving parents and family members in a child's therapy session can have a significant impact on their treatment. It's okay to have difficult conversations with family members, but it's important not to get defensive if parents are questioning your authority or credibility. Provide parents with psycho-education about trauma because what may seem like common sense to a clinician, may not be well-known to parents.



BE FLEXIBLE WITH YOUR TREATMENTS

Don't force a specific treatment too hard. Listen to what the client wants to say, check-in with them, see how they receive information and determine whether the treatment you initially planned for will work for this individual or family.



TAKE TIME FOR YOURSELF

Have a support system for yourself and set good work boundaries. Allow yourself a day or two off for fun activities that might relieve any stress or anxiety.



SOLICIT FEEDBACK

Remember to use your supervisor as a resource!



Advice from **Nicole LaPlena**, a fourth year graduate clinical psychology Ph.D. student.



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TIPS FOR REDUCING TRAUMA IN MEDICAL SETTINGS



Clinic visits, medical procedures, and hospitalization can be traumatizing for young children.

Yehudis Stokes, a registered nurse at Children's Hospital of Eastern Ontario and Ph.D. candidate at the University of Ottawa, provides strategies for parents and medical professionals to help make medical experiences less traumatizing for children.



DEVELOP A SYSTEM OF PREDICTABILITY

When a child enters an unfamiliar environment, such as a medical office, predictability becomes an essential tool for making new experiences less traumatizing. Parents and medical professionals can reduce feelings of stress and anxiety by helping the child know what to expect ahead of time. Explain the reason for the treatment using language the child will understand.



LET THE CHILD BE IN CONTROL

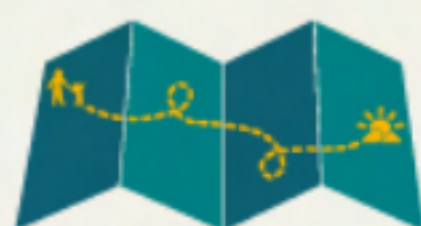
Children are often subject to trauma in medical settings because they lack control of their environment. Provide children with an opportunity to manage their experiences, such as choosing a particular order of procedures. When children have the opportunity to make choices, they are more trustworthy of the medical staff and are less likely to experience trauma.

ALWAYS PROVIDE EMOTIONAL SUPPORT

Caregivers and medical professionals should be attentive and responsive to a child's needs. Provide children with emotional support that recognizes and normalizes common fears. Children want to know that everyone experiences fear and anxiety sometimes and that it's okay to feel that way.



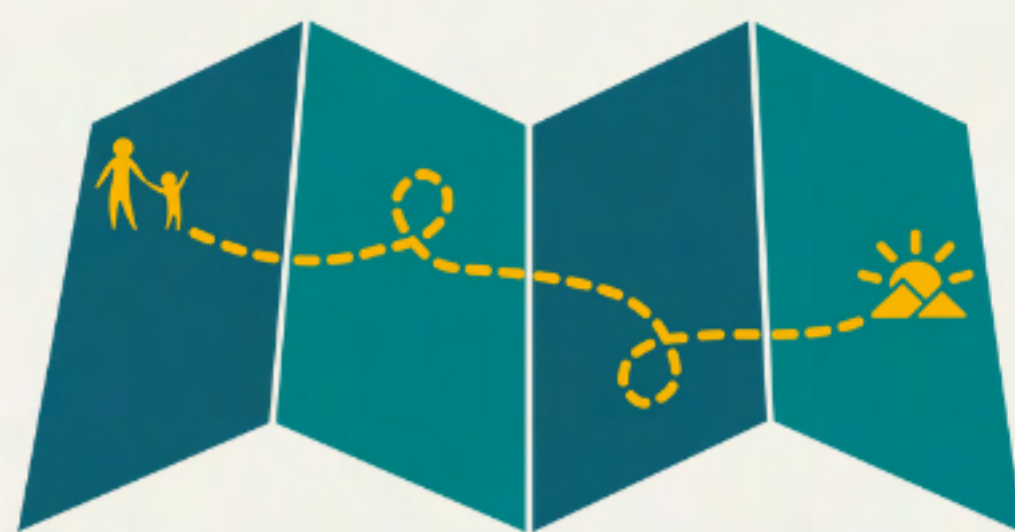
Listen to the episode "**How Healthcare Providers Can Foster Resilience**" to learn more.



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TALKING TO CHILDREN ABOUT TRAUMATIC EVENTS

WITH DR. SANDRA RAFMAN



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When the adults in children's lives are dealing with trauma, they sometimes ask questions that you may not have the answers to.

Guest expert and psychologist, Dr. Sandra Rafman, shares some ways you can talk to kids about difficult topics, such as the pandemic or other traumatic events.

IT'S OKAY TO SAY, "I DON'T KNOW".

It's important to be honest with kids, rather than coming up with answers that may not reflect the reality of what's going on. If answers may come in the future, explain to them that, though you don't know now, you may later on.



IT'S OKAY TO ADMIT THAT NOT EVERYTHING HAS A SOLUTION.

We can't always predict things, and some things just don't make sense. Children are extremely curious and may continuously seek information, so it's important to explain to them when certain situations don't have a simple explanation.

THERE IS NO ONE SIZE FITS ALL FOR EVERY CHILD.

Be aware that different kids need different answers. Certain explanations that make sense to some kids, may not for others.



DR. SANDRA RAFMAN



Listen to the episode "Understanding the Impact of Global and Collective Traumas" to learn more.



HOW SHOULD PEDIATRICIANS APPROACH trauma-informed care?

When it comes to preventative care, doctors often lack the amount of time needed to properly screen for signs of trauma in kids. In addition, because pediatricians are mandated reporters for issues like child abuse, trauma is often seen as a “Pandora’s box.” If we open the lid, we may not know what will come to light.

Guest expert and child abuse pediatrician/child psychiatrist, Dr. Brooks Keeshin, discusses the critical need for pediatricians to prepare clinical settings with systems in place to provide trauma-informed care.



Dr. Brooks Keeshin

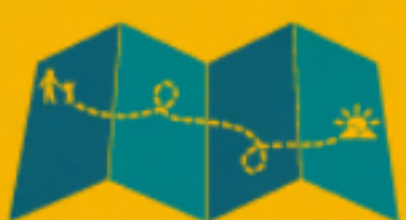
What does a trauma-informed clinical practice look like?

Providers should have:

1. Knowledge about trauma
2. Knowledge about workflow and protocols so they don’t have to be uneasy about disclosures of trauma
3. The ability to refer to the right type of mental health provider
4. Immediate suicide prevention care services available



Listen to the episode
“How Healthcare
Providers Can Foster
Resilience” to learn more.



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FOSTERING RESILIENCE IN CHILD SURVIVORS OF INTIMATE PARTNER VIOLENCE



Roadmap to Resilience: Supporting Children Experiencing Stress and Trauma

Dr. Bianca Harper is a Clinical Associate Professor at the ASU School of Social Work and oversees the Arizona Child and Adolescent Survivor Initiative (ACASI) that supports child and adolescent survivors of intimate partner homicide.



How Can Primary Caregivers Support Child Survivors?

1

Create space for open communication when the child or adolescent needs it. Restricting a child from talking about certain subjects can impede healing.

2

Prioritize and track what the child or adolescent wants over what you, as a mental health professional or caregiver, might want.

3

Consistently care for the child or adolescent throughout their healing process. After a traumatic experience, children are often shuffled between different service providers. Children need someone who will be consistently there to support them.

4

Help children and families develop their values, self-perceptions and coping skills.

5

Focus on the safety and comfort of the child or adolescent.



“On average, 3,000 children a year lose a parent to intimate partner homicide in the U.S.”

- Dr. Bianca Harper

Risk Factors for Intimate Partner Homicide/Violence



HISTORY OF
VIOLENCE



UNADDRESSED
MENTAL HEALTH
CONCERNS



HISTORY OF
PAST SUICIDAL
IDEATION



ACCESS TO
FIREARMS



SUBSTANCE
ABUSE

UNDERSTANDING THE IMPACT OF CHILD SEXUAL EXPLOITATION AND SHAME

UNDERSTANDING SHAME

Offenders often use shame to manipulate children. They say things like:

“If you tell anyone, you’ll get in trouble” or

“You’ve done something wrong and your parents will be angry with you.”

Shame from chronic trauma is a defense mechanism, and it can be scary to let go of shame to risk connecting with others. Open conversations about shame can help children, adolescents, and adults be free of the shame of their abuse.

WHY NORMALIZE SHAME AS A RESPONSE TO ABUSE?

- Helps survivors identify feelings of shame and understand where those feelings are coming from
- De-stigmatizes the things that are difficult for survivors to talk about
- Helps survivors accept praise, validation, or recognition

HOW CAN PARENTS PROTECT THEIR CHILDREN?

HAVE OPEN CONVERSATIONS

Eliminate the potential for shame and have open, non-judgmental dialogue with your children. Reassure your child that they can always come to you and you won't be angry.



SET BOUNDARIES

Set rules and boundaries about screen time and help your child understand what online practices are safe.

BE AWARE OF ONLINE SPACES

Be familiar with the online spaces your children are in. Create environments where technologies are used publicly. However, it's important that these practices are not overly strict that they interfere with your child's right to privacy or sense of trust.



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Advice from **Dr. Michael Salter**, the Scientia Associate Professor of Criminology at the University of New South Wales. His research is focused on child sexual exploitation and technology-facilitated abuse.

Learn more at www.roadmaptoresilience.org

Biological Embedding of Trauma in Kids: 5 WAYS TRAUMA AND HEALTH ARE INTERGENERATIONAL

When we think of childhood trauma and the behavioral changes that come with it, many people may assume that a child suffered a specific traumatic event that is ingrained within their memory.

Dr. Archana Basu provides examples of ways trauma can stem from the mental health of the child's parents, rather than from first-hand experiences.



1

Genetic endowments of the parents to their child

2

Severe stress to the mother during fetal development

3

Chronic stressors to the parent and child

4

Lack of stability in the home environment

5

Early expectations of who we're going to be as parents based on our own lives



“By no means are these prenatal environments or genetic endowments deterministic, but they do play a pretty profound role in shaping this early start to life.”

- **Dr. Archana Basu**

Dr. Archana Basu is a clinical psychologist and Instructor in the Division of Child and Adolescent Psychiatry, at Massachusetts General Hospital/Harvard Medical School. She conducts research to understand how trauma characteristics and protective factors shape children's physical health trajectories.

Listen to the episode “Preventing Trauma” for more from Dr. Archana Basu



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HOW SHOULD CAREGIVERS RESPOND TO A CHILD TELLING THEM ABOUT **SEXUAL ABUSE**?



Dr. Sandra Baita

When children find a way to explain the sexual abuse that they have suffered, they need someone who will listen to their story and understand what has happened to them. Dr. Sandra Baita provides some pointers for responding to a child who has turned to you for help.



TAKE A DEEP BREATH AND TRY TO STAY CALM

Seeing intense emotions in a parent or caregiver can overwhelm or stress the child.



ASK THE CHILD TO TELL YOU MORE

Create a safe space where they feel comfortable to talk and be a listening ear.



GIVE THE CHILD YOUR FULL ATTENTION.

It can be easy to let your emotions take over, but the most important thing to do is to be present for the child.

Dr. Sandra Baita is a Licensed Clinical Psychologist, Child Therapist, EMDR Therapist, and Approved Consultant. She has worked for public agencies of the City of Buenos Aires for 15 years, working with abused children and adolescents, and now has a private practice.

Listen to the episode “Supporting Children (and Adults) Who Have Been Sexually Abused” for more.



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