

Working with Parents of Sexually Exploited Youth

Casi Knowles, LMHC
Erin Wirsing, MSW



Devereux Advanced Behavioral Health

- Devereux Advanced Behavioral Health is one of the largest and most advanced behavioral healthcare organizations in the country.
- We have a unique model that connects the latest scientific and medical advancements to practical, effective interventions in the treatment of behavioral health.
- Founded in 1912 by one of the first pioneers in the field, Helena Devereux.
- Today, we are a national nonprofit partner with 11 centers within the United States for individuals, families, schools and communities, serving many of the most vulnerable members of our society in areas of autism, intellectual and developmental disabilities, specialty mental health, and child welfare.



Devereux Advanced Behavioral Health - Florida

- For over 30 years in Florida, Devereux Advanced Behavioral Health is a leading child welfare and behavioral healthcare organization serving children and families with mental health, intellectual/developmental disabilities and behavioral health challenges.
- Through our continuum of programs and services, Devereux impacts the lives of over 5,000 individuals throughout Florida on any given day. Serving children and families throughout the entire state with locations in 19 counties.
- Devereux Advanced Behavioral Health Florida is licensed by the Agency for Health Care Administration (AHCA), accredited by the Joint Commission on Accreditation of Healthcare Organizations and holds the Human Rights Campaign Foundation's "All Children-All Families" seal of recognition.



Devereux Advanced Behavioral Health - Florida

- Devereux Advanced Behavioral Health Florida's range of programs and services include:
 - Children's Psychiatric Hospital
 - Residential Treatment Center
 - Statewide Inpatient Psychiatric Programs (SIPP)
 - Devereux Threshold Center for Autism
 - Intellectual/Developmental Disabilities Group Homes
 - Specialized Therapeutic Group Homes
 - Commercial Sexual Exploitation of Children Program
 - Dual Diagnosis Center
 - Child Welfare Case Management Services
 - Community Counseling Centers
 - Foster Care / Therapeutic Foster Care
 - Devereux Center for Child Development
 - Devereux Kids Prevention Services
 - And much more....



Devereux Advanced Behavioral Health - Florida

- Devereux Advanced Behavioral Health Florida provides specific treatment for sexually exploited youth through our DELTA specialty tracks offered through programming at our Viera campus, Foster Care and Outpatient Programs.
- Devereux also provides services to adult survivors of labor and sex trafficking through our DELTA Adult Program in Orange County, Florida.
- Devereux's DELTA team also provides other services that include foster parent training, professional training, caregiver psycho-education and prevention groups throughout the state of Florida.



Disclaimer

EVERY family is different and has different circumstances. Families are made of different people and may or may not be formally involved with the child welfare system.

Although this training focuses on biological parents, we acknowledge that other adults—including non-parent partners, grandparents, step-parents, foster and adoptive parents—may also be part of an exploited youth's life, may also have histories of traumatic experiences and could certainly benefit from trauma-informed practice as well.

This is a JUDGEMENT FREE training...



Let's Remember...Who is at Risk for Exploitation?

- Own or have access to a computer / tablet / smart phone
- Are attracted to consumer goods
- Desire to develop romantic relationships
- Sometimes feel insecure or misunderstood
- Fight with their parents/guardians
- Want more independence
- Test boundaries and take risks



Who is at Risk for Exploitation?



ALL CHILDREN!!!

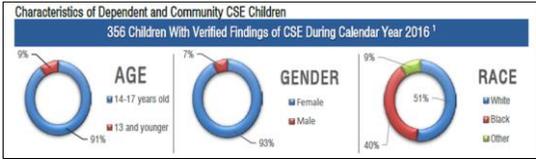


Let's Remember...Who is at Risk for Exploitation?

- Extra Vulnerabilities:
 - A History of Maltreatment
 - Homelessness (running away or being thrown away)
 - Youth who are Systems Involved
 - LGBTQ+
 - Substance Use
 - Gang involvement



Data from OPPAGA Report based on DCF data 2016



The Forgotten Population

Having a missing or sexually exploited child is one of a parent’s worst nightmares.

The trauma of having a missing or sexually exploited child demands courage and determination on the part of parents and other family members.

Self-blame can be a significant reality for parents who’s children are missing/exploited.

When the child is missing, parents often feel like no one is working as hard to find their child as they think they should.



Further Thoughts...

- What if the child:
 - Has a history of drug use
 - Has a history of running away
 - Has a history of behavioral challenges
- Imagine how helpless feelings increase
 - if the child is missing from an out of home placement.
 - when they read about other children who have been found dead
- Professionals may place blame:
 - On the child
 - On the parent
- This can create more barriers to the helping relationship.



Accept Parents as Part of the Team

Parents at times are viewed as a non-expert or non-professional.

- They doubt our intentions.
- They doubt our case plan intentions.
- They doubt our treatment methods.
- They ask a lot of questions and slow the process down OR They do not ask a lot of questions because they do not want to be judged and then do not understand the process.
- The use of acronyms or clinical terms can be confusing.

We tell them what they need to do...

We may be experts on resources, but they are experts on their own lives.



Parents and Trauma

- Many biological parents involved with child welfare services have their own histories of childhood and/or adult trauma.
- Untreated traumatic stress has serious consequences that can continue to impact an adult's life, affecting an adult's ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability.
- Parents' past or present experiences of trauma can affect their ability to keep their children safe, to work effectively with child welfare staff, and to respond to the requirements of the child welfare system.
- Providing trauma-informed services can help child welfare workers and parents meet the child welfare system's goals of safety, permanency, and well-being of children and families.



Posttraumatic Stress Disorder

F43.10

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the event(s).
2. Witnessing, in person, the event(s) as it occurred to others
3. Learning that the traumatic event(s) occurred to a close family member of close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains; police officers repeatedly exposed to details of child abuse).



Trauma: Primary versus Secondary



Primary or Direct Trauma



Secondary or Vicarious Trauma

Mathieu, Françoise (2012) www.tendacademy.com



Secondary Traumatic Stress and Vicarious Trauma

- Secondary traumatic stress is a risk we incur when we engage empathically with an individual who has been traumatized.
- It has only been recently that researchers and practitioners have acknowledged that persons who work with or help traumatized persons are secondarily at risk of developing the same symptoms as persons directly affected by the trauma.
- Child welfare staff and parents who listen to their clients or children describe the trauma are at risk of absorbing a portion of the trauma.
- Experience of Primary and Secondary Trauma may lead to Compassion or Caregiver Fatigue.



Recognizing Trauma History

- Important to remember that each parent may have experienced trauma and not every parent reacts the same.
- Parents may have trauma reminders/triggers
 - The child's behaviors
 - The child's trauma
 - The child welfare system



Parents with a Trauma History MAY

A history of traumatic experiences **may**:

- Compromise parents' ability to make appropriate judgments about their own and their child's safety and to assess for danger
 - in some cases, parents may be overprotective and, in others, they may not recognize situations that could be dangerous for the child.
- Have increased vulnerability to other life stressors, including poverty, lack of education, and lack of social support that can worsen trauma reactions.
- Impair a parent's decision-making ability, making future planning more challenging
- Lead to poor self-esteem and the development of maladaptive coping strategies, such as substance abuse or abusive intimate relationships that parents maintain because of a real or perceived lack of alternatives.



Parents with a Trauma History MAY

A history of traumatic experiences **may**:

- Make it challenging for parents to form and maintain secure and trusting relationships, leading to:
 - Trouble developing positive attachments with their children
 - Negative feelings about parenting; parents may personalize their children's negative behavior, resulting in ineffective or inappropriate discipline.
 - Be distrustful of child welfare workers and not believe they have their best interest at heart
 - Have increased vulnerability to unhealthy or unsafe relationships
- Be overly focused on threats on the present and unable to think about the future



Parents with a Trauma History MAY

- Parents **may** replicate trauma behaviors:
 - Re-experiencing / Re-enactment (nightmares, flashbacks, etc.)
 - Hyper-arousal / Hyper-vigilance
 - Avoidance / Numbing
 - Dissociation
- Can lead to not participating in the child's treatment



Parents with a Trauma History MAY

Result in trauma reminders—or “triggers”—when parents have extreme reactions to situations that seem nonthreatening to others.

- These responses are especially common when parents feel they have no control over the situation, such as facing the demands of any system they are involved with.
- A child’s behaviors or trauma reactions may remind parents of their own past trauma experiences or feelings of helplessness, sometimes triggering impulsive or aggressive behaviors toward the child.
- Parents also may seem disengaged or numb (in efforts to avoid trauma reminders), making engaging with parents and addressing the family’s underlying issues difficult for caseworkers and other providers.



Managing Our Responses

- Frustration is normal, but be careful not to react
- Self-care is very important
- Child welfare systems can be trauma reminders but can also be supportive
- Trauma is treatable – we can give parents hope



Professional Systems in General

- Although parents may experience the systems involved in their life as re-traumatizing because it removes their power and control over their children, there is potential for it to support trauma recovery and strengthen their resilience.
- Viewing parents through a “trauma lens” helps child welfare staff – and parents themselves – see how their traumatic experiences have influenced their perceptions, feelings, and behaviors.
- Caseworkers, as representatives of the child welfare system, can themselves serve as triggers to parents with trauma histories or can be bridges to hope and healing, through careful use of non-threatening voice and demeanor.



Remember...

Even if a parent has their own trauma history or has their own mental health needs, it does not mean that the parent should be excluded. The parent still likely knows the youth better than anyone else involved.



Trauma Informed Care with Parents

Professionals cannot reverse the traumatic experiences of parents, but they can:

- Understand that parents' anger, fear, or avoidance may be a reaction to their own past traumatic experiences, not to the caseworker him/herself.
- Assess a parent's history to understand how past traumatic experiences may inform current functioning and parenting.
- Remember that traumatized parents are not "bad" and that approaching them in a punitive way, blaming them, or judging them likely will worsen the situation rather than motivate a parent.
- Build on parents' desires to be effective in keeping their children safe and reducing their children's challenging behaviors.

NCTSN



Trauma Informed Care with Parents

- Psychoeducation: Help parents understand the impact of past trauma on current functioning and parenting, while still holding them accountable for the abuse and/or neglect that led to involvement in the system.
 - For many parents, understanding that there is a connection between their past experiences and their present reactions and behavior can empower and motivate them.
- Pay attention to ways trauma can play out during case conferences, home visits, visits to children in foster care, court hearings, and so forth.
 - Help parents anticipate their possible reactions and develop different ways to respond to stressors and trauma triggers

NCTSN



Trauma Informed Care with Parents

- Refer parents to trauma-informed services whenever possible. Parents will be more likely to attend services that address their needs.
 - Generic interventions that do not take into account parents’ underlying trauma issues—such as parenting classes, anger management classes, counseling, or substance abuse groups—may not be effective.
- Become knowledgeable about evidence-supported trauma interventions and trauma-informed providers to include in service planning and service referrals.
- Advocate for the development and use of trauma-informed services in the community.

NCTSN



How to Engage a Parent When... Their Child is Missing

- Provide Empathy
- Provide a nonjudgmental listening ear
- Recognize trauma and coping mechanisms
- Provide Psychoeducation about normal responses of a parent with a traumatic experience
- Provide information about exploitation
- Provide Hope
- Assist with Crisis Management
- Educate on process and role of Law Enforcement
- Provide resources for therapeutic support
- Provide resources for peer support



How to Engage a Parent When... Their Child is Found

- Provide Empathy
- Refrain from displaying a shocked face or talking about how “awful” the child’s experience is/was. Parents have enough of this without us adding to it.
- Provide a listening ear
- Provide Psychoeducation about an exploited child’s normal responses
- Provide education about exploitation
- Provide Hope
- Provide resources for child
- Provide resources for the parent
- Assist with Crisis Management



How to Engage a Parent When... Their Child is in Treatment

- Recognize that a one size fits all doesn't work.
- Recognize connecting families with other families
- Work with each family's individual culture
- Involve the entire family
- Begin communicating early and often.
- Involve parents in ALL decision making.
- Be realistic and hopeful for the family.
- Differentiate between "normal" and concerning behaviors.
- Teach the youth to live in the parental home and community.
- Understand that parents value education and educational needs should be individualized and tailored to each youth.
- Create interventions that can be taught to families and transition home.
- Report the good news.

Building Bridges, 2012





What Parents Need to Know



Trauma Effects on Brain Development

- In recent years, there has been a great deal of research related to physiological, neurological, and cognitive responses to trauma.
- Childhood trauma may permanently alter neuron response and cognitive pathways.
- Trauma also affects the autonomic nervous system, which reaches every major organ in the body.
- Brain structure and neurochemicals are affected by trauma, which regulate emotional, behavioral, physical and mental health.
- Numerous serious illnesses have a higher prevalence among people who have experienced trauma.