

The Complex Child: Trauma-Informed Assessment and Treatment Considerations

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Objectives

- Risk Factors of Youth in the Child Welfare System
 - Prenatal Exposure to Substances of Abuse
 - Child Traumatic Stress
- Neurodevelopmental Impact
- Trauma-Informed Assessment
- Trauma-Informed Treatment Strategies

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Youth at Risk

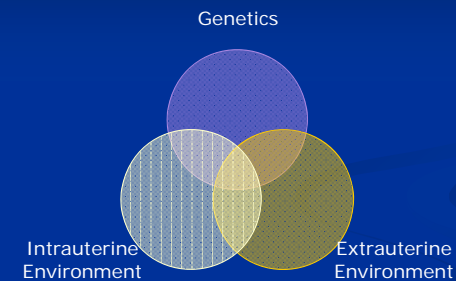
Identifying the Pieces of a Complex Puzzle

- Familial mental health histories
- Prenatal Substance Exposure
- Multiple losses
- Placement disruptions
- Multiple school disruptions
- Histories of abuse, neglect, witness to violence



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Complex Children Risk Factors and Protective Factors



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Prenatal Substance Exposure

- About 80% of children in Illinois DCFS have histories of alcohol or drug abuse in their families of origin
- Of all substances of abuse, alcohol produces the most damaging neurobehavioral effects



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Fetal Alcohol Syndrome (FAS)

- FAS is among the most common of the known causes of cognitive impairment
- Alcohol is much more damaging to the brain than other substances of abuse

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FAS Facial Dysmorphic Features

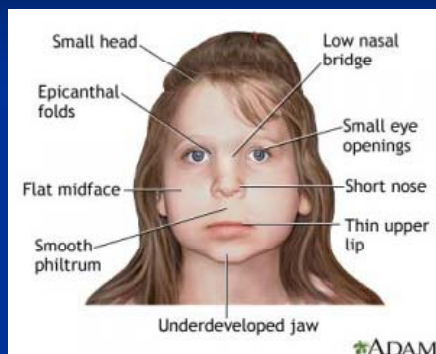


Photo: <http://mindforums.com/wp-content/uploads/2009/02/fas-fage-300x240.jpg>, 2011

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Impact of Alcohol on Brain Development



Photo Clarren, 1986

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Varying Degrees of Deficit in Multiple Domains

- Cognitive
- Executive
- Sensory
- Physical/motor
- Regulatory
- Emotional/behavioral
- Academic

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Continuing to define risk.... childhood trauma



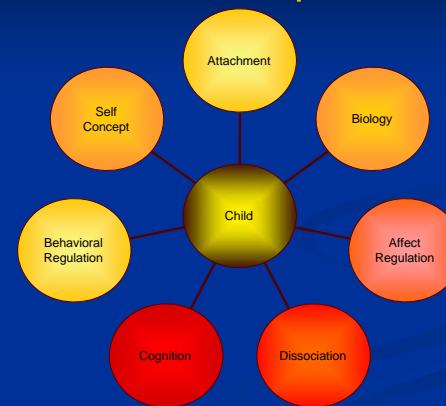
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Early Trauma

- In general, the earlier the trauma...
 - More pervasive problems in regulation
 - Generalized increase in autonomic nervous system + cue specific reactivity
 - Delays in cognitive, language, motor, social development

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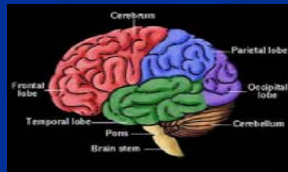
Domains of Impairment



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Effects of Chronic Trauma on the Developing Brain

- Brain changes in response to experience
- Pathogenic caregiving=
 - Changes in stress/fear response
 - Neurophysiological changes



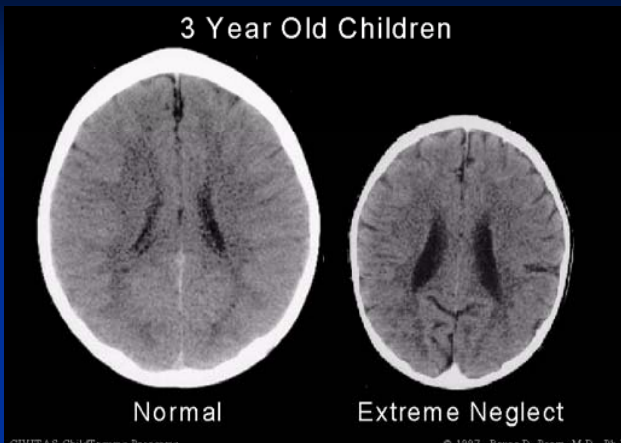
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Neglect: One of the Worst Offenders



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3 Year Old Children



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Corpus Callosum

- Connects the two brain hemispheres
- Allows the left side to communicate with the right side
- Is often damaged by prenatal alcohol exposure/traumatic stress exposure



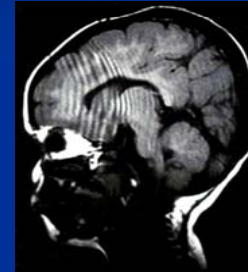
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The Importance of Right-Left Brain Synchronization & Integration

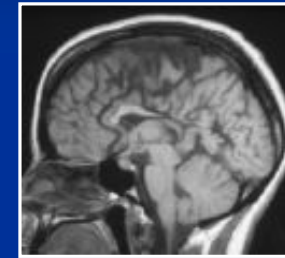
- Critical developmental function
- Necessary for connecting language with emotion
- Necessary for optimal memory function
- Essential for learning consolidation

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Impact on the Corpus Callosum



Severe Prenatal Alcohol Exposure



Severe Early Neglect (Teicher, 2004)

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18

Right to Left Organization

LEFT HEMISPHERE

- Processes familiar challenges
- Responsible for established routines

RIGHT HEMISPHERE

- Process novel challenges
- Accomplishes creative solutions

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The "Rational" Left Brain

- Responds to verbal instructions
- Problem solves by logically and sequentially looking at the parts of things
- Looks at differences
- Is planned and structured
- Prefers established, certain information
- Prefers talking and writing
- Prefers multiple choice tests
- Controls feelings

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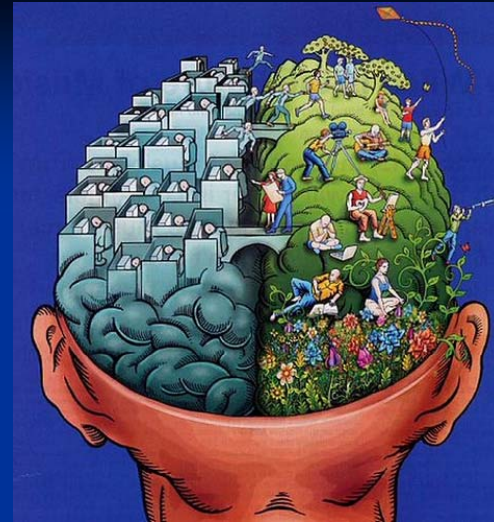
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The "Intuitive" Right Brain

- Responds to demonstrated instructions
- Problem solves with hunches, looking for patterns and configurations
- Looks at similarities
- Is fluid and spontaneous
- Prefers drawing and manipulating objects
- Prefers open ended questions
- Free with feelings

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Back to Front Organization

- Incoming sensory information initially processed in back of the brain
- Information then moves to the frontal area for higher level processing
- Allows us to move from reactive (primitive) behavior to proactive (rational) behavior

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Diagnostic Complexity

- Difficult to tease apart the impact of abuse, neglect, and loss from the effects of PSE
- Early diagnosis = more positive outcomes
- Late diagnosis or no diagnosis at all = years of being misunderstood & mislabeled
- High-Risk for co-morbid diagnoses

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Mediating Factors

- Prenatal substance exposure
- Nature of trauma
- Perpetrator of abuse/neglect
- Frequency/intensity
- Point in child's development
- Presence or absence of attuned, consistent attachment figure
- Child variables (IQ, disposition, etc)



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Protective Factors

**“Risk Factors
are not
Predictive Factors
due to
Protective Factors”**



~Carl C. Bell, MD

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Diagnostic Overview

- These kids get all kinds of labels.
- They usually get labels that tell you that these kids are bad.
- PTSD, RAD, ADHD, ODD, Bipolar Disorder, Conduct Disorder diagnoses do NOT capture the full extent of the developmental impact of PSE and/or complex trauma.

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“Approaching each of these problems **piecemeal, rather than as expressions of a vast system of **internal disorganization**, runs the risk of losing sight of the forest in favor of one tree.”**

van der Kolk, 2009

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What's Next?

- Trauma-Informed; what does this really mean?
- Screening & Assessment: Developing a Unique Client Picture
- Trauma-Informed Treatment Strategies

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Basics of Trauma-Informed Care & Treatment

- Provider has experience, expertise, and training in trauma
- Includes a comprehensive, strengths-based trauma assessment
- Treatment includes a clear plan (goals) that involves the caregiver and child
- Empirically informed
- Includes education about what trauma is, what it looks like and how to cope with it

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Basics of Trauma-Informed Care and Treatment

- Focuses on safety both in and outside of therapy
- Recognizes that trauma is experienced through all of our senses
- Children have the opportunity to share their story with caregiver or trusted adult
- Work with family, school, and others in the child's life to support the child's progress and adapt to changes as the child heals
- It focuses on what happened to the family rather than what is wrong with the family

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Developing a Unique Client Picture Assessment and Formulation

- Integrate an array of information into a **coherent understanding of the client**
- Understand that all individuals function - in the way they function - **for a reason**
- Evaluation should be an **ongoing and dynamic** process, rather than a one-time accomplishment

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Creating a Unique Client Picture

Four general domains should be considered when assessing a child:

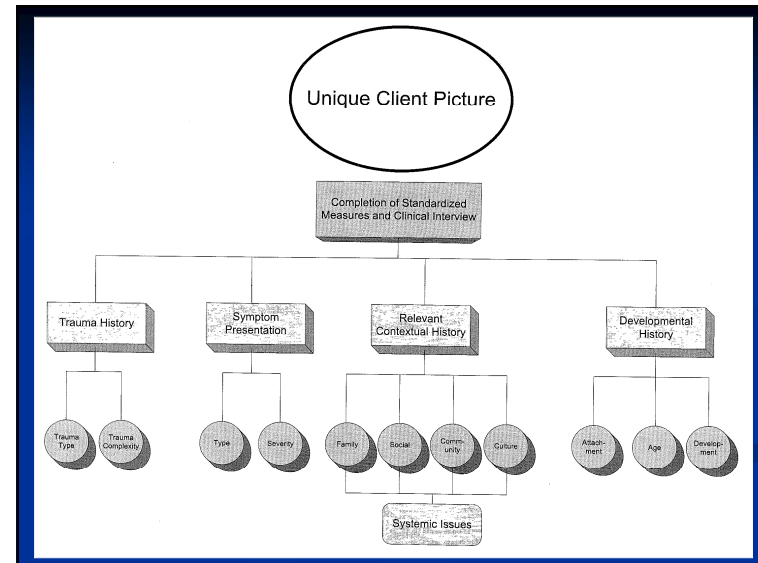
Trauma History

Symptom Presentation

Relevant Contextual History

Developmental History

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Trauma History

- Abuse/Neglect/Maltreatment
- Domestic Violence
- Community Violence
- War/Terrorism
- Illness/Medical Trauma
- Injury/Accident
- Natural Disaster
- Kidnapping
- Traumatic Loss/Bereavement
- Impaired Caregiver
- PSE

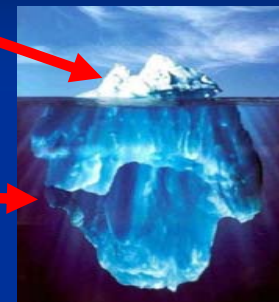


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Symptom Presentation

Presenting Behaviors

- PSE
- Trauma History
- Attachment History
- Cultural Considerations
- Relational Style
- Self-regulation capacity
- Etc.....



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Questions to Consider

- What do the **patterns** we observe suggest about the child (or family's) **learned adaptation** to these experiences?
- In what way do current behaviors make sense, given **historical experiences**?
- Consider **core driving issues** – not just surface behaviors.

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The Critical Role of Self-Regulation Assessment and Formulation

- Children who do not develop the capacity to inhibit impulsive behavior, to plan, and to regulate their emotion are at high risk for behavioral and emotional difficulties.

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Relevant Contextual History

- What other factors have influenced the child and family? Consider:
 - Culture
 - Caregiver function
 - Organic strengths and vulnerabilities
 - Socioeconomic factors
 - Child's role in the family

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Developmental History

- Developmental Milestones, attachment style, beliefs: about self, others, the world
 - Problems with boundaries
 - Distrust and suspiciousness
 - Difficulty attuning to other people's emotional states

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Selecting Measures

MORE is NOT always better!



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Trauma Treatment Program Standardized Measures

- Parent Reports
 - Child Behavior Checklist CBCL
1 ½ - 5 years; 6-18 years
 - Temperament and Atypical Behavior Scale (TABS) 11-71 months
 - Trauma Symptom Checklist for Young Children (TSCYC) 3-7 years
 - Social Readjustment Rating Questionnaire (SRRQ) 3-17 years

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Trauma Treatment Program Standardized Measures

- Youth Reports
 - Trauma Symptom Checklist TSCC
8-16 years
 - Beck Youth Inventories: Depression, Anxiety, Anger, Disruptive Behavior, & Self-Concept
7-18 years
 - UCLA PTSD Reaction Index for DSM IV
7-12 child; 13-17 adolescent

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Other Measures

- Parent Stress Indicator (PSI)
- Teacher Report Form (TRF)
 - 2-5 and 6-18
- Children with Sexual Behavior Issues (CSBI)
- Behavior Rating Inventory of Executive Function (BRIEF)

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Trauma-Informed Treatment Considerations



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Safety

Physiological safety:

- Lack of reliance on self-harmful strategies to modulate experience (self-injury, substances, food)
- Understanding of body/somatic connection to stress and internal experience

Therapeutic Safety:

- Trust, therapeutic alliance, safe boundaries, supportive/affirming environment

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Self-Regulation



- Clients who are unable to modulate arousal live in a body that experiences the constant threat of harm.
- Rather than engaging in goal-oriented behavior, traumatized individuals experience arousal as a trigger for fight, flight or freeze reactions in the absence of meaningful evaluation of experience.
- Overwhelming levels of arousal lead to reliance on maladaptive (but immediately effective) coping strategies.

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Self-Regulation: Targets

- Affective, Behavioral, Somatic
- Self-soothing capacity
- Up/down modulation of emotional states
- Healthy self-expression
- Impulse control

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The Prefrontal Cortex: The Home of Executive Function

- **Executive Function:** The “brakes” of the brain
 - Working memory
 - Attention regulation
 - Planning/organizing
 - Impulse control
 - Mental flexibility
 - Self-monitoring



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Executive Function

- Promotes **regulation** of:
 - Attention/Arousal
 - Behavior
 - Mood/Emotion

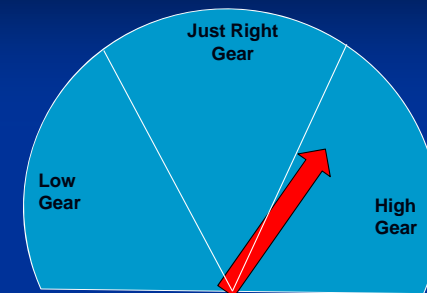


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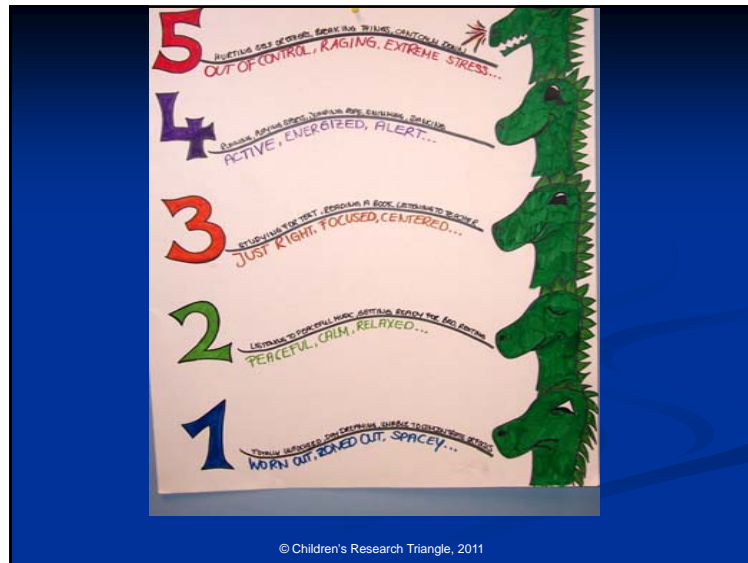
The Impact of PSE and Complex Trauma on Brain Development

- Increased amygdala function/intense limbic activity (stuck accelerator)
- Decreased prefrontal cortex function (bad brakes)

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Modulating Arousal States

- Diaphragmatic Breathing
- Grounding for Down-regulation
 - Self-soothing and internal engagement
- Grounding for Up-regulation
 - Re-engaging with self and the environment
- Movement/Yoga
- Muscle Relaxation
- Imagery



Alternating State Regulation Strategies

- Helps children learn how to flow through and tolerate increasing and decreasing level of arousals.
 - Particularly useful in dyadic work.
 - Examples:
 - Turn up the Volume (loud fast, soft slow)
 - Robot
 - Slo-Mo
 - Stop-start
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Relational Engagement



Attachment allows children to safely explore the world.....

....and provides a healthy model for self and others

Attachment is the dance of the limbic systems of the child and parent."
- Allan Schore



Relational Engagement: Targets

Attachment/Caregiving System:

- Work with caregivers/providers to create a safe environment that is able to support the person in meeting emotional, and relational needs.
- Build caregiver/provider capacity to manage affect
- Build consistency in caregiver/provider response to behavior
- Build caregiver/provider capacity to build routines and rituals
- Interpersonal Connection: Build capacity to effectively build meaningful relationships with others

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Dyadic Attunement Exercises

- Feelings Charades
 - Basic – act out feeling state, other guesses
 - Reverse – caregiver acts out what child looks like during a particular feeling state – then switch
- Follow the Leader
 - Music – Drums
 - Dance/Movement
 - Mirroring



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Dyadic Attunement Exercises

- Parallel self books – Create a joint “all about us” book.



- Play – teach caregivers to follow their child's lead and not to instruct or direct. Also instruct them to use reflective listening skills.

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Positive Affect Enhancement



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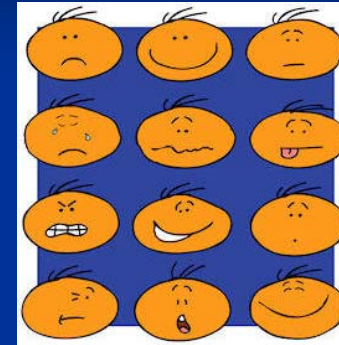
Positive Affect Enhancement: Targets

- Creativity
- Imagination
- Pleasure/Joy
- Achievement
- Competence
- Mastery-seeking



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Affect Expression



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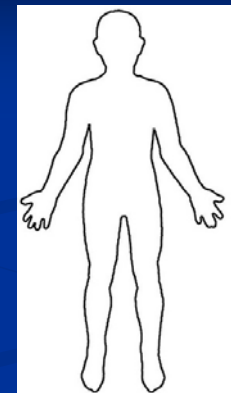
Affect Regulation and the Effect of Trauma

- The ability to regulate affect can be disrupted when an individual experiences a trauma.
- In practical terms, a child who is traumatized may experience physiological changes that they are unable to label or to understand. This can be quite distressing.

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Affect Expression Tools

- Body Feeling Charts
- Identifying Safe People
- Circle of Trust
- Non-verbal communication skills
- Play Genogram



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Trauma Integration

- The process through which traumatic memories, thoughts, feelings, and behaviors related to the trauma are understood, accepted, and integrated within the client's view of themselves and the world around them.

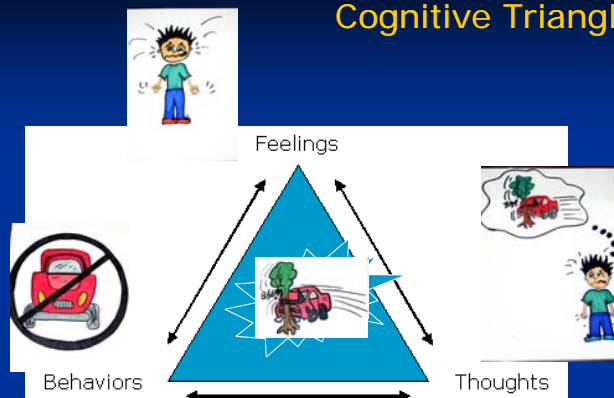
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Maladaptive Cognitions

- Cognitive treatment approaches help clients think more adaptively by changing the way they view the world and themselves.
- Helping the child cognitively understand the connection among thoughts, feelings, and behaviors is an initial component of the cognitive treatment approach.

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Cognitive Triangle



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Relationship building

- The "glue" holding the therapy together and the "key" to a positive outcome in therapy
- Creates a trusting connection between client and therapist that allows for safety and security so clinical work can take place - especially true in treating child trauma victims, where trust has often been violated.

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