Developmental Impacts Of Childhood Trauma
Through Our Eyes: Children, Violence and Trauma

http://youtu.be/z8vZxDa2KPM
When Trauma-Exposed Youth May Benefit From Therapy

Seek help for a child or teen if you notice significant increases in:

- Physical complaints (e.g. stomach problems or headaches)
- Irritability or moodiness
- Angry/aggressive outbursts
- Crying episodes
- Excessive fear and anxiety
- Nightmares or difficulty sleeping
- Changes in eating patterns
When Trauma-Exposed Youth May Benefit From Therapy

Seek help for a child or teen if you notice:

– Withdrawal from peers and activities
– School refusal
– Reports from teachers about increased disruptive behaviors, dropping grades or excessive zoning out in class
– Deliberately hurting themselves or other people
– Drug or alcohol use
– Inappropriate sexual behavior
– Thoughts of death or suicide
Child Trauma Screening and Assessment
Screening for Trauma Exposure and Symptoms

Avoid Diagnosis by History.
- Trauma exposure doesn’t always lead to PTSD or other trauma-related diagnoses.
- Some youth may be placed or kept in unnecessary psychological treatment due to their trauma exposure, not their trauma reactions.

Screen for trauma exposure in youth. If there is exposure, assess for trauma-related reactions.
- Failure to screen for trauma or assess for trauma reactions can lead to misdiagnosis
- This can then result in a failure to provide necessary trauma-focused treatment.
- Or it can result in the use of psychological and psychiatric treatment that may be ineffective at best or even harmful.
Common Misdiagnoses

- Attention Deficit - Hyperactivity Disorder
- Reactive Attachment Disorder
- Oppositional Defiant Disorder
- Bipolar Disorder

How do these diagnoses impact:

- Adults’ perceptions of children's:
  - Reasons for behaving in certain ways?
  - Developmental potential?
- Placement decisions? Adoption potential?
- Treatment decisions (including medication referrals)?
Useful Internet Sites on Child Trauma Screening and Assessment

- **NCTSN**
  - [www.nctsn.org](http://www.nctsn.org)
  - Database of information on instruments for use with children and adolescents

- California Evidence-Based Clearinghouse for Child Welfare: Screening and Assessment Tools for Child Welfare
There is a suspicion that this child has experienced trauma, but it hasn’t been confirmed. Can you find out what happened to this child?

Who can answer this question?

- A professional with specialized training in a nationally recognized model of forensic interviewing.
- Oklahoma Child Advocacy Centers are recommended resources.
- This investigative role is not appropriate for therapists to take on as a part of treatment.
It is confirmed that this child has been exposed to one or more traumatic experiences.

The type and amount of this child’s trauma exposure may or may not be known.

Is this child in need of trauma-focused mental health treatment?

Who can answer this question?

A (licensed or under licensure supervision) master’s level therapist or doctoral level psychologist with specialized training in child trauma screening and assessment.

Every ODMHSAS contracted mental health agency should have clinicians trained in child trauma screening and assessment.
Trauma Assessment

What is your referral question?

- It is confirmed that this child has been exposed to one or more traumatic experiences.
- The child is having significant difficulties at home, school and/or in the community.
- A comprehensive trauma-focused psychological assessment is needed to determine this child’s level of functioning, mental health diagnosis and treatment recommendations.

Who can answer this question?

- A doctoral level psychologist (licensed or under licensure supervision) with specialized training in child assessment AND in child trauma screening and assessment.
Trauma Assessment Considerations

A comprehensive trauma-focused child assessment should include measures of:

✔ Overall Child Functioning
  • Internalizing & Externalizing Symptoms
  • Common measures used:
    – Child Behavior Checklist
    – Behavior Assessment System for Children
    – Pediatric Symptom Checklist (free)

✔ Screening for Types of Trauma Exposure
  • Examples:
    – Child and Adolescent Trauma Screen, Part 1 (free)
    – UCLA PTSD Symptom Scale, Part 1
Posttraumatic Stress Symptoms

- Child and Adolescent Trauma Screen, Part 2 (free)
- UCLA PTSD Symptom Scale, Part 2
- Trauma Symptom Checklist for Children
- Trauma Symptom Checklist for Young Children
- Clinician Administered PTSD Scale (CAPS-CA; free)

Specialized Measures As Needed

- Child Dissociation Checklist (free)
- Child Sexual Behavior Inventory
- Parent functioning and posttraumatic stress exposure/symptoms (see Center for PTSD for free measure)
- Cognitive functioning/development
Treating Child Trauma
The Path to Dissemination

Develop Treatment Approach

Use in Clinical Setting

Conduct Validation Studies

Disseminate Treatment to the Field

Modified from Office for Victims of Crime, and Benjamin Saunders, Ph.D.
Test of an Evidence-Supported Practice

✔ Is it based on a solid conceptual/theoretical framework?
  - Is the theory upon which it is based widely accepted?
  - Is there a logic model that makes sense?

✔ Can it be replicated?
  - Are there practice manuals and protocols?
  - Is there training/consultation available?
  - Does the practice lend itself to application in other communities or with other populations?

✔ How well is it supported by research?
  - How rigorous is the design? Randomized controlled trial is the gold standard.
  - How many evaluations have been conducted?
  - How strong are the results?

✔ Is the risk acceptable?

Slide adapted from “Exploring Alternative Strategies for Diffusion of Best Practice” by Charles Wilson, NCTSN
MISSION: Building resilience and facilitating recovery.

http://www.samhsa.gov/

http://www.nrepp.samhsa.gov/
Commonalities of child treatments that work

- **Outpatient**
  - Most youth can be treated in outpatient settings.
  - Few youth require the higher levels of acute or long-term inpatient treatment.

- **Skills Based**
  - Treatment actively and regularly involves skills practice and use outside of session

- **Active and Regular Caregiver Involvement**
  - Attempting to treat child behavior problems without parental involvement is generally ineffective.

- **Measurable Goals and Changes** are established and periodically reviewed
Specific treatments are known to be more effective for certain disorders than treatment as usual.

- Treatment choice should be based on assessment and diagnosis
- May or may not involve processing trauma

There is much evidence for cognitive-behavioral treatments with children.
Treatments that Work

http://youtu.be/3EyvaEk0K-k
Common Elements in Child Trauma Treatment

- Educating about trauma and its effects
- Teaching children stress management and relaxation skills
- Creating a coherent narrative or story of what happened
- Correcting untrue or distorted ideas about what happened and why
- Involving parents in creating optimal recovery environments
Target symptoms:
- PTSD, depression, anxiety, and behavioral symptoms secondary to trauma.

TF-CBT treats:
- Children ages 3-18
- All types of traumas
- With or without parental participation
- In schools, group home, foster home and in-home settings.

Most commonly provided to child and parent in clinical settings.
Over 80% of children in TF-CBT show significant PTSD symptom improvement within 12 to 16 weekly 60- to 90- minute sessions.

**Significant TF-CBT Child Outcomes**

Reductions in:
1: Child behavior problems
2: Child symptoms of PTSD
3: Child depression
4: Child feelings of shame
Training Step 1:
TF-CBT On-Line Training

TF-CBT Web
A web-based learning course for
Trauma-Focused Cognitive-Behavioral Therapy

www.musc.edu/tfcbt
### National TF-CBT Certification Program Requirements

- Completion of TF-CBT Web
- Participation in a 2-day Introductory TF-CBT training with a national TF-CBT trainer
- Completion of ongoing clinical consultation on 1 or more TF-CBT cases with a national TF-CBT trainer. This includes a recommended 12 consultation sessions over the course of 6 – 12 months.
- Incorporation of standardized trauma measures into TF-CBT cases
- Completion of 3 or more TF-CBT cases. Only one case needs to be completed under consultation.
- Passing an on-line TF-CBT test
- $250 certification fee
- Professional licensure status (e.g., LPC, LCSW, Licensed Psychologist, etc.)
Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Department of Human Services
ODMHSAS/OUHSC partnership to enhance therapeutic care for trauma-impacted children and families

- Training and clinical consultation program for all ODMHAS contracted child serving CMHCs
- Gwendolyn Downing, ODMHSAS Program Coordinator

All ODMHSAS Agencies are contracted to provide:

- Trauma screening to all children entering therapy
- Trauma symptom assessment for youth screen positive for trauma exposure.
- Evidence-based child trauma treatment
  - Trauma-Focused Cognitive-Behavioral Therapy
ODMHSAS Therapist Training Standards

- Applies to therapists providing child services at agency contracted with ODMHSAS

Child Trauma Treatment Training Requirements:
- Complete online TF-CBT training
- Attend Intro to Trauma-Focused Assessment
- Attend Introductory TF-CBT
- Participate in TF-CBT consultation for minimum of 12 calls
- Standardized screening & assessment for trauma exposure & symptoms
- Complete minimum of 1 TF-CBT case during consultation
Welcome to Oklahoma TF-CBT!

Here you will find information and resources for families considering Trauma-Focused Cognitive-Behavioral Therapy, professionals interested in learning about TF-CBT treatment and TF-CBT therapists implementing the model within our state.

Families
Click here if you are a family member interested in learning more about TF-CBT. Information on this page can help you decide if TF-CBT treatment is right for your family. Learn what families can expect when participating in TF-CBT. Access the interactive map to find Oklahoma mental health agencies offering TF-CBT treatment in your area.

Professionals
Click here if you are a professional seeking information about TF-CBT treatment and training. Learn how TF-CBT works and the recommended criteria for TF-CBT training and implementation. Review information to consider when seeking a trained TF-CBT therapist. Find links to TF-CBT web-based resources. View an Oklahoma training calendar and register for upcoming events.

TF-CBT Therapists
Click here if you are an Oklahoma TF-CBT therapist seeking TF-CBT treatment resources. This password protected area houses downloadable educational and treatment resources designed to support TF-CBT model implementation. Instructions on requesting a user name and password are provided on this page.
Parent-Child Interaction Therapy

• Developer: Sheila Eyberg
• Designed for children ages 2 to 7 with oppositional behavior
• 4-5 months of weekly sessions
• Improves parent-child relationship and child compliance with parent directions
• For training or providers in Oklahoma, contact OUHSC: 405-271-5700 or Google “Oklahoma PCIT” for their OUHSC website.
PCIT – What is it?

• Therapist coaches caregiver through the use of a one-way mirror and a bug-in-the-ear device
• Skills based
• Practiced through play activities in session
• Daily ‘homework’
• Two Phase Treatment
  Phase 1 – Relationship building
  Phase 2 – Discipline implementation
Effectiveness of PCIT

Over 30 studies have shown effectiveness:

• Improvements in parenting skills
• Improvements in child behavior
• Decreased parent distress
  – In foster parents and biological parents
• Reductions in risk of physical abuse
  – Risk of future report reduced by half
• Improvements maintained over time
Child-Parent Psychotherapy

• Designed for children ages 0 to 5
• Average 50 sessions over approximately one year
• Goal: To support and strengthen the relationship between a child and his or her caregiver in order to repair the child's sense of safety, attachment, and appropriate affect to ultimately improve the child's cognitive, behavioral, and social functioning.

Cpp.training@usf.edu
Seeking Safety for Adolescents

- Developer: Lisa Najavits
- Designed for youth ages 12 to 17 with co-occurring PTSD and substance abuse
- Approximately 25 Sessions
- Description: A present-focused, coping skills therapy in individual or group format designed to help teens attain safety from trauma and/or substance abuse.

www.seekingsafety.org
Behavioral Management

• Multiple child behavior management approaches are effective

• Widely Used Model: Russell Barkley’s Behavioral Parenting Curriculum
  – Books: *Defiant Children, Defiant Teens*
  – [www.russellbarkley.org](http://www.russellbarkley.org)
  – For use with defiant children and teens
  – Also helpful for common behavior problems of youth with ADHD

• ALWAYS involves caregiver
Contact Information

Center on Child Abuse and Neglect
University of Oklahoma Health Sciences Center

Susan-Schmidt@ouhsc.edu
Elizabeth-Risch@ouhsc.edu
Michael-Gomez@ouhsc.edu

Training information and registration can be found on our website:

www.oklahomatfcbt.org

For additional information, contact Carrie Venezia:

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