Learning Objectives

Participants will:

- Define complex trauma and its impact on children and adolescents
- Identify key assessment and termination considerations when implementing TF-CBT with children and youth who have experienced complex trauma
- Describe solutions to overcoming clinical barriers to implementing the PRACTICE components and apply these to a case example
- Cite resources and interventions for utilizing TF-CBT with youth experiencing complex trauma reactions
Complex Trauma

- Describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.

- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.

- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Effects of Trauma Exposure

- **Attachment:**
  - World is uncertain and unpredictable
  - Socially isolated
  - Difficulty relating to and empathizing with others

- **Biology:**
  - Changes in brain chemistry and structure
  - Higher levels of stress hormones
  - Unexplained physical symptoms/increased medical problems

- **Mood Regulation:**
  - Difficulty regulating their emotions
  - Difficulty knowing and describing their feelings and internal states
Effects of Trauma Exposure (continued)

- **Dissociation:**
  - Feeling of detachment or depersonalization
    - “Observing” something happening to them that is unreal

- **Behavioral Control:**
  - Poor impulse control
  - Self-destructive behavior
  - Aggression towards others

- **Cognition:**
  - Problems focusing on and completing tasks
  - Problems planning for and anticipating future events
  - Learning difficulties
  - Problems with language development

- **Self-Concept:**
  - Disturbed body image
  - Low self-esteem
  - Shame
  - Guilt
Challenges to Treating Complex Trauma

- Lack of baseline: desensitization-trauma viewed as normal
- Frequent crises, lack of stability (still in the middle of the hurricane)
  - Emotional and behavioral dysregulation
  - Lack of stable, consistent, responsive caregiving
- History of interpersonal trauma leads to attachment difficulties
  - Lack of trust impedes therapeutic alliance
Survival Coping Strategies

- In the face of chronic maltreatment, children develop maladaptive coping strategies to survive
  - Lack of trust/guard up
  - Hypervigilance and over-reaction
  - Aggression
  - Desenstitization
  - Numbing out
  - Dissociation
  - Somatization
  - Substance abuse
  - Self-harm
  - Eating disorders
  - Promiscuity
  - High-risk behaviors
Case Example: Ricky

- 13-year-old Mexican-American male
- Early neglect, substance abuse, and domestic violence by parents
- Multiple foster care placements and separation from siblings
- Current group home placement
- Presenting issues: anger, aggression, alcohol and marijuana use, academic struggles, guarded
- Strengths: intelligent, sense of humor, excels at soccer, likes music and sports
- Supports: group home counselor, maternal aunt
Assessment of Complex Trauma

- Assess for wide range of traumatic events and age of occurrence to understand developmental impact
- Link traumatic events to possible trauma reminders that may trigger symptoms or avoidant behavior
- Assess for wide range of reactions and symptoms beyond PTSD including:
  - Risk behaviors (survival coping)
    - Substance abuse
    - Danger to self/others
  - Functional impairment
  - Developmental derailments
  - Identity disturbance
  - Affect dysregulation
  - Relational disturbance
  - Somatization
- Incorporate variety of techniques and sources/perspectives
Assessment Tools

- Trauma history: Childhood Trust Events Survey
  - Wider range of events: separation from caregivers, emotional abuse, parental substance abuse, neglect

- Trauma symptoms/reactions:
  - Child PTSD Symptom Scale
  - UCLA PTSD Index
  - Trauma Symptom Checklist for Children
  - Trauma Symptom Review for Adolescents
  - Child Dissociative Checklist
Assessment Considerations

- Need to establish safety and balance engagement with need to gather information
- Sensitivity to triggering or flooding client
- Measures administered by therapist only
- Lack of consistent caregiver, gaps in early history
Assessment with Ricky

- Trauma history:
  - Neglect, domestic violence, parental substance abuse ages 0-8
  - Removal from parents
  - Multiple placements
    - Kinship (paternal aunt and uncle ages 8-9)
    - Foster family ages 9-10
      - Separation from siblings
    - Placement disruption - new foster placement-pre-adoptive (ages 10-12)
    - Disrupted adoption
    - Group home placement (age 12-present)
Assessment with Ricky (continued)

• Challenges:
  • Lack of collateral information
  • Lack of trust - insecure attachment and multiple rejections by caregivers
  • Desensitization
  • Avoidance
  • Delinquent behavior

• Strategies:
  • Engagement around interests, hobbies, and strengths
  • Normalize symptoms
  • Sports analogies
TF-CBT with Complex Trauma: Phase-Based Treatment

1. Engagement, safety, and stabilization (EPRAC)
2. Recalling and processing traumas (T)
3. Enhancing daily living (ICE)

(Ford et al., 2005)
Engagement

- Establish rapport
- Establish trust
  - Relationships as threatening and triggering
  - Client may test therapist
  - Gradual exposure to therapeutic relationship
  - Develop safe, secure relationship while working on stabilization
- Accept client where s/he is at
- Avoid judgment and authoritarian therapist behaviors
- Focus on respect, open information sharing, empowerment, and hope

(Kliethermes & Wamser, 2012)
Enhancing Safety

- Safety planning to address:
  - Self-harm
  - High-risk behaviors
  - Current threats/ongoing violence exposure
  - Psychological safety
  - Trauma triggers and reactions

- Engage caring adults
Enhancing Safety with Ricky

- Psychological safety
  - Triggers in group home and at school
  - Visitation with siblings and relatives
- Substance abuse
- Fighting
- Engaging group home counselor and aunt
Psychoeducation

- Include information about traumatic stress responses and their purposes
  - Fight, flight, or freeze
- Common coping strategies (including survival coping)
- Trauma triggers
- Educate caregivers about dysregulation and survival coping strategies
Psychoeducation with Ricky

- Multiple traumas (including system trauma) and losses
- Increase insight into his own triggers, symptoms, and reactions
- Creative interventions
  - No More Campaign
  - Finding the Right Spot
Parenting Skills

- Engage any and all significant adults in the child’s life
- Educate caregivers about trauma reactions and how to create safety (physical and psychological)
  - NCTSN Resources: [http://www.nctsn.org/resources/audiences/parents-caregivers](http://www.nctsn.org/resources/audiences/parents-caregivers)
- Be clear with client on purpose of collateral sessions and confidentiality
Parenting Skills with Ricky

• Psychoeducation for group home staff and aunt about trauma triggers and reactions and trauma reenactment


• Other ideas
Relaxation

• Start with techniques that have been helpful to client in the past
• Incorporate physical activities to address hyperarousal/hypervigilance
• Self-soothing and distraction
• Use of technology
  • Relax and Sleep Well, MindShift, Take a Break! Guided Meditations for Stress Relief, BellyBio Interactive Breathing, Relax Melodies, Take a Chill
• Using these skills to cope with trauma reminders
Relaxation with Ricky

- Strategies to address hyperarousal, aggression, and substance abuse
  - Soccer/sports
    - Guided imagery
  - Music
  - Relax Melodies
  - Herbal tea
  - Engaging group home staff and school staff
Affective Expression and Regulation

- Therapist uses attunement to help client identify and express current emotions
- Use of modeling
- Feelings intensity
- Mixed emotions
- Tolerance of negative affective states
- Communicating feelings helps
- Techniques to address numbing
- Grounding and mindfulness
  - For therapist and client
  - Meditation, body scan, ice cubes, mindful eating

(Kliethermes & Wamser, 2012)
Affective Expression and Regulation with Ricky

- Strategies to address desensitization and numbing
- Cultural issues
- Creative outlets for self-expression
  - Writing, playing, or listening to music
  - Art
  - Physical
- Working with group home staff
  - Understand triggers
  - Early warning signs
  - Interrupt escalation
  - Turn down the volume
Cognitive Coping and Processing

- Use the cognitive triangle to cope with current stressors and triggers
- Increase awareness of unhelpful and inaccurate thoughts in response to daily stressors
- Helps with stabilization
Trauma Narrative Development

- Client readiness: “stably unstable”
- Stability of therapeutic relationship
- Therapist helps client use PRAC stills during narrative process to regulate
- Life narrative - includes positive as well as traumatic memories
- Allow client to guide which events/experiences should be included
- Meaning of events may be more important than details
Trauma Narrative with Ricky

- Life narrative
- Addressing avoidance
- Examples - music, videos, movies, famous athletes
- Creative modalities
  - Song
  - Playlist: “My Life”
  - Talk show interview
  - Comic strip
Processing of Traumatic Experiences

- Look for common themes and related distortions

- Common distortions related to complex trauma:
  - No one loves me/I am unlovable
  - Adults always hurt or leave me
  - It’s safer not to let anyone get close to me
  - There must be something wrong with me that bad things keep happening
  - I will never be happy or have a “normal” life

- Processing may take several sessions and different approaches

- Therapeutic relationship as corrective experience
Cognitive Processing with Ricky

- Possible trauma-related cognitive distortions
  - No one wants me
  - I am unworthy of love/care
  - I am unlovable
  - I am a bad kid
  - I will never amount to anything
  - I will never lead a “normal” life
  - I will become like my parents
  - I will never be happy

- Approaches or strategies to challenge his distortions?
In Vivo Mastery of Trauma Reminders

- Hypervigilance to perceived threats
- Goal: learn to self-regulate to tolerate situations that are uncomfortable but safe
- Identify triggering cues and situations and develop desensitization plan
- Use safety of therapy sessions to start
- Engage support people outside of therapy (e.g., school, home)
In Vivo with Ricky

- Possible triggers
  - People fighting
  - People using drugs
  - Perceived rejection
  - Perceived abandonment
  - Family members
  - Feeling vulnerable in relationships

- Coping strategies
  - Positive self-talk
  - Relaxation and grounding exercises
Conjoint Parent Child Sessions

- Biological parent, relative, foster parent, caseworker, group home staff, teacher, mentor, CASA
- Careful assessment and preparation of caring adult to ensure a positive experience/result for client
- Conjoint sessions do not have to involve sharing of complete narrative if not appropriate
- Therapist to bear witness if no other adult can be identified
Conjoint Sessions with Ricky

- Sharing narrative with aunt or group home counselor
- Preparation
- Safety
- Addressing concerns
Enhancing Safety and Future Development

- Safety plan incorporates ongoing environmental stressors and risks
- Incorporate psychological safety as well as physical safety
- Prepare for future trauma triggers/reminders
  - Predict, plan, and permit
Enhancing Future Safety with Ricky

- Relapse prevention - identify triggers and develop coping plans
- Sources of ongoing support
- Future goals
Termination

- Important to make it a healthy good-bye: opportunity for corrective experience
- Help client process feelings about ending early on and address fears of abandonment
- Graduation as achievement
- Use of transitional object to convey continuation of relationship in different form
- Genuine sharing of therapist’s feelings and hopes for client
- Other sources of ongoing support
Termination with Ricky

- Process loss issues
- Corrective experience
- Ongoing therapeutic support
- Focus on strengths and accomplishments
Secondary Trauma and Self-Care

- Complex trauma cases can be the most emotionally draining and difficult for the therapist.
- Weight of feeling like you are the only support.
- Importance of grounding, mindfulness, and cognitive coping for therapist (before, during, and after session).
- Using supervision and peer consultation to process feelings, concerns, and reactions.
- Focus on small and big successes.
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