The Impact of Abuse and Neglect on Development

Child Development for Judges

PARTICIPANT HANDOUTS

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Trauma and Development

	Possible Trauma Reactions	How Caregivers Can Help
Early Childhood	• Generalized fears that may not be directly related to the traumatic event • Loss of previously gained developmental skills (such as speech and toileting) • Increased separation anxiety • Sleep disturbance, increased nightmares, or night terrors • Repetitive play including traumatic themes (may or may not be directly related to the trauma)	• Provide comfort, rest, and opportunities to play or draw • Help children verbalize their feelings • Ensure that children feel safe, be consistent with pick up from school, inform children of parents' whereabouts at all times • Tolerate regressive behaviors
School Age	• Increased concern over safety issues (themselves and others) • Repetitive retelling of traumatic events • Feeling overwhelmed by fear, guilt, or sadness • Sleep disturbance/nightmares • Difficulty concentrating or learning at school • Complaints of headaches, stomach aches, and other ailments with no obvious cause • Increased aggressive behavior	• Reassure children that everyone is safe • Provide opportunities for children to talk about their experiences and emotions • Acknowledge the normalcy of their feelings and correct distortions or inaccurate beliefs about the trauma • Collaborate with teachers to provide children a place to go when feeling overwhelmed or distracted
Adolescence	• Withdrawal from friends and/or family • Increased anger, rage, and fantasies about revenge • Self-injury • Changes in eating and sleep patterns • Increase in dangerous behavior or may become more accident-prone • Increased substance use	• Still need reassurance that everyone is safe • Explain how trauma can put strain on relationships and offer support when these challenges occur • Help adolescents understand how "acting out" behavior is a way of trying to express feelings about trauma • Encourage discussion about the traumatic event and related feelings • Discuss how feelings when unexpressed can lead to dangerous behavior and explore other options for coping with emotions • Normalize feelings

Adapted from: "Age-Related Reactions to a Traumatic Event" Handout from NCTSN.org. Retrieved from: http://nctsn.org/resources/audiences/parents-caregivers

Selected Evidence-Based Treatments

1. Attachment-Related

The following child treatment interventions include a focus on attachment and are offered in North Carolina. Each has enough supporting evidence to have been rated by the California Evidence-Based Clearinghouse for Child Welfare (CEBC4CW, 2014). The CEBC4CW rates programs on a scale of 1-5 from most to least evidence of effectiveness. Programs may also be rated as "NR" when there is not enough research evidence available to make a determination. For more details on the programs, visit the individual websites or http://www.cebc4cw.org.

Well-Supported by Research Evidence (Rating of 1)

Nurse-Family Partnership (NFP). For children ages 0-5 and their caregivers. Provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Available in many counties throughout NC. http://www.nursefamilypartnership.org/locations/North-Carolina

Parent-Child Interaction Therapy (PCIT). For children ages 2 1/2-7 1/2 and their caregivers. Provides behavioral intervention focused on decreasing the child's behavior problems (e.g., defiance, aggression), increasing the child's social skills and cooperation, and improving the parent-child attachment relationship. For a list of trained clinicians in your county visit the NC Child Treatment Program roster. www.ncchildtreatmentprogram.org/program-roster/

Promising Research Evidence (Rating of 3)

Attachment and Biobehavioral Catch-up. For foster parents of children ages 0-5.

Provides home visits designed to enhance caregivers' ability to respond sensitively to children who have experienced early trauma or maltreatment. Clinicians being trained in NC through the Center for Child and Family Health. http://www.ccfhnc.org

Parents as Teachers. For parents of children ages 0-5. Provides early childhood parent education, family support, and school readiness through home visiting by trained parent educators. Available in many counties throughout NC. http://www.parentsasteachers.org/location

2. Trauma-Related

Evidence-based, trauma-informed treatments are becoming more widely available in NC. For more information visit the individual websites below or the following listings:

- California Evidence Based Clearinghouse for Child Welfare http://www.cebc4cw.org/topic/trauma-treatment-for-children/
- National Child Traumatic Stress Network http://www.nctsnet.org/resources/audiences/parents-caregivers/treatments-that-work

Well-Supported by Research Evidence (Rating of 1)

Cognitive Processing Therapy (CPT). For youth and adults 4 and older. For a list of trained clinicians in your county visit the NC Child Treatment Program roster.

www.ncchildtreatmentprogram.org/program-roster/

Eye Movement Desensitization and Reprocessing for Children and Adolescents (EMDR). For children ages 2-17. According to the EMDR website, certified clinicians are available across NC.
http://www.emdr.com/find-a-clinician.html

Trauma Focused Cognitive-Behavioral Therapy (TF-CBT). For children 3-18. For a list of trained clinicians in your county visit the NC Child Treatment Program roster.
www.ncchildtreatmentprogram.org/program-roster/

Supported by Research Evidence (Rating of 2)

Child-Parent Psychotherapy (CPP). For children 0-5 and caregivers. For a list of trained clinicians in your county visit the NC Child Treatment Program roster. www.ncchildtreatmentprogram.org/program-roster/

3. Additional Treatment for Parents

Substance Abuse and Mental Health Services Administration's National Registry of Effective Programs and Practices (NREPP) http://www.nreppp.samhsa.gov/

Evidence-informed models that *integrate issues of trauma, mental health problems, and substance abuse* for more effective comprehensive treatment include:

- Seeking Safety
- The Trauma Recovery Empowerment Model (TREM)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Helping Women Recover/Beyond Trauma/Helping Men Recover

Trauma-Focused Questions for Mental Health Providers

1. **Do you provide trauma-specific or trauma-informed therapy? If yes, how do you determine if the child needs a trauma-specific therapy?**

   Providers should describe an assessment process that involves obtaining a detailed social history, including all forms of trauma, as well as the use of a standardized, trauma-specific measure.

2. **How familiar are you with the evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?**

   Providers should mention specific interventions by name, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Cognitive- Behavioral Intervention for Treatment in Schools (CBITS), or Parent-Child Interaction Therapy (PCIT). A listing of evidence-based and promising intervention models for child trauma appears on the website of the National Child Traumatic Stress Network (www.NCTSN.org). If providers cite treatment models with which you are unfamiliar, ask them for the research that supports their effectiveness.

3. **How do you approach therapy with traumatized children and their families?**

   Ask this question of both those who indicate that they use evidence-based models and of those who assert that they are otherwise qualified to treat child traumatic stress. Ask them to describe a typical course of therapy. What are the core components of their treatment approach?

   Providers should describe approaches that incorporate some or all of the following elements:

   - **Building a strong therapeutic relationship**. Like most forms of therapy, trauma treatment requires the skillful development of a clinical relationship with the child and caregivers.
   - **Psycho-education about normal responses to trauma**. Most trauma-informed therapy includes a component that helps the child and caregivers understand normal human reactions to trauma.
   - **Parent support, conjoint therapy, or parent training**. Caregivers are typically powerful mediators of the child's treatment and recovery. Involving the parent, resource parent, or other caregiver is a vital element of trauma treatment. Some trauma-informed interventions include a parenting component to give the parent greater mastery of child management skills.
   - **Emotional expression and regulation skills**. Helping the child to identify and express powerful emotions related to the trauma and to regulate or control their emotions and behavior is an important element of trauma-informed therapy.
   - **Anxiety management and relaxation skills**. To help with emotional regulation, it is typically necessary to teach the child (and sometimes the caregiver) practical skills and tools for gaining mastery of the overwhelming emotions often associated with trauma and its reminders.
   - **Cognitive processing or reframing**. Many children form destructive

misunderstandings in the aftermath of the trauma. They may assume a great deal of self-blame for the events or blame someone else for not protecting them even though doing so may have been beyond their capacity. They may associate unrelated events to the trauma and draw irrational causal relationships. Therapy often helps correct these misattributions.

- **Construction of a coherent trauma narrative**. Successful trauma treatment often includes building the child's capacity to talk about what happened in ways that do not produce overwhelming emotions and that make sense of the experience. Many non-trauma-informed therapists are uncomfortable with this aspect of treatment, which sometimes involves gradual exposure to traumatic reminders while using newly acquired anxiety management skills.
- **Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience**. Treatment often encourages the gradual exposure to harmless trauma reminders in the child's environment (e.g., basement, darkness, school) so the child learns to control emotional reactions to these reminders and to differentiate the new experiences from the old.
- **Personal safety training and other empowerment activities**. Trauma may leave children feeling vulnerable and at risk. Trauma treatment often includes strategies that build upon children's strengths. It teaches them strategies that give them a sense of control over events and risks.
- **Resiliency and closure**. The treatment often ends on a positive, empowering note, giving the child a sense of satisfaction and closure as well as increased competency and hope for the future.

Source: National Child Traumatic Stress Network, 2008