



Adapting Trauma Focused CBT for Individuals With Intellectual and Developmental Disabilities

Brian Tallant, MS, LPC

Westside Regional Center
5901 Green Valley Circle
Culver City, CA 90230
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Mental Health Services Act
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NADD

An association for individuals with developmental disabilities and mental health needs

www.thenadd.org





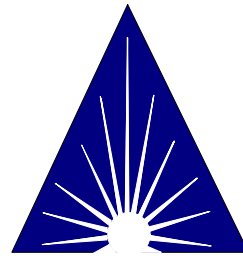
The National Child
Traumatic Stress Network

IDD Trauma Toolkit

The Road to Recovery: Supporting Children with
Intellectual Disabilities Who Have Experienced
Trauma

Facts on Traumatic Stress and Children With
Developmental Disabilities

<http://www.nctsnet.org>



Aurora Mental Health Center

Intercept Center

- Collaborative program
 - Aurora Mental Health Center
 - Aurora Public Schools
- 10 children in therapeutic school
- 180 families served outpatient
- Individual, family, group therapy
- Psychiatric services
- Case management
- Specializing in adapted trauma treatment

Intercept Center



Intercept Program Goals

- Teach coping and adaptive skills so that the child and family can function adequately
- Help children in Day Treatment transition back to public school special education classrooms
- Provide a structured environment for behavioral change while maintaining a supportive and challenging academic curriculum
- Decrease the frequency of psychiatric hospitalizations

Intercept Program Goals

- Stabilize children taking psychotropic medication and maintain them on a minimal effective dose
- Help to empower parents so that they may assist in providing therapeutic change
- Serve as a mental health representative on interdisciplinary teams and coordinate involvement of all community agencies required for the child's treatment
- Provide support services for parents and foster parents

Goals for today

- Learn of the extremely high rates of abuse and neglect that people with disabilities suffer, and learn of the factors that contribute to their vulnerability.
- Learn what types of adapted therapeutic interventions are most likely to be successful for people with developmental disabilities.
- Complete a basic review of the concepts of phase oriented trauma treatment and adaptations to this model for children with IDD.
- Learn how to incorporate caregivers and affiliated service providers into client centered trauma treatment.
- Understand what makes up therapist resilience and learn how to develop a resilience plan

What is a Developmental Disability?

- A legal definition, rather than a clinical diagnosis
- Definition used by the US Government and basis for most states
 - manifest before the person reaches age 22
 - likely to continue indefinitely
 - constitutes a substantial disability to the affected individual
 - attributable to Intellectual disability or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions (brain damage, spinal bifida, muscular dystrophy and other sensory handicaps)
 - Such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons

Clinical diagnoses that may result in Developmental Disabilities

- Cognitive or Intellectual Disability
 - Based on IQ range of 70 or below (+ or – 5 for standard error)
 - Impairments in adaptive functioning in at least 2 of the following skill areas
 - Communication
 - Self care
 - Home living
 - Social/Interpersonal skills
 - Self-direction
 - Work-leisure
 - Health
 - Safety
 - Use of community resources
 - Functional academics

Levels of ID Diagnosis

- Mild: IQ 50-55 to 70
represents 70-85% of MR population
- Moderate: IQ 35-40 to 50-55
represents 10% of MR population
- Severe: IQ 20-25 to 35-40
represents 3-4% of MR population
- Profound: IQ less than 20-25
represents 1-2% of MR population

Autism Spectrum Disorders

- **Autistic Disorder**
 - Severe impairment in social interactions & communication, and restricted range of activities & interests
- **Pervasive Developmental Disorder, NOS**
 - severe and pervasive impairments in development of reciprocal social interactions or communication skills, or when stereotyped behavior, interests, or activities are present but criteria are not met for a more specific Pervasive Developmental Disorder, schizophrenia, or personality disorder.
- **Asperger's Disorder**
 - impairment in social interactions, repetitive behaviors, interests, and activities. Typically sub-average to average IQ

(See DSM IV for diagnostic features)

Types of Disability

- Genetic Disabilities
 - Down's Syndrome
 - Fragile X Syndrome
 - Prader-Willi Syndrome
 - Angelman's Syndrome
 - William's Syndrome
 - Phenylketonuria (PKU)

Types of Disability

- Neuromotor Disorders
 - Cerebral Palsy
 - Spina Bifida
 - Traumatic Brain Injury (TBI)
- Neurological Disabilities
 - Autism Spectrum Disorders
 - ADHD/ADD
 - Fetal Alcohol Syndrome (FAS)
 - Lead Poisoning
 - Epilepsy

Types of Disability

- **Sensory Disabilities**
 - Involves 5 senses and their coordination
 - Impacts kinetics and awareness of body
 - Hypersensitivity
 - Hyposensitivity
 - Easily distracted
 - Social and or emotional problems
 - High or low activity levels

Prevalence of Developmental Disabilities

- Roughly 1.8% of the population of the United States.
- So with a 2010 population estimate of 309 million people we estimate 5.6 million people in the US with developmental disabilities.

Trauma May Take Many Forms

- Natural disasters
- Accidents
- Invasive medical procedures
- Physical abuse
- Emotional abuse
- Sexual abuse

Under Reporting

- Estimated 1 in 30 instances of sexual abuse against a person with a developmental disability are successfully reported
- 1 in 5 for the general population
- Estimated only 3% of Sex Abuse cases are reported for this population

James, 1988

Valenti-Hein and Schwartz, 1995

Higher Incidents of Abuse for People with Any Disability

- 1.2 to 2 times more likely to suffer from maltreatment than their nondisabled peers
- 3.4 times as likely to be neglected
- 4 times more likely to be the victims of crime

Sobsey, 1996
Westat, Inc., 1993; Goldson, 2002

Higher Incidents of Abuse for People with Developmental Disabilities

- Meta-analysis shows people with developmental disabilities suffer 2.5 to 10 times the abuse and neglect of non-disabled peers
- More than 90% of adults reported sexual abuse within their lifetime
- 49% of that sample reported 10 or more abusive incidents

Valenti-Hein & Schwartz, 1995

Abuse and Disability

- In an institutional setting the risk of sexual abuse is 2 to 4 times higher than the risk in the community
- The more severe the disability, the greater the likelihood of abuse

Sobsey, 1994

Sobsey & Mansell, 1990

Abuse and Disability

- People with more than one disability are at higher risk of:
 - physical abuse
 - sexual abuse and
 - the severity and duration of both types of abuse are greater

Kendall-Tackett, 2002

Abuse and Developmental Disability

- 3 to 6% of maltreated people have a permanent developmental disability as a result of abuse or neglect
- Child maltreatment is a factor in 10 to 25% of all developmental disabilities
- The vicious “two-way-street” relationship between trauma and disability

Sobsey, 1994

Vulnerabilities

- Higher level of assistance from caregivers
- For longer periods of time
- For invasive daily living functions
- Higher level of stress on the family/caregivers
- People are less able to meet parental expectations

Charlton, Kliethermes, Tallant, Taverne, & Tishelman
(2004)

Vulnerabilities

- Cognitive disability interferes with:
 - The ability to predict high-risk situations
 - Understand what is happening in an abusive situation
- Barriers to reporting:
 - Mobility challenges
 - Restricted ability to communicate
 - Not perceived as credible reporters

Charlton, Kliethermes, Tallant, Taverne, & Tishelman (2004)

Vulnerabilities

- Trained to be compliant to authority figures (Valenti-Hein & Schwartz, 1995)
- 44% had a relationship with their abuser directly related to their disability (Davis, 2004)

Vulnerabilities

- Increased responsiveness to attention and affection may make them easier to manipulate.
- Less likely to be provided with general sex education or any type of training around human sexuality.
- Caregiver's assumption that they are not developing sexually.
- Stigma of disability: society's tendency to label people who are different as less than

Myths

- People with developmental disabilities do not have the same response to trauma as people in the general population (Charlton et al., 2004)
- Developmental disabilities serve as a protective factor against the effects of trauma (Dr. Stan Katz “expert testimony)
- People with developmental disabilities cannot benefit from therapy (Mansell et al., 1998)

Facts

- People with developmental disabilities suffer from the same difficulties in life that the non-disabled population encounters
 - Anxiety and depression
 - Grief and trauma
 - Job stress, divorce, separation, etc.

Charlton et al., 2004; Butz et al., 2000; Nezu & Nezu, 1994



Facts

- Many different types of therapy have been found to be effective in treating people with developmental disabilities.
- Although it generally takes longer for people with developmental challenges to make changes, those changes are stable once made.
- People with developmental disabilities are less likely to recover spontaneously from trauma without treatment.



Higher Rates of Mental Illness

- Less resilience due to limited personal resources
- Increased vulnerability in the home and community
- Less resilience due to societal discrimination as with other minorities
- Awareness of disabilities and stigma of difference



The Need for Adapted Treatment

People with developmental disabilities are more likely to be impacted by abuse due to a variety of factors that impair their resilience or ability to spontaneously recover their former level of functioning following an abusive incident.

Charlton et al., 2004; Burrows & Kochurka, 1995; and Mansell, Sobsey, & Moskal, 1998



Community Realities

- Few professionals are trained to meet the needs of People with developmental disabilities
- We don't have adequate research on how best to adapt trauma treatment for this population



Cultural Considerations:

- Disempowerment and injustices as other minorities
- We are just beginning to develop evidence based adapted treatments for people with developmental disabilities
- Research is not yet available on the interaction of ethnic minority status with developmental disability



Changing Culture of Developmental Disabilities

- The concept of disability or lack of certain desirable characteristics is interwoven throughout the definition of the population and the nature of most treatment recommendations.
- The population is defined externally, by caregivers and treatment providers, rather than the people involved.

Changing Culture of Developmental Disabilities

- Many think of people with developmental disabilities living with their families in relative isolation or living in institutions.
- As inclusion in community increases, cultural norms and expectations are developing in a variety of areas:
 - Educational
 - Social Vocational
 - Residential
 - Recreational

Other Realities

- Working with this population requires **ADVOCACY**
 - Funding source denials based on “non-covered” diagnoses
 - Over reliance on psychiatric medications as interventions
 - Barriers to primary care increase behaviors related to medical conditions
 - Tendency to ask “what’s wrong with them,” not “what happened to them.”

Dual Diagnosis Treatment and Cultural Competency

- Effective treatment requires some understanding of the culture of disability
- Familiarity with healthy people who have developmental disabilities help you identify psychopathology
- **Stigma, lack of exposure, preconceptions, and fear are more common barriers for therapists than a lack of clinical skills**



IDD & Trauma Assessment

Common characteristics of people with developmental disabilities

- Impulsivity
- Poor judgment or problem solving
- Low understanding of social conventions, resulting in problems with uninhibited socially inappropriate behavior
- Poor understanding of society's "unwritten" rules
- Good ability to mimic behaviors around them
 - For example, psychotic like symptoms if recently hospitalized

Assessment

- With children, it is important to consider not only the child's chronological age, but more importantly, the developmental age
 - Often the problem behavior you are being asked to treat is developmentally appropriate and what is needed is caregiver education

Assessment

- Problems or deficits related to a developmental disability are global and static
- Psychopathology is recognized by deviations from baseline
- There is often an over attribution of problems to the developmental disability

Trauma Information

- It is important that normal trauma responses not be attributed to the person's developmental disability or pre-existing mental illness.
- People with developmental disabilities generally have the same types of symptoms following trauma that anyone else would: sleep disturbance, startle response, numbing, emotional constriction, disrupted sense of safety, shattered self-identity, etc.
- Trauma responses generally represent a change from the person's normal level of functioning.

When is Trauma Treatment Needed?

- When time has passed after a trauma and the person has not returned to their prior level of functioning.
- When the remaining symptoms of trauma are significantly impairing the person's ability to function.
- Trauma history does necessitate treatment, but possibly just trauma informed care

Normal Response to Trauma:

Responses that abate over time

- Loss of control during the event.
- After the event:
 - Intrusion of material from the event
 - Numbing
 - Emotional constriction
 - Intense efforts to control experiences that might elicit memories
 - Dissociative splitting off of aspects of the experience
 - Hypervigilance (enhanced startle response and sleep disturbance)
 - Shattered sense of safety
 - Disruption of self-identity



Trauma Symptoms:

Responses that continue to be problematic long after the event

- Sleep disturbance
- Exaggerated startle response
- Numbing
- Emotional constriction/dysregulation
- Disrupted sense of safety
- Shattered self-identity
- Trauma responses represent a significant change from the person's normal (global) level of functioning.

Complex PTSD

- Early & prolonged exposure to abuse and neglect
- Overdevelopment of hypothalamus & limbic system
- Underdevelopment of frontal lobe and executive functioning
- Lower brain weights and less fissures in the brain
- Hyper-vigilance at baseline
- Dissociative episodes under acute stress
- Aggressive behavior
- Extreme avoidance and dysregulation when triggered



Why Assess Trauma?

- Provides a “picture” of what is going on with the individual
- Helps to determine
 - Presenting symptoms
 - Do they need treatment?
 - What types of treatment are best fit
 - If trauma focused treatment is indicated
- Helps in development of treatment plan
- Enables therapist to assess treatment progress



Assessment in Treatment

- Trauma assessments are not investigations
- Treatment is about a client's perceptions not necessarily about facts of what happened
- Assessment is an ongoing component of treatment
- Psychoeducation of caregivers is an essential part of ongoing assessment

Areas of Assessment

- Trauma History
 - Presenting trauma and its important characteristics
 - All other traumas
- Mental Health Symptoms and Behavior Problems
 - History and current symptoms
- Environment
 - Safety, support, individual-caregiver relationship
 - System involvement with family/caregivers since abuse
- Characteristics of Trauma
 - Frequency, chronicity, perpetrator/relationship, disclosure and response
 - Legal involvement

Challenges in Assessment

- Be careful of diagnostic overshadowing
 - Overwhelming over attribution of symptoms to the disability
 - Sensory hypersensitivity vs. startle response
 - Social withdraw/depressive symptoms vs. typical ASD
 - Expressive language problems vs. dissociation
- People who have cognitive disabilities sometimes do not have family/caregivers to serve as good historians.
- Ongoing assessment needed in treatment

Adaptations to Assessment

- Be sure to include all significant caretakers—there are often several
- Assess for secondary trauma due to societal or community response:
 - Assumptions that because of the developmental disability the client has not been impacted by the trauma
 - Assumptions that the client cannot benefit from therapy
 - Lack of availability of appropriately adapted treatment that has resulted in significant delays in providing treatment or assistance



Developmental issues:

Why child/adolescent tools and approaches may be more appropriate

- Reliant on parents/caregivers for history and behavioral observation and report
- Communication and socialization deficits can result in developmentally “childlike” presentation of symptoms
 - Repetitive play or verbalizations that have trauma themes
 - Psychological Stress or psychological reactivity to triggers
 - Inability to understand that events were traumatic
- Assessments, like treatment, should be adapted for developmental and age appropriateness.

Assessment Tools

- Baseline Trauma Assessment (NCTSN)
 - Collection of traumatic event history
 - Begins desensitization process through gradual exposure
- Assessment of severity of trauma symptoms
 - UCLA-PTSD Index ©1998 Pynoos, Rodriguez, Steinberg, Stuber, & Frederick.
 - Trauma Symptom Checklist for Children ©PAR (Psychological Assessment Resources, Inc.)

Client Name: _____ Client Number: _____

Trauma Information

For each trauma that the child has experienced, please complete the following information.

| Trauma Type | Has child experienced | When was this trauma revealed/known? | Frequency of experience | Type(s) of experience | Setting(s) of experience | Perpetrator(s) | Was serious injury/death inflicted on anyone? | Additional questions |
|---|---|--|---|--|--|--|--|---|
| 1. Sexual maltreatment/abuse: <i>(actual or attempted sexual molestation, exploitation, or coercion by a caregiver):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 2. Sexual assault/rape: <i>(Actual or attempted sexual molestation, exploitation, or coercion not recorded as sexual abuse)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 3. Physical maltreatment/abuse <i>(actual or attempted infliction of physical pain or bodily injury by a caregiver):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |

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|--|---|--|---|--|--|--|--|---|
| 4. Physical Assault <i>(Actual or attempted infliction of physical pain or bodily injury not recorded as physical abuse)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 5. Emotional Abuse/ Psychological maltreatment <i>(Emotional abuse verbal abuse, excessive demands, emotional neglect):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | | Type(s) of maltreatment involved? <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Emotional neglect <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Excessive demands <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |
| 6. Neglect <i>(physical, medical or educational neglect):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | | Type(s) of neglect involved? <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |

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|--|---|--|---|--|--|--|--|--|
| 7. Domestic Violence: <i>(Exposure to physical, sexual, and/or emotional abuse directed at adult caretaker(s) in the home)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 8. War/terrorism/political violence inside the U.S. <i>(exposure to any of these events inside the United States):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | | Was anyone that the child knew seriously injured or killed? <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Indicate the type of weapons used (check all that apply). <input type="checkbox"/> Conventional (e.g. shootings, bombings, 9/11, Oklahoma City) <input type="checkbox"/> Chemical <input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Unknown |
| 9. War/terrorism/political violence outside the U.S. <i>(exposure to any of these events outside of the United States):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | |

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|--|---|---|---|--|---|---|--|--|
| 10. Illness/medical <i>(life-threatening or extremely painful illness or medical procedure):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Extended care facility <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | | | Was the child's condition life-threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 11. Serious Injury/Accident <i>(unintentional accident or injury):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | | Was permanent disability/death inflicted? <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Specify the type of accident/injury(s) (check all that apply): <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Dog bite <input type="checkbox"/> Near drowning <input type="checkbox"/> Accidental shooting <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |
| 12. Natural Disaster <i>(Major accident or disaster that is the result of a natural event)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | Specify type of disaster(s) involved (check all that apply) <input type="checkbox"/> Earthquake <input type="checkbox"/> Hurricane <input type="checkbox"/> Flood <input type="checkbox"/> Tornado <input type="checkbox"/> Fire <input type="checkbox"/> Industrial <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Did the child/family evacuate their home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Was the child's home severely damaged or destroyed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |

Trauma Information

For each trauma that the child has experienced, please complete the following information.

| Trauma Type | Has child experienced | When was this trauma revealed/known? | Frequency of experience | Type(s) of experience | Setting(s) of experience | Perpetrator(s) | Was serious injury/death inflicted on anyone? | Additional questions |
|--|---|--|---|--|--|--|---|---|
| 13. Kidnapping: <i>(Unlawful seizure or detention against the child's will)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | | Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 14. Traumatic loss or Bereavement: <i>(death or separation of a primary caretaker)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | Was the child removed from the home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | Identify the people lost: <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | Was the loss/bereavement due to death? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Natural causes/illness <input type="checkbox"/> Violence <input type="checkbox"/> Accident <input type="checkbox"/> Disaster <input type="checkbox"/> Terrorism, War, Political violence <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | If not due to death, was the caregiver(s) removed from home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Divorce <input type="checkbox"/> Incarceration <input type="checkbox"/> Hospitalization (medical or psychiatric) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |
| 15. Forced displacement <i>(forced relocation due to political reasons):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | | | |
| 16. Impaired caregiver <i>(history of exposure to care taker depression, other medical illness, alcohol/drug abuse):</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | Identify the impaired caregiver(s): <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | | Impairment due to? <input type="checkbox"/> Drug use/abuse/addiction <input type="checkbox"/> Caregiver depression <input type="checkbox"/> Caregiver psychiatric disorder <input type="checkbox"/> Caregiver medical illness <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |

Client Name: _____ Client Number: _____

Trauma Information

For each trauma that the child has experienced, please complete the following information.

| Trauma Type | Has child experienced | When was this trauma revealed/known? | Frequency of experience | Type(s) of experience | Setting(s) of experience | Perpetrator(s) | Was serious injury/death inflicted on anyone? | Additional questions |
|--|---|--|---|--|--|--|--|---|
| 17. Extreme Interpersonal Violence (not reported elsewhere): <i>(e.g., homicide/suicide)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Indicate the type(s) of violence: <input type="checkbox"/> Robbery <input type="checkbox"/> Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 18. Community Violence (Not reported elsewhere): <i>(e.g., Gang-related violence, neighborhood violence)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | | Was anyone seriously injured or killed? <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Was the violence gang related? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 19. School Violence (not reported elsewhere): <i>(e.g., School shooting, bullying, classmate suicide)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | | | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Teacher/staff <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | Identify the type(s) of violence (check all that apply): <input type="checkbox"/> School shooting <input type="checkbox"/> Bullying <input type="checkbox"/> Classmate suicide <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown |

Trauma Information

| Trauma Type | Has child experienced | When was this trauma revealed/known? | Frequency of experience | Type(s) of experience | Setting(s) of experience | Perpetrator(s) | Was serious injury/death inflicted on anyone? | Additional questions |
|--|---|--|---|--|--|--|--|----------------------|
| 20. Other Trauma (not reported elsewhere)? Please Specify: <hr/> | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown | <input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____ | <input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown | <input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown | <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown | <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown | |

Client Name: _____ Client Number: _____

Trauma Information

21. Primary focus of current treatment? (select only one)

- | | |
|--|--|
| <input type="checkbox"/> Sexual maltreatment/abuse | <input type="checkbox"/> Serious Injury/Accident |
| <input type="checkbox"/> Sexual assault/rape | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Physical maltreatment/abuse | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Traumatic loss or bereavement |
| <input type="checkbox"/> Emotional abuse/Psychological Maltreatment | <input type="checkbox"/> Forced displacement |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Impaired Caregiver |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Extreme Interpersonal Violence (not reported elsewhere) |
| <input type="checkbox"/> War/Terrorism/Political Violence inside the U.S. | <input type="checkbox"/> Community Violence (not reported elsewhere) |
| <input type="checkbox"/> War/Terrorism/Political Violence outside the U.S. | <input type="checkbox"/> School Violence (not reported elsewhere) |
| <input type="checkbox"/> Illness/Medical | <input type="checkbox"/> Other Trauma (not reported elsewhere) |

| Trauma Type Experienced by the Child: | When was this type of trauma experienced? | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|---------|
| | Age in years: | | | | | | | | | | | | | | | | | | | |
| | (Check all ages that apply) | | | | | | | | | | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
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Staff Signature: _____ Staff ID: _____ Date: _____

Trauma Symptom Checklist for Children:

John Briere, PhD

Psychological Assessment Resources

<http://www4.parinc.com/Product/s/Product.aspx?ProductID=TSCC>

Name _____ Age _____ Sex _____ Identification No. _____ Race _____ Date _____

| | Never | Sometimes | Lots of times | Almost all of the time |
|--|-------|-----------|---------------|------------------------|
| 1. Bad dreams or nightmares | 0 | 1 | 2 | 3 |
| 2. Feeling afraid something bad might happen | 0 | 1 | 2 | 3 |
| 3. Scary ideas or pictures just pop into my head | 0 | 1 | 2 | 3 |
| 4. Pretending I am someone else | 0 | 1 | 2 | 3 |
| 5. Arguing too much | 0 | 1 | 2 | 3 |
| 6. Feeling lonely | 0 | 1 | 2 | 3 |
| 7. Feeling sad or unhappy | 0 | 1 | 2 | 3 |
| 8. Remembering things that happened that I didn't like | 0 | 1 | 2 | 3 |
| 9. Going away in my mind, trying not to think | 0 | 1 | 2 | 3 |
| 10. Remembering scary things | 0 | 1 | 2 | 3 |
| 11. Wanting to yell and break things | 0 | 1 | 2 | 3 |
| 12. Crying | 0 | 1 | 2 | 3 |
| 13. Getting scared all of a sudden and don't know why | 0 | 1 | 2 | 3 |
| 14. Getting mad and can't calm down | 0 | 1 | 2 | 3 |
| 15. Feeling dirty | 0 | 1 | 2 | 3 |
| 16. Wanting to yell at people | 0 | 1 | 2 | 3 |
| 17. Wanting to hurt myself | 0 | 1 | 2 | 3 |
| 18. Wanting to hurt other people | 0 | 1 | 2 | 3 |
| 19. Feeling scared of men | 0 | 1 | 2 | 3 |
| 20. Feeling scared of women | 0 | 1 | 2 | 3 |
| 21. Washing myself because I feel dirty on the inside | 0 | 1 | 2 | 3 |
| 22. Feeling stupid or bad | 0 | 1 | 2 | 3 |
| 23. Feeling like I did something wrong | 0 | 1 | 2 | 3 |
| 24. Feeling like things aren't real | 0 | 1 | 2 | 3 |
| 25. Forgetting things, can't remember things | 0 | 1 | 2 | 3 |
| 26. Feeling like I'm not in my body | 0 | 1 | 2 | 3 |
| 27. Feeling nervous or jumpy inside | 0 | 1 | 2 | 3 |

0 = Never
1 = Sometimes
2 = Lots of times
3 = Almost all of the time

| | | | | |
|---|---|---|---|---|
| 29. Can't stop thinking about something bad that happened to me | 0 | 1 | 2 | 3 |
| 30. Getting into fights | 0 | 1 | 2 | 3 |
| 31. Feeling mean | 0 | 1 | 2 | 3 |
| 32. Pretending I'm somewhere else | 0 | 1 | 2 | 3 |
| 33. Being afraid of the dark | 0 | 1 | 2 | 3 |
| 34. Worrying about things | 0 | 1 | 2 | 3 |
| 35. Feeling like nobody likes me | 0 | 1 | 2 | 3 |
| 36. Remembering things I don't want to remember | 0 | 1 | 2 | 3 |
| 37. My mind going empty or blank | 0 | 1 | 2 | 3 |
| 38. Feeling like I hate people | 0 | 1 | 2 | 3 |
| 39. Trying not to have any feelings | 0 | 1 | 2 | 3 |
| 40. Feeling mad | 0 | 1 | 2 | 3 |
| 41. Feeling afraid somebody will kill me | 0 | 1 | 2 | 3 |
| 42. Wishing bad things had never happened | 0 | 1 | 2 | 3 |
| 43. Wanting to kill myself | 0 | 1 | 2 | 3 |
| 44. Daydreaming | 0 | 1 | 2 | 3 |

0 = Never
1 = Sometimes
2 = Lots of times
3 = Almost all of the time

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The UCLA PTSD for DSM-IV

©1998 Pynoos, Rodriguez, Steinberg, Stuber, & Frederick.

- The National Center for Child Traumatic Stress has a power point that can be viewed on administering and scoring the UCLA reaction index
(<http://www.nctsnet.org/products/administration-and-scoring-ucla-ptsd-reaction-index-dsm-iv>)

- The University of California requires a licensing agreement for the use of the scale. For assistance, contact:

UCLA PTSD Index for DSM-IV: UCLA
Trauma Psychiatry Service
300 Medical Plaza
Los Angeles, CA 90095-6968
Phone: (310) 206-8973
Email: HFinley@mednet.ucla.edu

Name _____; Center Number ; Subject I.D. Number ; Age ;
 Sex: ☐ Male ☐ Female; Today's Date (write month, day and year) //; Week of Treatment:

Here is a list of problems people sometimes have after very bad things happen. Please **THINK** about the bad thing that happened to you. Then, **READ** each problem on the list carefully. **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you **in the past month**. Use the **Rating Sheet** on Page 3 to help you decide how often the problem has happened in the past month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

| HOW MUCH OF THE TIME DURING THE PAST MONTH | None | Little | Some | Much | Most |
|---|------|--------|------|------|------|
| 1 _{D4} I watch out for danger or things that I am afraid of. | 0 | 1 | 2 | 3 | 4 |
| 2 _{B4} When something reminds me of what happened, I get very upset, afraid or sad. | 0 | 1 | 2 | 3 | 4 |
| 3 _{B1} I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to. | 0 | 1 | 2 | 3 | 4 |
| 4 _{D2} I feel grouchy, angry or mad. | 0 | 1 | 2 | 3 | 4 |
| 5 _{B2} I have dreams about what happened or other bad dreams. | 0 | 1 | 2 | 3 | 4 |
| 6 _{B3} I feel like I am back at the time when the bad thing happened, living through it again. | 0 | 1 | 2 | 3 | 4 |
| 7 _{C4} I feel like staying by myself and not being with my friends. | 0 | 1 | 2 | 3 | 4 |
| 8 _{C5} I feel alone inside and not close to other people. | 0 | 1 | 2 | 3 | 4 |
| 9 _{C1} I try not to talk about, think about, or have feelings about what happened. | 0 | 1 | 2 | 3 | 4 |
| 10 _{C6} I have trouble feeling happiness or love. | 0 | 1 | 2 | 3 | 4 |

FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME
DURING THE PAST MONTH, THAT IS SINCE _____,
DOES THE PROBLEM HAPPEN?

0

1

2

3

4

NONE

LITTLE

SOME

MUCH

MOST

| S | M | T | W | H | F | S |
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| X | | | | X | | |
| | X | | X | | X | |
| X | X | | | | | |
| | | | | | | |

| S | M | T | W | H | F | S |
|---|---|---|---|---|---|---|
| X | X | X | X | X | X | X |
| | X | X | X | X | | |
| | X | X | | X | X | |
| X | X | X | X | X | X | X |
| | | | | | | |

NEVER

TWO TIMES
A MONTH1-2 TIMES
A WEEK2-3 TIMES
EACH WEEKALMOST
EVERY DAY

Small Group Discussion

- Discuss how to introduce these tools to your client (and caregiver)
- Discuss how you reassure them that you won't talk about details of the trauma until skills for managing stress are developed
- Bring back to the group your thoughts on challenges or insights

Why is TF-CBT a Good Model to Adapt for People who have an IDD?

- It is a strength based approach
- It focuses on development of competency skills
- It uses cognitive behavioral treatment techniques which are relatively easy to adapt for people at different developmental levels
- It has already been structured for use across a wide range of developmental levels

Additional Reasons for Adaptation

- One of the reasons that trauma has such a negative impact on people with developmental disabilities is their impaired resilience
- TF-CBT focuses on developing skills that are associated with greater resilience
 - Strong self-esteem
 - Ability to self-sooth
 - Feelings of competency to deal with challenging situations
- Applicable for both single-episode trauma as well as complex post traumatic stress



Adapting Psychotherapy for People with Developmental Disabilities

- Slow down your speech
- Use language that is comprehensible to the client
- Present information one item at a time
- Take frequent pauses during the session to check comprehension
- Allow for repetition and paraphrasing
- Allow time for cognitive processing

Additional Adaptations

- Use multisensory input
- Make specific suggestions for change
- Allow time to practice new skills
- Do not assume that information will generalize to new situations
- Include multiple caregivers in various environments

Caution!

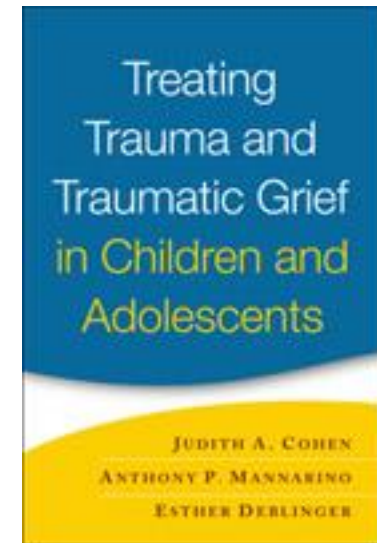
- The current presentation is based on Cohen, Mannarino and Deblinger's model of Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- The information in this presentation is a blend of standard TF-CBT training, original thought and modification of TF-CBT material for special populations.
- This work is not intended to replace standard TF-CBT training.
- The material presented here should not be used by those unfamiliar with TF-CBT.

Training Resource

- Those who wish to use this adaptation should first participate in standard TF-CBT training
- A free web-based training for TF-CBT is now available at:
<http://tfcbt.musc.edu/>
- Two day certification training with case consultation and exam are now requirements

Other TF-CBT Training Resources

Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). Treating Trauma and Traumatic Grief in Children and Adolescents. New York: The Guilford Press.



Format for TF-CBT

- Family Therapy Model
- Session is generally divided between
 - Time with client
 - Time with caregivers
 - Time working with everyone together
- In the non-adapted model a 90 minute session is generally used, although people with developmental disabilities may need a shorter session
- Sessions always end with time to do something fun together to allow the person to re-center before leaving therapy.

Who Can Act as Coach?

- Parent
- Group home staff member
- Teacher
- Advocate
- Any caregiver that is involved with the client and willing to commit to regularly attending sessions with the client (even by phone)

Adaptations for People with Developmental Disabilities

- Be sure to include all significant caretakers—there are often several
- Assess for secondary trauma due to societal or community response:
 - Assumptions that because of the developmental disability the client has not been impacted by the trauma
 - Assumptions that the client cannot benefit from therapy
 - Lack of availability of appropriately adapted treatment that has resulted in significant delays in providing assistance



Adaptations for People with Developmental Disabilities

- Be sure that all members of the treatment team are using the same type of language to address the trauma
- Simplify training techniques to increase comprehension
- Work explicitly on generalization to other environments
- Allow more time for the client to learn the skills
- Use more repetition
- Don't assume that the material is too complex for the client to understand

Components of treatment

- Psychoeducation
 - Understanding trauma and the model
 - Address safety issues
 - Assessment
- Skills Development
- Trauma Narrative
- Trauma Processing
- Reintegration

Phases of Treatment

✓ **Assessment**

- Address safety issues
- Psychoeducation
- Skills Development
- Trauma Narrative
- Trauma Processing
- Reintegration

Address Safety

- Is the client currently in a safe environment?
- What is the risk for re-traumatization?
- Does the client need extra help dealing with ongoing environmental stressors? (dealing with provocative peers, teasing at school, etc.)
- Are there cognitive distortions that increase the current perception of danger

Components of Treatment

✓ **Assessment**

✓ **Address safety issues**

- Psychoeducation
- Skills Development
- Trauma Narrative
- Trauma Processing
- Reintegration

Psychoeducation

- Provide general education to client and caregivers about the impact of trauma on normal functioning
- Provide specific information about the trauma the client experienced in language that is accessible
- Teach child and parent about TF-CBT phases and how treatment will progress
- Risk Reduction
 - Identify “Red Flag” situations
 - Develop a safety plan
 - Develop appropriate assertiveness skills

Psychoeducation Issues: Sexual Abuse

Basic Information

- Sexual abuse is confusing
- You may be confused about whether or not you've been abused
- Sexual abuse is when someone touches or rubs your private parts without your permission
- Sometimes the person asks you to touch their private parts.
- The person who does this is a sex offender
- The person may make you do these things by being mean and hurting you
- The person may pretend it's just a game and give you money or something you want
- The person can be someone you know, like your relative or a close friend
- The person could be a complete stranger
- Sexual abuse is always wrong
- Sexual abuse is not your fault



Psychoeducation Issues: Sexual Abuse

Who is sexually abused?

- Sexual abuse happens to a lot of people
- Anyone can be sexually abused
- It happens to people of all different ages
- It happens to people who are rich or poor
- The important thing to remember is that being sexually abused is not your fault
- It is not about what you look like
- It is not about anything that you did
- It is always the perpetrator's fault

Psychoeducation Issues: Sexual Abuse

Who sexually abuses?

- It is hard to understand why anyone would be a sexual abuser
- There are lost of reasons--Some people have sexual feelings for people who are younger or less able than they are
- Most people don't have this kind of feeling
- Some people choose to sexually abuse someone else even though they know it is wrong
- Some offenders even use tricks or make people scared so they can abuse them
- Most offenders are men, but sometimes women sexually abuse
- You can't tell offenders by the way they look or act or dress
- Some people sexually abuse others, but there are MANY more people who do not

Psychoeducation Issues: Sexual abuse how do people feel after abuse?

- The feelings can be hard to understand
- Sometimes the sexual touching feels good
- Sometimes the sexual touching feels bad or hurts
- You may like or love the person who did this to you
- You may hate or be scared of the person who did this to you
- You may be really mad at the person
- It's OK to have lots of different feelings about the abuse
- Some people even feel like what happened is their fault
- Sometimes all these feelings affect how people behave
 - Don't want to be alone or sleep alone
 - Feel mad a lot and get into lots of fights
 - Feel sad and just want to cry all the time
- It really helps to talk about all of these feelings

Psychoeducation Issues: Sexual Abuse Why don't people tell about being abused?

- Sometimes people don't tell anyone that they have been abuse
- Sometimes it's hard for other people to understand why you didn't tell
- There are lots of reasons why people don't tell.
 - Sometimes, the person who did the abuse says that it's 'a secret,' and 'don't tell anybody.'
 - Sometimes the person makes threats and says things like 'if you tell anyone, I'll hurt you, or I'll hurt your mom.'
 - The person who hurt you may even tell you that if you tell, no-one will believe you.
 - Sometimes, people don't tell because they're ashamed or embarrassed or afraid that they'll get in trouble.“
- It's OK if it took you a long time to be able to tell what happened
- It's important that you are talking now and people are helping you

Psychoeducation Adaptations

- Help caregivers understand the unique needs of children with IDD
 - The need for structure, routine and predictability
 - Objectify the flight or fight response
 - Reinforce close approximations of the positive coping skills desired
 - Principles of functional analysis of behavior
 - Maintain high expectations for safety, resilience and recovery

Checklist for TF-CBT

Intercept Center—Aurora Mental Health

Date _____

Psychoeducation

_____ Describe the model including:

Short-term, trauma focused treatment model

Phases that will be covered in treatment

_____ Discuss structure of treatment, including:

Duration of sessions

Format of sessions

Stress the importance of consistency in treatment

_____ Address the client's sense of safety and correct any misperceptions

_____ Baseline trauma assessment; UCLA-PTSD Index

_____ Provide psychoeducation regarding normal responses to trauma

_____ Provide specific information regarding the specific type(s) of trauma experienced by the client

Practice

- Pick one of the pieces of psychoeducation information
 - Normal response to trauma
 - Describe TF-CBT model and phases
 - Sexual abuse
 - Assessment tools
- Work together and role play introducing material, making information concrete
- Pick a spokesperson to share your suggestions with the group.

Components of Treatment

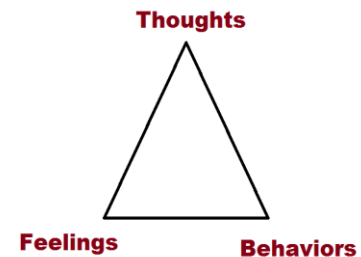
- ✓ **Assessment**
- ✓ **Address safety issues**
- ✓ **Psychoeducation**
 - Skills Development
 - Trauma Narrative
 - Trauma Processing
 - Reintegration

Select the skills to teach

- Not every person needs every skill
- Introduce skills development as a time for deciding which skills work best for you
- Explore what skills have been learned previously
- Be sure that by the end of this phase the person feels the ability to control symptoms in some way

Skills Development

- Feelings Identification
- Personalized Relaxation Skills
- Positive Self-Talk
- Cognitive Coping
 - Cognitive triangle
 - Relationship between thoughts, feelings & behavior
- Thought stopping
- Teach caregivers language and concepts



Feelings Identification & Affect Modulation

- Restrict the number of different emotions that you will work with
- Pick emotions that are likely to be familiar to your clients
- Use lots of repetition in creative ways
 - Role play
 - Feelings bingo
- Use visual and verbal cues—thermometer for assessing intensity of affect
- Rate affect before and after use of relaxation skills

Use a sample list of feelings



Scared



Sad



Happy



Angry



Embarrassed

Personalized relaxation skills

- Make modifications that not only address developmental, but chronological age
- Cooked spaghetti or belly breathing works well with younger people, but adults may be uncomfortable with these approaches
- Isometrics often work better than other types of tension/release exercises
- Teach deep breathing with simplified language
- Allow time for more repetitions over a longer period of time
- Involve caregivers in helping with practice sessions, but avoid setting up power struggles

Positive self talk

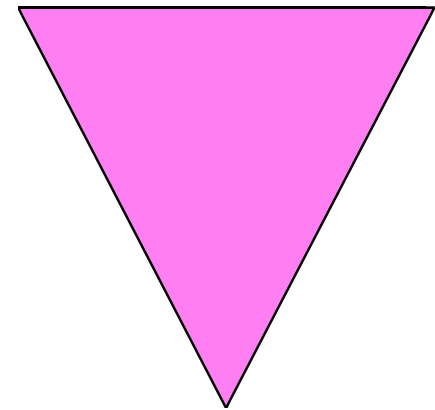
- Because of their concreteness, many people with developmental disabilities do not have a clear way of discussing or understanding their own self talk
- Start by developing a vocabulary
- Use lots of examples related to the client's day to day life
- Don't become frustrated if the client doesn't get the idea right away—continue to present the information in different ways
- It often works well to combine presentation of positive self-talk with cognitive coping

Cognitive Coping

- The Cognitive Triangle:
Recognize the relationship between:
 - Feelings and Thoughts
 - Thoughts and Behavior
 - Feelings and Behavior
- Understand the effect of
 - Inaccurate thoughts
 - Unhelpful thoughts

Feelings

Behavior



Thoughts

Cognitive Coping

- Practice a lot of different examples of how a thought might effect a feeling or action
- Talk about how positive self talk has a different effect than negative self talk
- Use drawings to illustrate the points that you are making verbally—white board works well for this

Thought stopping

- The idea that they can control their thoughts is likely to be a new one
- Because of their concrete approach to many things, people with developmental disabilities may view their thoughts as something that just happens, not something under their own control
- As the client becomes conscious of the self talk that is occurring, it is easier to introduce the idea that you can stop a negative thought or replace it with a positive one: “Changing the channel”

Adaptations to Skills Development

- Restrict the number of feelings you teach
- Build a basic vocabulary
- Use multisensory teaching tools
- Use lots of repetition in creative ways
- Use lots of examples that related to the child's everyday life
- Don't become frustrated if the client doesn't get the idea right away—continue to present the information in different ways

Skills Development

Date

_____ Teach feelings identification

_____ Teach a method of identifying the intensity of feelings:
numerical scale, line, arms

_____ Provide deep (belly) breathing training

_____ Teach deep muscle relaxation through analogy (cooked or
uncooked spaghetti) or progressive muscle relaxation
techniques

_____ Teach thought stopping—client has control of their
thoughts (remote control to stop and replace whatever is
“playing”)

_____ Teach positive self talk

_____ Teach the cognitive triangle—connection between
thoughts, feelings and behavior—run through a series of
scenarios, working toward more accurate or helpful
thoughts

Practice Session

- In your groups, role play introducing one of the skills to a client.
- Practice using adaption's to the model, i.e., simple language, short statements, opportunities for feedback
- Share insights with your group.

Components of Treatment

- ✓ **Assessment**
- ✓ **Address safety issues**
- ✓ **Psychoeducation**
- ✓ **Skills Development**
 - Trauma Narrative
 - Trauma Processing
 - Reintegration



TF-CBT

Narrative - a verbal, written, or artistic narrative about the trauma and related experiences, and cognitive and affective processing of the trauma experiences

Chapters to Include in the Narrative

- All about me
- Use the baseline trauma assessment to guide your work
- Some people work from the least threatening trauma to most challenging
- Some people prefer to write all the trauma components on slips of paper and to draw one at a time to work on
- After all known aspects of trauma have been covered ask about what was the worst part
- Don't assume you know what was the worst part
- Chapter on how they entered treatment & recovery

Introducing the Narrative

- We are going to be talking (or writing or drawing) about the bad stuff that happened in lots of detail because we know it helps you to get better when you talk about what happened.
- One way we can talk about the abuse is by making a book.
- There are other ways to do this like drawing pictures, writing, typing it out on the computer, etc...
- Let's start with some stuff about you and what you like to do for fun.
- Can include name, age, school, job, and favorite activity.

Session format

- Check in briefly with the client and caregiver regarding how the week has gone
- Spend time with the client working on the narrative
- Spend time with the caregiver reviewing the narrative the client has generated
- Spend time doing something the client enjoys to end the session

Narrative Session Format

- At the beginning of each session check in on the client's stress level
- If the level is high use skills to reduce it to the acceptable level you and client have agreed on
- With the client review the narrative that was developed last time
- Continue to use stress management skills as needed, checking in on stress level frequently
- Add any new information that the client brings up
- Go on to the next part of the trauma narrative

Session Format Continued

- After meeting with the client spend some time alone with the caregiver
- Review the information the client produced in the narrative
- Help the caregiver to deal with their own emotions regarding the narrative
- Discuss any distortions the caregiver is experiencing like
 - Unwarranted self blame
 - Unrealistic expectations of what the caregiver can do
 - Fears that the client has been damaged forever

Session Format Continued

- Each session should end with time to de-stress and do something fun
- Depending on the client, this may be a group activity after you have talked with caregiver or it may be with the client alone
- Be prepared to suggest some fun things:
 - Origami—especially action figures like jumping frogs
 - Walks to interesting sites
 - Games, puzzles, puppets
 - Basketball, catch
 - Grooming the therapy dog

Sample of Chapter One:

All About Me



My name is Jeremy. I'm 20 years old. In this picture I'm standing in front my group home. I have a lot of favorite things. I like radios, Dr. Charlton, Kiwi, and my group home mother, Jane. I like to wear suit jackets. When I grow up I want to be a king. If I can't be king then I will get a good job where I can earn lots of money. I like it here, but I would prefer a castle. Here's the castle I would like to live in.





Beginning of Narrative:

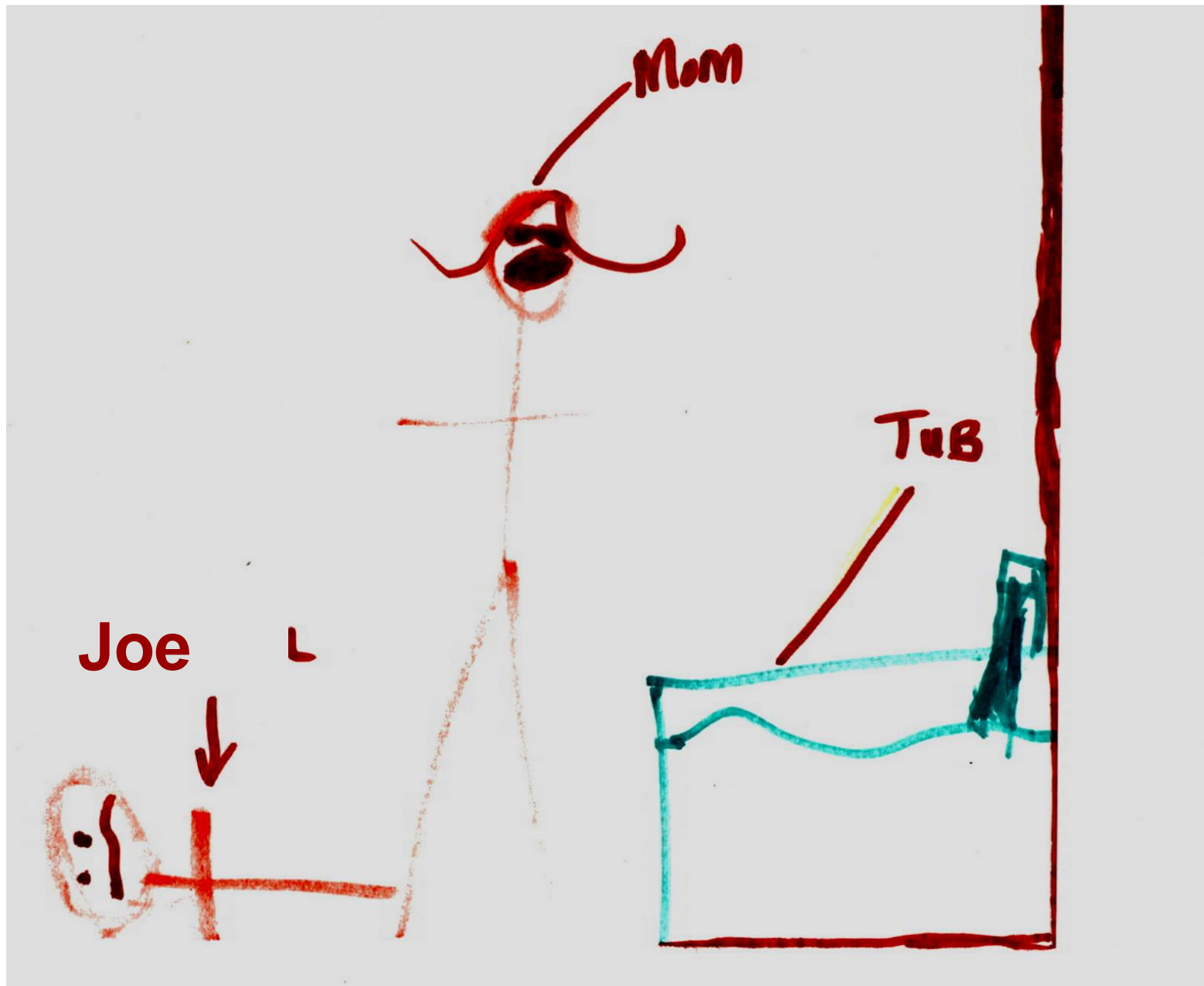
Single incident: 18 year old male client

“On the day I got burned I woke up around 9 in the morning. I was feeling sad and that’s when I started telling everyone “I’m going to burn myself.” Then around 1:30 I poured gasoline on me.”

Complex Trauma With Multiple Components:

Trauma occurred during early childhood.

- Chapter 2: One of the bad things that happened to me is getting hit a lot.
- Chapter 3: When my mom first started getting a job she sent me to live with my step mom. I always got punished there.
- Chapter 4: My mom would tell me to lie to the teachers and say I have strep throat so they wouldn't know the truth that I was hit on the back with a belt and hurt really bad.
- Chapter 5: Mom was in the bathtub and she asked me to get something for her. I couldn't find it and she got out of the tub and started kicking me.



Complex Trauma With Multiple Components

- **Chapter 2 – Riding the tower of doom and other rides** - I am afraid of heights. I hate heights.
- **Chapter 3 – My older brother** – I was at my mom's house. I was watching the news, and I saw him on the news. He got arrested for something – a double homicide
- **Chapter 4 – Why I don't like school** – School is a prison. It's a prison. There's no windows except for the doors.
- **Chapter 5 – The Kidnapping** – My dad screwed everything up he's a loser he wants me to get back at mom. My mom says he's crackheadish I think he's stupid.

Narrative Adaptations for People with Developmental Disabilities

- Be creative in the ways in which the narrative is recorded
- Writing may not be practical
 - Dictate responses to the therapist
 - Draw pictures
 - Use a tape recorder, video or still camera
 - Role-play, sing or dance
 - Consider sand tray
 - Use play that results in tangible representations
- Go slowly—more time will be needed to absorb the information and to integrate the modified cognitions
- Don't be frustrated if the client returns repeatedly to inaccurate or unhelpful cognitions—repetition is necessary for learning

Narrating Trauma

Date

_____ Provide information about the benefits of gradual exposure interventions

_____ Review the feelings intensity scale and decide with the client when they want help reducing intensity

_____ Develop a signal for when help is needed to reduce feeling intensity

_____ Decide how the trauma narrative will be developed: pictures, writing, dance, song, etc.

_____ Begin the trauma narrative with a first chapter that describes the client—All about Me

_____ Do a second chapter on a relatively non threatening “trauma.” Use the baseline trauma assessment to direct progress through the narrative.

Note additional dates spent on basic trauma narrative:



Practice in your small groups

- Take turns being the therapist and the client as you role play introducing the narrative process to a client you may treat with this model
- Discuss your ideas for presenting the material
- What insights did you have about the therapist or the client's experience

Components of Treatment

- ✓ **Assessment**
- ✓ **Address safety issues**
- ✓ **Psychoeducation**
- ✓ **Skills Development**
- ✓ **Trauma Narrative**
 - Trauma Processing
 - Reintegration

Processing the Narrative

- Review the narrative
- Identify thoughts that are not helpful
- Identify areas where thoughts and feelings are missing
- Identify places where the client's thoughts are accurate and be prepared to praise them.
- Add to the chapter on starting therapy and the progress the child is making
- Integrate components to develop positive self-identity.



Session format

- Generally you continue with the same format you established on the narrative
- Check-in
- Work with the client on processing the trauma
- Review with the caregiver the work the client did during the session
- Do something fun to help with re-centering

Adding Thoughts and Feelings

- Thoughts:
 - I thought everyone heard me saying I was going to burn myself and they didn't listen.
 - I was surprised at what happened.
 - I didn't expect the burns to hurt so bad.
 - I don't know if I realized that I might kill myself by setting myself on fire.
- Feelings: I felt mad because it sounded like they didn't care about me.

Corrections

- I needed help.
- I could have told my family that I was really upset and needed help.
- Then I could have gotten the help I needed without the burns.
- If I get upset again this is what I'm going to do.
- My family will listen even if I don't do something dramatic.



Techniques to Help With Processing

- Best Friend role play
- Now and then role play
- Responsibility pie



Best Friend Role Play

Ask the client to take on the role of his or her best friend, and the therapist takes on the role of the client. The task is to have the “best-friend” counsel the therapist/client regarding the client's understanding of the trauma.



Now and Then Role Play

The client is asked to 'go back in time' to give him or herself advice about what to do about the trauma before and/or after it happens. The therapist can either play the role of the client "then," or the client can act out both parts.

Responsibility Pie

The client is asked to draw a pie chart and assign "pieces" of various sizes to different individuals who might bear some responsibility for the trauma (e.g., the perpetrator, non-offending family members, the client). The client may assign pieces and sizes to whomever he or she wants, and the size of the piece corresponds to that person's percent of responsibility for the trauma. The therapist can then discuss the relative sizes of pie pieces with the client and use this as an exercise to help the client verbalize his or her thinking about why the trauma happened. A revised pie can be drawn if the client's thinking about responsibility changes.

Adaptations to Processing the Narrative

- Go slowly
- Provide lots of support
- Review skills as needed
- It's particularly important to use
 - Cognitive triangle—how you think about the trauma affects how you feel about it
 - Identify cognitive distortions or unhelpful thoughts
 - Then correct them in the narrative

Processing Trauma

Date

_____ Work through the trauma narrative with the client adding thoughts and feelings

_____ Assist the client in critically examining and appropriately modifying cognitive distortions (be aware of issues around causality or responsibility for the event)

_____ Ask the client to describe the worst moment and be sure this is included in the narrative

Practice

- In your groups discuss how best to adapt trauma processing for your clients.
- Role play one of the processing techniques
- Select a spokesperson
- Return to the full group and share your ideas on adaptation

Components of Treatment

- ✓ **Assessment**
- ✓ **Address safety issues**
- ✓ **Psychoeducation**
- ✓ **Skills Development**
- ✓ **Trauma Narrative**
- ✓ **Trauma Processing**
- **Reintegration**

Reintegration Session Format

- Reintegration is generally done with caregiver and client together
- Begin by
 - Assessing the client's readiness for this phase
 - Assessing the caregiver's readiness for this phase
- Remind everyone about the rationale for these joint sessions

Reintegration Rationale

- The caregiver has the opportunity to demonstrate comfort in hearing and talking about the trauma, while also modeling appropriate coping;
- The client has an opportunity to share the narrative and experience a sense of pride (further reduces feelings of shame and distress associated with the trauma);
- Communication about the trauma is enhanced, and misunderstandings and areas of confusion can be cleared up; and
- The groundwork is laid for discussion of the trauma to continue after formal therapy is over.
 - For clients, you should emphasize the importance of communicating openly to eliminate any possible misunderstandings,
 - Caregivers should emphasize their desire to be helpful and supportive.

Reintegration Sessions

- The client shares the trauma narrative they have developed with the caregiver
- The caregiver:
 - Praises the client's hard work
 - Asks open-ended, non-threatening questions, (i.e., How did you decide to tell someone about what happened?)
 - Answers the client's questions (i.e., Why is mom mad at me because her boyfriend got in trouble? Did I do the right thing?)

Reintegration

- Caregiver and client discuss together
 - Lessons learned
 - Application of those lessons
 - Plans for the future
- Caregiver and client discuss the use of affect regulation skills for other life stressors

Reintegration Adaptations

- Be sure the client has sufficient support in all environments
- Work on specific ways in which new skills can be generalized to various situations in the client's life

Integrating Trauma work

Date

_____ Have the client read the whole narrative to caregiver

_____ Help the client to listen to the caregiver's
feedback (not your fault, good job, etc)

_____ Discuss what was learned in the course of treatment

_____ Add what was learned to the end of the narrative

_____ Process termination of treatment with client

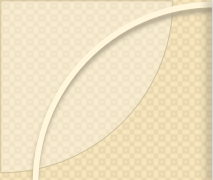
_____ Process termination of treatment with caregiver

Components of Treatment

- ✓ **Assessment**
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Therapist Resilience & Vicarious Trauma





Three Terms Related to Caregiver Stress

- ➡ Compassion fatigue
- ➡ Secondary traumatic stress
- ➡ Vicarious traumatization

closely related terms which capture different aspects
of the stress associated with trauma treatment

Examples of Compassion Fatigue Symptoms (Pelkowitz, 1997)

Cognitive

- **Decreased concentration**
- **Apathy, rigidity**

• Perfectionism

Behavioral

- **Hypervigilance**
- **Social withdrawal**
- **Expressed anger**

Emotional

- **Anxiety**
- **Numbing**
- **Depletion**

Spiritual

- **Loss of faith**
- **Anger at God**
- **Meaning of life and work?**

Examples of Compassion Fatigue Symptoms (Pelkowitz, 1997)

Personal relations

- **Decreased intimacy/sex**
- **Intolerance, loneliness**
- **Parental overprotection**

Somatic

- **Hyperarousal**
- **Reduced immunity**
- **Aches, pains, medical problems**

Work performance

- **Low morale**
- **Detachment**
- **Fatigue**
- **Obsession with details**
- **Negativity**
- **Absenteeism**

Rational Detachment (CPI)

- “The ability of staff to maintain control of their own behavior in the presence of acting-out behavior

(Crisis Prevention Institute)

- Ones ability to rationally and objectively consider all of the factors that lead to dysregulation in order to emotionally detach from the situation, regulate one’s self, and manage crisis effectively

(Brian Tallant)

A Continuum of Secondary Traumatic Stress Responses

(Stamm, 1999)

Normative

Pathological

stressful
experience

traumatic stress
reaction

STSD



challenges
beliefs

requires
reorganization

reorganization
difficult

Personal Risk Factors for STS Reactions

- History of personal trauma
- Identification with victim
- Immediate stressors on therapist
- Low social support
- Low sense of control

(Baird & Kracen, 2006; Nelson-Gardness & Harris, 2003, Regehr et al., 2004)

University of Iowa: <http://www.uiowa.edu/~nrcfcp/training/documents/PPT%20Secondary%20Trauma.pdf>



Work-Related Factors

- Early in career/inexperience on the job
- High caseload of trauma survivors
- Lack of supervision
- Exposure to critical incidents

(Baird & Kracen, 2006; Nelson-Gardness & Harris, 2003, Regehr et al., 2004)

University of Iowa: <http://www.uiowa.edu/~nrcfcp/training/documents/PPT%20Secondary%20Trauma.pdf>

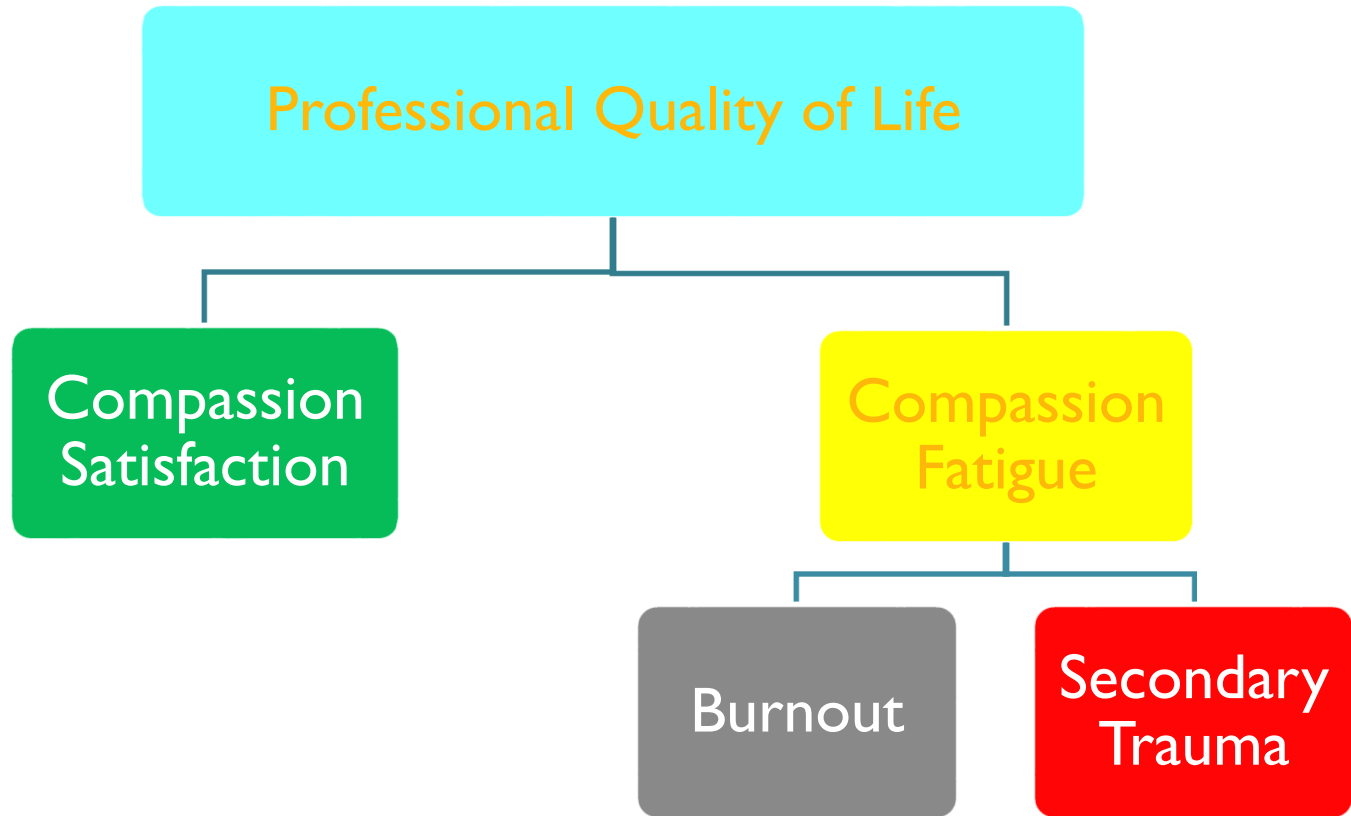
Organizational Factors

- Unusually high caseloads
- High administrative burden
- Conflicts w/co-workers or supervisors
- Climate of constant change
- Excessive emphasis on cost-effectiveness, competition
- Unforgiving environment (“If you can’t handle it, leave”)

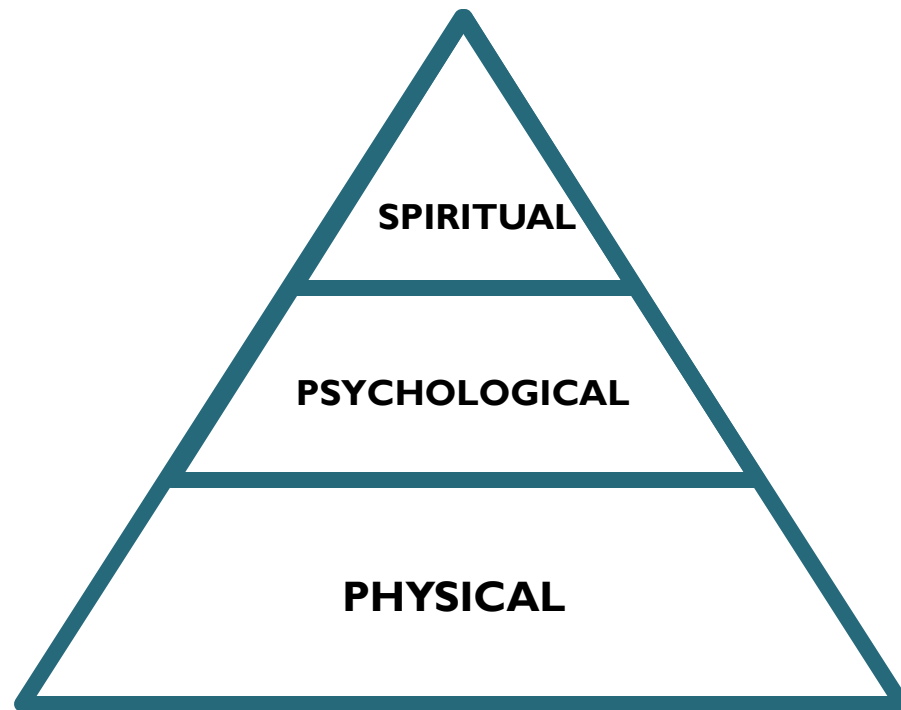
(O’Brien, 2006; Regehr et al., 2004)

University of Iowa: <http://www.uiowa.edu/~nrcfcp/training/documents/PPT%20Secondary%20Trauma.pdf>

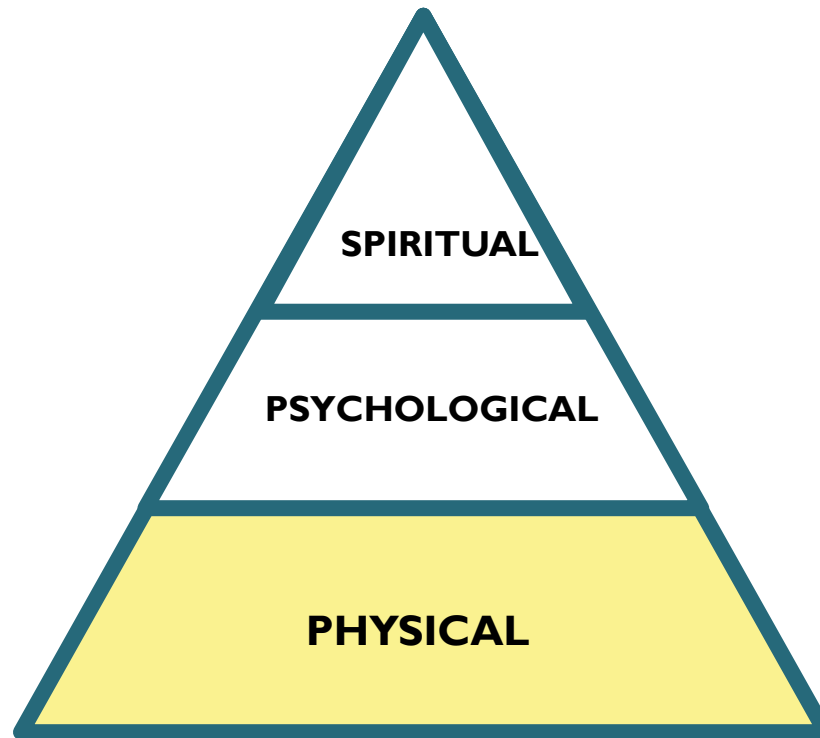
ProQOL Model for Professional Quality of Life



Levels of Self-Care



Physical Self-Care



Physical Self-Care



- Getting medical treatment when needed
- Maintain a reasonably healthy diet
- Getting adequate sleep
- Limiting toxins to a reasonable level
- Routine purposeful movement of your body

Physical Self-Care

Maintaining a healthy diet

- Think of the consequences
- Think of the example you are setting for your children
- Think of the example you are setting for those you hope will follow you down the road to health
- See the light at the end of the tunnel
- Put it off indulging one more day
- Sever undesirable neural connections in your brain
- Start by having less not none
- Think of the money you could be saving by forgoing treats



Physical Self-Care

Maintaining a healthy diet

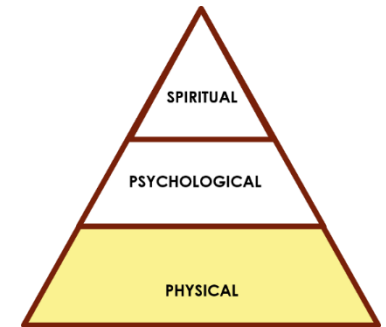
- Reward yourself with things besides food
- Remove temptation
- Stabilize blood sugar
- Enjoy life as opposed to food
- Set a goal
- Remove (or manage) the stressors that cause you to eat emotionally
- Turn off the TV!
- Read Shogun
- Consider your future health



Physical Self-Care

Routine Purposeful Movement of Your Body

- Good mood
- Increased self-esteem
- Restful sleep
- Decrease in blood-pressure
- Feeling in control
- Reduced symptoms of depression
- Positive distraction
- Development of positive coping skills



Physical Self-Care

The Mayo Clinic Suggests:



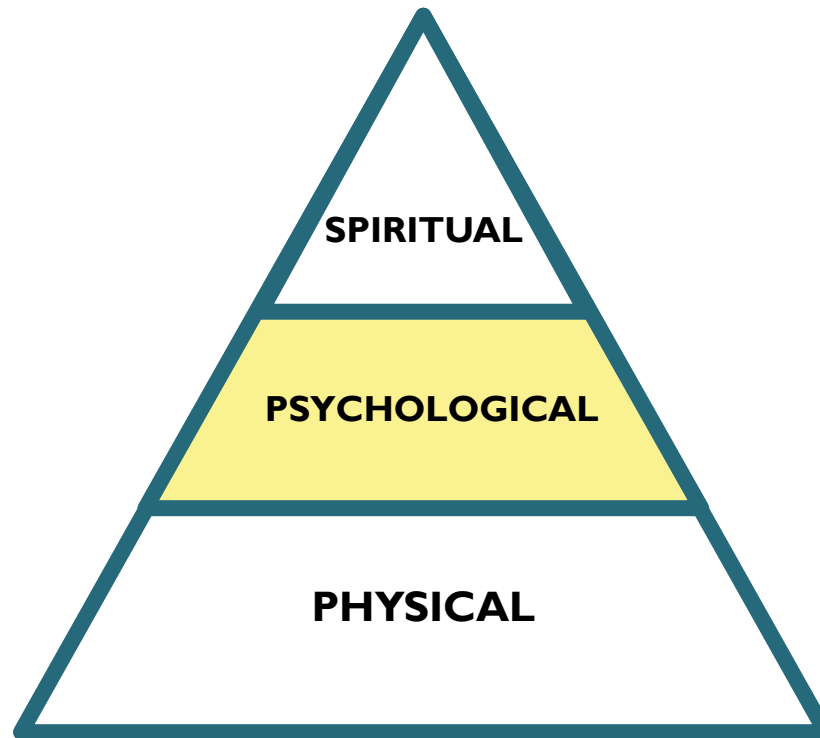
“Exercise raises the levels of certain mood-enhancing neurotransmitters in the brain. Exercise may also boost feeling good endorphins, release muscle tension, help you sleep better, and reduce levels of the stress hormone cortisol. It also increases body temperature, which may have calming effects. All of these changes in your mind and body can improve such symptoms as sadness, anxiety, irritability, stress, fatigue, anger, self-doubt and hopelessness.”

Physical Self-Care

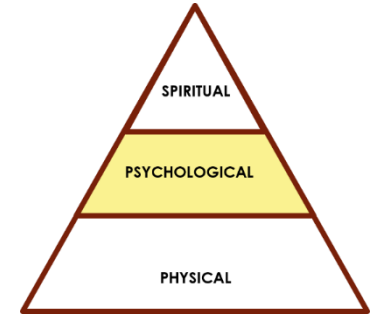


- Explore activities you enjoy alone or with others
- What prevents you from doing these activities?
 - Are you trying to be too perfect?
 - Is depression expressing itself as a fitness obstacle?
 - Is being obsessed with your appearance keeping you from your goals?

Psychological Self-Care



Psychological Self-Care

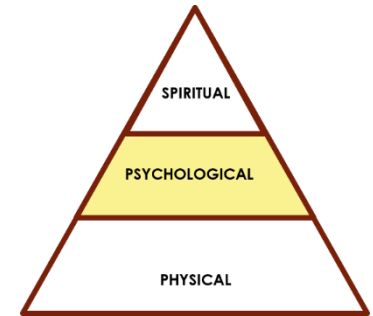


Developing and utilizing healthy relationships in your life

- Friends
- Family
- Colleagues
- Clergy

“Allow others to experience the joy you know comes from helping others, and accept their caretaking”

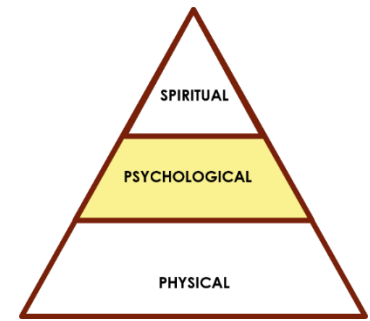
Psychological Self-Care



Getting psychological help when you need it

- Overcoming stigma and fear of identifying with your clients
- Importance of receiving support from someone who does not have an emotional investment in you
- Use your knowledge of yourself and the industry to select your therapist

Psychological Self-Care



Journaling

- Keep a record of how your life unfolds and track your patterns, trends, and cycles.
- Get to know the different parts of yourself better
- Journaling can be valuable tool in the therapeutic process
- Heal yourself and your relationships
- Access information stored in the unconscious
- Explore your dreams
- Develop your intuition
- Maximize your efficiency
- Explore your creativity
- Discover the writer in yourself

Psychological Self-Care



Eight suggestions for satisfying journal writing

- Start with a meditation
- Date every entry
- Keep what you write
- Write naturally and don't worry about your penmanship
- Tell the complete truth faster
- Protect your own privacy

Purposeful Time Off

“An active process of considering and choosing activities that enhance and round out your life outside of work that allows you to feel recharged and satisfied when you return to work.”



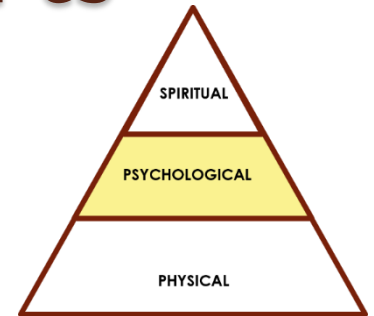
**Sorry I'm too Busy,
It's Pajama Day**



www.TheSilverPen.com



Creative & Expressive Arts



- Drawing/Painting/Coloring
- Music
- Dance
- Drama
- Biblio/Literary/Poetry
- Utilized as tools for healing for centuries
- Enhances self-awareness, self-expression & self-esteem
- Express, release and let go
- Exercise in calming and mindfulness



Mindfulness, Relaxation & Meditation

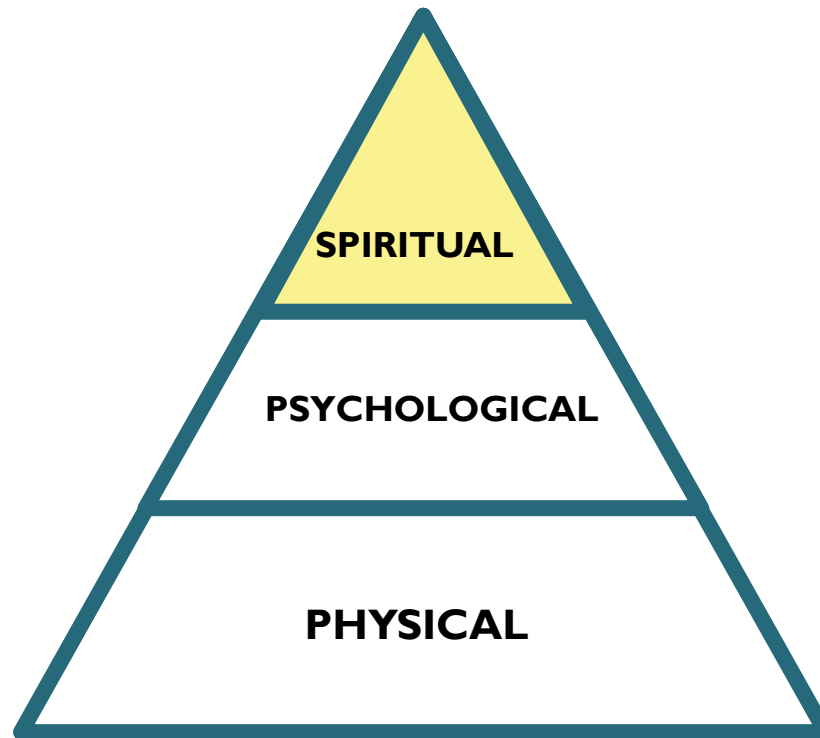
- Counters the effects of stress
- Reduction in breathing/heart rate rates
- Decrease of 20% in oxygen consumption
- Lower blood levels of lactic acid
- Decreased electrodermal activity

The Jacobson Technique

Imagery Technique

The Quieting Response

Spiritual Self-Care



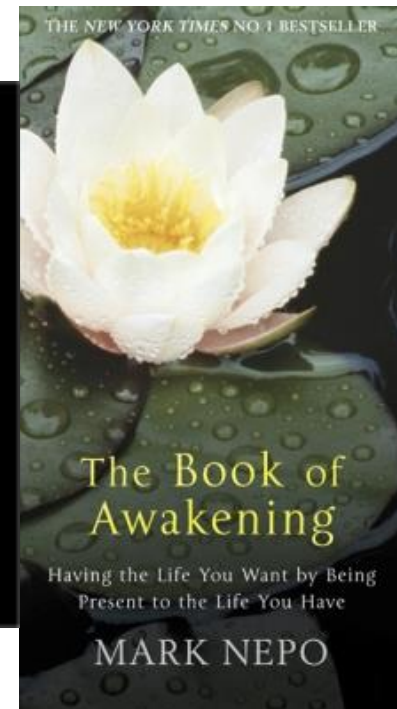
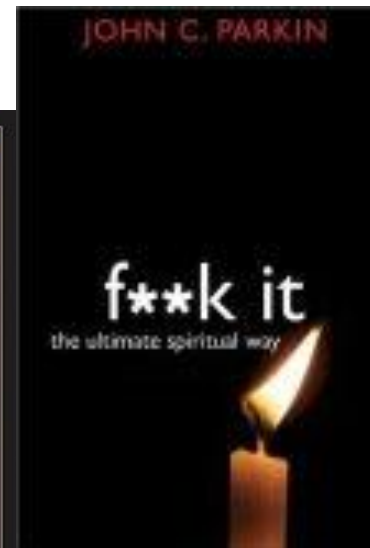
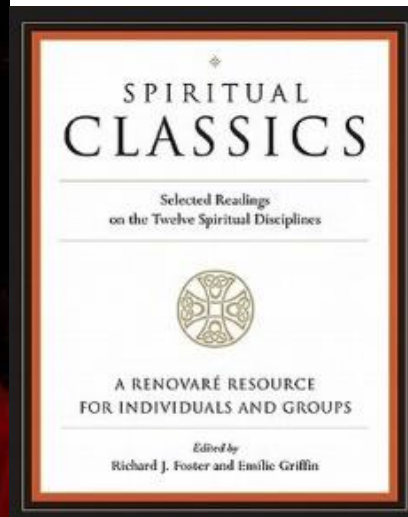
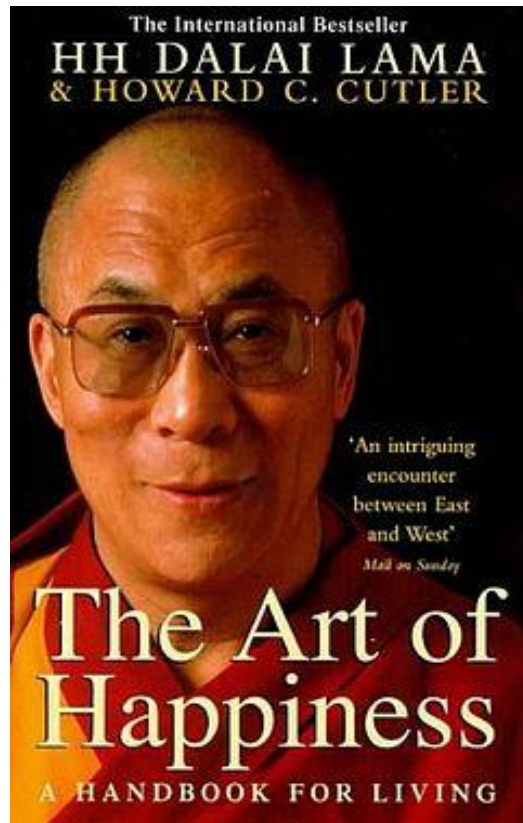
Spiritual Self-Care



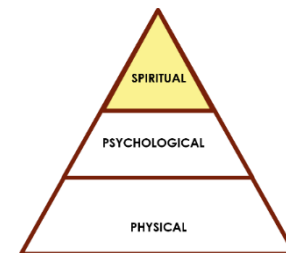
“With spiritual self-care, one size does not have to fit all. Nor do the benefits. Taking care of your spiritual side can mean being more connected to the present moment, aware of what is important and what is not so important in life, connected to other people in a meaningful way, being guided by God, or a Higher Power. Basically, being connected to a greater meaning and purpose in life.”
(2015 Dr. Gary R. McClain PhD)

“Every single world philosophy and religion has something to say about pain and suffering.”

Reading for Inspiration



Belonging to a spiritual community




Wherever two or more are gathered... Joining a church, synagogue, temple, or other spiritual community brings you into contact with people who share your spiritual values, who can help you to deepen your day-to-day experience of spirituality and provide emotional support.



Embracing compassion

- Accept yourself for who you are
- Celebrate your personal strengths as well as all the evidence that you are human and not superhuman.
- And then do the same for the other people in your life. Replace judgment with acceptance. Remind yourself: we are all in this world together.



**Making your plan for
addressing compassion
fatigue and increasing
compassion satisfaction**

Framework for STS management

- **Prevention activities**
 - (*World view*: guilt/responsibility issues, personal safety, resolving one's own traumas, etc. *Health behaviors*: Sleep, nutrition, exercise, alcohol/substances)
- **Soothing activities**
 - (Meditation, guided imagery, pleasure reading, yoga, reflection, hot baths, etc.)
- **Discharge activities**
 - (Exercise, griefwork, massage, music, body therapies, art, yelling at hockey games, etc.)

Framework for STS management

- **Professional support activities**
 - (Supervision, training, reading, consultation, de-briefing, caseload management, connecting with co-workers around + aspects of work, etc.)
- **Social support activities**
 - (Friendships, socializing, family support, emotional support, instrumental support, etc.)
- **Inspiration/re-charging activities**
 - (Spirituality, time w/children, vacation, time in nature, etc.)

Online Resources

- Compassion Fatigue Awareness Project
<http://www.compassionfatigue.org/>
- Professional Quality of Life Organization
<http://proqol.org/>
- Gift From Within
<http://giftfromwithin.org/>
- Figley Institute
<http://figleyinstitute.com/>

Next Steps

- Develop an Adapted Manual for TF-CBT
- Include detailed suggestions for adaptation of the model at each stage of treatment
- Collect pilot data regarding the effectiveness of the modifications
- Make changes in the adaptations as necessary
- Conduct randomized controlled studies to be sure that the adapted model is effective in treating trauma in the same way as the original model
- Better integrate Positive Identity Development (Dr. Karen Harvey).



Cultural Competency

- Working with children who are developmentally disabled is more like working with typical children than it is different
- Be aware of your apprehensions and biases about this population
- Use your intuition and clinical skills to adapt treatment



Questions?

Phase Vignettes



THANK YOU!

Brian D. Tallant, LPC
Aurora Mental Health Center
Intercept Center
16905 East 2nd Ave.
Aurora, CO 80011
303-326-3747
briantallant@aumhc.org