

## Complex Trauma Concepts and Suggestions by Melinda Clontz, MSW, LCSW

### Outline

1. Define complex trauma-a description of a child's exposure to multiple traumatic events that are often of an invasive, interpersonal nature and the wide-ranging, long term effects of this exposure. Complex trauma is a constellation of difficulties in the areas of attachment and relationships, affect regulation, biological regulation, dissociation, behavioral regulation, cognition and self-concept.

Taken from National Child Traumatic Stress Network and Trauma Focused CBT for Youth with Complex Trauma by Judith Cohen, Anthony Mannarino, Matthew Kliethermes and Laura A. Murray

Major areas impacted by complex trauma-taken from NCTSN and TF-CBT for Youth with Complex Trauma by Cohen, et. al

- Attachments and Relationships: The importance of a child's relationship with a safe caregiver is essential to a child's development and health. Through these essential relationships with family, kids learn to trust others, regulate their emotions, and interact with the world. They develop a sense of the world being safe or unsafe. They learn to problem solve and understand their own value as individuals.  
Most children with complex trauma do not have strong healthy attachments to a caregiver. Children who do not have healthy attachments have been shown to be more vulnerable to stress. Our ability to develop other relationships, outside the family, depends on our having developed strong, secure relationships within our families. A child with complex trauma often has trouble developing relationships with friends, teachers and significant others. It is common for children with complex trauma to view most relationships as threatening. Kids learn that the world is a dangerous place and even loved ones cannot be trusted. Kids are often hypervigilant and guarded in their interactions. They are likely to interpret situations and relationships as stressful and dangerous.
- Physical health: Normal brain and body development is partly determined by genetics and partly determined by environment. When a child grows up afraid, and under extreme stress, the immune system and body's stress response systems may not develop normally. Ongoing traumatic stress interferes with and often delays emotional and biological development.

Brain development and traumatic stress video Harvard

- Ongoing toxic stress interferes with body and brain function

- Ongoing toxic stress causes the brain and body to “overreact” in the context of normal stress and the stress response system stays on high alert
  - Ongoing toxic stress interferes with the strength and development of neural connections in the region of the brain responsible for learning and reasoning
  - Ongoing toxic stress and an over-active stress response system can result in life long consequences to physical health and mental health
- Emotional responses: Children who have experienced complex trauma often have trouble identifying, expressing and managing emotions. They may also have limited language for emotions. They often internalize and/or externalize stress reactions and may experience significant depression, anxiety and anger. For children with complex trauma, reminders of various traumatic events may be everywhere in the environment. Since complex trauma often involves traumas of an interpersonal nature, even mildly stressful interactions with others can be trauma reminders and evoke strong emotional reactions.
  - Dissociation: Many children who experience complex trauma often learn to “tune-out.” They are often not connected to in the moment interactions or experiences. They perceive themselves as detached from their bodies or in a dream. They may have gaps in their memory. They are often numb to threats in their environment or may not perceive threats accurately. Frequently, they learn to dissociate when stress increases and this interferes with daily functioning.
  - Behavior: Kids with complex trauma may be easily triggered due to experiencing multiple traumatic events. They often respond intensely to trauma reminders that may seem harmless to others. They may lack impulse control, ability to control their emotions and reactions and have trouble problem solving and trouble thinking through consequences before acting. As a result, children who experience complex trauma often appear unpredictable, oppositional, volative and extreme. If a child dissociates often, they may be perceived as disconnected, spacey, detached and distant. They may engage in self-harm or other risky behaviors such as breaking the law, using drugs or alcohol running away or stealing. Alternately, children with complex trauma may react aggressively to authority or perceived blame or attack. They may also be overly compliant with adults or rigid and controlled in their reactions to others. Their behavior is reflective of their brain functioning, reflective of their experiences and often reflective of how they are treated by our system.
  - Cognition, Thinking and Learning: Children with complex trauma, grow up under conditions of constant threat and stress and all their internal resources are focused on survival. Children with complex trauma may have problems thinking

clearly, reasoning or problem solving. They may be unable to plan ahead, plan for consequences and act accordingly. Due to constant threat and stress, children's resources are focused on survival. This often interferes with their ability to think and reason. Ongoing trauma reactions, also interfere with their ability to focus and concentrate. They often have trouble calmly thinking about a problem and considering different solutions. They may have difficulty taking in new information or learning new concepts. They often experience academic problems and need support in the classroom.

- Self Concept, Beliefs about Themselves and their Future: Children learn their self worth from the relationships they develop with their caregivers. Children who experience complex trauma often feel worthless and hopeless. They often blame themselves for abuse and neglect. It may be safer for children to blame themselves than to recognize their parents or caregivers as unreliable and unsafe. Shame, guilt, low self-esteem and poor self-image are common among children with complex trauma.

To plan for the future requires a sense of hope, control and the ability to see one's own actions as having meaning and value. Children with complex trauma learn from an early age that they cannot trust, the world is not safe and they are powerless to change their circumstances. Living in "survival mode," helps the child learn to live from moment-to-moment without pausing to think about, plan for or even dream about a future

- These children may be diagnosed with a range of disorders, and consequently treated with multiple medications and therapies that are ultimately ineffective because they fail to address the underlying problem and do not reflect a trauma-informed approach to assessment and treatment.

They end up in multiple child service systems, DSS, DJJ, mental health, group homes, PRTF and inpatient psychiatric facilities

Taken from Impact of Complex Trauma, NCTSN

Assessment-must be thorough, ongoing and taken from multiple sources involved with the child, the assessor must be willing to look beyond the surface

Measures may need to be repeated at different stages of treatment, not just pre and post-treatment

Praise their thorough assessments

## **Resiliency vs Avoidance**

**Resilience** is the ability of children and families, who experience traumatic events and adversity, to avoid or decrease negative effects of these events

**Protective factors** are individual qualities or traits of children and/or adult caregivers' characteristics and skills that help buffer the effects of trauma and adverse events

According to a literature review, conducted by the Administration on Children, Youth and Families, there are several protective factors that help children and families modify risks and buffer the effects of adverse experiences. It should be noted that the literature reviewed relied on studies of children across the life span but studies involving adolescents and protective factors were more prevalent than other ages.

These protective factors for individual children include:

Personal traits

Positive self-image  
Sense of purpose  
Sense of optimism  
Sense of and belief in their own capabilities  
Intelligence

Skills

Self-regulation skills  
Relationship skills  
Problem solving skills  
Academic skills  
Involvement in positive activities

Protective factors for children in relationships

Parenting competence  
Parent or Caregiver well being  
Positive peers  
Caring adults  
Living with family members

Protective factors for children in the community

Positive school environment  
Positive community environment  
Stable living situation  
Economic opportunities

Taken from Protective Factors for Youth Served by Administration on Children, Youth and Families: A Literature Review and Theoretical Framework

Research on resilience in children demonstrates that an essential protective factor for children is the reliable presence of a positive, caring, and protective parent/caregiver, who can help shield their children against adverse experiences. They can be a consistent resource for their children, encouraging them to talk about the experiences. And they can provide reassurance to their children that the adults in their life are working to keep

them safe. Young Children Protective Factors Enhancing Resilience in Young Children and Families, NCTSN

In general, most of the children that we assess with complex trauma do not have supportive, stable reliable caregivers and most of these children do not possess many of these protective factors

**Avoidance**-Children who experience complex trauma often avoid talking about or thinking about their traumatic experiences due to their distrust of relationships and of adults, including therapists; and/or they view chronic trauma and emotion dysregulation as a “normal” part of their lives.

Being “manipulative” vs. getting their needs met

## Complex Trauma Suggestions

### Things to think about

Begin to Identify complex trauma by determining if there is early childhood trauma and if there are multiple, chronic traumatic incidents at the hands of primary caregivers (interpersonal trauma) that effects the attachment system, if these factors are present, the child may have a disorganized attachment, which means the kid doesn't have an organized way to get their needs met

The thing that regulates you as a young child is your attachment to a caregiver, It effects regulation in these areas; interpersonal, social, cognitive, physiological, emotional

Has the child had multiple caregivers as a young child? Have they had multiple foster care placements? These don't mean they have chronic trauma but are things to think about in conceptualization and as you are deciding if this is a complex trauma case

If you have dysregulation without early chronic trauma, then you are looking at another type of diagnosis (consider neurological or fetal alcohol exposure)

Second part of PE (adjust to age of child, if this is a younger child ask simpler questions and maybe use the below questions with caregivers to help them think about how the child is viewing the scary events)

Consider making a list of the scary things that have happened (all the traumas or use past notecards)

Use facts and focus on themes of the trauma (adults can be scary, adults can be unpredictable, kids have to take care of themselves, etc)

### Socratic question ideas

How common is it for kids to go through more than 1 scary thing? 2? 3? 4?

What are kids worries when these things happen?

How do kids act when they have been through lots of scary things?

What does it mean about kids when they go through these things?

What does it mean about kids' families when they go through these things?

What kinds of things might kids take responsibility for when these things go on?

What are all the things kids get exposed to when their parents are abusing substances?

Re-visit what kids think when these scary things are happening and what kid might feel in affective expression and cognitive coping

For GE, what did you think and feel when the scary things were happening or what were you thinking and feeling when your dad was hurting your mom, ect?

Focus on the impact/beliefs/themes in the areas of

Power

Intimacy

Trust

Safety  
Esteem (self worth)

Trauma Narrative Suggestions  
Especially for complex trauma

About Me Chapter

Keep it general and open  
How does the kid describe himself?  
Tell me who you are?  
What do people need to know about you?  
What do you want people to know about you?  
What don't people know about you that you want them to know?

Do a timeline, if it's helpful

Do a chapter of at least 1 incident of the main traumas

Meaning making chapter

What are your bravest moments?  
What are your smartest moments?  
When was a time that other people helped?  
When are times that adults have been trustworthy?  
What have you learned from these life events?  
How do you tie trauma together with the hope that the future will be better? Or what will be good in your future?

Ways to introduce TN or talk about complex trauma in TN

Sometimes kids live in a storm rather than just having one wave of hit them, they waves or trauma happen over and over  
TFEBT is teaching him how to surf those waves, talk about specific trauma in the context in which they happened-day in/day out

(part of TN is Helping them realize Trauma begets more trauma. Nothing about you is making lightening strike multiple times: you're struck because you're standing on lighting rod)

Do a Note card story (note card projects: look up on you tube)