

THE PATH to Trauma Therapy



**A Guide for Getting
Traumatized Children
the Help They Need**

Screen.

Assess.

Treat.



All children who have been maltreated should be screened for trauma, assessed by a trained provider if needed, and treated through appropriate therapy.



- What to Ask the Therapist
- Step Four – Trauma Therapy
- Step Three – Psychological Evaluation
- Qualifications Needed to do a Trauma Assessment
- Step Two – Trauma Assessment
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- Overview

Overview

Most children in the child welfare system have experienced trauma. Some children have protective factors that buffer the effects of trauma. However, many are exposed to such severe or prolonged trauma that they have short and long-term serious physical and mental health consequences that need to be addressed. All professionals working with at-risk children should be aware of trauma and should identify those cases that may benefit from further assessment. This brochure describes the process of screening, assessing, and properly treating trauma.

In most cases, this is the path to trauma therapy:



Trauma Screen



Trauma Assessment



Trauma Therapy

This brochure will describe this pathway to you and help you follow it in your cases.

Trauma Screen

Do we need to look at this further?

Trauma Screen



A trauma screen is the first step in the path to trauma therapy.

The screen is a tool administered by a front-line professional (which can be any professional trained to complete the screening – caseworkers, attorneys, etc.) to determine a child’s trauma history and related symptoms.

The purpose is to identify children who require an immediate stabilization (e.g., suicidal), and to identify children for whom a complete trauma assessment by a qualified provider is needed. The trauma screen should be completed using only documentation and other collateral (which may include interview of caregivers), and not through direct interviews with the child.

You can find the trauma screen, created by the National Child Traumatic Stress Network (NCTSN), at: www.nebraskababies.com/resources.

Trauma Assessment

What is the impact of trauma and what should happen?

A trauma assessment is the second step in the path to trauma therapy.

The assessment is an in-depth evaluation of trauma symptoms and psychological functioning administered by a clinically trained provider (such as a therapist) who understands child development and complex trauma. Being “trauma informed” does not necessarily mean the therapist is conducting a trauma assessment.

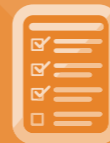
Trauma Assessment



Put this list of components in your referral to the therapist.

To verify that an assessment is a comprehensive assessment of complex trauma, you should ensure the following core components are covered:

1. A wide range of traumatic events are assessed.
2. A wide range of symptoms are assessed (including risk behaviors, functional impairments, and developmental derailments).
3. Information is gathered using a variety of techniques (clinical interviews, standardized measures, behavioral observations).
4. Information is collected from a variety of perspectives (child, caregivers, teachers, other providers, etc.)
5. Therapist considers how each traumatic event might have impacted developmental tasks and derailed future development.
6. Therapist tries to link traumatic events to traumatic reminders that may trigger symptoms or avoidant behavior.



If the therapist is conducting an assessment for Child-Parent Psychotherapy (CPP) and is properly qualified, that assessment will include a trauma assessment.

How do I know if someone is qualified to do a trauma assessment?

If a therapist is approved by Medicaid to provide an evidence-based practice like Child-Parent Psychotherapy (CPP) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), that is a good indication they are qualified to conduct a trauma assessment.



Specific questions you can ask a therapist are:

- Are you approved by Medicaid/Magellan to conduct CPP or TF-CBT?
- Tell me about your training and expertise with treatment of trauma.
- Have you treated and helped other children with trauma history or symptoms? If so, how many cases have you completed?
- What is your level of licensure (e.g., provisional, independent, etc.)?
- Do you incorporate the following into your trauma assessment?
 - Assessment of traumatic events and symptoms (including risk behaviors, functional impairments, and developmental derailments)
 - Use of a variety of techniques (clinical interviews, standardized measures, behavioral observations) and sources (child, caregivers, teachers, other providers, etc) to collect information
 - Consideration of how each traumatic event might have impacted developmental tasks and derailed future development
 - Linkage of traumatic events to traumatic reminders that may trigger symptoms or avoidant behavior



Still not sure? Contact Jennie Cole-Mossman, LIMHP, at jcole-mossman@unl.edu.

Once you select a therapist, make sure to ask them what collateral is needed to start the trauma assessment.

Psychological Evaluation

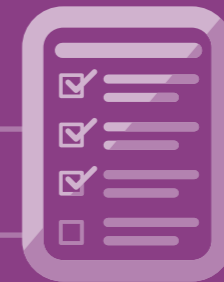
Does the child need a Psychological Evaluation, too?

PSYCHOLOGICAL EVALUATION



Trauma Screen

REFERRAL



Trauma Assessment



PSYCHOLOGICAL EVALUATION

A Psychological Evaluation is sometimes the third step in the path to trauma therapy.

As shown above, if a trauma screen indicates a referral for a trauma assessment should be made, you should make that referral. However, further evaluation that is above and beyond assessment for trauma may also be necessary. A psychological evaluation would be the next step beyond a trauma assessment if the assessment therapist had concerns about issues like major mental health disorders, cognitive functioning or intellectual functioning.

The Core Components of Trauma Therapy

TRAUMA THERAPY



While trauma-focused therapy may vary depending on the age of the child, there are some core components that are proven to work with children. These elements should be included in the work done by the therapist, the caregiver and the child.

If there is a proposed therapy, make sure it has the following Core Components:

1. Building a strong relationship. Children who have experienced trauma have had their trust compromised and therefore are often wary of adults. Building a relationship not only allows the child and caregiver to disclose and discuss the traumatic events, but models a foundation for healthy boundaries and relationships.
2. Psycho-education about normal response to trauma.
3. Parent support, conjoint therapy or parent training. Children need coaches to help them use the skills they learn in therapy.
4. Emotional expression and regulation skills. Both caregivers and children need to learn to explore emotions and manage them when they are overwhelming.
5. Anxiety management and relaxation skills.
6. Trauma processing and integration. Without processing the trauma through techniques like a trauma narrative, the child and the relationships cannot heal. After some skill building, the child and the caregiver need to be able to talk about the facts of the trauma, as well as the thoughts and feelings related to the trauma.
7. Personal safety training or empowerment. Children who have experienced trauma need to recalibrate their sense of safety.
8. Resilience and closure. Children and caregivers need to end this very difficult work with the therapist in a way that models healthy relationship ending and allows for the child or caregiver to seek help if they need it in the future.

Questions to Ask Therapists

Questions for front-line professionals to ask therapists about their Trauma Therapy.



Trauma narratives are important in treatment. Whether they are done through play or in written form, they allow for integration of the trauma. You don't need the details of the narrative but asking if the child is working on a trauma narrative is an important question.



Gauge your reaction to the person: A good listener? Understanding? Welcoming? Open to questions? Does this person seem like a good fit for the family and child?

About Diagnosis/Assessment:

- Tell me how you arrived at this diagnosis.
- What assessment tool(s) did you use?
- What does this diagnosis mean?
- How sure are you?

About Treatment:

- What is the best known, most effective approach with this problem? How do you decide which approach to use?
- How will the parent or family be involved in this treatment?
- Is this a best practice/evidence-based practice (and are you formally trained in it)?
Listen for: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR); there may be others but make sure to assess degree of experience and fit with the child.
- How do you assess for co-occurring conditions (behavioral, substance use, mental health, other)?
- What is the goal or goals of treatment? What is a reasonable outcome to expect?
- How long will treatment be needed?
- What do you do when you reach an "impasse" in treatment?
- Are there any risks to this treatment?
- Are there other choices we have?
- How will we know we are getting somewhere?
- Who provides your clinical consultation or supervision?
- How are you incorporating the trauma narrative?

If you have any questions about trauma screening, assessment and treatment, please contact **Jennie Cole-Mossman** at jcole-mossman@unl.edu.



NEBRASKA RESOURCE PROJECT
FOR VULNERABLE YOUNG CHILDREN

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The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at UNL-Center on Children, Families and the Law (UNL-CCFL) focuses on improving outcomes for maltreated young children in Nebraska. The NRPVYC works both at a systems level in partnership with other Nebraska organizations and on a local case level with court teams, state agencies, local organizations and local providers to address the needs of young children in their courts and on their caseloads. Systems issues include expanding and stabilizing evidence-based practices for young children like Child-Parent Psychotherapy (CPP), increasing access to early intervention (EDN) services and increasing access to high quality child care. Case level issues focus on developmental needs, the parent-child relationship, child care and medical care. The NRPVYC also provides training to caseworkers, attorneys, judges and others on evidence-based practices, identifying trauma in young children, representing young children and other issues. For more information, go to www.nebraskababies.com.

The information contained in this brochure is based on the Child Welfare Trauma Referral Took Kit created by the National Child Traumatic Stress Network. More information is available at www.nctsn.org.



Nurture. Heal. Thrive.