

# Addressing Trauma's Impact on Children's Development and Mental Health



## Assessing Trauma Exposure

The first step in addressing trauma's impact on a child is assessing the nature and extent of the child's trauma exposure, through:

- Obtaining information from past records
- Interviewing the child, parents and other family members
- Observation of trauma-related symptoms
- Exploring the nature of specific maltreatment experiences – perpetrators & their relationship with child, duration and frequency, to whom disclosed and their reactions, etc.
- Use of standardized measures

 **Review Standardized Measures to Assess Complex Trauma** and evaluate any measures you might add to your assessment protocol.



## Assessing the Impact of Trauma

Youth may not disclose some traumas until years later, so it is important to continue assessing over time. To understand the psychological impact of trauma, **it is important to understand the meaning of the event to the child.**

What are the child's beliefs about why bad things happened? What caused it? How does it affect his or her beliefs about self and others? The concept of **Traumatic or Traumagenic states** helps explore psychological impact.

**Complex Trauma:** Complex trauma is a key concept for understanding the global impact of experiencing multiple traumas over an extended period.

 A new diagnostic category, Complex PTSD, is being added to the **World Health Organization's ICD-11.**

Research continues to advocate for adding the diagnosis, **Developmental Trauma Disorder**, to the DSM. One impact of serious neglect and maltreatment for very young children is impaired brain development and imbalanced neurochemistry.

 To better understand this information, see **Maltreatment and the Developing Child.**



Select a child or teen with whom you work who has experienced extensive trauma. See the handout, [The Impact of Complex Trauma](#). As you review this handout, assess the extent of impact in the 7 domains for this youth:

- Attachment
- Biology
- Affect regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept

### Interventions to Remediate Trauma’s Impact

Treatment goals and models for facilitating healing from trauma are discussed in the last two lessons of this module.



**Trauma-focused Cognitive Behavioral Therapy (TF-CBT)** is reviewed in **Lesson 4**, along with brief descriptions of other models, **Child-Parent Psychotherapy** for children up to age 5, and **Eye Movement Desensitization and Reprocessing (EMDR)**.

Two evidence-informed treatment models developed specifically for children who have experienced complex trauma are introduced briefly. These models stress the importance of the *parents as healing agents* and seek to facilitate developmental catch-up in key areas of impact.

**Trust-Based Relational Intervention (TBRI)** contains:

- **Empowering Principles** for Laying the Foundation for Change
- **Connecting Principles** for Building a Trusting Relationship
- **Correcting Principles** for Scripting New Behaviors

### Attachment, Regulation, and Competency

The ARC framework is a flexible intervention focused on components under 3 domains and an overarching domain of Trauma Integration:



Blaustein and Kinniburgh 2010

### Secondary Traumatic Stress (STS)

Parents and clinicians working with traumatized clients often struggle with STS. The brief from NCTSN mentions a tool to explore a clinician’s own experience of STS. This **Professional Quality of Life Scale** assesses needs on 3 factors – compassion satisfaction, burnout, and STS.



Go to the link below, print, and complete the ProQOL. The scoring is at the bottom.

[www.tendacademy.ca/proqol-self-test-v/](http://www.tendacademy.ca/proqol-self-test-v/)



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