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

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:

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/

Contact NTI for More Information: ntiadmin@adoptionsupport.org

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