

Interventions for Challenging Populations: Children Exposed to Trauma, Abuse, and Neglect

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Points of Focus

- What do we mean by challenging populations (children)?
- Define the terrain: Trauma, Abuse and Neglect
- Recognize the complexities of *trauma*
- Therapeutic themes, strategies, and interventions

What Do We Mean by Challenging?

- Connection between the Adverse Childhood Experiences (ACEs) and health outcomes
- Author, *The Deepest Well: Healing the Long Term Effects of Childhood Adversity*



Dr. Nadine Burke Harris

- “But the problem is what happens when the bear comes home every night, and this system is activated over and over and over again, and it goes from being adaptive, or life-saving, to maladaptive, or health-damaging. Children are especially sensitive to this repeated stress activation, because their brains and bodies are just developing. High doses of adversity not only affect brain structure and function, they affect the developing immune system, developing hormonal systems, and even the way our DNA is read and transcribed.”

-Dr. Harris

The Toll:

- How does this impact psychological and emotional functioning?
- Imagine having to fight or flee or be on high alert every night? How would a child function the next day?
- Imagine now identifying other people as the “bear” – even if they mean no harm
- Imagine being so scared everyday you shut down, dissociate, or are just numb

Behavior

- Greenwald (1985) states that, behavior, no matter how strange, manipulative, problematic, or nonsensical...
 - 1)...is always purposeful and serves motives on conscious and unconscious levels
 - 2)...is comprehensible and has meaning even though the language used may not be
 - 3)...is characteristic and consistent with personality even though it is exaggerated
 - 4)...is used to keep a person safe and free of anxiety
- It is often used for ***survival, protection*** or satisfy a ***deep psychological need***

The Terrain: What do we mean by Trauma?

- Is trauma limited to an event?
- ~66% of children and adolescents report 1 trauma and 33% report multiple traumas (Copeland et al., 2007).
 - Exposure to actual or threatened a) death, b) serious injury, or c) sexual violation, in one or more of the following ways: directly experiencing, witness it to others, learning it happened to a close family member or friend (DSM-V, 2013)
- Maltreatment
 - We might generally divide maltreatment into **abuse** and **neglect**
- Recognize *Traumatic Contexts*

Adverse Childhood Experiences (ACEs)

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

- Kaiser Permanente-CDC study over 17000 participants
- 67% more than one
- 12.6% four or more
- Dose-response – worse health outcomes

WHAT IMPACT DO ACEs HAVE?

Abuse

- Acts of Commission
- “Words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional.”
(CDC)
 - Physical
 - Sexual
 - Emotional/psychological abuse
- Higher risk of both externalizing (aggression, hyperactivity) and internalizing (anxiety) behaviors (Augusti, Baugerud, Sulutvedt, Melinder, 2018)

Neglect

- Acts of Omission
- "The failure to provide for a child's basic physical, emotional, or educational needs or to protect from harm or potential harm." (CDC)
 - Failure to provide
 - Physical
 - Emotional
 - Medical/dental
 - Failure to protect – exposure to violent environments
- May develop internalizing symptoms, e.g., depression, anxiety, shame (Jones, 2008)
- May also develop hoarding type behaviors or restricted/blunted affect.

Complex Trauma

- Post-traumatic Stress Disorder (PTSD) and PTSD in children 6 years and younger (Preschool subtype)
 - This does not cover the entire scope
- The diagnosis of PTSD does not address the ***developmental*** effects of repetitive interpersonal trauma, abuse, and neglect
- Complex trauma can stunt psychological/emotional development AND neurostructural and neurobiological
- Consider "Domains of Impairment" (Cook et al., 2005)

Complex Trauma: Domains of Impairment

- Attachment
 - Problems with boundaries
 - Distrust and suspiciousness
 - Interpersonal Difficulties
- Biology
 - Sensorimotor developmental problems
 - Somatization
 - Medical problems
- Affect Regulation
 - Difficulty with emotional self-regulation
 - Difficulty identifying and expressing feelings
- Dissociation
 - Amnesia
 - Depersonalization or derealization
 - Fantasy escape

Complex Trauma: Domains of Impairment

- Behavioral Control
 - Impulsiveness or poor impulse control
 - Oppositional behavior/difficulty understanding or complying with rules
 - Reenactment of trauma
- Cognition
 - Difficulties in executive functioning
 - Learning difficulties
 - Language development/expression
- Self-Concept
 - Low self-esteem
 - Shame or guilt
 - Poor body image
- **Results in misdiagnosis, including Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorders**

What Can Be Done? General Themes

- Pathways to Empathy
- Proper Assessment
- Establish Safety
- Involvement of child/adolescent and parents/caregiver
- Multi-modal and Multi-systemic
- Emotional Regulation (Cloitre et al., 2018)
- Involvement of body/mind/spirit
- Many Interventions

What Can Be Done? Healing Children

- Treating *trauma*? Or Healing Children?
- Phase-Based Treatment e.g., Three Phase Trauma Treatment – Judith Herman (1992), *Trauma and Recovery*
 - Safety and Stabilization
 - Remembrance and Mourning – Processing/narrating the trauma
 - Reconnection and Integration

Safety and Stabilization

- Establishing trust
 - Showing trustworthiness
 - Addressing Attachment disruptions
 - Consistency
- Learning/identifying how to feel safe
- Developing coping skills - regulate/modulate emotions*
 - Relaxation – Focused breathing, Progressive Muscle Relaxation, Music
 - Mindfulness practice
 - Identifying emotions and feelings – self awareness

Remembrance or Mourning– Trauma Processing

- Trauma Processing
 - Imaginal exposure
 - In vivo exposure
 - Narrating the trauma in a book, poem or song
 - Expression of trauma through play
 - Expression of trauma through art, dance, or music

Reconnection and Integration

- Building social relationships and networks
 - Include building healthy external relationships (from nuclear family)
 - Healthy sexuality
- Sharing trauma narrative with parents/caregivers
 - E.g., child shares narrative with parent/caregiver, ask questions.
- Development and practice of communication
 - Done through conjoint parent/child sessions

What Can Be Done? TF-CBT

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
 - Evidence-based – “gold-standard”
 - 12-25 sessions (60-90 minutes)
 - Useful for a variety of traumas – not limited to PTSD
- Primary Text: Cohen, J.A., Mannarino, A.P., Deblinger, E. (2017). *Treating Trauma and Traumatic Grief in Children and Adolescents*.

What Can Be Done? TF-CBT

- Components

- Psychoeducation
- Parenting skills
- Relaxation
- Affect Modulation
- Cognitive Processing
- Trauma Narration & Processing
- In-Vivo Mastery
- Conjoint Child-Parent Sessions
- Enhancing Safety

Stabilization Phase

Trauma Narrative Phase

Integration/Reconsolidation

- Caveat* - requires relatively strong verbal ability

Cohen, J.A. & Mannarino (2015). Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children and Families. *Child and Adolescent Psychiatric Clinics of North America*. 24(3), 557-570.

What Can Be Done? Play Therapy

- **Play Therapy**

- "Systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic power of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Landreth, 1991).
- Nondirective and directive variations
- Self-direction
- Help with mastery and control
- Sandtray/sandplay therapy
 - Use of miniatures/figurines/objects in a sandbox



What Can Be Done? Creative/Expressive

- **Creative/Expressive Therapies**

- Poetry and Bibliotherapy
- Art Therapy
- Dance/Movement
 - Trauma is a whole-body experience, helps with expression and integration
- Drama Therapy

- Malchiodi, C.A. (Ed.)(2008). *Creative Interventions with traumatized children*. NY, NY: Guildford Press

- Drewes, A. A. (Ed.). (2009). *Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques*. Hoboken, NJ: John Wiley & Sons Inc.

Concluding Remarks

- Importance of safety and therapeutic relationship
- Traumatized Children **cannot** be treated in vacuum
- Proper Assessment - Consider impact of trauma in all childhood issues
- Healing Children vs. Treating Trauma
 - Do not rush to trauma processing
- Diversity Concerns
- Get creative/integrative

- Thanks!!!
- Contact:
 - breuther@irsc.edu

Selected References

- Augusti, E-M, Baugerud, G.A., Solutvedt, U & Melinder, A. (2018). Maltreatment and trauma symptoms: Does type of maltreatment matter? *Psychological Trauma: Theory, Research, Practice and Policy*, 10(4), 396-401
- Malchiodi, C.A. (Ed.)(2008). *Creative Interventions with traumatized children*. NY, NY: Guildford Press
- Cohen, J.A. & Mannarino (2015). Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children and Families. *Child and Adolescent Psychiatric Clinics of North America*. 24(3), 557-570
- Herman, J. (1992). *Trauma and Recovery*. NY, NY: Basic Books.