


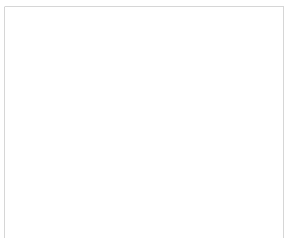
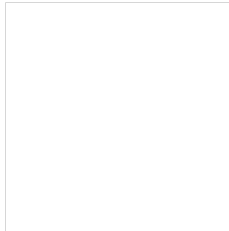


COMPLEX TRAUMA

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 Thompson Center for
Autism & Neurodevelopment
University of Missouri




Introductions

Technology

Breaks

Sensitive topics

No financial
disclaimers or
statements



Your Introductions

What do you hope to gain from our time together today?

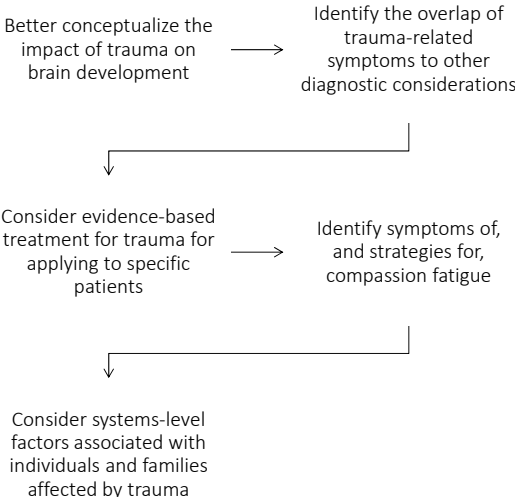
A word about language.....

Victim	Narcissist
Survivor	Manipulative
Perp	Triggered
Paramour	Grooming
Prostitute	Toxic
Gaslighting	Love-bombing
Trauma-bond	Emotional dumping



Presentation Details

- Description of the Presentation
- Purpose of the presentation
- Interactive
- Disclaimers



Better conceptualize the impact of trauma on brain development → Identify the overlap of trauma-related symptoms to other diagnostic considerations

↓

Consider evidence-based treatment for trauma for applying to specific patients → Identify symptoms of, and strategies for, compassion fatigue

↓

Consider systems-level factors associated with individuals and families affected by trauma

Learning objectives

TRAUMA-INFORMED

A trauma-informed system is one in which all parties involved recognize and respond to the impact of traumatic stress on those within the system, including youth, caregivers, and service providers. Programs and agencies within such systems infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They collaborate with all those involved, using the best available science, to facilitate and support the recovery and resilience of the youth and family.

NCTSN



Our Meal Together

Appetizer:
Overview of
complex trauma

Salad: Treatment

Entrée: Evaluation,
Challenges, and
Controversies

Dessert: Case
studies and the
Foster Care-Autism
Clinic

Virtual bingo!

Draw a 4X4 square on a piece of paper
Identify a Free Space somewhere on the board
Let's identify 15 words to add to our boards
Now, let's play
PS There is a PRIZE!





My Favorite Foster Kid!



We've all experienced "trauma"

How many of you have had your heart broken?

Think of this time....

What was it like leading up to the event?

What did it feel like during the event?

How about immediately afterward?

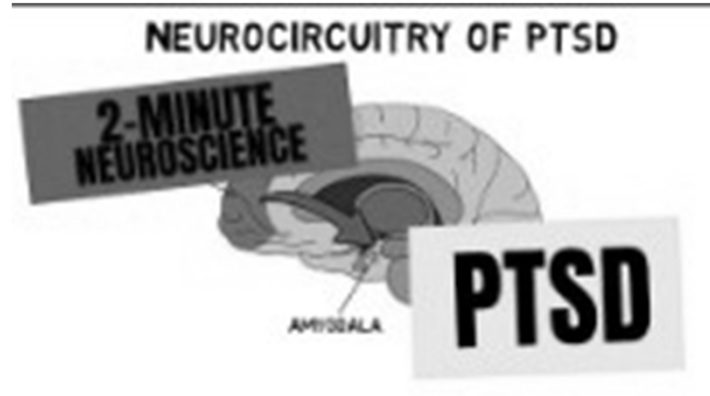
The first few weeks?

Your next similar experience?

Now?



Quick
Video



What Constitutes a Trauma?

Neglect and abuse in all forms

Exposure to violence (domestic, gang)

House fire, natural disasters, war

Multiple moves

Changes in caregivers/separations from loved ones

Others?

How do you think trauma impacts children?

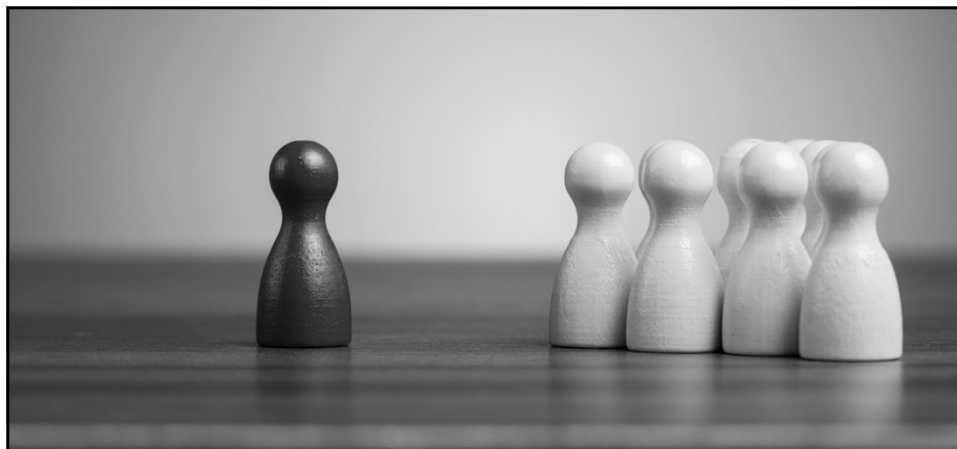
How do you think trauma impacts families?

Trauma: The DSM-5-TR Definition

The person experienced, witnessed, or was confronted with an event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

The person's response involved intense fear, helplessness, or horror (in children this may be expressed instead by disorganized or agitated behavior)

"It's like you're haunted"




Acute vs Complex Trauma



Traumatic Event < Perception of the Traumatic Event

One parent had moved to a shelter with her autistic son to escape domestic violence. Her son had witnessed the abuse but seemed more affected by the move, the change in his routine, and the sudden loss of the family pet. He began to hurt himself more and asked repetitively for the pet (for three years!).

slido



NPTC Presentation

① Start presenting to display the poll results on this slide.

ACE (Adverse Childhood Experiences) Survey



What is it?

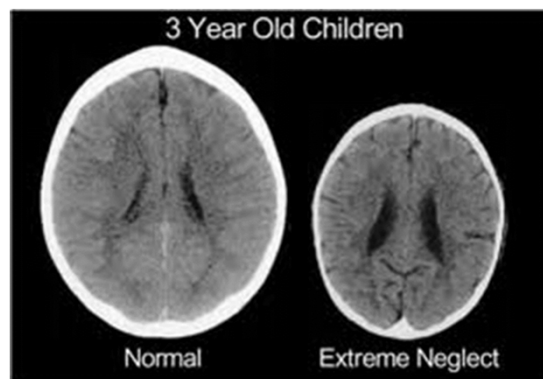


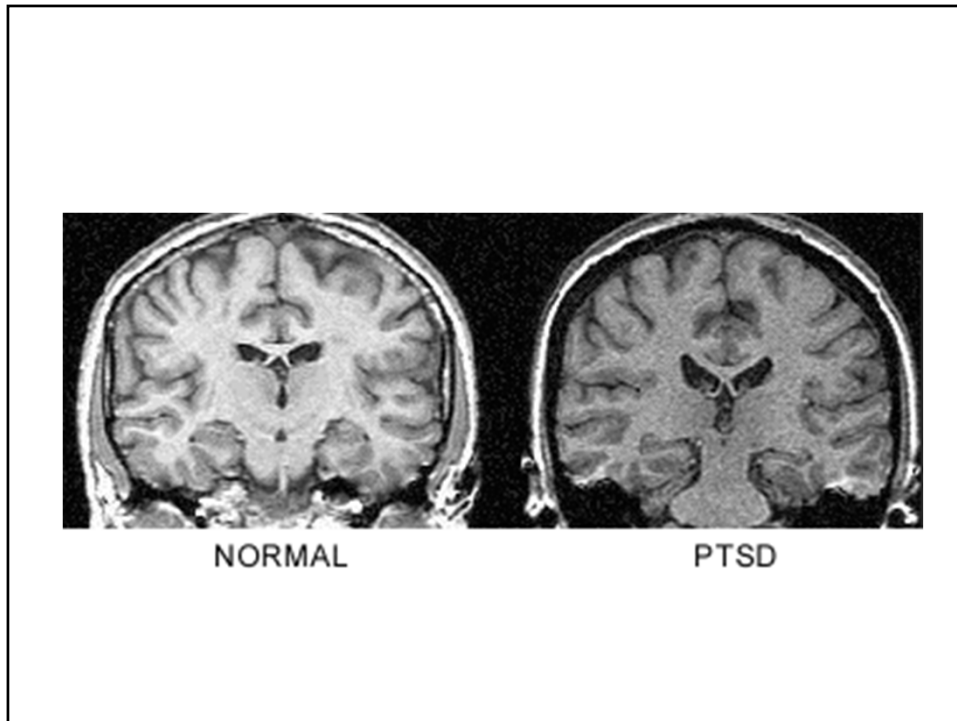
History



Controversies

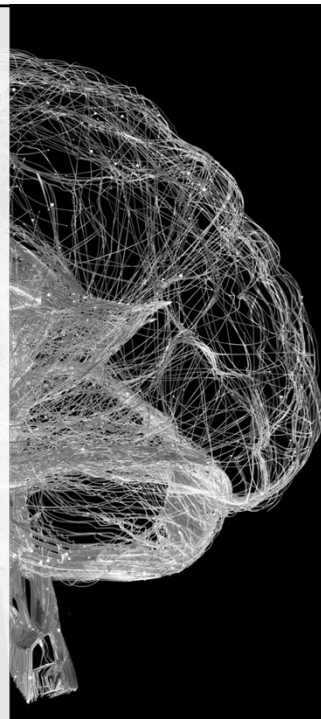
Biological impacts of trauma





Primitive/brain stem is where all brain action is being directed during a trauma (focus is not on words but on actions/environmental cues)

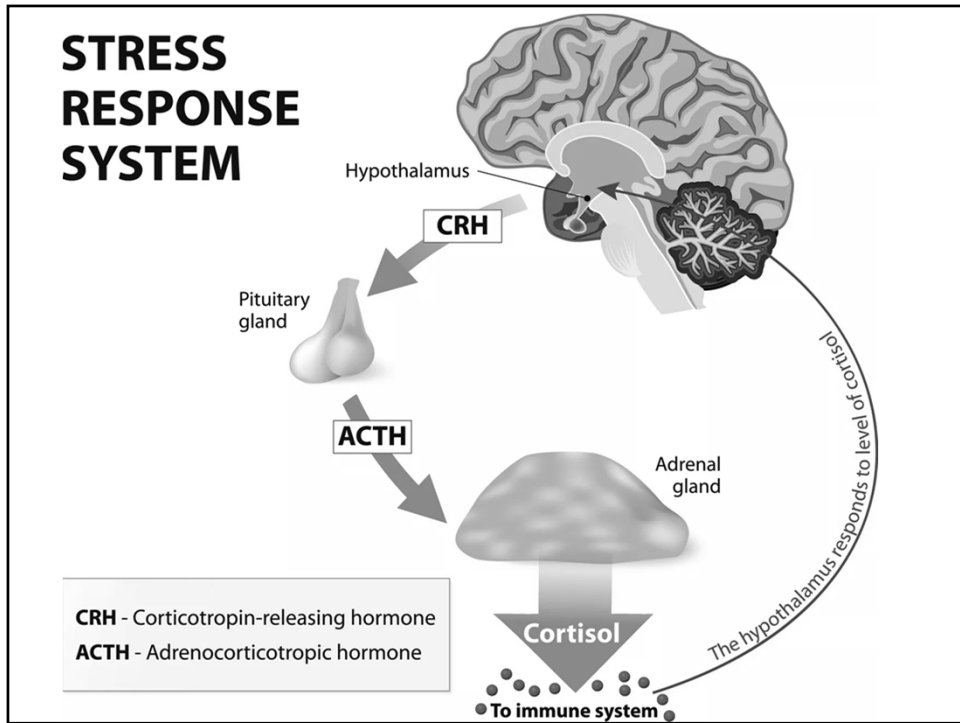
Sympathetic nervous system activity (increased heart rate, respiration, release of glucose)



What's the HPA axis?

Quick
Video





ON

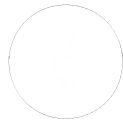
OFF

Dimmable

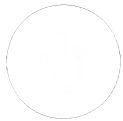
LED VISTA

With chronic/repeated trauma
the HPA axis is always “on”

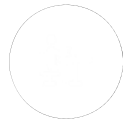
Physical impacts of trauma



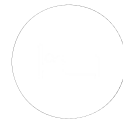
CHRONIC
PAIN



FATIGUE



EATING



SLEEPING

Common Psychiatric Disorders Comorbid With PTSD

The infographic features five distinct illustrations representing different psychiatric conditions. Each illustration is accompanied by a label. The 'Anxiety' illustration shows a person with a thought bubble of an airplane. The 'Depression' illustration shows a person sitting on the ground under a rain cloud. The 'Alcohol Use Disorder' illustration shows various bottles and glasses. The 'Substance Use Disorder' illustration shows hands holding pills. The 'Disruptive Behavior Disorders' illustration shows a person with a tangled mess of hair and papers on the floor. A 'verywell' logo is located in the bottom left corner of the infographic.

- Anxiety
- Depression
- Alcohol Use Disorder
- Substance Use Disorder
- Disruptive Behavior Disorders

verywell

Negative Psychological Outcomes

- ✓ Untreated trajectory = cycle continues
- ☹️😊 Personality disorders
- 🧠 Some thought that flashbacks and dissociations can become Schizophrenia in individuals genetically predisposed






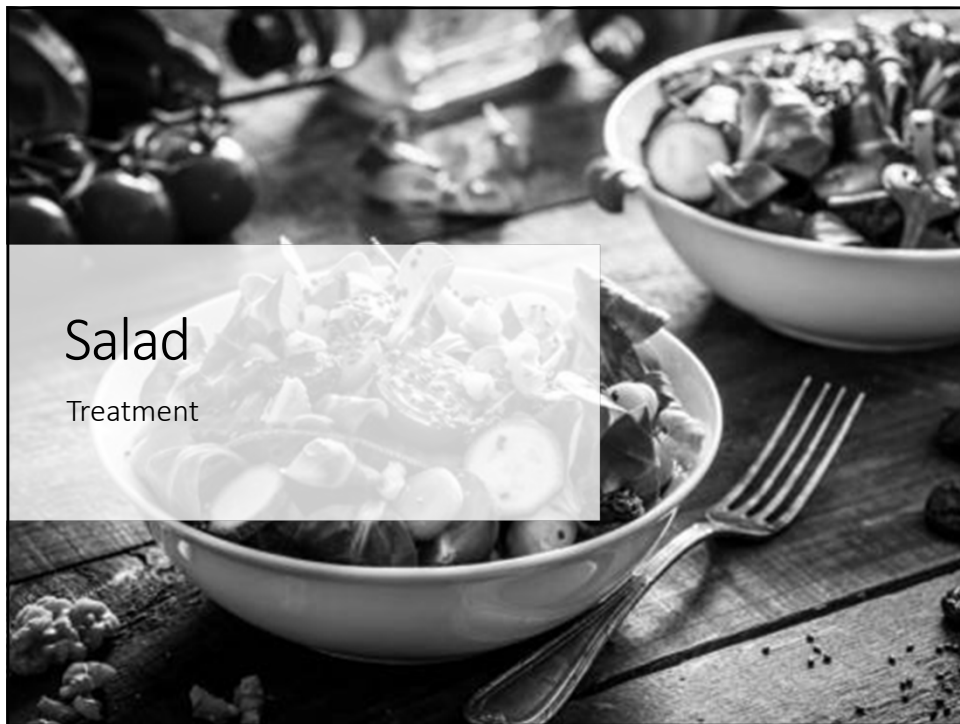
Relationship Impacts

- Trust
- Intimacy
- Empathy

The cost of untreated PTSD

- Increased need and rate of use of ER and crisis services
- Repeated treatment due to relapse & ineffectiveness
- Total cost of treatment for mental illness and suicidal behavior per year >\$300 billion (75% estimated attributable to childhood trauma)
- Increased jail costs





Activity



Creating a Best Practice Model



1. Focus on safety and stability FIRST







2. Trauma reprocessing



3. Reintegration

<p>Cognitive Behavior Therapy</p> <p>Trauma-Focused CBT (TF-CBT) Present-Centered Therapy (PCT) •Seeking Safety</p>	<p>Evidence-Based Treatments STRONGLY recommended</p>
<p>Cognitive Processing Therapy</p>	
<p>Cognitive Therapy</p>	
<p>Prolonged Exposure</p>	

<p>Conditionally Recommended</p>	 <p>Brief Eclectic Psychotherapy</p>
	 <p>Eye Movement Desensitization and Reprocessing Therapy**</p>
	 <p>Narrative Exposure Therapy</p> <p>Written Exposure Therapy (WET)</p>
	 <p>Medications</p> <p>Sertraline, Paroxetine, Venlafaxine</p>



Major Goal: Prevention of Future Trauma

How is trauma self-perpetuating? How do you see these cycles play out? Where do we best intervene?

How does trauma impact the way in which people approach potentially helpful relationships?



Biological Parent/Abuser Considerations

How would you feel about working with abusers?

Need support and empathy—genuine empathy*

Have the early history

May be highly anxious, hostile, defensive

Reporting bias

Treatment: Non-offending caregiver

Complex!

Take responsibility for their role/failure to protect

Work toward spontaneous empathy for the victim

Explore own possible history of trauma and how that impacts the family/parenting

Caution about continued relationship with the perpetrator

Treatment: Perpetrator

- Does the perpetrator HAVE to admit wrongdoing to make progress in treatment?
- Work toward spontaneous empathy for the child
- Articulate new strategies for parenting or other issues that caused the trauma
- Alignment with this individual is especially helpful albeit challenging



Contact/Visitation

- Begin with education to the adults
- Letters first (can be censored, digested slowly, rewritten), supervised phone calls (brief), therapeutic visits (no sensitive topics at first), therapy with co-occurring increases in visitation
- Clear rules and expectations including what will happen if rules not followed and how adult actions could be interpreted by the child
- Follow child therapist's recommendations



Team Member Roles

GAL

Attorney for non-offending parent

Attorney for perpetrator

Children's Division

Physician

Juvenile Office

Victim's therapist


Other therapists

CASA

Law enforcement

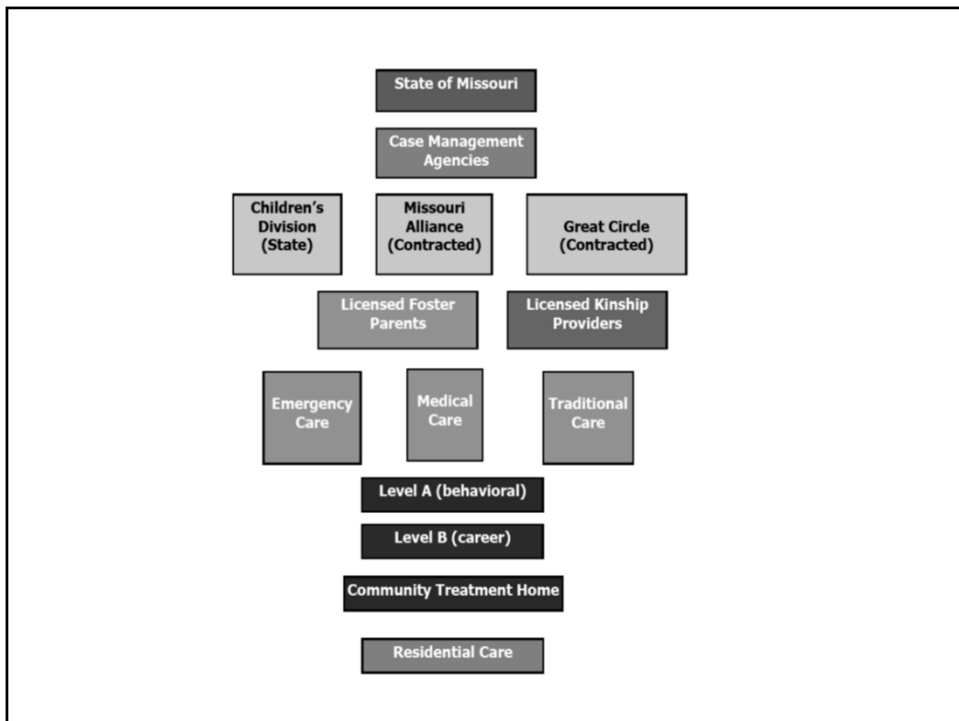
Psychiatrist

Who else?



How do we (“the system”) exacerbate PTSD symptoms?

What might we be able to do about that?



What challenges exist for collaboration across systems?



Adversarial relationships/personality conflicts



Blaming others for....



Lack of communication



Staying close only to those in "our circle"



Doing nothing (waiting for the storm to pass)




Lack of knowledge, awareness, "true" collaboration, resources, time, money



Systems Considerations

- Discrimination
- Re-victimization
- Feasibility to receive services & implement suggestions
- Who is responsible?



When treatment isn't working

- Comorbid dx are complex and difficult to treat
- May feel they are crazy, lazy, or bad
- Demoralization
- Self-blame
- Duplication of efforts (too many cooks in the kitchen)
- Team members need to be moving in the same direction
- Clear expectations/reduced confusion
- Client accountability (what does "success" look like?)
- Provider accountability

BREAK

Stretch and move!



Is the PTSD dx important?

How important is it to identify details of the trauma?

Jamboard



Screening

Child Trauma Screening Questionnaire (CTSQ)



PTSD measures

- Checklist of Sexual Abuse and Related Stressors (CSARS)
- Child PTSD Symptom Scale (CPSS)
- Child Report of Posttraumatic Symptoms (CROPS)
- Child Stress Disorders Checklist (CSDC)
- Posttraumatic Symptoms Inventory for children (PTSIC)
- Trauma Symptom Checklist for Children (TSCC)*
- Trauma Symptom Checklist for Young Children (TSYCC)*
- Youth Self Report (YSR)
- Children's PTSD Inventory (CPTSD-I)
- Posttraumatic Symptom Inventory (PT-SIC)

	<p>The National Child Traumatic Stress Network has a <u>measures review</u> that you can search for different measures for your needs (trauma events, trauma sx, etc). They provide you with a review of each measure, as well.</p>
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- | | |
|---|--|
| <ul style="list-style-type: none">•Differential diagnosis is tricky!•Former misdiagnosis or assumptions about the cause of behavioral/emotional concerns•Lack of reliable reporters•Time from referral to appt the child may have moved...again•Lack of info on early history | <p>Barriers to Accurate Assessment</p> |
|---|--|

Posttraumatic Stress Disorder

- A. Exposure
- B. Intrusion symptoms
- C. Avoidance symptoms
- D. Negative alterations in thoughts/feelings
- E. Alterations in arousal and reactivity
- F. Duration is more than 1 month
- G. Impairs functioning
- H. Not attributed to a substance or medical condition

Posttraumatic Stress Disorder

With dissociative symptoms:

- Depersonalization
- Derealization

With delayed expression

Slightly different criteria for children aged 6 and under

Differentiated from Acute Stress Disorder, Prolonged Grief Disorder, Adjustment Disorders, Other/Unspecified Specified Trauma- and Stressor-Related Disorder

Re-enactment

- As threat ends, fear and anxiety begin
- The mind plays out the events repeatedly in an attempt to understand something that may be incomprehensible
- How do teenage girls often re-enact their trauma experiences?
- How about teen boys?

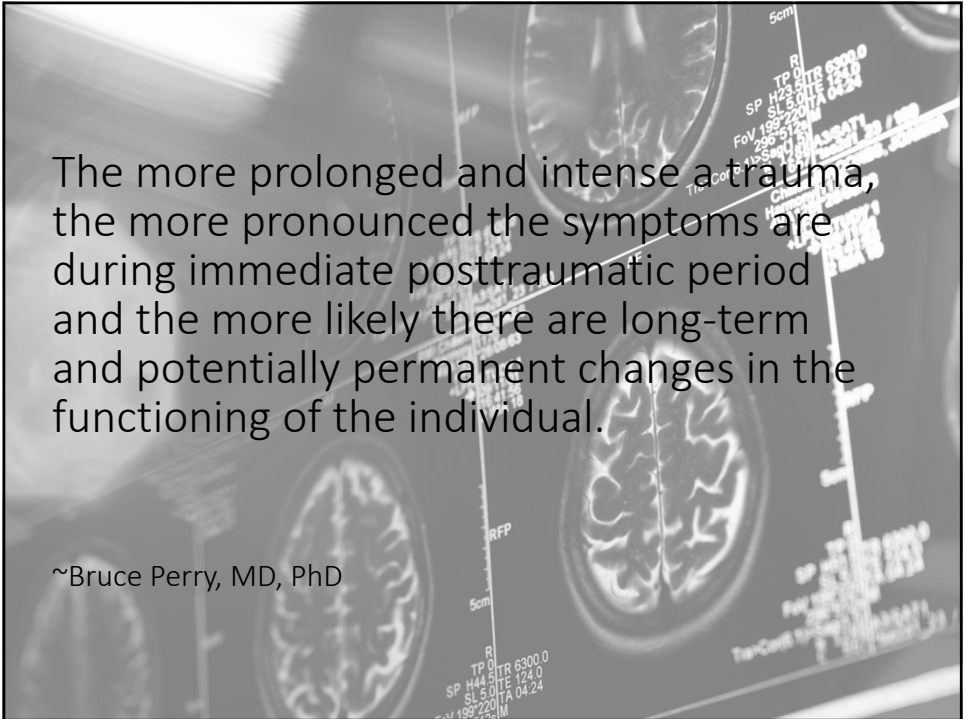
Dissociation

- Some form of this is normal
- Distorted sense of time
- Detached feeling that you are “observing” something happen to you as if it is unreal
- In extreme cases may involve elaborate fantasy world
- “Mini-psychosis”

PTSD in “real life”

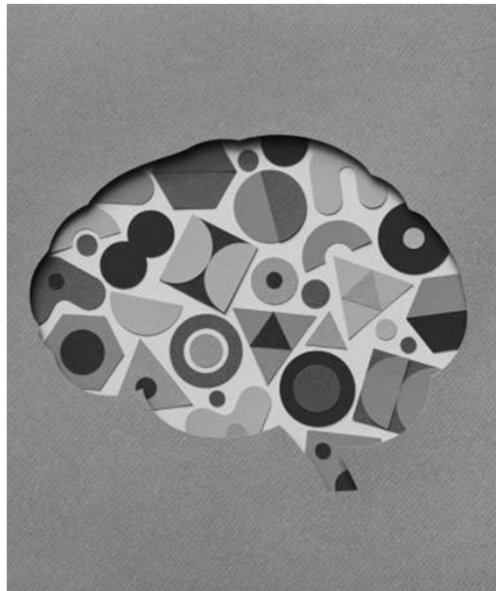
- Fight, flight, freeze or feign
- Hypervigilance
- Over-reactivity & exaggerated startle response
- Emotional numbing

This is EXHAUSTING—so survivors often avoid/deny/recant



The more prolonged and intense a trauma, the more pronounced the symptoms are during immediate posttraumatic period and the more likely there are long-term and potentially permanent changes in the functioning of the individual.

~Bruce Perry, MD, PhD

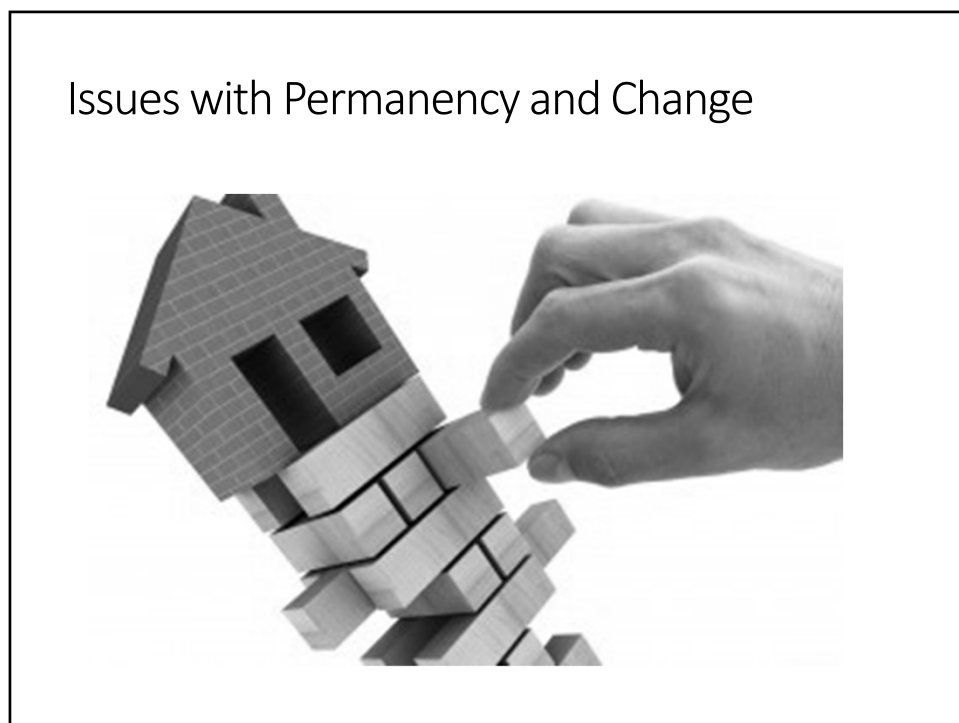
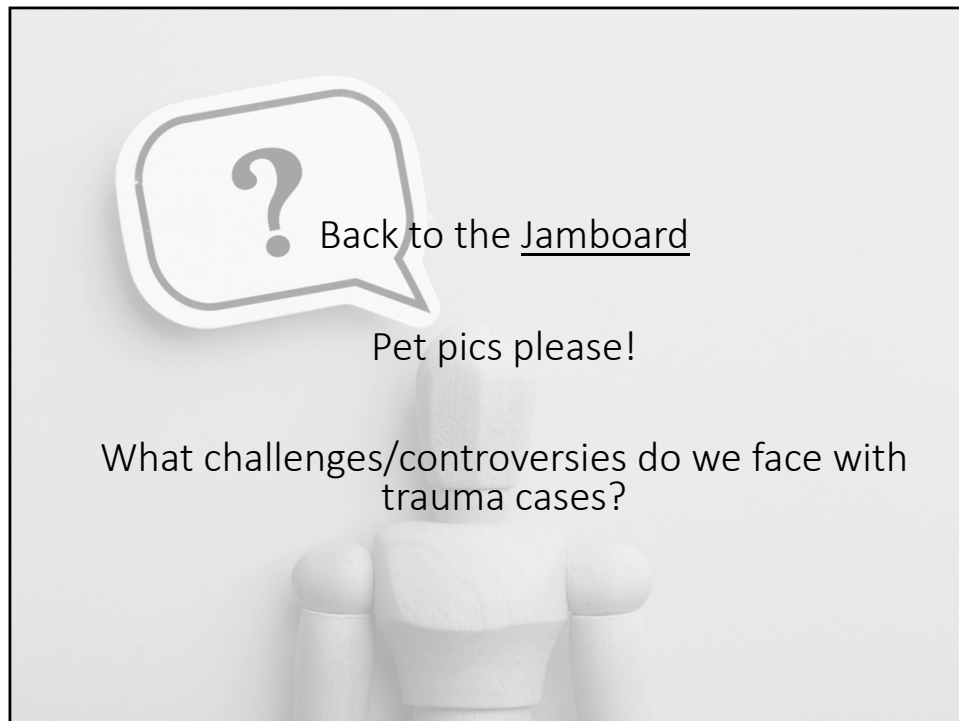


Common differentials

- Oppositional Defiant Disorder
- Attention-Deficit/Hyperactivity Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Bipolar Disorder
- Can be comorbid!

BREAK

Come back and be prepared to tell us
what you see outside



Multiple Placements

On average in MO, foster children have 3 different placements and stay in care for over 24 months

Why?






Compassion Fatigue
Secondary Stress
Burnout

Vicarious Trauma
Secondary Victimization
Secondary Survivor



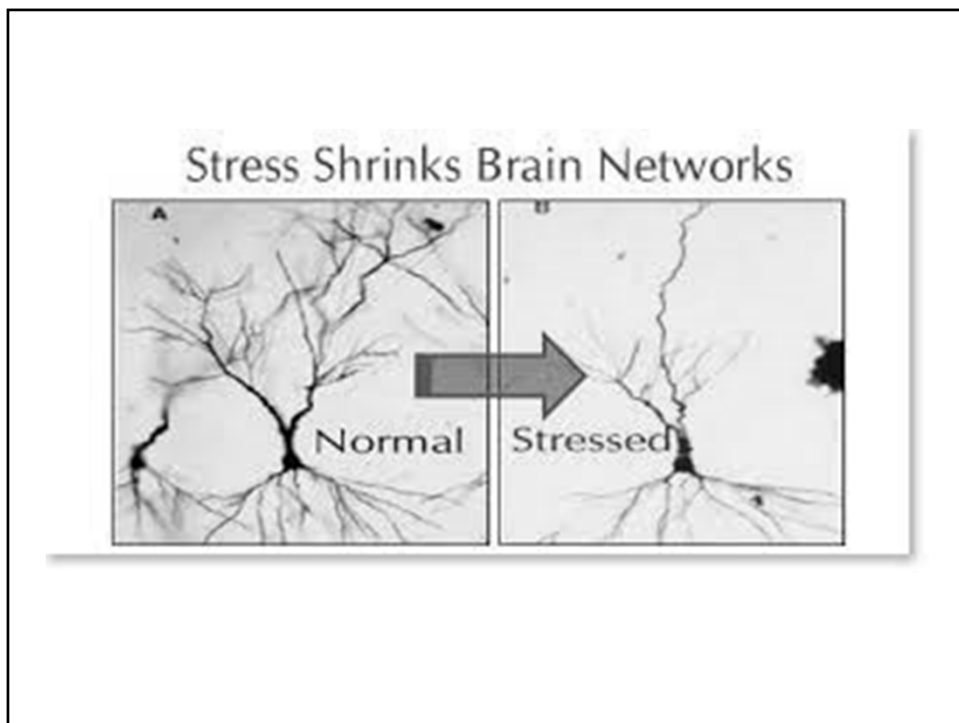
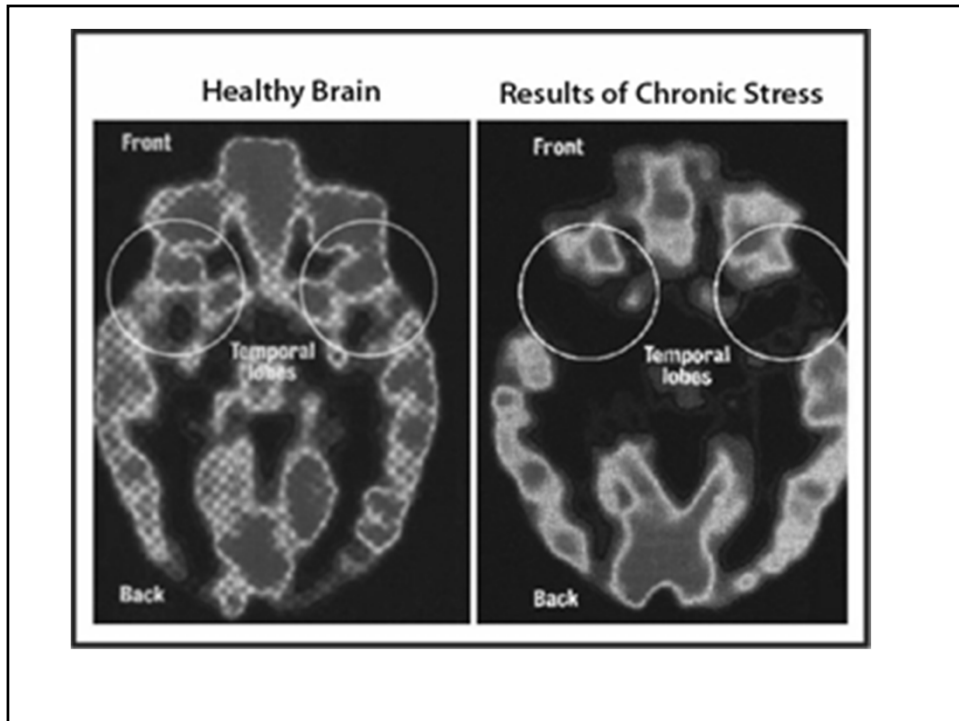
Stress

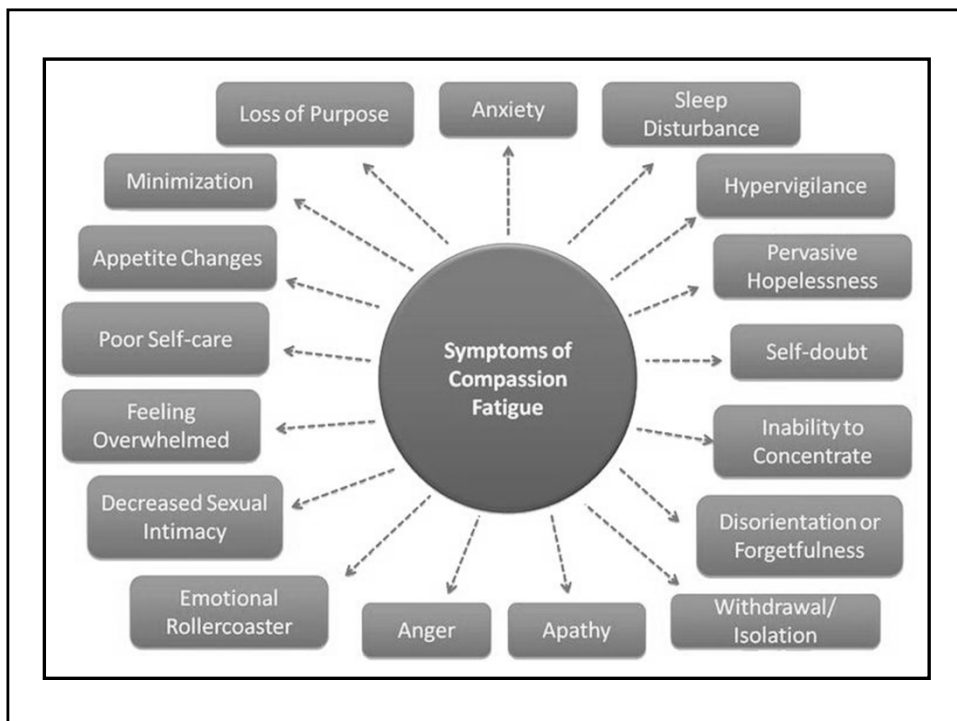
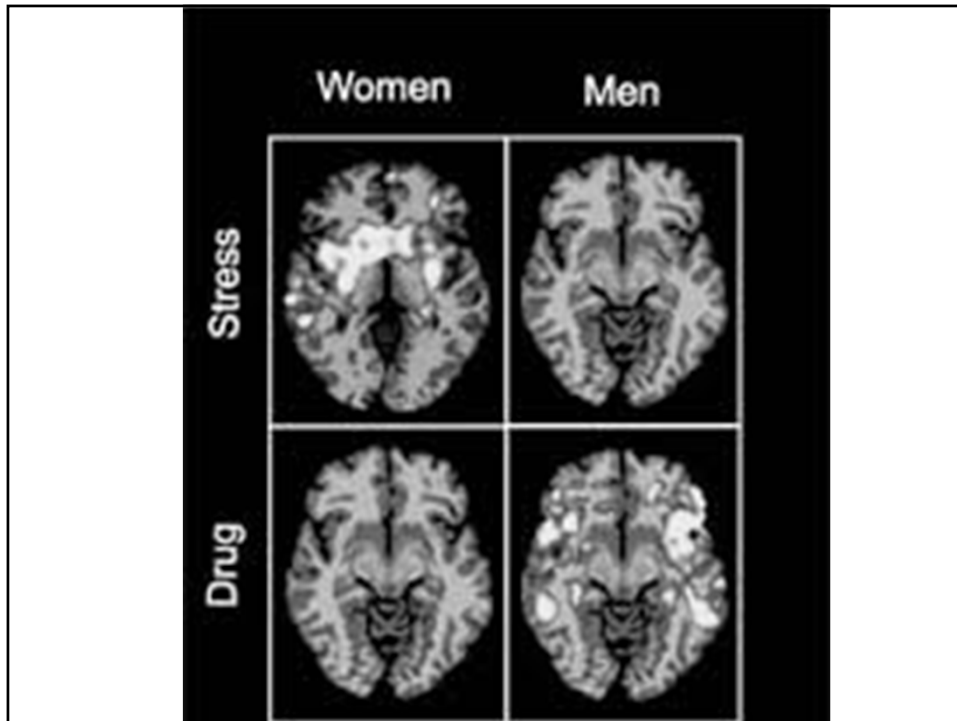
-  Stress is the brain's response to demands
-  It can be: positive or negative, minor or major
-  Stress is cumulative (when it rains, it pours)

What image do you think of related to the word “stress”?



What is Secondary Traumatic Stress?







Repressed/
recovered
memories

Implanted
memories

Normalizing catastrophes
Desensitizing to trauma



Dissociative Identity Disorder



Dessert

Case Studies and Foster Care-Autism Clinic





Case #1



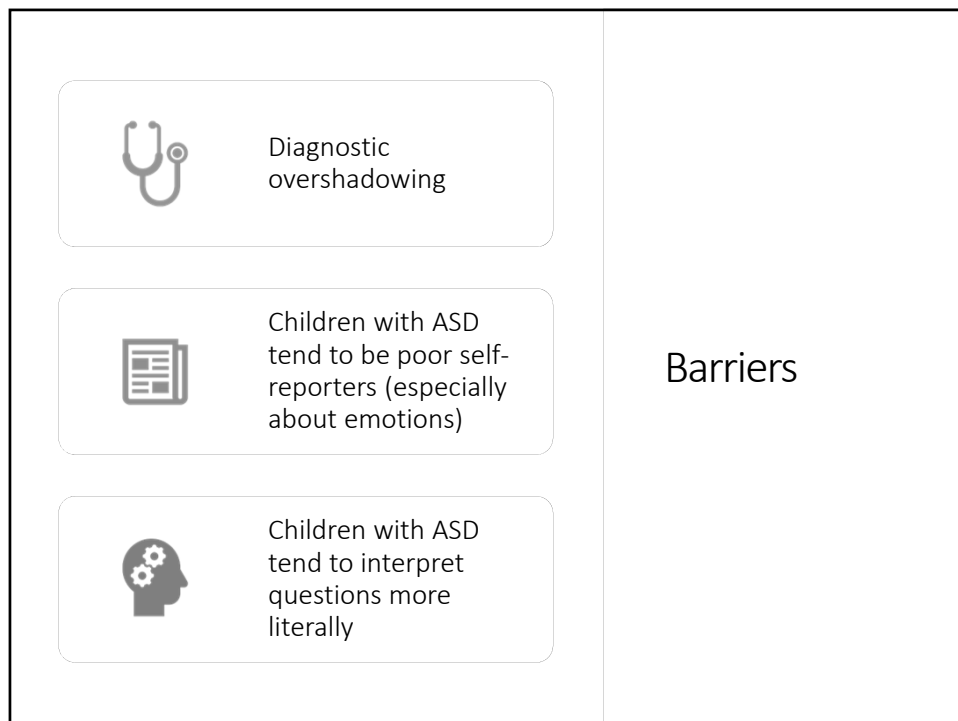
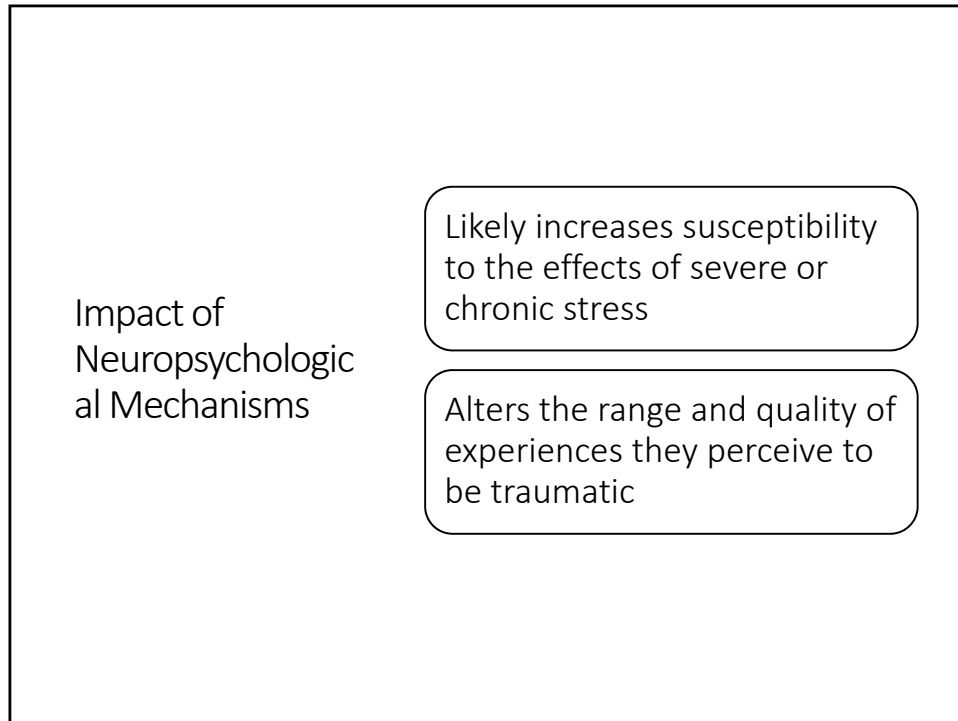
Case #2

Foster Care Autism Clinic



- Children with disabilities are 1.5 to 3 times as likely to be maltreated compared to children without disabilities
- Autistic individuals have PTSD at a similar rate as in neurotypical individuals
- ASD may make children more susceptible to maltreatment, and maltreatment may also lead to the development of ASD-like sx
 - Social isolation, family stress
 - Poor communication skills, language disorders
 - Socially inappropriate, socially naïve
 - Increased interactions with the legal system/law enforcement
 - Poor emotional regulation
 - Poor coping skills
 - Rigidity/poor flexibility to adversity

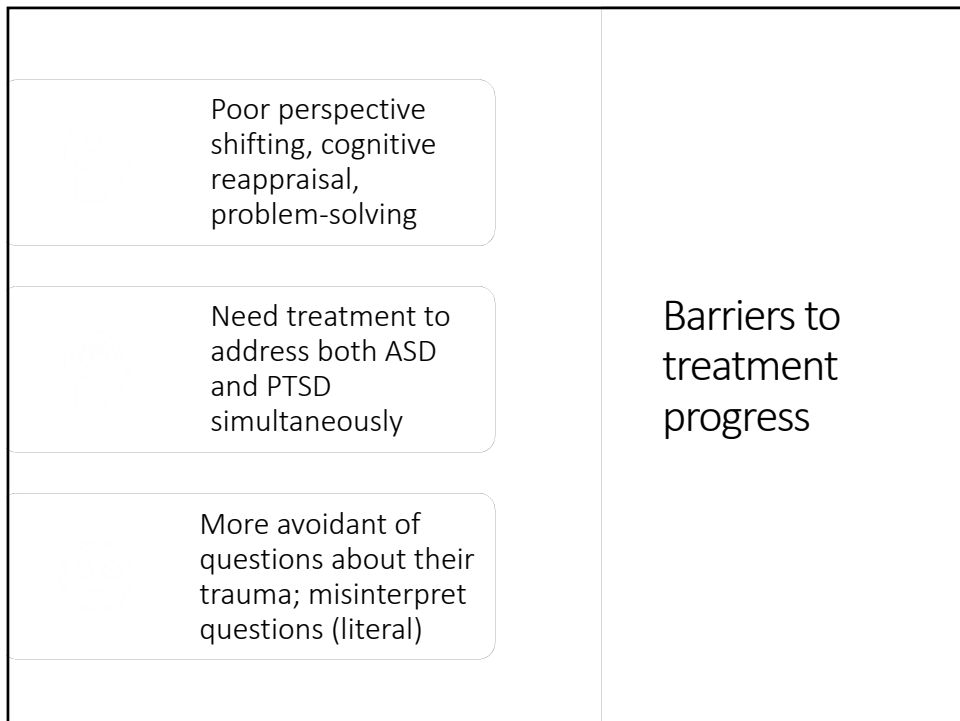
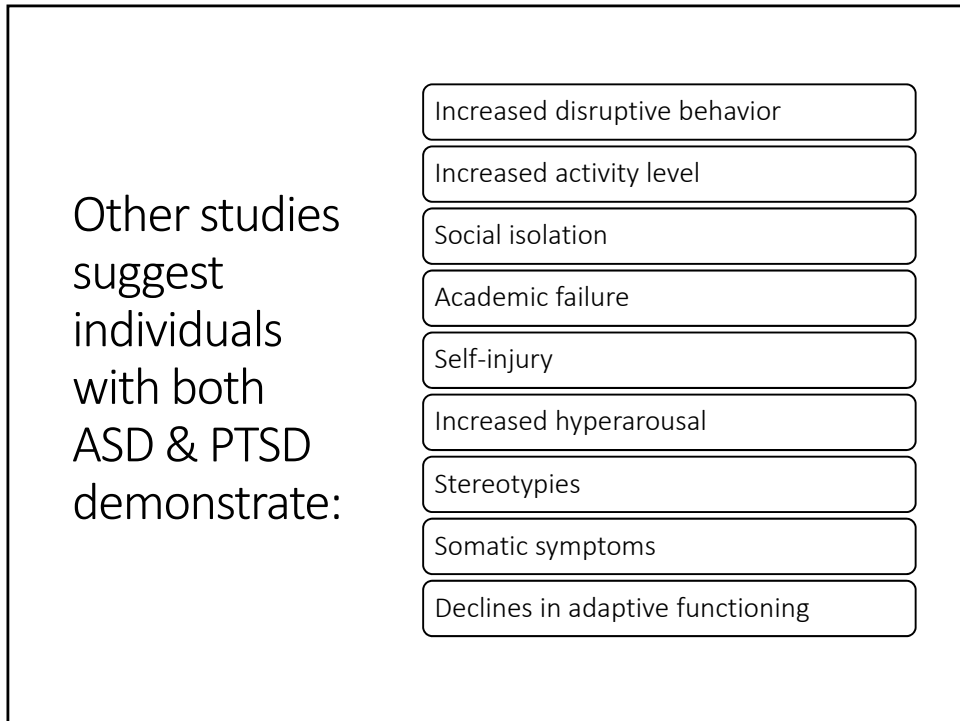


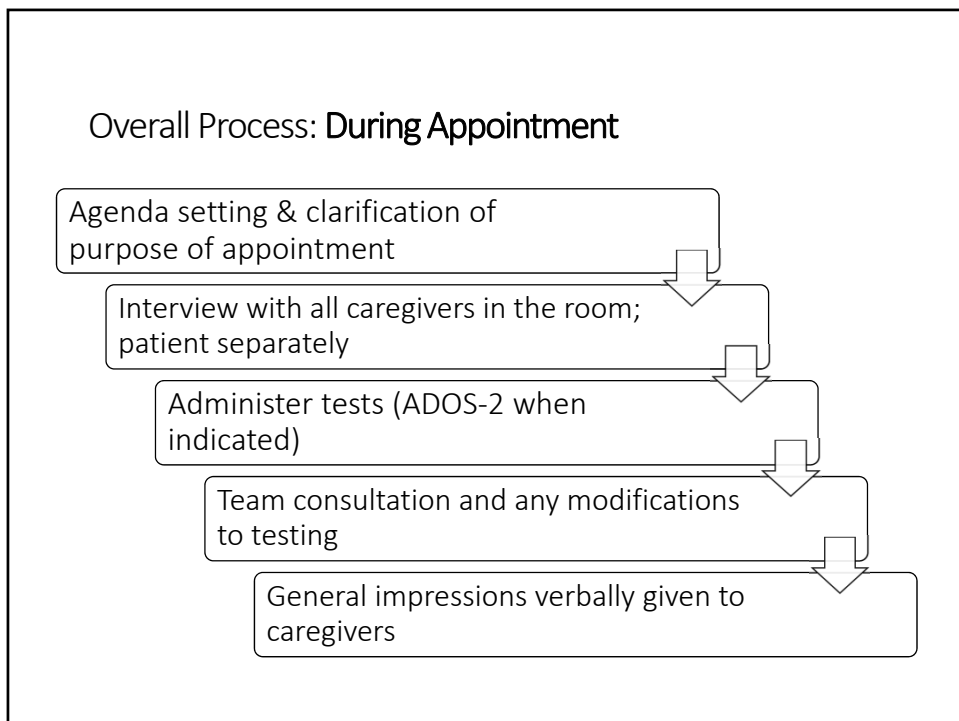
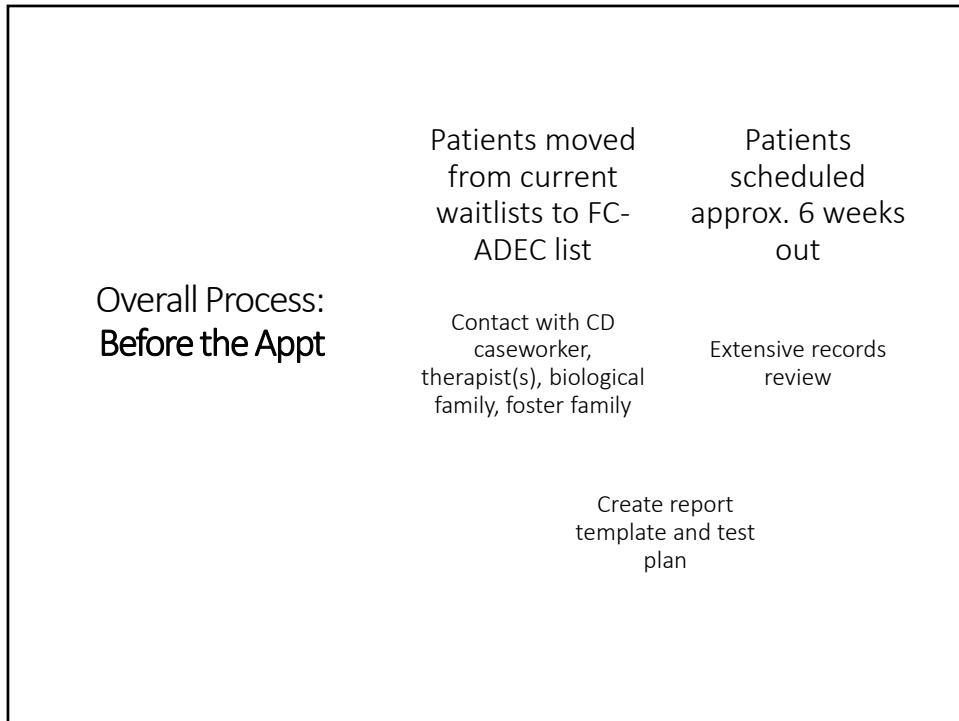


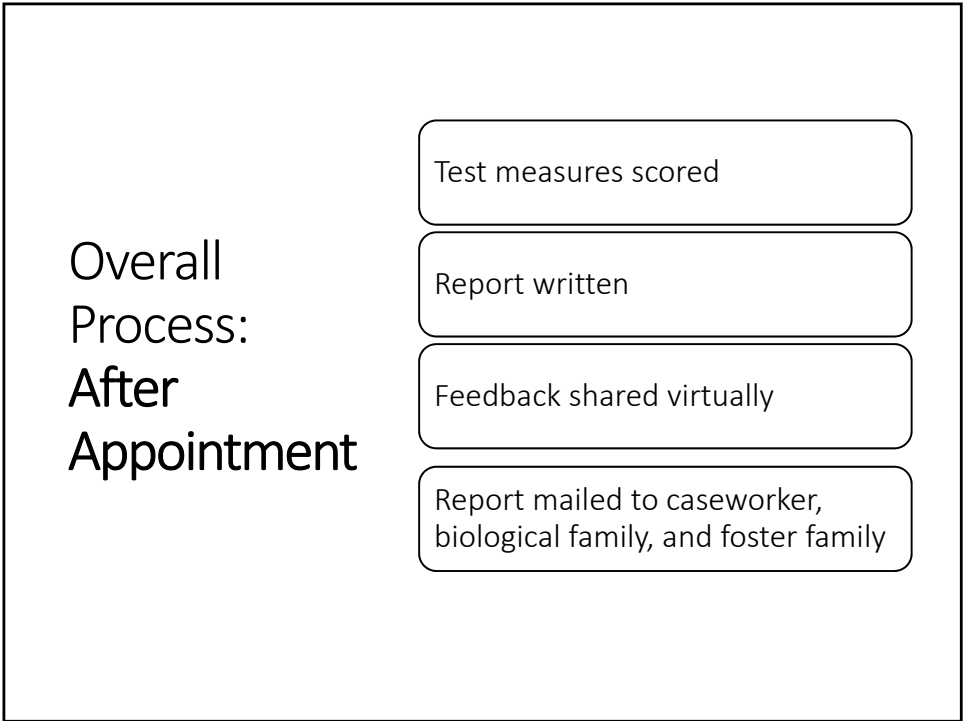
<p>Additional Barriers</p>	<p>Overlap of ASD and PTSD dx criteria and characteristics:</p> <ul style="list-style-type: none"> • Repetitive behaviors • Hypersensitive to sensory experiences • Struggle with social interactions • Sleep difficulties • Isolative behaviors • Mood lability • Need for routine/structure
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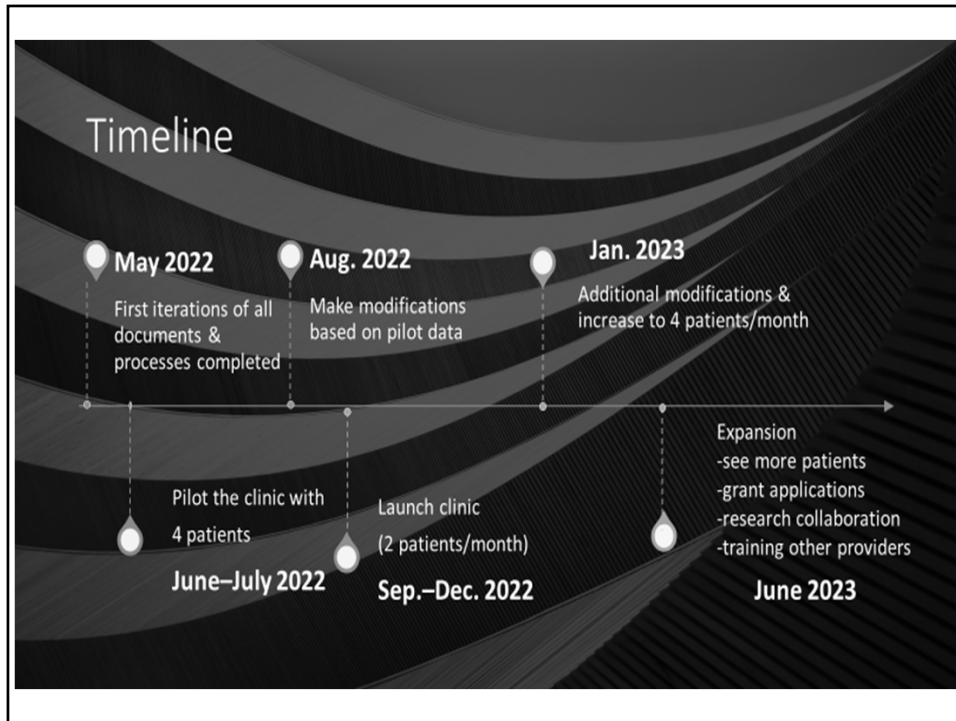
Abuse group vs no abuse group

- No differences on ADOS-2 comparison scores or any Vineland-II subscales
- Significantly more intrusive thoughts and distressing memories
- Significantly more loss of interest
- Significantly higher on the irritability and lethargy subscales (Aberrant Behavior Checklist-Children)











What We've Learned So Far.....

Contact with caseworkers is tricky	Patient records are vital	Scheduling feedback with the Family Support Team has been unsuccessful
Autism diagnostic rate=50%	Successful in differentiating PTSD, autism, attachment disorders	Presence of biological parents needs more thought than we anticipated

	<h2>FOSTER CARE CLINIC</h2> <ul style="list-style-type: none">• Allows for differentiation of less prevalent diagnoses within an expert team. Examples include:<ul style="list-style-type: none">• Excoriation Disorder• Gender Dysphoria• Disinhibited Social Engagement Disorder• Anorexia Nervosa• Other evaluation components may include V-codes such as:<ul style="list-style-type: none">• Food Insecurity• Social Exclusion/Rejection• History of Being Homeless/Unhoused• Removed 16 diagnoses from patient diagnostic lists• Patient example: 6-year-old who had 8 previous appointments with other providers and an autism diagnosis
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	<h3>Journaling activity (10 minutes)</h3> <ol style="list-style-type: none">1. What is your take-away from today?2. What concrete steps will you do next?
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Questions?

Thank you for your
time and attention!

[Brookscm@
health.Missouri.edu](mailto:Brookscm@health.Missouri.edu)