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**Colloque en TGC**

**Cahier du participant**



**A4-B4**

**Supporting People with IDD  
Who Have Experienced Trauma:  
Resilience for the Individual  
and Caregiver**

**Brian D. Tallant, LPC, NADD-CC**

**SQETGC**

Service québécois d'expertise  
en troubles graves du comportement

**Québec** 



# Supporting People with IDD Who Have Experienced Trauma: Resilience for the Individual and Caregiver

Brian D. Tallant, LPC, NADD-CC



## Adapting Psychotherapy for People with Developmental Disabilities

Slow down	Slow down your speech
Use	Use language that is comprehensible to the client
Present	Present information one item at a time
Take	Take frequent pauses during the session to check comprehension
Allow	Allow for repetition and paraphrasing
Allow	Allow time for cognitive processing

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## Additional Adaptations

1

Use multisensory input

2

Make specific suggestions for change

3

Allow time to practice new skills

4

Do not assume that information will generalize to new situations

5

Include multiple caregivers in various environments

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## General Adaptations to Therapy

- Match your language to your client's abilities
  - Create a level playing field for communication
  - Use the language your client suggests
  - Be concrete: Don't use complex metaphors or figures of speech
  - Be careful with humor like sarcasm
- Be specific in making suggestions for behavior change
- Role play different ways of handling tough situations the client is likely to encounter (Situation Inoculation)

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## Big Picture for Individual Therapy

- Initial sessions should be focused on the purpose of therapy
- Work on building coping skills, rather than focusing on insight
- Remember that change will occur more slowly

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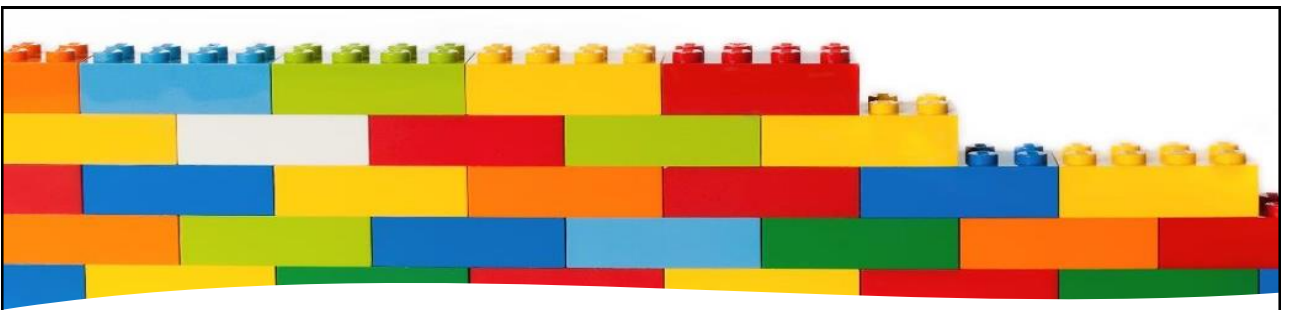


## Caregiver Involvement

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- One key difference between individual therapy with IDD and neurotypical clients: Include all caregivers in all aspects of treatment
- Check in before and after with caregivers, in person or by phone

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## Incorporate Developmentally Appropriate Play and Interventions

- Modify board games to incorporate skill building practice
- Use play therapy toys to assist with expressive language and skill building
- Consider sand tray and use sand tray toys
- Use of puppets
- Creation of stories or writing songs
- Taking walks, shooting baskets, incorporating other sensory-motor activity

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## Social Stories

Particularly useful with people on the autism spectrum

Useful in preparing for significant events and transitions

Good way to introduce new material and concepts

Specific skill development such as social skills (e.g., sharing, asking for help, saying thank you, interrupting)

Help to understand how others might behave or respond in a particular situation

Help a person with Autism understand why they may respond or behave in a particular way

Provide positive feedback to a person about an area of strength or achievement in order to develop self-esteem

Develop behavioral strategies (e.g., what to do when angry, how to cope with obsessions)

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## Role Play and Theraplay

- Opportunity for shared, joyful engagement in therapy
- Significant in development of attachments
- Allows for practice in skill development in a developmentally appropriate modality
- Helps with perspective and taking the perspective of others
- Helps in dealing with routine or repeated life stressors
- Facilitates creativity in problem solving

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## Format Sessions for Repetition

Review of information covered last time

Discussion of how week has gone

Work on specific ways of handling various troublesome events that occurred

Review the key things you want the client to work on during the week

Write/draw the homework assignment out and review it with the client to be sure it is clear

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## Subjects of Group Therapy



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### Adapting CBT Group Therapy for Individuals with IDD

- Emotion Regulation
- Impulse Control
- Frustration Tolerance
- Problem Solving
- Decision Making



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## Theoretical Orientations

- Solution-oriented
- Cognitive-Behavioral approach
  - Challenging distorted thinking
  - Cognitive restructuring
  - Focused on skill building
- Family Systems approach
- Multi-systemic

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## Theoretical Orientations, cont'd

- State dependent skill learning
  - Low affect for high cognition
  - Repetition for retention
- Adapted Dialectical Behavior Therapy
  - Distress tolerance
  - Emotional regulation
  - Relation effectiveness
  - Mindfulness integrated

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## Independence as Motivation for Change

- Developmentally appropriate
- Linking positive thoughts, skills and behaviors to increased trust and reduced supervision
- Inclusion of caregivers to reinforce autonomy as earned
- Natural reward system for adolescents geared toward transition from child to adult services
- Useful for adults striving for autonomy and least restrictive services

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## Group Rules

- Developed together
- Talk one at a time – Listen
- Stay on topic
- Respect each other
- Honesty
- No toys or food (sensory tools exception)
- Confidentiality
- May be restrictions on starting romantic relationships with other group members

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## Group Rules

- Rules are reviewed at the beginning of each group session
- Discussion is focused on how to participate in group
- Review each week; several weeks can be expected for retention of group rules
- Display visually for reference
- Review as necessary

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## Group Themes

- Elements of appropriate confrontation and accountability
- Discuss problem behavior and link to naturally occurring negative consequences
- Learn behaviors that are consistent with a high quality of life

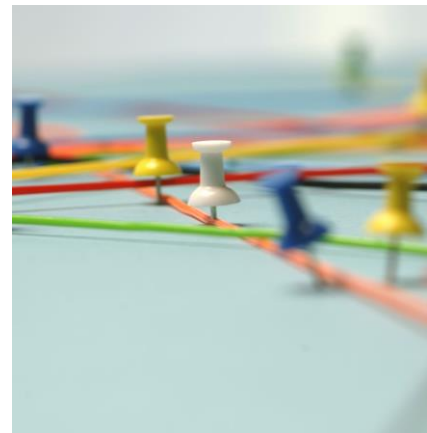
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# Choices

Blaming	Controlling anger
Denial	Taking responsibility
Twisted Thinking	Doing chores
Not following directions	Following directions
Swearing	Thinking of others' feelings
Fighting	Other positive behavior
Other negative behaviors	
Child	Adult
↓ Trust	↑ Trust
↑ Supervision	↓ Supervision

## Group Elements

- Use visuals and make your signs
  - Denial
  - Blaming
  - Twisted thinking or “Stinkin’ Thinkin’”
- Create expectation of learning skills, practicing skills and change
- Create expectation that others will be supportive in learning these new skills
  - Caregiver check-in
  - Check-in forms



# Goal Setting

- Identify individual goals in group for each group member
- Help members focus on realistic goals
- Focus on goals of autonomy and independence
- Revisit as necessary

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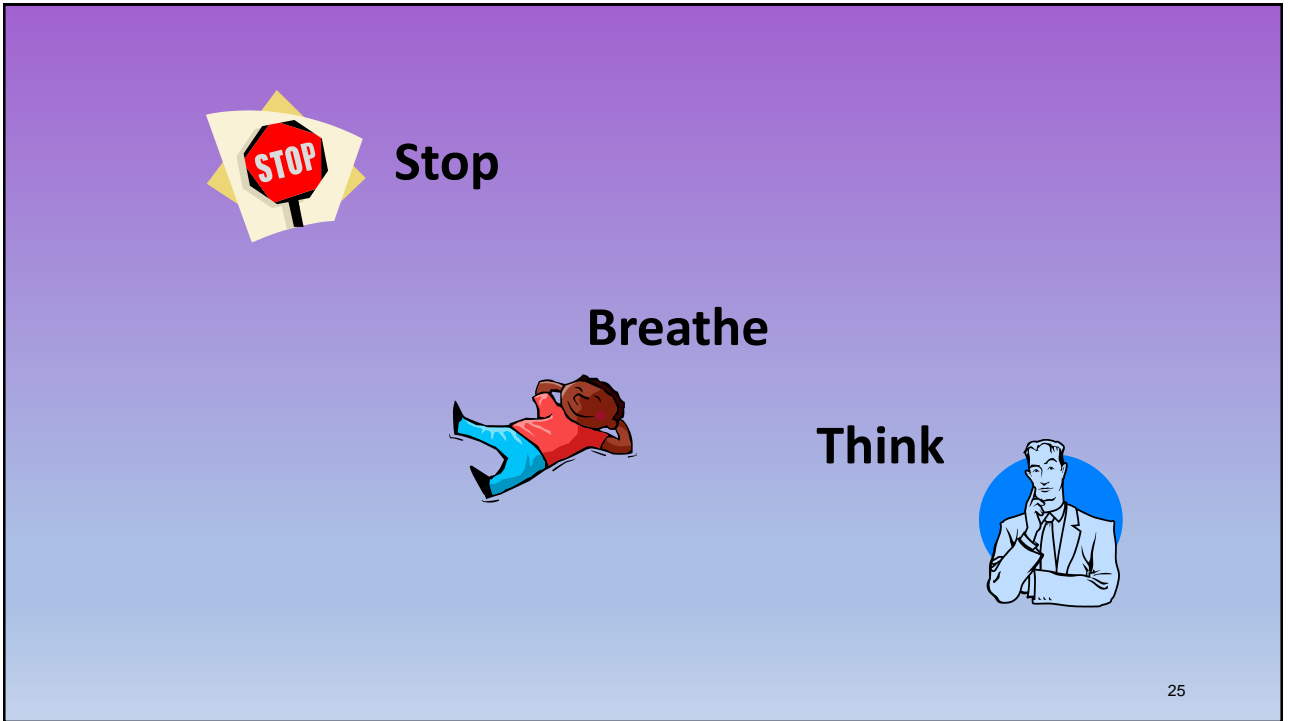
## Feelings Identification

angry	worried	frightened	surprised	excited	happy
frustrated	stressed	annoyed	proud	inspired	hyper
restless	shocked	nervous	pleasant	joyful	optimistic
lonely	sad	bored	chill	cozy	balanced
tired	disappointed	depressed	loving	calm	sleepy
down	hopeless	sick	thoughtful	mellow	relaxed

- Consistently reflect and label feelings back to participants
- Comprehensive listing of good and bad feelings
- Where do you feel anger in your body?

Sourced by Yale center for emotional intelligence

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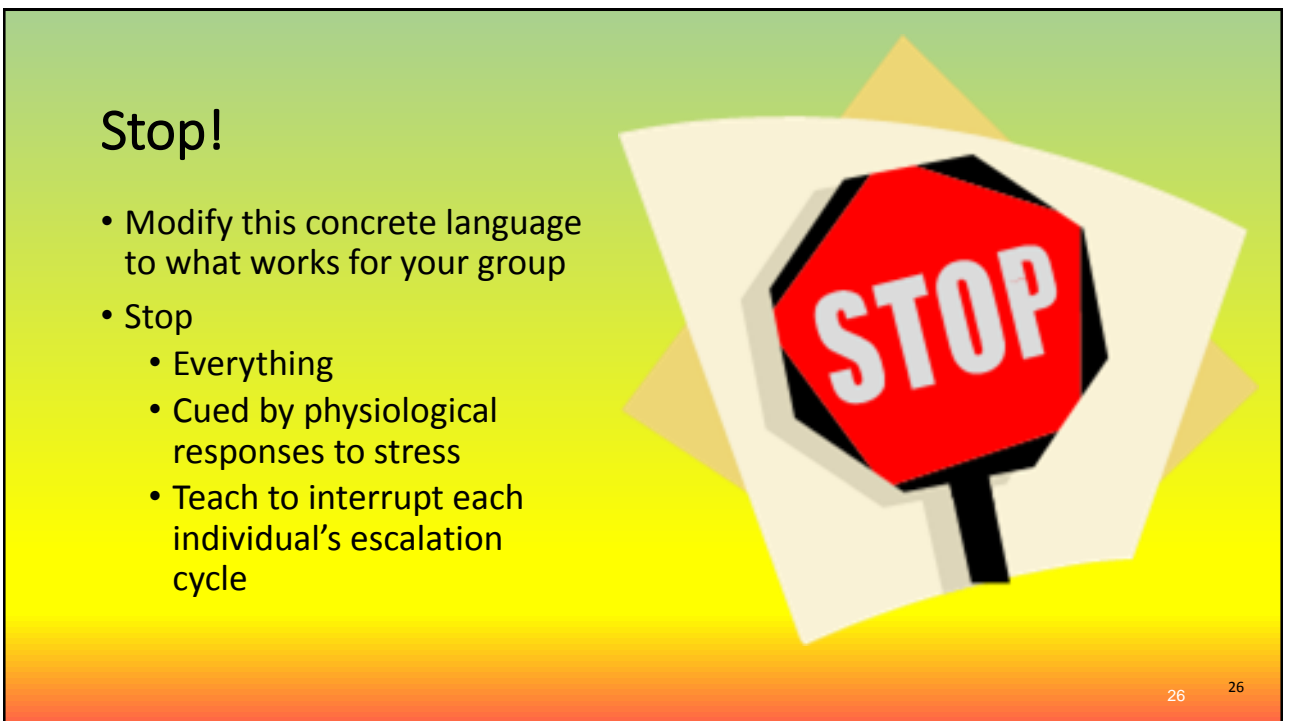


**Stop**

**Breathe**

**Think**

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## Stop!

- Modify this concrete language to what works for your group
- Stop
  - Everything
  - Cued by physiological responses to stress
  - Teach to interrupt each individual's escalation cycle

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## Breathe

- Practice relaxation techniques
  - Mindfulness exercises
  - Deep breathing exercises
- Pulse rate exercise
- Debrief and report on effects on body and mood



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## Think

### Positive self statements

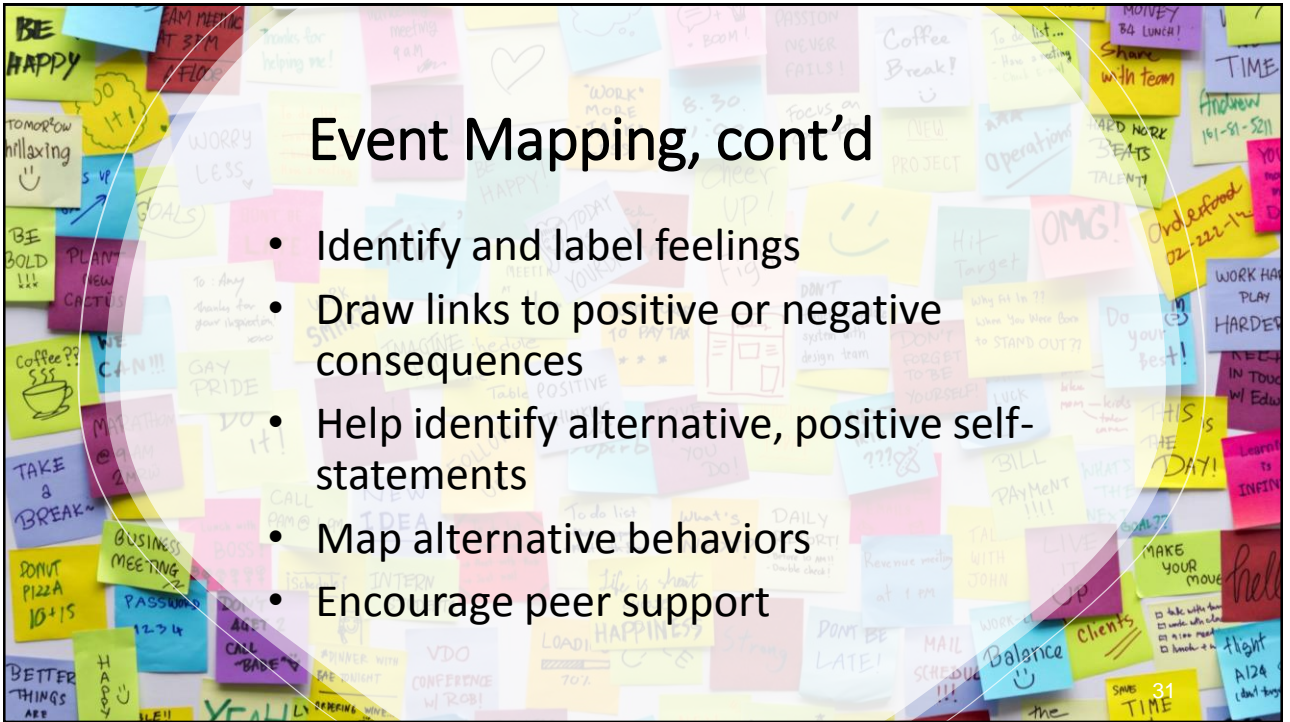
- Allow your clients to create their own statements
- Taking opposite actions
- Reflect on goals and positive natural consequences
- Learn about negative self statements and their role in the escalation cycle



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## Event Mapping, cont'd

- Identify and label feelings
- Draw links to positive or negative consequences
- Help identify alternative, positive self-statements
- Map alternative behaviors
- Encourage peer support

## Group Behavior Management

### Use of in vivo cuing

- Can make this a competitive game
- Can be individualized and tied to incentives
- No public shaming

Assign character traits and awards for each member at the end of group

Provide tangible reinforcers to those who meet behavioral goals (when developmentally appropriate)

Role of consent

## Group Behavior Management

EFFECTIVE USE OF CO-LEADERS OR PEER SPECIALISTS

ALLOW FOR BREAKS OR "TIME-OUTS" TO REGULATE (MAY REQUIRE CO-LEADER OR CAREGIVER INVOLVEMENT)

PREPARE FOR TAKING EXAMS THAT ARE REWARDED WITH SOCIAL TIME

**BE ANIMATED!**

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## Other Techniques

Role play, rehearsal, and situation inoculation

Explore and learn about each individual's high-risk situations

Education on transition to adult services

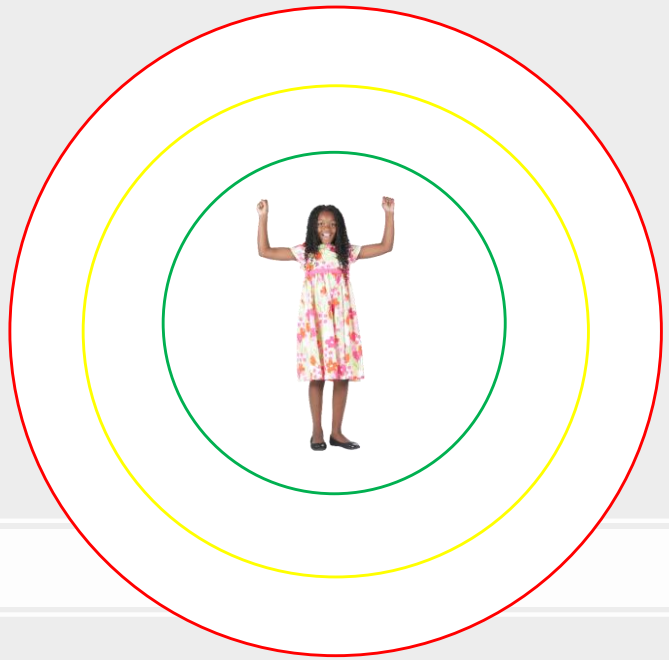
In-vivo cueing; practice in group

Environmental cues and common situations

Internal cues, physiological signs and emotional states

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Boundaries Education



Family  
Therapy



# Family Therapy Overview

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- Critical involvement of caregivers
  - Caregivers as therapeutic change agents
  - Generalization of skill development in various environment
  - Significance of caregiver (especially parents') emotions
    - Fear, anxiety and guilt and relation to healthy limit setting
    - Navigating the balance between pushing for growth and progress versus accommodation of disability
- Development of client's ability to self-advocate within the family
- Many modalities were developed for children and adolescents, but have promising application for adults with IDD living with their parents



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# Caregivers in Family Therapy

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- Therapists need input from caregivers
- Caregivers are usually overwhelmed with behavior, diagnoses, appointments, systems, life
- Caregivers don't necessarily understand differential diagnosis and multi-modal approach to treatment



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## **Lifelong tension between pushing a child to their potential vs protecting and rescuing to accommodate disability**

### **Common Family Dynamics**

- This is present in families of children without disabilities, but amplified in families of children with disabilities
- Classic struggle of the nurturer vs. authoritarian parenting styles
- Rooted in grief and loss of ability
- Rooted in fear of future and vulnerability of the child
- Rooted in guilt as to what responsibility the parent had in the disability
- This also occurs in treatment teams and other caregiving roles i.e. respite, extended family members who may not be supportive or understanding

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## **Persistent stress on individuals and family systems**

### **Common Family Dynamics**

- Behaviors and caregiving needs that go way beyond what is developmentally typical
- Constantly advocating/learning/case managing through the lifespan
- Increased marital stress and conflict
- Not unusual for grandparents to be primary caregivers due to early onset of abuse (in-utero exposure)
- Families often reported to and involved with child protective services due to behavioral issues

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## Effects on Single Parents

- Feelings of fear (vulnerability/future)
- Feelings of guilt
  - What responsibility do I have in my child's disability?
  - What responsibility do I have in their psychiatric/behavior problems?
- Strong feelings that affect healthy expectations
- Strong feelings that interfere with reasonable limit setting
- Impacts a single parent's ability to develop new relationships
  - Difficulty creating time/space for new relationships
  - Feeling undesirable due to behavior or parenting style

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## Effects on Siblings: Parentification

- Personal care duties
- Disability accommodation
- Preoccupation with safety
  - Physical and emotional
  - For themselves and sibling with a disability
- Very responsible but stifled in their own development
- Siblings absorbing stress of behavioral outbursts
  - HBO's "A Dangerous Son" documentary



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## Effects on Siblings: Needs Take a Backseat

- Therapist working with family to address dynamics, but therapist not working with siblings as hand-me-down from child with disability
- Important for parents to recognize this dynamic and create space/time for siblings and enhance their individual development
- Sibling groups and encouragement of social connection with peers
- Not using siblings as respite

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## Interventions: Psychoeducation and Normalization of Co-parenting Stress

Family planning “Vacation” parable

Understand that both nurturing authoritarian parenting qualities are needed

Use analogy of left and right handedness

Developing your less dominant hand


Learn to defer to your co-parent’s strengths

Understand that no single episode creates change

- Change is a cumulation of thousands of interventions
- Allow space for variability
- Don’t power struggle in the moment around a single episode

Again, remember that change is very slow, but salient






## Psychoeducational Approach

- Explain interventions and purpose and goals
- Medications and symptoms
  - Effects and side effects
  - Involvement in medication appointments
- Therapy interventions and goals
- Communication and behavioral interventions
- Occupational therapy and neurological problems

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## Interventions: Helping Parents Become Effective Advocates


- 
- Assertiveness training (Aggressive vs Assertive vs Passive)
  - Linkage to advocacy organizations
  - Linkage to support groups
  - Training on the state waiver programs
  - IEP process and student rights
    - Call for IEP meetings as needed
    - Hold schools accountable to mandatory Manifestation Meetings
  - Learn about Transition Services and adult waiver programs and services

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## Interventions: Explain Process of Differential Diagnosis to Parents

- Neurological
- Psychiatric
- Behavioral
- Developmental (age appropriateness)
- Sensory
- Genetic
- Endocrinological
- Interaction and layering of all of these
- Support parents who want a definitive diagnosis to have the definitive treatment or cure
  - Disabilities are chronic and persistent and interactive
  - We treat symptoms, not conditions
  - Symptoms change through developmental stages and lifespan
  - Diagnosis of conditions may be more useful for accessing resources than useful in treatment

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## Helping Caregivers Understand Dual Diagnosis

- Help caregivers understand the characteristics of intellectual/developmental disability
- Help caregivers understand symptoms of mental health pathology
- Work together to understand the differences
- Discuss specific behaviors

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## Help Caregivers Set Up Home Behavior Programs

- Teach Functional Behavioral Analysis concepts
  - ABC's of behavior
  - Reinforcement inventories & token economies
  - Appropriate situational management & response costs
  - Visually appealing charts with client involvement to teach self-monitoring

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## Terminology

Teach	Teach family commonly used terminology
Define	Define all terms you use
Be aware	Be aware that family may use psychological terms but not understand meaning <ul style="list-style-type: none"><li>• Intellectual or developmental disability vs. mental retardation</li></ul>

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## Family Therapy

- Caregivers need help setting realistic goals/expectations; often forget that although the body is mature, the mind is not
- Teaching proper communication & interaction
- Teaching caregivers to be good case managers (work smarter, not harder)
- Get help and hope!
- Teaching caregivers to be effective advocates

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## Caregiver Needs

- Caregiver grief and loss
  - Breaking through the denial
  - Need for normalizing
- Support – Parents Encouraging Parents
  - Address social isolation
  - Linkage to community supports
  - Sharing strategies that work (and don't work)



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## Caregiver Coping

- Accepting the long-term nature of maturation and change
- Teaching and emphasizing caregiver self-care
  - Conquering the fear of respite
- Help caregivers discover play with their family member with a disability
- Social events within the disability community

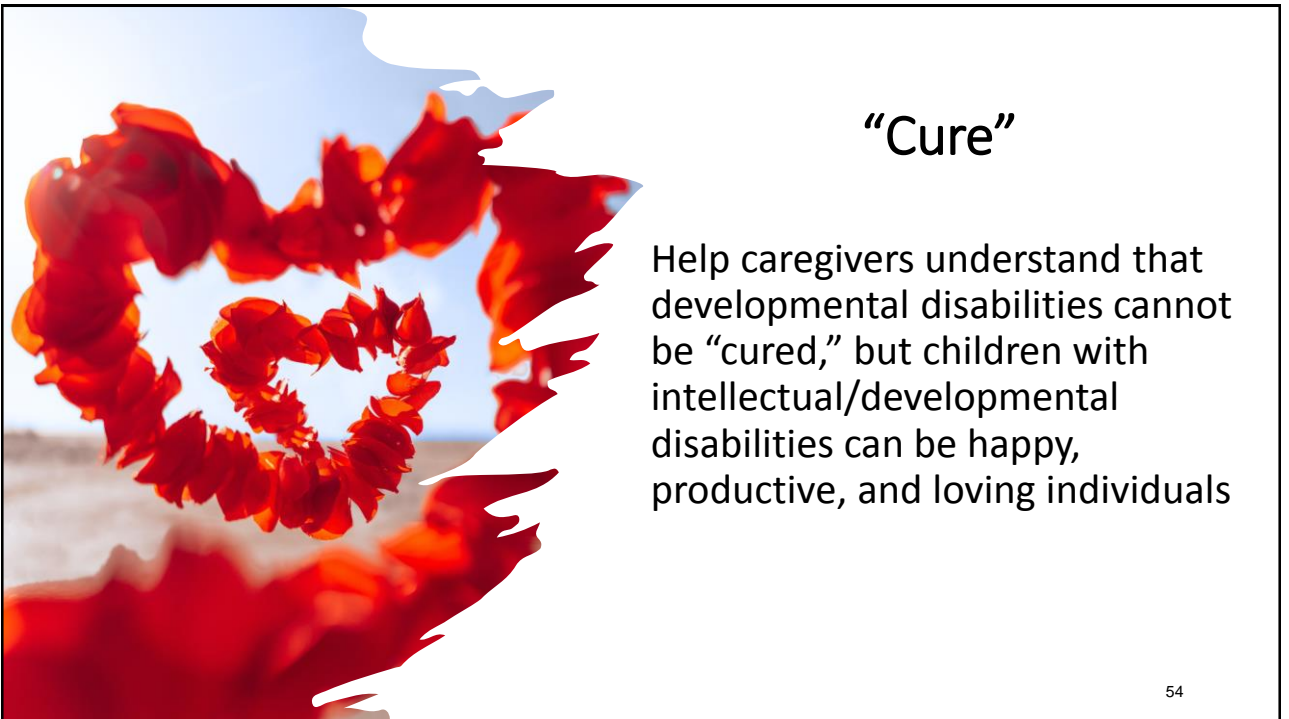
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## “Cure”

Help caregivers understand that developmental disabilities cannot be “cured,” but children with intellectual/developmental disabilities can be happy, productive, and loving individuals

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## Family Systems Therapy

- Family Systems Therapy helps individuals resolve their problems in the context of their family units, where many issues begin.
- Each family member works together with the others to better understand their group dynamic and how their individual actions affect each other and the family unit as a whole.
- One of the most important premises of family systems therapy is that what happens to one member of a family happens to everyone in the family.
- Particularly helpful for helping families understand how they are oriented around disability.



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## Parent-Child Interaction Therapy

- PCIT is an evidence-based treatment for children 2 to 7 years of age with social, emotional, and behavioral challenges.
- Over the past 4 decades, PCIT has documented success addressing a wide variety of emotional and behavioral difficulties, including physical and verbal aggression, noncompliance, defiance, hyperactivity, inattention, emotional dysregulation and difficulties with attachment
- PCIT happens in two phases
  - Children lead play activity while their caregivers observe and comment on their child's positive behaviors (and ignore inappropriate behaviors).
  - Caregivers learn how to deliver clear, direct commands to reward child compliance, and utilize effective strategies for child noncompliance.

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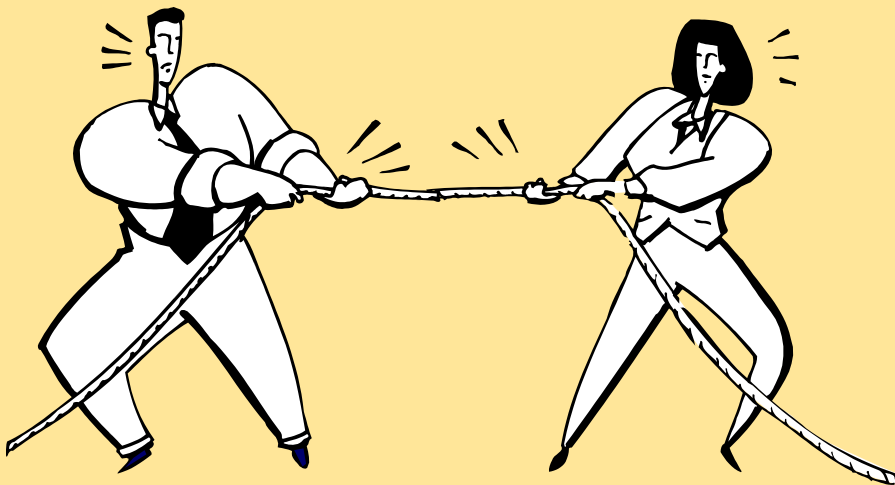
## Child-Parent Psychotherapy

- CPP is an intervention model for children aged 0-5 who have experienced a traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder
- The goal of CPP is to strengthen the relationship between a child and caregiver to restore the child's cognitive, behavioral, and social functioning.
- CPP treatment also focuses on contextual factors that may affect the caregiver-child relationship.

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## Dealing with Resistance

More difficult with complex presenting problems



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## Families Struggle to Follow Through with Treatment

Disorganization within family

or

Overwhelmed

Lack of motivation

or

Depressed/Defeated

Resistant/Non-Compliant

or

Lack of understanding

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## Interventions to Support Engagement

- Explore and assess all cultural aspects of treatment
- Explain the purpose/function of treatment
- Provide psychoeducation on disability/mental health
- Explain treatment more thoroughly
- Link treatment to goals to family's vested self-interest
- Set more specific objectives and criteria

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## If Child is Endangered by Lack of Engagement

- Relations with service providers become strained
- Repeated reports and contacts with Child Protective Services
- Often involve court orders compelling "treatment compliance"
- Intensive services may be difficult to access
- Child may be removed from home



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## Why Play Therapy

- Play therapy offers children the opportunity to communicate with the therapist using play materials in a safe and nurturing environment
- Play therapy offers individuals an opportunity to explore and express feelings, gain insight, and learn and practice socially appropriate behavior

(Kottman, 2003)



## Why Play Therapy

- Play therapy uses the language of children—PLAY
- Children are intrinsically motivated to play and are engaged in the play materials
- Play is a comfortable way for children to express themselves
- Most typically developing children under the age of 10-years-old have not developed the abstract reasoning skills and verbal abilities to competently participate in insight- oriented therapies.

(Kottman, 2003)



## How is Play Therapeutic?

- Creates a safe environment for children where they are enabled to:
  - Express themselves
  - Try new things
  - Learn more about how the world works
  - Learn about social rules and restrictions
  - Work through their problems

(VanFleet, 1998)

## Why Play Therapy for Children with Dual Diagnosis?

All of the previous reasons apply.

Individuals with developmental disabilities and a comorbid mental health diagnosis need:

- A safe, nurturing relationship
- An engaging environment
- A place to express their emotions
- Skill building to work on behaviors



# Truths about Individuals with Developmental Disabilities



Individuals with developmental disabilities play

Play helps them to gain skills for cognitive, communicative, social, emotional, and physical development

Play may not come naturally

Lack adequate play experience

Show a decreased interest in play

Show a decreased interest in the achievement of play skills when compared to their peers

(Moran and K, 1977)

(Schaffer, 1983)



# Myths about Play and Developmental Disabilities

Children with developmental disabilities do not play

Their play does not serve the same functions in their development

All individuals with developmental disabilities have behavior problems

Individuals with developmental disabilities cannot learn new things

Individuals with developmental disabilities do not have the capacity to engage in symbolic play



## Why Play Therapy for Individuals with a Dual Diagnosis

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Desire to play

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Motivation through play materials

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Benefits from increasing play skills

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Option for insight-oriented therapy

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Congruent with the developmental level

## Benefits of Play Therapy

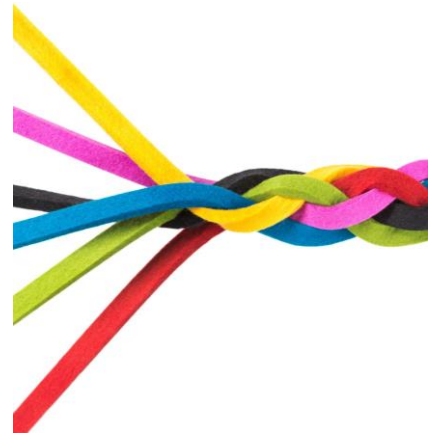
- Play can also be utilized in the following ways:
  - Help to determine the developmental level of the child
  - Improve processing in the areas including cognitive, affective, interpersonal, and problem solving

(Russ, 2004)



# Adaptations for Individuals with Developmental Disabilities

- Include a multi-disciplinary team including medical, educational, case management, caregivers, and mental health professionals
- Care coordinate between treatment providers to develop the best combination of treatment and intervention
- Provide continuity of care among providers by working as a team



## Stages of Play

In order to assess the level of play skills, it is important to understand the stages of play:

(Moran and K, 1977)

### Individual Play (0-3)

- Free play. More solitary than social

### Imitative Play (0-3)

- Learning by copying the behaviors of others

### Parallel Play (0-3)

- Playing beside rather than with others, gaining developmental experience and mastery

### Symbolic Play (2 & up)

- Child forms mental images and symbols and make-believe. Toys and dolls are substituted for real things

### Group Play (4 & up)

- Children play with others, integrating rules and competition

## Play Skills Adaptation

To determine a child's level of play through informal assessment

- Watch the child engage in free play with the clinician
- Observe the child with peers at school or in the waiting room
- Ask parents and teachers questions about what the child does for fun and how he/she interacts with others
- Ask parent if the child pretends and to give examples



## Play Skills Adaptation

Teaching play skills, if they are lacking, can lead to the following mental health gains:

- Increased socialization
- Increased self-esteem
- Adherence to rules
- Impulse control
- Feeling of mastery and inclusion

(Russ, 2004; Schafer, 1993)



## Play Skills Adaptation

Play training can lead to the following gains:

- Increases in appropriate play behavior
- Decreases in undesirable behaviors
- Improvements in social behavior
- Increases in verbalization
- Increases in sophistication of play
- Increases in quality and quantity of play

(Russ, 2004; Schafer, 1993)



## Play Skills Adaptation

- Give individuals with DD the opportunity and training to develop play skills
- Begin at the stage of play at which the child functions
- Work toward gaining skills through the progressive stages





## Play Skills Adaptation

### Summary

- Assess play skills before beginning play therapy
- If deficits exist, consider whether play skills training would help the consumer meet treatment goals
- If deficits in play exist, but play training would not address treatment goals, provide a different form of therapy



BREAK

# Adapting Trauma-Focused Cognitive Behavioral Therapy for Persons With IDD

## Why is TF-CBT a Good Model to Adapt for People who have an IDD?

It is a strength-based approach

It focuses on development of competency skills

It uses cognitive behavioral treatment techniques which are relatively easy to adapt for people at different developmental levels

It has already been structured for use across a wide range of developmental levels

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## Additional Reasons for Adaptation

One of the reasons that trauma has such a negative impact on people with developmental disabilities is their impaired resilience

TF-CBT focuses on developing skills that are associated with greater resilience

- Strong self-esteem
- Ability to self-soothe
- Feelings of competency to deal with challenging situations

Applicable for both single-episode trauma as well as complex post traumatic stress

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Caution!

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The current presentation is based on Cohen, Mannarino and Deblinger's model of Trauma Focused Cognitive Behavior Therapy (TF-CBT)

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The information in this presentation is a blend of standard TF-CBT training, original thought and modification of TF-CBT material for special populations.

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This work is not intended to replace standard TF-CBT training.

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The material presented here should not be used by those unfamiliar with TF-CBT.

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## Training Resource

Those who wish to use this adaptation should first participate in standard TF-CBT training

A free web-based training for TF-CBT is now available at:

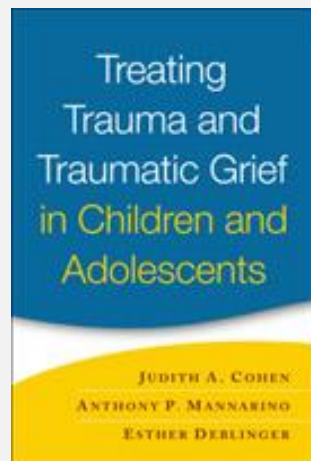
- <http://tfcbt.musc.edu/>

Two day certification training with case consultation and exam are now requirements

## Other TF-CBT Training Resources

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Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). [Treating Trauma and Traumatic Grief in Children and Adolescents](#). New York: The Guilford Press.



## Components of Treatment

Assessment

Address safety  
issues

Psychoeducation

Skills  
Development

Trauma Narrative

Trauma  
Processing

Reintegration

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## Format for TF-CBT

- Family Therapy Model
- Session is generally divided between
  - Time with client
  - Time with caregivers
  - Time working with everyone together
- In the non-adapted model a 90 minute session is generally used, although people with developmental disabilities may need a shorter session
- Sessions always end with time to do something fun together to allow the person to re-center before leaving therapy.

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## Who Can Act as Coach?

- Parent
- Group home staff member
- Teacher
- Advocate
- Any caregiver that is involved with the client and willing to commit to regularly attending sessions with the client (even by phone)

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## Trauma Screening

### Child and Adolescent Trauma Screen (CATS– Caregiver Report) Ages 3-17

- The CATS is DSM-5 based
- The CATS screens for potentially traumatic events (PTEs) and PTSD symptoms in children and adolescents.
- International validation has proven good psychometric properties.
- The CATS is freely accessible in English and Spanish at <https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/assessment.html>

Child and Adolescent Trauma Screen (CATS) - Caregiver Report

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Caregiver Name: \_\_\_\_\_

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Robbed by threat, force or weapon.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Slapped, punched, or beat up in the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Slapped, punched, or beat up by someone not in the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Seeing someone in the family get slapped, punched or beat up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Seeing someone in the community get slapped, punched or beat up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Someone older touching his/her private parts when they shouldn't.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Someone forcing or pressuring sex, or when she couldn't say no	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Someone close to the child dying suddenly or violently.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Attacked, stabbed, shot at or hurt badly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Stressful or scary medical procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Being around war.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Other stressful or scary event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Describe: _____		

Which one is bothering the child most now? \_\_\_\_\_

If you marked any stressful or scary events for the child, then turn the page and answer the next questions.

CATS - Caregiver Report for ages 3-17 Years  
1

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# Trauma Screening

## Child and Adolescent Trauma Screen (CATS-Child Self-Report) Ages 7-17

**Child and Adolescent Trauma Screen (CATS) - Youth Report**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.  Yes  No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.  Yes  No
3. Robbed by threat, force or weapon.  Yes  No
4. Slapped, punched, or beat up in your family.  Yes  No
5. Slapped, punched, or beat up by someone not in your family.  Yes  No
6. Seeing someone in your family get slapped, punched or beat up.  Yes  No
7. Seeing someone in the community get slapped, punched or beat up.  Yes  No
8. Someone older touching your private parts when they shouldn't.  Yes  No
9. Someone forcing or pressuring sex, or when you couldn't say no.  Yes  No
10. Someone close to you dying suddenly or violently.  Yes  No
11. Attacked, stabbed, shot at or hurt badly.  Yes  No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.  Yes  No
13. Stressful or scary medical procedure.  Yes  No
14. Being around war.  Yes  No
15. Other stressful or scary event?  Yes  No

Describe: \_\_\_\_\_

Which one is bothering you the most now? \_\_\_\_\_

If you marked "YES" to any stressful or scary events, then turn the page and answer the next questions.

# Trauma Screening

## Child and Adolescent Trauma Screen (CATS-Scoring Sheet)

**Child and Adolescent Trauma Screen (CATS)**

**SCORING**

Child's Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

**CAREGIVER Report**

Trauma Exposure: \_\_\_\_\_

Total PTSD Severity Score: \_\_\_\_\_ Add ALL items. 1-30. Score of 12+ indicates need for treatment

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Ages 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

**CHILD Report**

Trauma Exposure: \_\_\_\_\_

Total PTSD Severity Score: \_\_\_\_\_ Add ALL items. 1-30. Score of 12+ indicates need for treatment

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Normal Response to Trauma: Responses that abate over time

Loss of control during the event

After the event:

- Intrusion of material from the event
- Numbing
- Emotional constriction
- Intense efforts to control experiences that might elicit memories
- Dissociative “splitting off” of aspects of the experience
- Hypervigilance (enhanced startle response and sleep disturbance)
- Shattered sense of safety
- Disruption of self-identity

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## Trauma Symptoms: Responses that continue to be problematic long after the event

- Sleep disturbance
- Exaggerated startle response
- Numbing
- Emotional constriction/dysregulation
- Disrupted sense of safety
- Shattered self-identity
- Trauma responses represent a significant change from the person’s normal (global) level of functioning.

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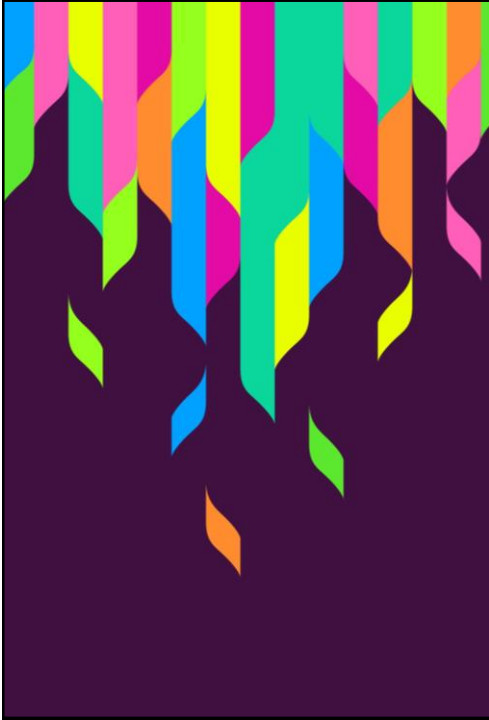


# Complex PTSD

- Early & prolonged expose to abuse and neglect
- Overdevelopment of hypothalamus & limbic system
- Underdevelopment of frontal lobe and executive functioning
- Lower brain weights and less fissures in the brain
- Hyper-vigilance at baseline
- Dissociative episodes under acute stress
- Aggressive behavior
- Extreme avoidance and dysregulation when triggered

## Executive Functioning

<b>Impulse Control</b>	Stop and think before acting
<b>Emotion Regulation</b>	Be able to calm down/maintain an even mood
<b>Flexibility</b>	Be able to deal with unexpected changes in an appropriate way
<b>Working Memory</b>	Remember information - short term
<b>Organization</b>	Arrange thoughts and belongings in an organized fashion
<b>Task Initiation</b>	Get started on a task independently
<b>Planning</b>	Set goals/make plans to reach those goals - Meet deadlines/curfews Determine what you need to do first to achieve those goals
<b>Time Management</b>	Manage time to accomplish goals and complete responsibilities



## Functions of Trauma Assessment?

- Provides a “picture” of what is going on with the individual
- Helps to determine
  - Presenting symptoms
  - Do they need treatment?
  - What types of treatment are best fit
  - If trauma focused treatment is indicated
- Helps in development of treatment plan
- Enables therapist to assess treatment progress

## Assessment in Trauma Treatment



# Areas of Trauma Assessment

## Trauma History

- Presenting trauma and its important characteristics
- All other traumas

## Mental Health Symptoms and Behavior Problems

- History and current symptoms

## Environment

- Safety, support, individual-caregiver relationship
- System involvement with family/caregivers since abuse

## Characteristics of Trauma

- Frequency, chronicity, perpetrator/relationship, disclosure and response
- Legal involvement

# Challenges in Assessment

- Be careful of diagnostic overshadowing
  - Over attribution of symptoms to the disability
  - Sensory hypersensitivity vs. startle response
  - Social withdraw/depressive symptoms vs. typical ASD
  - Expressive language problems vs. dissociation
- People who have cognitive disabilities sometimes do not have family/caregivers to serve as good historians.
- Ongoing assessment needed in treatment

## Adaptations to Assessment

Be sure to include all significant caretakers—there are often several

Assess for secondary trauma due to societal or community response:

- Assumptions that because of the developmental disability the client has not been impacted by the trauma
- Assumptions that the client cannot benefit from therapy
- Lack of availability of appropriately adapted treatment that has resulted in significant delays in providing treatment or assistance

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### Developmental Issues: Why child/adolescent tools and approaches may be more appropriate

- Reliant on parents/caregivers for history and behavioral observation and report
- Communication and socialization deficits can result in developmentally “childlike” presentation of symptoms
  - Repetitive play or verbalizations that have trauma themes
  - Psychological Stress or psychological reactivity to triggers
  - Inability to understand that events were traumatic
- Assessments, like treatment, should be adapted for developmental and age appropriateness.



## Assessment Tools

- Baseline Trauma Assessment (NCTSN)
  - Collection of traumatic event history
  - Begins desensitization process through gradual exposure
- Assessment of severity of trauma symptoms
  - UCLA-PTSD Index ©1998 Pynoos, Rodriguez, Steinberg, Stuber, & Frederick.
  - Trauma Symptom Checklist for Children ©PAR (Psychological Assessment Resources, Inc.)

NCTSN The National Child Traumatic Stress Network		Baseline Assessment/Renewal						
		Client Name: _____			Client Number: _____			
Trauma Information								
For each trauma that the child has experienced, please complete the following information.								
Trauma Type	Has child experienced	When was this trauma revealed/know?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
1. Sexual maltreatment/abuse: <i>(actual or attempted sexual molestation, exploitation, or coercion by a caregiver)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	Was a report filed (Police, Child Protective Services)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
2. Sexual assault/rape: <i>(Actual or attempted sexual molestation, exploitation, or coercion not recorded as sexual abuse)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
3. Physical maltreatment/abuse <i>(actual or attempted infliction of physical pain or bodily injury by a caregiver)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: <input type="checkbox"/> Unknown	Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

# Atelier A4-B4

NCTSN  
The National Child  
Traumatic Stress Network

**Baseline Assessment/Renewal**

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Trauma Information								
For each trauma that the child has experienced, please complete the following information.								
Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
<b>4. Physical Assault</b> <i>(Actual or attempted infliction of physical pain or bodily injury not recorded as physical abuse)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<b>Was a weapon used?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <b>Was a report filed (Police, Child Protective Services)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>5. Emotional Abuse/ Psychological maltreatment</b> <i>(Emotional abuse verbal abuse, excessive demands, emotional neglect)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<b>Types of maltreatment involved?</b> <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Emotional neglect <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Excessive demands <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<b>6. Neglect</b> <i>(physical, medical or educational neglect)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<b>Types of neglect involved?</b> <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown

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WHITE – CHART      YELLOW – MIS/DATA ENTRY
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NCTSN  
The National Child  
Traumatic Stress Network

**Baseline Assessment/Renewal**

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Trauma Information								
For each trauma that the child has experienced, please complete the following information.								
Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
<b>7. Domestic Violence:</b> <i>(Exposure to physical, sexual, and/or emotional abuse directed at adult caretaker(s) in the home)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<b>Was a weapon used?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <b>Was a report filed (Police, Child Protective Services)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>8. War/terrorism/ political violence inside the U.S.</b> <i>(exposure to any of these events inside the United States)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown			<b>Was anyone that the child knew seriously injured or killed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<b>Indicate the type of weapons used (check all that apply).</b> <input type="checkbox"/> Conventional (e.g. shootings, bombings, 9/11, Oklahoma City) <input type="checkbox"/> Chemical <input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Unknown
<b>9. War/terrorism/ political violence outside the U.S.</b> <i>(exposure to any of these events outside of the United States)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown			<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	

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# Atelier A4-B4

NCTSN  
The National Child  
Traumatic Stress Network

## Baseline Assessment/Renewal

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

**Trauma Information**

For each trauma that the child has experienced, please complete the following information.

Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
10. Illness/medical (life-threatening or extremely painful illness or medical procedure):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Extended care facility <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown			Was the child's condition life-threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
11. Serious Injury/Accident (unintentional accident or injury):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown		Was permanent disability/death inflicted? <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	Specify the type of accident/injury(s) (check all that apply): <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Dog bite <input type="checkbox"/> Near drowning <input type="checkbox"/> Accidental shooting <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
12. Natural Disaster (Major accident or disaster that is the result of a natural event)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown		Specify type of disaster(s) involved (check all that apply): <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Tornado <input type="checkbox"/> Fire <input type="checkbox"/> Industrial <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	Did the child/family evacuate their home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  Was the child's home severely damaged or destroyed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

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NCTSN  
The National Child  
Traumatic Stress Network

## Baseline Assessment/Renewal

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

**Trauma Information**

For each trauma that the child has experienced, please complete the following information.

Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
13. Kidnapping: (Unlawful seizure or detention against the child's will)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown		<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown		Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
14. Traumatic loss or Bereavement: (death or separation of a primary caretaker)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	Was the child removed from the home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Identify the people lost: <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	Was the loss/bereavement due to death? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Natural causes/illness <input type="checkbox"/> Violence <input type="checkbox"/> Accident <input type="checkbox"/> Disaster <input type="checkbox"/> Terrorism, War, Political violence <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	If not due to death, was the caregiver(s) removed from home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Divorce <input type="checkbox"/> Incarceration <input type="checkbox"/> Hospitalization (medical or psychiatric) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
15. Forced displacement (forced relocation due to political reasons):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown				
16. Impaired caregiver (history of exposure to care taker depression, other medical illness, alcohol/drug abuse):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ____/____/____	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown		Identify the impaired caregiver(s): <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown		Impairment due to? <input type="checkbox"/> Drug use/abuse/addiction <input type="checkbox"/> Caregiver depression <input type="checkbox"/> Caregiver psychiatric disorder <input type="checkbox"/> Caregiver medical illness <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown

Au-080 (Page 5)
WHITE – CHART
YELLOW – MIS/DATA ENTRY
Revised 9/2004

Trauma Information								
For each trauma that the child has experienced, please complete the following information.								
Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
17. Extreme Interpersonal Violence (not reported elsewhere): (e.g., homicide/suicide)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	Indicate the type(s) of violence: <input type="checkbox"/> Robbery <input type="checkbox"/> Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide Other, specify: _____ <input type="checkbox"/> Unknown Was a weapon used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
18. Community Violence (Not reported elsewhere): (e.g., Gang-related violence, neighborhood violence)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	Was anyone seriously injured or killed? <input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown Was the violence gang related? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
19. School Violence (not reported elsewhere): (e.g., School shooting, bullying, classmate suicide)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Teacher/staff <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	Identify the type(s) of violence (check all that apply): <input type="checkbox"/> School shooting <input type="checkbox"/> Bullying <input type="checkbox"/> Classmate suicide <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown

Trauma Information								
For each trauma that the child has experienced, please complete the following information.								
Trauma Type	Has child experienced	When was this trauma revealed/known?	Frequency of experience	Type(s) of experience	Setting(s) of experience	Perpetrator(s)	Was serious injury/death inflicted on anyone?	Additional questions
20. Other Trauma (not reported elsewhere)? Please Specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown	<input type="checkbox"/> Baseline <input type="checkbox"/> Other, please provide date: ___/___/___	<input type="checkbox"/> One time event <input type="checkbox"/> Repeated exposure <input type="checkbox"/> Unknown	<input type="checkbox"/> Experienced <input type="checkbox"/> Witnessed <input type="checkbox"/> Vicarious <input type="checkbox"/> Unknown	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated adult (but identifiable) <input type="checkbox"/> Sibling <input type="checkbox"/> Other Youth <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes—To Whom <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other adult relative <input type="checkbox"/> Unrelated (but identifiable) adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other youth <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown	





# The UCLA PTSD for DSM-V

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- The National Center for Child Traumatic Stress has a power point that can be viewed on administering and scoring the UCLA reaction index (<https://www.nctsn.org/resources/administration-and-scoring-ucla-ptsd-reaction-index-dsm-5-video>)
- The University of California requires a licensing agreement for the use of the scale. For assistance, contact:

UCLA PTSD Index for DSM-V: UCLA Trauma Psychiatry Service  
 300 Medical Plaza  
 Los Angeles, CA 90095-6968  
 Phone: (310) 206-8973  
 Email: [HFinley@mednet.ucla.edu](mailto:HFinley@mednet.ucla.edu)

UCLA PTSD INDEX FOR DSM IV ©

Page 1 of 3

Name \_\_\_\_\_; Center Number    ; Subject I.D. Number      ; Age    
 Sex:  Male  Female; Today's Date (write month, day and year)   /    ; Week of Treatment:

Here is a list of problems people sometimes have after very bad things happen. Please **THINK** about the bad thing that happened to you. Then, **READ** each problem on the list carefully. **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you **in the past month**. Use the **Rating Sheet** on Page 3 to help you decide how often the problem has happened in the past month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

HOW MUCH OF THE TIME DURING THE PAST MONTH	None	Little	Some	Much	Most
1 <sub>D4</sub> I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 <sub>B4</sub> When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3 <sub>B1</sub> I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4 <sub>D2</sub> I feel grouchy, angry or mad.	0	1	2	3	4
5 <sub>B2</sub> I have dreams about what happened or other bad dreams.	0	1	2	3	4
6 <sub>B3</sub> I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 <sub>C4</sub> I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 <sub>C5</sub> I feel alone inside and not close to other people.	0	1	2	3	4
9 <sub>C1</sub> I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 <sub>C6</sub> I have trouble feeling happiness or love.	0	1	2	3	4

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 DO NOT duplicate or distribute without permission

Contact: UCLA Trauma Psychiatry Service  
 300 UCLA Medical Plaza, Ste 2232  
 Los Angeles, CA 90095-6968  
 EMAIL: [trypnoos@nctsn.ucla.edu](mailto:trypnoos@nctsn.ucla.edu)

## FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME  
DURING THE PAST MONTH, THAT IS SINCE \_\_\_\_\_,  
DOES THE PROBLEM HAPPEN?

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## Small Group Discussion



- Discuss how to introduce these tools to your client (and caregiver)
- Discuss how you reassure them that you won't talk about details of the trauma until skills for managing stress are developed
- Bring back to the group your thoughts on challenges or insights

## Addressing Safety & Psychoeducation

### Key Points of Safety Focused Phase

Address safety  
issues

During this phase we are removing external and environmental triggers.

We are working mostly with the parents during this phase.

Before moving to regulation-focused skill building, we are looking for parent/school/community ability to remove triggers from the environment and respond appropriately to the child.

## Safety-Focused Guide

Address safety issues

### Implementing Safety-Focused Treatment

#### Establishing Safety

A safe-enough environment is defined by:

- i. Caregivers who will *protect* their child from actual threats, and
- ii. Caregivers who will *help* their child regulate dangerous survival states and *protect* their child from stimuli that provoke those dangerous survival states.

*\*Caring for Caregivers: As you go about the process of Establishing Safety, make sure to have a completed 'Plan for Emergencies' from the HELPers guide. Introduce 'Handling the Difficult moments' as a way of supporting caregivers who have difficulty managing their own emotions.*

Saxe, G.N., Ellis, B.H., Brown, A.D. (2016). *Trauma Systems Therapy for Children and Teens*. New York, NY. The Guildford Publications.

## SFG: Maintaining Safety



Address safety issues

### 1. Cleaning out cat hair

#### Three categories of stressors:

- Triggers/stressors that are unnecessary, unhelpful or damaging that should be reduced or eliminated
- Triggers/stressors that are a necessary part of life but could *temporarily* be reduced or eliminated
- Triggers/stressors that are a necessary part of life and must be tolerated

### 2. Supporting emotional regulation

### 3. Advocating for needed services

## Psychoeducation Adaptations

Help caregivers understand the unique needs of children with IDD

- The need for structure, routine and predictability
- Objectify the flight or fight response
- Reinforce close approximations of the positive coping skills desired
- Principles of functional analysis of behavior
- Maintain high expectations for safety, resilience and recovery



Skill Development

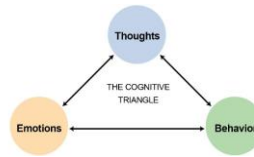
## Selecting Skills to Teach

Not every person needs every skill

Introduce skills development as a time for deciding which skills work best for you

Explore what skills have been learned previously

Be sure that by the end of this phase the person feels the ability to control symptoms in some way



Skills Development

## Skills Development

- Feelings Identification
- Personalized Relaxation Skills
- Positive Self-Talk
- Cognitive Coping
- Cognitive triangle
  - Relationship between thoughts, feelings & behavior
- Thought stopping
- Teach caregivers language and concepts

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## Feelings Identification & Affect Modulation

- Restrict the number of different emotions that you will work with
- Pick emotions that are likely to be familiar to your clients
- Use lots of repetition in creative ways
  - Role play
  - Feelings bingo
- Use visual and verbal cues—  
thermometer for assessing intensity of affect
- Rate affect before and after use of relaxation skills

Skills Development

Use a reduced visual sample list of feelings



Happy



Sad



Scared



Angry

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## Personalized relaxation skills

Skills Development

Make modifications that not only address developmental, but chronological age

Cooked spaghetti or belly breathing works well with younger people, but adults may be uncomfortable with these approaches

Isometrics often work better than other types of tension/release exercises

Teach deep breathing with simplified language

Allow time for more repetitions over a longer period of time

Involve caregivers in helping with practice sessions, but avoid setting up power struggles

## Positive Self Talk Adaptations

Skills Development

Because of their concreteness, many people with developmental disabilities do not have a clear way of discussing or understanding their own self talk

Start by developing a vocabulary

Use lots of examples related to the client's day to day life

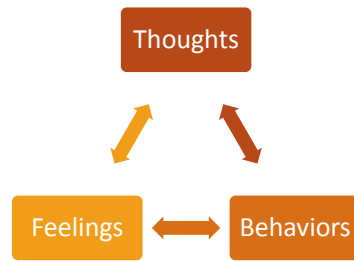
Don't become frustrated if the client doesn't get the idea right away—continue to present the information in different ways

It often works well to combine presentation of positive self-talk with cognitive coping

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## Cognitive Coping

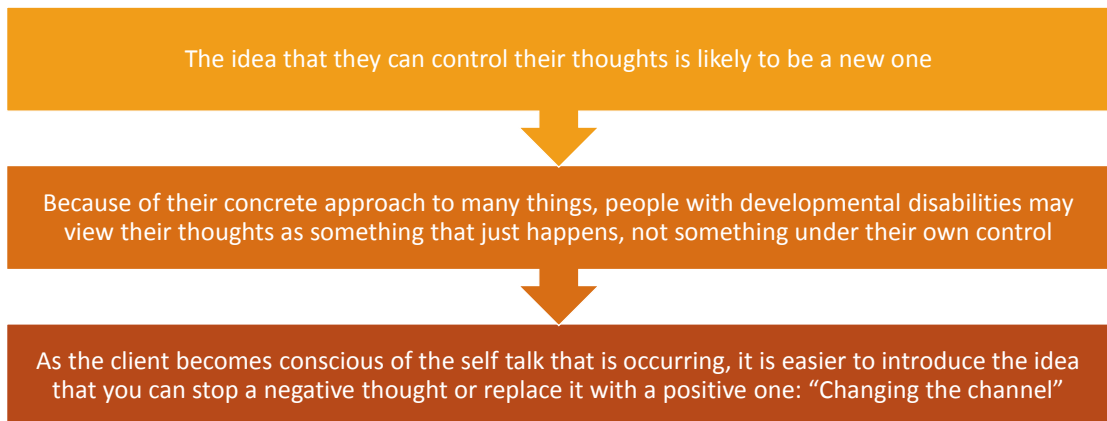


Practice	Talk about	Draw
Practice a lot of different examples of how a thought might affect a feeling or action	Talk about how positive self talk has a different effect than negative self talk	Use drawings to illustrate the points that you are making verbally; white board works well for this "Event Mapping"

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## Thought stopping

Skills Development



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## Adapted Trauma Treatment for Individuals With IDD

Narrative + Processing the Narrative

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**Narrative** - a verbal, written, or artistic narrative about the trauma and related experiences, and cognitive and affective processing of the trauma experiences

---

TF-CBT

## Chapters to Include in the Narrative

- All about me
- Use the baseline trauma assessment to guide your work
- Some people work from the least threatening trauma to most challenging
- Some people prefer to write all the trauma components on slips of paper and to draw one at a time to work on
- After all known aspects of trauma have been covered ask about what was the worst part
- Don't assume you know what was the worst part
- Chapter on how they entered treatment & recovery

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## Introducing the Narrative

We are going to be talking (or writing or drawing) about the bad stuff that happened in lots of detail because we know it helps you to get better when you talk about what happened.

One way we can talk about the abuse is by making a book.

There are other ways to do this like drawing pictures, writing, typing it out on the computer, etc...

Let's start with some stuff about you and what you like to do for fun.

Can include name, age, school, job, and favorite activity.

## Session format

1

Check in briefly with the client and caregiver regarding how the week has gone

2

Spend time with the client working on the narrative

3

Spend time with the caregiver reviewing the narrative the client has generated

4

Spend time doing something the client enjoys to end the session

## Narrative Session Format

- At the beginning of each session check in on the client's stress level
- If the level is high use skills to reduce it to the acceptable level you and client have agreed on
- With the client review the narrative that was developed last time
- Continue to use stress management skills as needed, checking in on stress level frequently
- Add any new information that the client brings up
- Go on to the next part of the trauma narrative

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## Session Format Continued

- After meeting with the client spend some time alone with the caregiver
- Review the information the client produced in the narrative
- Help the caregiver to deal with their own emotions regarding the narrative
- Discuss any distortions the caregiver is experiencing like
  - Unwarranted self blame
  - Unrealistic expectations of what the caregiver can do
  - Fears that the client has been damaged forever

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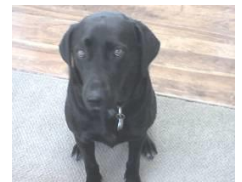
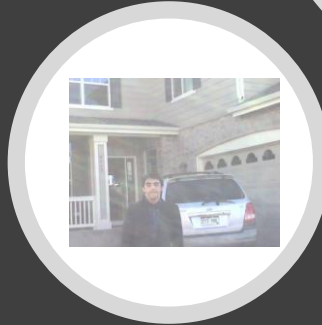
## Session Format Continued

- Each session should end with time to de-stress and do something fun
- Depending on the client, this may be a group activity after you have talked with caregiver or it may be with the client alone
- Be prepared to suggest some fun things:
  - Origami—especially action figures like jumping frogs
  - Walks to interesting sites
  - Games, puzzles, puppets
  - Basketball, catch
  - Grooming the therapy dog

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## Sample of Chapter One: All About Me

My name is Jeremy. I'm 20 years old. In this picture I'm standing in front my group home. I have a lot of favorite things. I like radios, Dr. Charlton, Kiwi, and my group home mother, Jane. I like to wear suit jackets. When I grow up I want to be a king. If I can't be king then I will get a good job where I can earn lots of money. I like it here, but I would prefer a castle. Here's the castle I would like to live in.



Beginning of  
Narrative:  
Single  
incident: 18  
year old male  
client

“On the day I got burned I woke up around 9 in the morning. I was feeling sad and that’s when I started telling everyone “I’m going to burn myself.” Then around 1:30 I poured gasoline on me.”

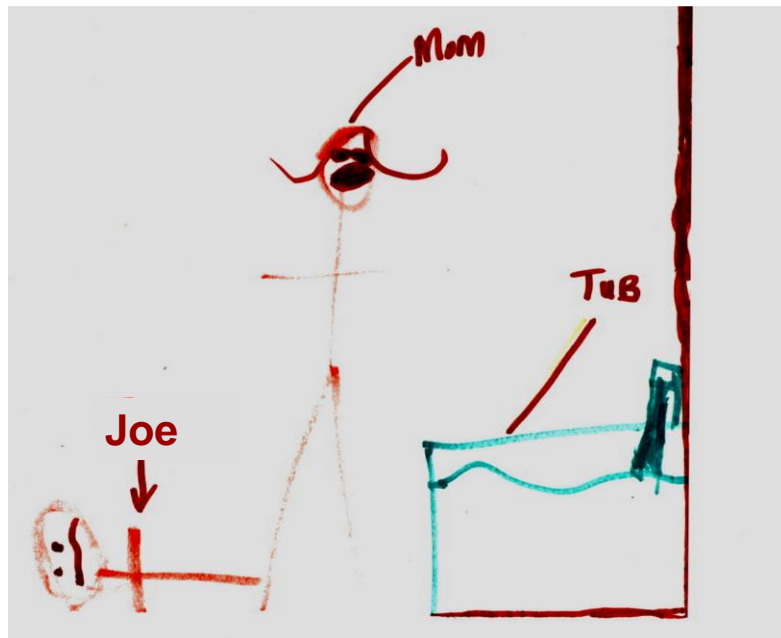
## Complex Trauma With Multiple Components: Trauma occurred during early childhood

Chapter 2: One of the bad things that happened to me is getting hit a lot.

Chapter 3: When my mom first started getting a job she sent me to live with my stepmom. I always got punished there.

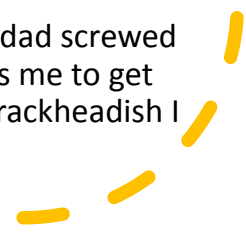
Chapter 4: My mom would tell me to lie to the teachers and say I have strep throat so they wouldn't know the truth that I was hit on the back with a belt and hurt really bad.

Chapter 5: Mom was in the bathtub and she asked me to get something for her. I couldn't find it and she got out of the tub and started kicking me.



## Complex Trauma With Multiple Components

- **Chapter 2 – Riding the tower of doom and other rides** - I am afraid of heights. I hate heights.
- **Chapter 3 – My older brother** – I was at my mom’s house. I was watching the news, and I saw him on the news. He got arrested for something – a double homicide
- **Chapter 4 – Why I don’t like school** – School is a prison. It’s a prison. There’s no windows except for the doors.
- **Chapter 5 – The Kidnapping** – My dad screwed everything up he’s a loser he wants me to get back at mom. My mom says he’s crackheadish I think he’s stupid.



## Narrative Adaptations for People with Developmental Disabilities

- Be creative in the ways in which the narrative is recorded
- Writing may not be practical
  - Dictate responses to the therapist
  - Draw pictures
  - Use a tape recorder, video or still camera
  - Role-play, sing or dance
  - Consider sand tray
  - Use play that results in tangible representations
- Go slowly—more time will be needed to absorb the information and to integrate the modified cognitions
- Don’t be frustrated if the client returns repeatedly to inaccurate or unhelpful cognitions—repetition is necessary for learning

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## Practice Session

- Take turns being the therapist and the client as you role play introducing the narrative process to a client you may treat with this model
- Discuss your ideas for presenting the material
- What insights did you have about the therapist or the client's experience

## Processing the Narrative

- Review the narrative
- Identify thoughts that are not helpful
- Identify areas where thoughts and feelings are missing
- Identify places where the client's thoughts are accurate and be prepared to praise them.
- Add to the chapter on starting therapy and the progress the child is making
- Integrate components to develop positive self-identity.

## Session format

Generally you continue with the same format you established on the narrative

Check-in

Work with the client on processing the trauma

Review with the caregiver the work the client did during the session

Do something fun to help with re-centering

## Adding Thoughts and Feelings

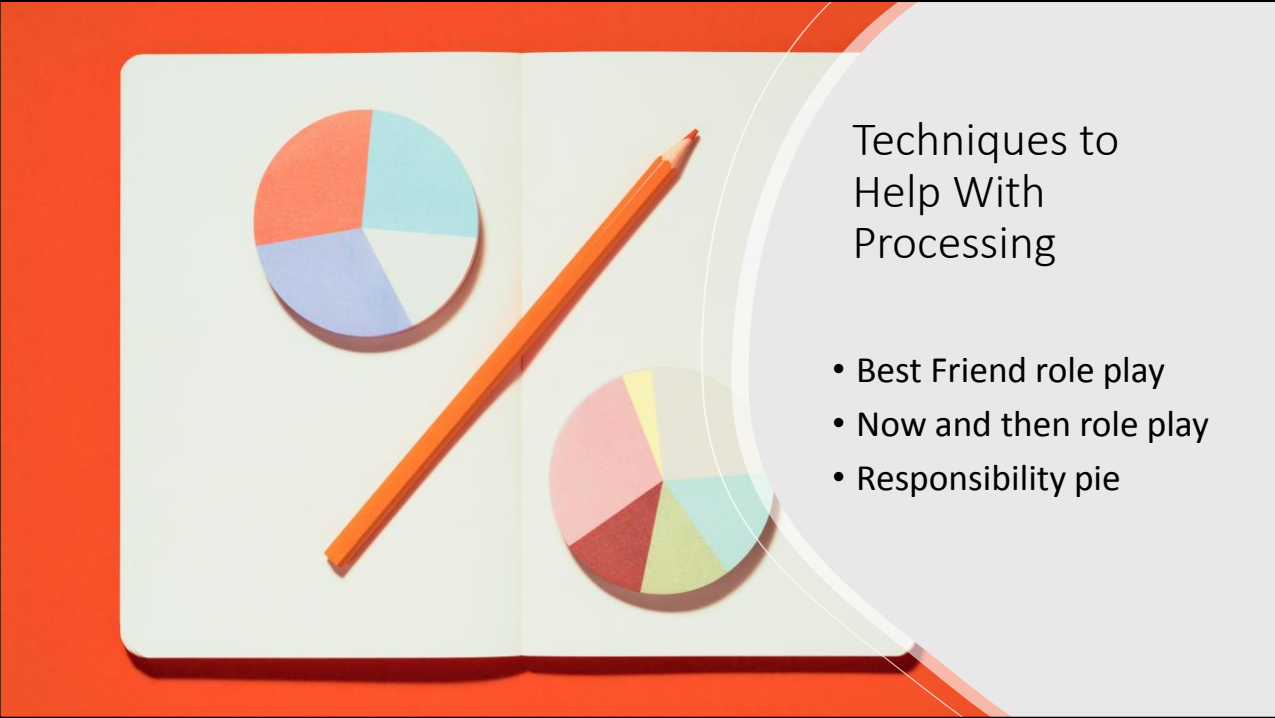
- Thoughts:
  - I thought everyone heard me saying I was going to burn myself and they didn't listen.
  - I was surprised at what happened.
  - I didn't expect the burns to hurt so bad.
  - I don't know if I realized that I might kill myself by setting myself on fire.
- Feelings:
  - I felt mad because it sounded like they didn't care about me.





## Corrections

- I needed help.
- I could have told my family that I was really upset and needed help.
- Then I could have gotten the help I needed without the burns.
- If I get upset again this is what I'm going to do.
- My family will listen even if I don't do something dramatic.



## Techniques to Help With Processing

- Best Friend role play
- Now and then role play
- Responsibility pie

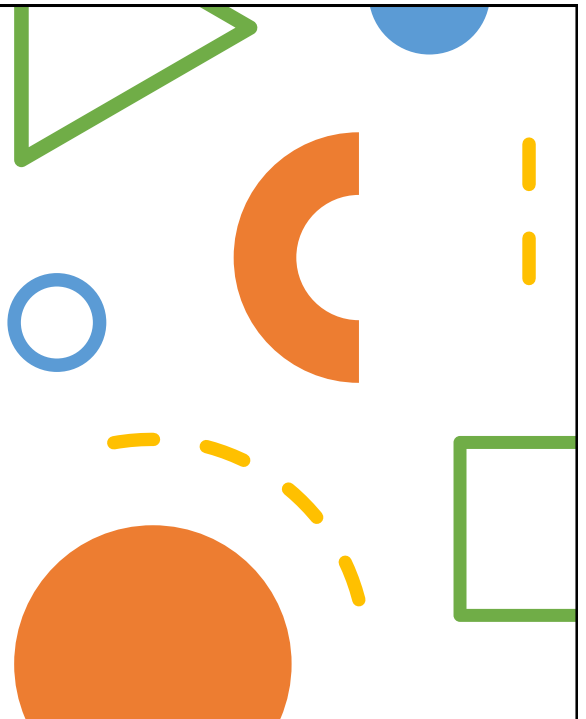


## Best Friend Role Play

Ask the client to take on the role of his or her best friend, and the therapist takes on the role of the client. The task is to have the “best-friend” counsel the therapist/client regarding the client's understanding of the trauma.

## Now and Then Role Play

The client is asked to 'go back in time' to give him or herself advice about what to do about the trauma before and/or after it happens. The therapist can either play the role of the client "then," or the client can act out both parts.



# Responsibility Pie

The client is asked to draw a pie chart and assign "pieces" of various sizes to different individuals who might bear some responsibility for the trauma (e.g., the perpetrator, non-offending family members, the client). The client may assign pieces and sizes to whomever he or she wants, and the size of the piece corresponds to that person's percent of responsibility for the trauma. The therapist can then discuss the relative sizes of pie pieces with the client and use this as an exercise to help the client verbalize his or her thinking about why the trauma happened. A revised pie can be drawn if the client's thinking about responsibility changes.



## Adaptations to Processing the Narrative

Go slowly

Provide lots of support

Review skills as needed

It's particularly important to use

- Cognitive triangle—how you think about the trauma affects how you feel about it
- Identify cognitive distortions or unhelpful thoughts
- Then correct them in the narrative

## Reintegration Session Format

Reintegration is generally done with caregiver and client together

### Begin by

- Assessing the client's readiness for this phase
- Assessing the caregiver's readiness for this phase

Remind everyone about the rationale for these joint sessions

## Reintegration Sessions

The client shares the trauma narrative they have developed with the caregiver

### The caregiver:

- Praises the client's hard work
- Asks open-ended, non-threatening questions, (i.e., How did you decide to tell someone about what happened?)
- Answers the client's questions (i.e., Why is mom mad at me because her boyfriend got in trouble? Did I do the right thing?)

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## Reintegration Adaptations

Be sure the client has sufficient support in all environments

Work on specific ways in which new skills can be generalized to various situations in the client's life

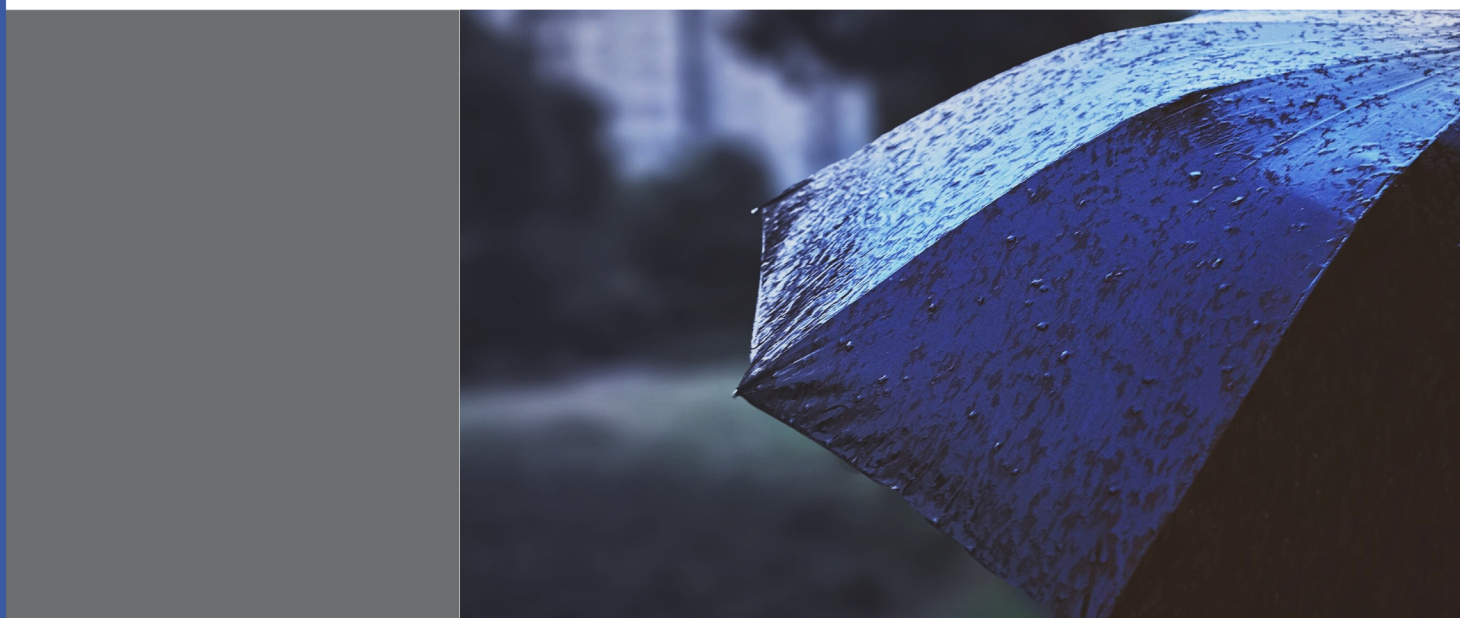
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# Colloque en TGC 2023

## Braver l'adversité

[www.sqetgc.org/colloque2023](http://www.sqetgc.org/colloque2023)



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