Integrative Treatment for Complex Trauma





Welcome!



INTRODUCTIONS



Who We Are



- The Missouri Academy of Child Trauma Studies is the nationally recognized training arm of Children's Advocacy Services of Greater St. Louis.
- MoACTS is part of the psychology dept. at the University of Missouri St. Louis
- In the past eight years MoACTS has completed **14** TF-CBT learning collaboratives across the Midwest and have trained approximately **850** people in TF-CBT.
- MoACTS trains over **1000** people annually in trauma related topics.
- MoACTS is an affiliate of the National Child Traumatic Stress network, funded through SAMHSA.
 - Network resources
 - NCTSN.org and learn.nctsn.org
 - Training content and many materials in this presentation come from the NCTSN and are aligned with NCTSN recommendations.

Understanding Complex Trauma







What is Complex Trauma?



The term complex trauma describes both children's **exposure** to multiple traumatic events, often of an invasive, interpersonal nature, and the **wide-ranging**, **long-term impact** of this exposure.

These events are **severe and pervasive**, such as abuse or profound neglect. They usually begin **early in life** and can **disrupt** many aspects of the child's development and the very formation of a self. Since they often occur in the context of the child's **relationship with a caregiver**, they interfere with the child's ability to form a secure attachment bond. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

NCTSN 2017 Complex Trauma Workgroup

Acute vs. Complex Trauma



Acute Trauma

- Single incident
- Later onset
- Adequate early development
- Normal stress response
- Absence of co-morbidity
- Less personal in nature
- Limited stigma/shame

Complex Trauma

- Multiple/extended/severe
- Early onset
- Disrupts early development
- Excessive stress response
- Presence of co-morbidity
- More personal in nature
 - **x** "Attachment trauma"
- High stigma/shame

Contextual aspects of complex trauma exposure



• Trauma intensifiers

- Early onset
- Extended and frequent exposure; ubiquity
- Relational context

Social marginalization

- Poverty
- Social discrimination
 - **x** Race/ethnicity
 - **x** Sexual orientation
- Inadequate education
- Reduced access to services



Briere & Lanktree, 2016

Complex trauma outcomes and attachment effects



- Anxiety, depression, anger
- Posttraumatic stress
- Affect dysregulation
- Negative relational and self schema
- Identity/self-reference issues
- Medical issues, physical neglect of self









Briere & Lanktree, 2016

Complex trauma outcomes and attachment effects (continued)



Avoidance responses

- Dissociation
- Tension reduction behaviors
 - ▼ Self-injurious behavior
 - ➤ Dysfunctional sexual behavior,
 - **×** Bulimia
 - ***** Aggression
- Substance abuse
- Suicidality







Briere & Lanktree, 2016

What is Complex Trauma? A Resource Guide for Youth The National Child Traumatic Stress Network www.NCTSN.org

Poverty and social marginalization



- 22% of children in U.S. live below federal poverty line
- Child poverty rates highest among Black, Latino, and American Indian children
- Trauma rates for marginalized children
 - Up to 50% of those in child welfare
 - 60-90% of those in juvenile justice
 - o 83-91% of those in high crime neighborhoods
 - o 59-91% of those in the community mental health system

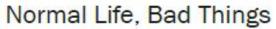
National Center for Children in Poverty, Columbia University (http://www.nccp.org)

Low access to treatment



- Although trauma, especially in the context of social deprivation, is a major source of psychological disturbance
 - 75% to 80% of children and youth in need of mental health services do not receive them
 - As compared to white children, racial minority children are less than half as likely to receive mental health services
 - 85% of children and youth in need of mental health services in the child welfare system do not receive them









Complex Trauma

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The Impact of Trauma







So, How Do They Cope?



"Stress Allergy"



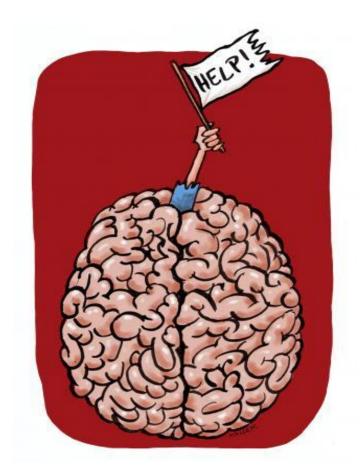
- Allergies are an overreaction of the body's natural defense system that helps fight infections
- Genetics and environment both contribute
- Allergic reactions may get worse the more often you are exposed (e.g., poison ivy)
- Exposure in early childhood may reduce the risk of later development of some allergies



The "Allergic" Brain



- Survival in the Moment: Fight, Flight, Freeze or Surrender
- Seemingly harmless situations provoke extreme survival responses
- "High Road" vs. "Low Road"
- The amygdala leads a hostile takeover of consciousness by emotion (LeDoux, 1998, 2002)



The Allergic Brain in the Moment MoA



- Disorientation
- Confusion
- Frantic behavior/agitation
- Panic
- Extremely withdrawn, apathetic, "shut down"
- Extreme irritability/anger
- Excessive worry/anxiety
- Physiological arousal



Internal Signals of Danger



- OThoughts
- Memories
- Emotions
- Obody sensations

(Layne et al, 2000)



External Signals of Danger



- People/Things/Places
- Events/Activities
- Dates/Times
- Changes in routine
- Sensory input
- Interpersonal experiences
- (Layne et al, 2000)



Interpersonal Signals of Danger



- Safety
 - Expression of emotion
 - Personal space
- Trust/Honesty
 - Are you true to your word?
- Intimacy
 - Attunement vs. Appropriate boundaries
- Power/Control
- Self-concept
 - o Disrespect vs. Constructive criticism



What have you seen?

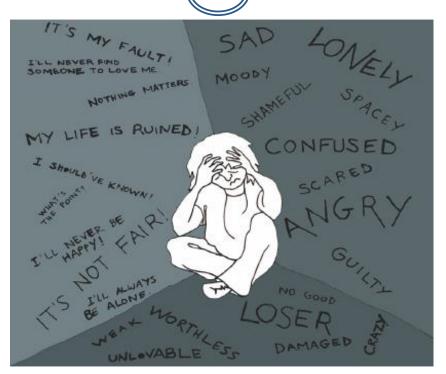


Limitations of many current trauma therapies



- Screening in treatment outcome studies limits ecological validity
- Reduced time frame
- Manualization
 - One size fits all
 - Exposure based without attention to affect regulation issues
 - Relational interventions necessary but hard to manualize
- Little cultural adaptation

ITCT A Overview



What is Complex Trauma? A Resource Guide for Youth
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www.NCTSN.org



Treatment Solutions for Complex Trauma



- Innovative treatment models for complex trauma
- Reduced exclusion criteria for treatment
- Components-based rather than treatment package and opportunities for longer-term Rx
 - o "Cafeteria" approach: Matching treatments to problems/symptoms
- Specific adaptations for culture, sexual orientation, poverty, social marginalization
- Processing of social maltreatment as component of individual and family treatment

Briere & Lanktree, 2016

Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)



- Initial development: MCAVIC (2001-2005) and MCAVIC-USC (2005-2009)
 - Multiply traumatized, socially marginalized youth and children
 - Multi-ethnic, multi-racial, multi-disciplinary staff
 - Structured, component-based but individualized for each client (assessment-based)
 - Relational but also cognitive-behavioral
 - Intensive treatment and advocacy

ITCT-A Background



- Developed by Drs. John Briere and Cheryl Lanktree and the University of Southern California Adolescent Trauma Training Center
- Adolescent version: 13+
- Child Version: 8-12
- No preset number of sessions
- Most clients require 6 to 8 months of treatment; but there is no time limit on treatment
- If client is acutely safe, you can include:
 - Substance using youth
 - Self-harming youth
 - Parts of the model with youth who experience psychosis



Briere & Lanktree, 2016

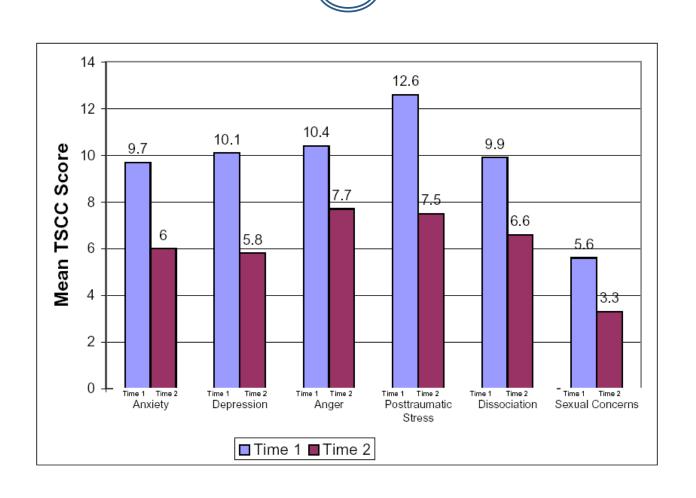
ITCT Treatment Outcome Study (Lanktree et. al., 2012)



- 151 clients (children and adolescents)
 - Similar findings for adolescents-only subsample
- Mean age 11.43 years (range: 8-17 yrs.).
- 48% Hispanic, 25% Black, 14% non-Hispanic White, 13% Asian
- 52% CSA, 27% PA, 17% CV, 31% TL, 31% DV.
- 62%: 2 or more types of trauma, 14%: 4 or more traumas
- 67% in treatment for 3 to 8 months (Mean=6.79)

Pre-Post Data (Average of >40% improvement across symptoms) M





Briere & Lanktree, 2016

Collaborations and Adaptations (continued)



- Range of settings and duration of treatment
 - ▼ Residential treatment facilities, outpatient clinics, schools—short-term and longerterm treatment
- Adaptations include Spanish translations of ITCT-A tools
- Community collaborations including trauma-informed services

ITCT-A: Core aspects



- Assessment-based
- Focus beyond posttraumatic stress
 - Relational issues
 - Affect dysregulation
 - Problematic avoidance and "acting out" behaviors
- Centrality of therapeutic relationship
- Safety within therapy and environment
- Customization: Age, gender, culture, affect regulation capacity ---not "one-size-fits-all"
- Cultural diversity of clients and economic disadvantage incorporated into interventions

 Briefe & Lanktree, 2016

ITCT-A: Core aspects (continued)



- Focus on the client's experience
 - Taking him/her where he/she is
 - Avoidance of judgmental/authoritarian therapist behaviors
- Titrated exposure and cognitive interventions
- Affect regulation training and behavior control
 - o including Trigger Identification and Intervention, mindfulness, "urge surfing"
- Parent/family interventions
- Advocacy and system intervention
 - **▼** Beyond the traditional therapist role

Briere & Lanktree, 2016

ITCT-A Tools (Briere & Lanktree, 2013, 2012)



- Initial Trauma Review-Adolescent Version (ITR-A)
- Possible Interview Question Topics for ITCT-A (PIQT-A)
- What Triggers Me? (The Trigger Grid)
- Assessment Treatment Flowchart for Adolescents (ATF-A)
- Problems-to-Components Grid for Adolescents (PCG-A)

Overview of ITCT-A Treatment Components (Briere & Lanktree, 2013) Modelstown of ITCT-A Treatment Components (Briere & Lanktree, 2013)

- Relationship Building and Support
- Safety Interventions
- Psychoeducation
- Distress Reduction and Affect Regulation Training
- Mindfulness Training
- Cognitive Processing
- Titrated Exposure
- Trigger Identification and Intervention
- Interventions for Identity Issues
- Relational/Attachment Processing
- Intervening in Maladaptive Substance Use
- Interventions with Caretakers and Family Members

Briere & Lanktree, 2016

Want to Learn More?



Meet us in St. Louis!





- Become trained in ITCT-A at our St. Louis office!
- Training is in accordance with the national standards set forth by developers John Briere and Cheryl Lanktree
- Training includes:
 - Face-to-face training: Monday and Tuesday: July 10th and 11th, from 9:00 to 4:00pm
 - 12 consultation sessions: Monthly consultation sessions to support your implementation of ITCT-A
 - Certificates of attendance



Online Resources



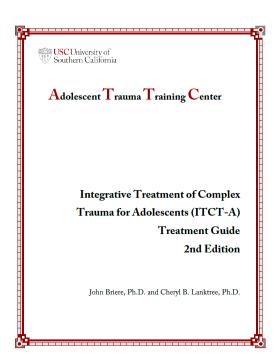


• The USC Adolescent Trauma Training Center

- o http://keck.usc.edu/adolescent-trauma-training-center/about-itct-a
- A full PDF version of the ITCT manual is available at this site, along with the substance use guide.

• The National Child Traumatic Stress Network

- o <u>www.nctsn.org</u>
- Complex Trauma section includes handouts for teens, educators, parents and mental health staff. There will also be videos coming soon.
- Learn.nctsn.org you can create a login and watch webinars related to complex trauma.



Acknowledgments



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