A COMPREHENSIVE MODEL FOR ASSESSING TRAUMA & DISORDERS OF ATTACHMENT

ATTACh ANNUAL CONFERENCE:

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Center For Family Development

Disclaimer & Conflict of Interest

- Dyadic Developmental Psychotherapy is an evidence-based and effective approach to the treatment of trauma and disorders of attachment with high relevance to the child welfare population (http://www.cebc4cw.org/program/dyadic-developmental-psychotherapy/detailed).
- Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.
- Dr. Becker-Weidman is director of the Attachment-Focused Treatment Institute, which certifies practitioners in Dyadic Developmental Psychotherapy

What we will be covering today

- What is Complex Trauma?
- How does it affect child development?
- A 3-session model for a comprehensive assessment

Symptoms

- Diagnosis vs. Assessment
  - Sx vs Causes
- What is he? 8 year old boy:
  - Makes careless mistakes
  - Poor attention
  - Often does not seem to listen when spoken to
  - Gets lost in carrying out tasks
  - Often loses things
  - Easily distracted by irrelevant things
  - Can't sit still
  - Blurts out the answer before the questions been completed
  - Can't wait his turn
  - Often interrupts or intrudes on others

Evidence-Based Treatment

- An incomplete sentence!
  - Different treatments for different conditions
    - Evidence based treatment for disorders of attachment and complex trauma:
      - http://www.cebc4cw.org/program/dyadic-developmental-psychotherapy/detailed

Different Treatments for Different Conditions

Treatment	Diagnosis
EMDR	PTSD: discrete traumas, not Complex Trauma
OT: Sensory-Integration	Sensory-Integration
TF-CBT	PTSD: discrete traumas: not Complex Trauma
	Anxiety, Depression
CBT	ODD
Your Defiant Child Program	ADHD
Medication, Skills training	Bipolar Disorder, Pers. D/O:Borderline
Medication, DBT	Disorders of Attachment & Complex Trauma
DDP	

What is Complex Trauma?

- Complex Trauma (aka Developmental Trauma Disorder):
  - EARLY
  - CHRONIC
  - MALTREATMENT
  - IN A CARE-GIVING RELATIONSHIP

Domains of Impairment

- Attachment
- Biology
- Emotional Regulation
- Dissociation
- Behavioral Regulation
- Cognition
- Self-Concept

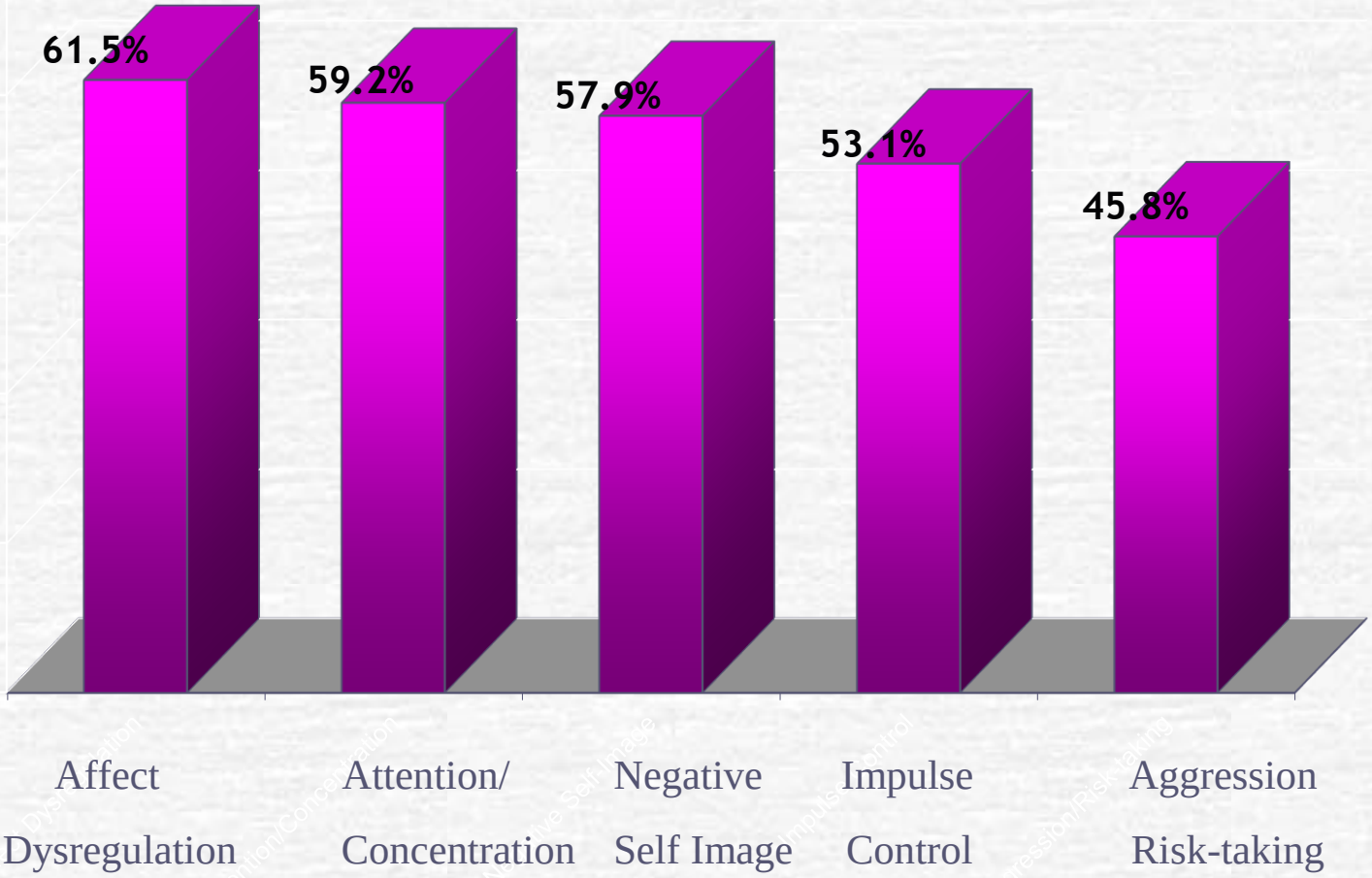
Domains of Impairment

- Attachment. Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- Biology. Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- Mood regulation. Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Domains of Impariment

- Dissociation. Some traumatized children experience a feeling of detachment or depersonalization, as if they are "observing" something happening to them that is unreal.
- Behavioral control. Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- Cognition. Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- Self-concept. Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

Complex Trauma: Most Frequent Behaviors



Foster Care & Parent Problems

- Alcohol Abuse in 85% parents
- have drug exposure
- AIDS
- Domestic Viol
- Poverty, Lack of Educa
- Mental Illness

Do these parental problems all go away prior to child-parent reunification????

(Source: Steven D. Blatt, MD., Children's Hospital, Upstate Medical School, Syracuse, NY, 2008)

Babies & Cocaine

- Half of very young children placed in foster care had been prenatally exposed to cocaine
- Children born to substance-abusing women have a rate of physical abuse 2-5 times higher than matched children

(Source: Steven D. Blatt, MD., Children's Hospital, Upstate Medical School, Syracuse, NY, 2008)

Health Status of Children Entering Foster Care: Infants

- Drug Exposure 50%
- HIV Exposure 30-50 times community
- Growth Failure 20-40%
- Immunization Delay in 75% at 7 months
- Behavioral Problems: 40% vs. 3-6%
- Developmental Delay-50% vs. 4-10% in general population

(Source: Steven D. Blatt, MD., Children's Hospital, Upstate Medical School, Syracuse, NY, 2008)

Prevalence of Mental Health Conditions

- 50-95% children entering foster care have significant mental health problems
- Range of common clinical problems include:
  - Relational & coping difficulties (attachment)
  - School failure
  - Externalizing disorders: conduct disorder, attention deficit disorder, aggressive behavior
  - Internalizing disorders: depression

(Source: Steven D. Blatt, MD., Children's Hospital, Upstate Medical School, Syracuse, NY, 2008)

Maltreatment and the developing brain

Maltreatment during early childhood can cause vital regions of the brain to develop improperly, leading to a variety of physical, emotional, cognitive, and mental health problems (DHHS 2001).

Relationship between adverse childhood experiences and lifetime risk of attempting suicide

Adverse experience category		Percent attempting suicide
Emotional abuse	No	2.5
	Yes	14.3
Physical abuse	No	2.2
	Yes	7.8
Sexual abuse	No	2.4
	Yes	9.1
Battered mother	No	3.1
	Yes	9.0
Substance abuse in home	No	2.6
	Yes	7.0
Mentally ill household member	No	2.6
	Yes	9.6
Parents separated/ divorced	No	3.0
	Yes	6.6

Dube, SR, et al., (2001), JAMA, Dec 26, 286(24): 3089-96.

Comprehensive Assessment

- Assess:
  - Mental Health Issues
  - Attachment
  - Sensory-integration
  - Executive Function
  - Neuropsychological issues
  - Prenatal exposure to toxins
  - Domains that may be affected by Complex Trauma

Comprehensive Assessment

- Domains that may be affected by Complex Trauma (Chronic early maltreatment within a caregiving relationship)
  - Attachment
  - Emotional Regulation
  - Behavioral Regulation
  - Cognition
  - Biology
  - Defensive Functions
  - Self-Concept

Complex vs. "Simple" Trauma

"Simple" Trauma

- Typically
  - Not interpersonal
  - Single or limited trauma exposure
  - Shorter duration
  - Later age onset
  - Available support of caregiver/family
  - Secure attachment with primary caregivers

Complex Trauma

- Typically
  - Interpersonal
  - Multiple exposures
  - Longer duration
  - Onset at an earlier age
  - Less/no support of primary caregivers/family
  - Insecure or disorganized attachment

Effects of Complex Trauma

- Anxiety and depression
- Cognitive distortions
- Insecure/disorganized attachment
- Post-traumatic stress
- Dissociation
- Identity disturbance
- Affect dysregulation
- Interpersonal problems
- Self-injury
- Sexual disturbance
- Enuersis and encopresis
- Somatization
- School-related difficulties
- Social withdrawal
- Conduct Problems
- Suicidality
- Drug/alcohol abuse

Effects of Complex Trauma

- Anxiety & Depression:
  - panic attacks, generalized anxiety, phobias, dysphoria.
- Cognitive Distortions:
  - Low self esteem, helplessness, over estimation of danger.
- Insecure attachment:
  - Disorganized attachment, reactive attachment disorder, disinhibited engagement, problems with close relationships and trusting others, excessive clinginess

Effects of Complex Trauma

- Post-traumatic stress:
  - Source attribution errors, re-experiencing (nightmares, reenactments), avoidance, hyperarousal/reactivity, numbing, negative cognitions and mood
- Dissociation:
  - Depersonalization, derealization
- Identity disturbance:
  - Attachment related problems in self and boundary awareness.

Effect of Complex Trauma

- Affect dysregulation:
  - Relative difficulty to tolerate and control emotions, externalizing behaviors.
- Interpersonal problems:
  - Difficulty forming positive emotionally meaningful and stable friendships, active distrust and paranoia.
- Self injury:
  - Tension reduction behaviors: head banging, biting, cutting, hitting self.
- Sexual disturbance:
  - Preoccupation with sexual thoughts and feelings, sexualized behaviors (inappropriate sex play or engaging others in unwanted sexual activity. lation

Effects of Complex Trauma

- Enuresis and encopresis.
- Somatization:
  - Excessive preoccupation with bodily dysfunction or multiple physical complaints
- School related difficulties:
  - Learning disabilities, poor academic performance
- Social withdrawal:
  - Avoidance of social interactions, self-isolation.
- Conduct disturbance:
  - Truancy, aggression, stealing, excessive rule breaking.
- Suicidality:
  - Thoughts or actions.

Basic Model for Assessment

- Three session model
  - Consider the 7 domains affected by complex trauma
  - Parents-Caregivers
  - Child
  - Parents-Caregivers
- Termination of Parental Rights
  - Each set of parents about child
  - Each parent: AAI, Commitment, Insightfulness
    - Child with parents, if advisable. (SSP, Insightfulness)
  - Child

DVD: Child's View

Outline for a Thorough Evaluation

- Review of all records
- Session One: Session with Parents (Carers) regarding child.
  - Evaluation of Parents: pattern of attachment, insightfulness & reflective function, commitment.
- Use of various tests and questionnaires
- Session Two: Assessment of Child
- Session Three: Session to review assessment and treatment recommendations.

Outline for a Thorough Evaluation

- Seven Domains that may be affected by Complex Trauma aka Developmental Trauma Disorder.
- Assess for various mental health conditions: Bipolar Disorder, ADHD, etc. DSM-V dx.
- Screen for neuro-psychological issues caused by early maltreatment
  - (Executive functions)
- Sensory-Integration
- ARND
  - Alcohol Related Neurodevelopmental Disorder

Outline for a Thorough Evaluation: Termination of Parental Right

- Insightfulness of parents (birth, foster/adoptive).
- Commitment of parents.
- State of mind with respect to attachment of parents (Adult Attachment Interview).
- Formal psychometrics.
- Parent-Child relationship: Ainsworth, Marshak Interaction Method, Structured play sessions).

Previous Records

- Protective Service Reports
- Police Reports
- Previous treatment records & evaluations
- School records
- Social histories, etc.
- Psychological evals.

Parent Session

- Clinical meeting with caregivers
  - Child's current functioning
    - Questions asked.
  - Diagnostic interview to screen for various mental health difficulties and trauma-attachment difficulties
  - Parent's state of mind with respect to attachment. (Use of AAI)
  - Insightfulness Assessment
  - Parent Commitment Assessment

Parent Session

- Questions asked/areas covered
  - Presenting problem; why here now?
  - Pediatrician, eating, sleeping, meds, medical issues
  - School
  - Friends
  - Relationships within home
    - Affection
    - Siblings
    - Compliance

Parent Session

- Assess Process of interview
- Why there? Their story
- Chronology
- Current symptoms and what is most challenging
- What has been tried
- Assessing parenting capacity:
  - Intersubjectivity - Sensitivity
  - Commitment
  - Insightfulness –
  - Reflective function
  - Pattern of attachment

Parent Session

- Assess ability to implement healing PLACE:
  - Playful
  - Loving
  - Accepting
  - Curious
  - Empathic
- Intersubjectivity
  - Assess readiness to be attuned: AAI

Specific tests

- Child Behavior Checklist (CBCL; Achenbach, 1991) ** (Parent & Teacher versions)
- Trauma Symptom Checklist for Young Children **
- Symptom checklist screener **
- Behavior Rating Inventory of Executive Function (Parent & Teacher) **
- Vineland Adaptive Rating Scales – II (Parent &Teacher) **
- Sensory Profile **
- Developmental History form
- Montreal Cognitive Assessment **

PARENT ASSESSMENT

Adult Attachment Interview

- To begin with, could you help me to get a little bit oriented to your family.
- Now I'd like you to try to describe your relationship with your parents as a young child, starting as far back as you can remember.
- Could you give me five adjectives or phrases to describe your **relationship** with your mother/father during childhood?...

Adult Attachment Interview

- You said your relationship with your mother/father was xxxx. Can you give me a specific memory, from the pre-teen years, that exemplifies XXXX?
- Ask about what person did when hurt (feelings, physically, scared).

Adult Attachment Interview

- Interviewers inquire about the following:
  - how caregivers responded to them when s/he was upset;
  - whether caregiver threatened her/him;
  - whether s/he felt rejected;
  - explanation for caregivers behavior;
  - affect of these childhood experiences on her/his adult personality

Measurement of Adult Attachment

- The responses are evaluated on two dimensions.
  - The first dimension is coherence. Coherence refers to answers that
    - provide a clear and convincing description;
    - are truthful, succinct, and complete;
    - are presented in a clear and orderly manner.
  - The second dimension is the ability to reflect on the motives of others.

Adult Attachment Interview

- Assessing the Process of the interview:
  - Quality. To be truthful and to have evidence for what is said.
  - Quantity. To be succinct and complete. Make your contribution as informative as is required but no more so.
  - Relevance. To be relevant.
  - Manner. To be clear and orderly. Avoid obscurity of expression, ambiguity, and be brief and orderly in discourse.

Patterns of Attachment

- Secure 60%
- Insecure
  - Avoidant - Dismissing 20%
  - Ambivalent-Preoccupied 15%
- Disorganized 5%

Family of Origin Issues

- Buttons…who owns the button?
- If the parents are engaged and not being successful, they will feel frustrated with their not being able to do what they want…that is your path into this work.

Parents with unresolved trauma

- Much more time ACE and allowing for the intersubjective sharing of experience to engage the parent.
- Building relationship before all else is essential for treatment success.
- Case-management may be your first intervention to show your value.
- Not: Shaming, blaming, harsh, punitive, or rejecting.

Insightfulness Assessment

- Videotape four parent-child episodes:
  - Free play
  - Teaching task
  - Competition
  - Nurturing
- A two-minute segment from each tape is selected to be viewed

Insightfulness Assessment

- Three questions after each episode:
  - What do you think went through XX's mind? What did XX feel and think during this segment?
  - Is this segment characteristic of XX more generally? Does it tell you something about XX's personality or characteristics?
  - I would now like to ask you about what you felt, while watching this segment. Did anything concern you, surprise you, or make you happy in this segment?

Insightfulness Assessment

- The last section:
  - First, from what we talked about during this interview until now, and from what you know about XX in general, what characterizes XX as a person, as a child? What makes XX XX? I will write down what you say and ask you for examples later on.

Insightfulness Assessment

- Based on how well you know your child, are these things about XX that surprise you, concern you, or make you happy?
- What is the thing that, in your opinion, most characterizes the relationship between your child and yourself?

Parental Commitment-I

- Nine questions:
  1. I would like to begin by asking you to describe XX. What is XX's personality like?
  2. Do you ever wish you could raise XX?
  3. How much would you miss XX if XX had to leave?
  4. How do you think your relationship with XX is affecting XX right now?

Parental Commitment II

5. How do you think your relationship with XX will affect XX in the long-term?
6. What do you want from XX right now?
7. What do you want for XX in the future?
8. Is there anything about XX or your relationship that we've not touch on that you'd like to tell me?

Parental Commitment III

9. I'd like to end by asking a few basic questions about your experiences as a parent.
   a. How long have you been a foster parent?
   b. How many foster children have you cared for in all?
   c. How many foster children do you currently have?
   d. How many birth/adopted children are currently living in your home?

Parental Commitment

- High Commitment Ratings:
  - The parent provides evidence of a strong emotional investment in the child and in parenting the child. Descriptions of the child and the parent-child relationship clearly reflect a strong connection with the child. The child is fully integrated into the family.

Parental Commitment

- Moderate commitment:
  - The parent provides evidence of investment in the child but this is not clearly as marked as a parent scoring high on commitment; although there may be some indices of high levels of commitment, there also may be evidence suggesting that the child has not been psychologically adopted by the parent;

Parental Commitment

- Moderate commitment:
  - The parent may state the parent would miss the child if the child left but this is more of a matter-of-fact statement and lacks the strong affective component seen in parents high in commitment; if the parent speaks of limiting the psychological bond with the child, the parent also gives evidence of struggling with this issue; the child may be only **partially integrated** into the family (i.e., is placed in respite care only when the family goes on vacation);

Parental Commitment

- Moderate commitment:
  - overall, the coder may conclude that the child is adequately cared for and nurtured but not to any special degree.

Parental Commitment

- Low Commitment Ratings:
  - The parent provides virtually no evidence of a strong and active emotional investment in the child or in parenting the child. The parent may be indifferent to whether the child remains in the parent's care or may actually state that the parent hopes/desires the child will be removed. There is little evidence that the parent would miss the child. More **regular use of respite.**

Outline of Child Session

- Orientation & Mental Status
- HTP – achromatic
- Heart Drawing
- Montreal Cognitive Assessment
- Chromatic HTP
- ASCT

Topics

- School & grades
- Friends
- If hurt
- Likes
- Relationships with family members
- History

Clinical Interview with Child

- Diagnostic Interview
  - Mental Status
  - Process of interview to assess state of mind with respect to attachment.
    - House-Tree-Person
  - Heart Drawing
  - 4 key questions
  - Assessing for indications of other conditions:
    - Mental Health issues
    - Sensory-Integration
    - Executive Function/Neuropsychological issues
    - FASD
  - Attachment Story Completion Test

HTP

- Pencil
  - House, Tree, Person
  - Questions and analysis
- Chromatic

Heart Drawing

- Colors for feelings: Mad, Sad, Glad, Scared
  - Red, Orange, Yellow, Blue, Green, Gray, Black, Brown, Purple
- Draw heart and fill in

Clinical Interview with Child

- Four Questions
  - What is one of the thing you've done that you are most proud of?
  - What is one of the worst thing you've done?
  - What is one of the best thing that has ever happened to you?
  - What is one of the worst thing that has ever happened to you?

Clinical Interview with Child

- Attachment Story Completion

1. SPILLED JUICE. While the family is seating at the dinner table, the younger child accidentally spills juice on the floor, and the mother goes oh (exclaims) about it.
2. HURT KNEE. While the family is taking a walk in the park, the younger child climbs a rock, falls off, hurts a knee, and cries.

Clinical Interview with Child

- Attachment Story Completion

3. STRANGE SOUND AT NIGHT. After the child is sent (upstairs) to go to bed, the child cries out after hearing a strange sound.
4. DEPARTURE. The parents leave for a weekend trip, with grandmother staying behind to look after the two children.

Clinical Interview with Child

- Attachment Story Completion

5. REUNION. Grandmother looks out of the window on Monday morning and tells the children the parents are coming back.

Third Meeting with Caregivers

- Review Assessment and Diagnoses
  - Mental Health Conditions
  - Attachment
  - What is causing the difficulties: what is driving the behavior: what is going on in the family & why.
- Other issues requiring further evaluation
  - Sensory-Integration Disorders -OT
  - Neuro-psychological assessment – Board Certified Pediatric Neuropsychologist who has experience with adopted/foster children.
  - Educational testing for LD

Final Meeting with Caregivers

- Other issues requiring further evaluation
  - Developmental Screening
    - Developmental Pediatrician
    - Developmental neurologist
- Treatment Recommendations
  - Parenting
  - Treatment
    - Child at home?

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