Critical Elements of DSM-5® Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a psychiatric condition with specific symptoms and diagnosable criteria that is included in the DSM-5. Some children who have experienced traumatic events may be diagnosed with PTSD. The DSM-5 criteria for PTSD includes the following:

- the person was exposed to death, threatened death, actual or threatened serious injury or actual or threatened sexual violence;
- the traumatic event is persistently re-experienced through repetitive play, nightmares, flashbacks, physiological reactivity;
- persistent effortful avoidance of distressing trauma-related stimuli;
- negative alterations in cognitions or mood that began or worsened after the traumatic event (examples: inability to recall key features of the event, persistent negative beliefs about self or the world, persistent distorted blame of self or others, persistent negative trauma-related emotions, marked diminished interest, feeling alienated and constricted affect);
- alterations in arousal and reactivity (examples: irritable or aggressive behavior, self-destructive or reckless behavior, hyper-vigilance, exaggerated startle response, concentration problems and sleep disturbance).

Children who have had traumatic experiences are often misdiagnosed, commonly with ADHD, depression, anxiety, conduct disorder, oppositional defiant disorder or other conditions. Many clinicians do not receive adequate training in the identification and treatment of child trauma. It is essential that we ensure that all children are screened for trauma and those who are exhibiting traumatic stress responses receive effective mental health assessment and treatment from well-trained clinicians. DSM-5 includes an outline for cultural formulations when assessing, diagnosing and developing treatment plans.

Understanding How Trauma Affects Children and Birth Parents

Each child's reaction to traumatic experiences differs. Not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not the child does develop symptoms depends on a range of factors. These factors can include the child's age and developmental state (although children of ANY age can be impacted by a traumatic event), his or her history of previous trauma exposure, the child's mental and emotional strengths and what kind of support (defined as the quality of positive relationships and close nurturing bonds) the child has at home and in the community to build resiliency and coping. (For information on impact of trauma by ages and developmental stages, see The National Child Traumatic Stress Network official website (http://www.nctsn.org/) and search

[5] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th Ed.) (2013).

for "ages and developmental stages."

Traumatic experiences can impair a child's ability to function each day in the following ways:

- Brain development - When children experience excessive stress for too long, too often or too severely, brain functions can be altered. These biological effects interfere with critical brain functions such as focusing, learning, self-regulation and decision-making.
- Attachment - When the caregiver who is supposed to provide protection and safety is the source of hurt and harm, the child feels helpless and abandoned and views the world as an uncertain, unpredictable place. The child may find it extremely difficult to trust and empathize with others. The child may also transfer this mistrust onto subsequent caregivers or use extreme negative behaviors as a means to create emotional distance for self-protection.
- Emotional regulation – As a result of being exposed to traumatic experiences, children may develop traumatic reactions and therefore may have difficulty identifying and describing their feelings and internal states. Their reactions and behaviors may have nothing to do with what's going on in the moment, but be triggered from past experiences. Children and caregivers may not understand why these reactive behaviors are occurring. Exposure to trauma impacts the child's sense of safety, world view, and ability to appropriately respond under stress and current relationships with others. Trauma also impacts the child's ability to develop close relationships with others.
- Behavioral regulation - Children may present with problematic behaviors relating to the trauma (*e.g.*, aggression, self-injurious or sexualized behaviors) and these behaviors may serve as survival adaptations to overwhelming stress.
- Cognition (learning and school performance) - Children may experience delays in language development, linguistic expression, deficits in overall IQ, learning disorders, difficulty concentrating, difficulty completing tasks, failure to learn from past experiences, and an inability to anticipate and prepare for future events. These children are at risk for low academic performance, dropping out of school and later employment problems.
- Self-concept - Maltreated children develop a sense of self as ineffective, helpless, deficient and unlovable. Children who perceive themselves as powerless may blame themselves for negative experiences and feel a sense of shame and guilt.
- Social development - Traumatized children may have poor social skills, fail to establish and maintain friendships, engage in unhealthy relationships and become socially isolated.

Survivors of repeated and severe childhood trauma generally experience a common set of problems as adults when they do not receive effective treatment. A decades-long scientific study, known as the Adverse Childhood Experiences Study[6] (ACE Study) found that these problems are serious and life-altering including increased suicidal attempts and other mental health disorders; promiscuity; use of street drugs; heavy alcohol consumption; intractable smoking; and physical health problems such as diabetes, hypertension, obesity, stroke, heart disease, certain forms of cancer, chronic lung disease and liver disease.

Many birth parents have their own histories of child or adult trauma. As described above, traumatic stress in childhood can impact the parent's ability to regulate emotion, maintain physical and mental health, engage in relationships, parent effectively and maintain family stability. Parents' past or present experiences of trauma can also affect their ability to keep their children safe, work effectively with child

[6] www.acestudy.org

welfare or juvenile justice staff, and engage in their own or their children's mental health treatment. It is important to also consider the trauma history of the caregiver when formulating a case plan.

What is Trauma Screening?

Trauma screening is a process of asking questions about traumatic events and stress reactions from those events. Screening provides a lens to understand a child's behavior related to what happened to a child (vs. what is wrong with a child). This is a more helpful method for assessment and formulation that guides decision making for the most appropriate treatment intervention. Screening helps to understand behavior related to trauma rather than just treat the behavior as a symptom. From a trauma-informed lens, behavior is a form of communication about unmet needs, is adaptive and has meaning. The role of the Social Worker to identify and recognize trauma in a child's life early. The ultimate outcome is improved care for children. Trauma screening can provide immediate and early recognition of the impact of trauma for children and result in better assessment and treatment planning.

The Connecticut Trauma Screen (CTS) is a very brief, 10-item, empirically-derived screen for child traumatic stress that can be administered by trained clinical or non-clinical staff, including DCF Social Workers. The goals of the CTS are to 1) identify children who may be suffering from traumatic stress and who would benefit from a trauma-focused assessment or treatment by a trained clinician and 2) function as an engagement tool to allow professionals working with children to briefly discuss the child's exposure to trauma and trauma-related reactions as required for their professional roles. The CTS is not a comprehensive screening tool or a clinical assessment, and does not screen for all symptoms of Post-Traumatic Stress Disorder (PTSD) or other traumatic stress reactions. It is not intended to promote lengthy discussions or detail about a child's trauma exposure or reactions. A number of other trauma screening measures for children exist for a clinical assessment.

The CTS is required in all Multidisciplinary Evaluations (MDEs) completed for children age seven years and older who are placed in DCF care. The CTS is administered by the MDE evaluator and the results and recommendations are shared with the DCF Social Worker following the MDE. Trauma-related recommendations and findings from the MDE screen are incorporated into the written case plan assessment, goals and objectives. Through case planning activities such as further assessment, trauma-informed clinical service provision and ongoing case plan reviews, the trauma-related needs for the child are addressed. This results in greater stability and permanency for the child.

This is the LINK to the Connecticut Trauma Screen:
http://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/

What is a Trauma Assessment?

Assessment is often the next step with a child who has screened positive for trauma. Trauma assessment is a clinical process to understand human behavior in broader contexts including strengths, available resources and protective factors in a systemic understanding of a child's or family's needs. Assessment is a dynamic exploration and includes the collection of relevant information, from multiple sources and processes (*i.e.*, interviewing, record review, testing) that leads to an analysis or formulation that is used to guide treatment, usually in a written treatment plan. Children receiving outpatient treatment should have a written clinical treatment plan that is reviewed with the provider periodically. Assessment is ongoing or continuous in nature to measure progress with goals and objectives. If there are assessment tools mentioned in a written assessment that you are not familiar with, consult with the RRG or call the clinician. Screening and assessment are important processes for trauma in child welfare systems.

Using Evidence-Based Trauma-Specific Treatments and Services

Children who have been traumatized may be helped by various approaches to therapy including individual, family and group therapies. It is important for DCF staff to understand the goals of trauma-specific treatment and the types of effective services that children and their families may need.

The goals of trauma-specific treatment can include:

- safe expression of feelings;
- reductions of symptoms and post-traumatic behaviors;
- improved sense of mastery and control in life through the teaching of self-regulation skills;
- reframing of guilt and self-blame;
- restoration of a sense of trust in oneself and others and hopefulness about the future;
- development of a sense of perspective and distance regarding the trauma;
- an enhanced sense of safety and security; and
- providing support and skills to empower caregivers to cope with their own emotional distress and effectively respond to the traumatized child

Culturally- and linguistically-sensitive trauma-informed services consider the impact culture can have on the meaning a child and family assigns to traumatic events.

Children and youth who have experienced traumatic events and receive evidence-based trauma treatment have:

- improvements in safety, permanency and well-being;
- improved school attendance, grades and functioning;
- enhanced behavioral and emotional health;
- reduced suicidal thoughts and suicide attempts;
- reduced symptoms of PTSD and depression; and

- reduced future utilization of medical services.

The child's behavioral health treatment plan should be developed and monitored by those most closely involved in the child's life including the child, the primary caregiver, the therapist and the DCF Social Worker. It is important to inform the therapist that their input is essential and required in formulating the treatment plan and for ongoing progress. The RRG is available for consultation.

Trauma-Informed Questions for Potential Clinical Referral

When assessing a potential mental health professional's expertise, experience, reputation and specialization, ask these questions:

- In your intake, what is your trauma screening and assessment process?
- What evidenced-based treatment models do you use? What is your training level?
- If you are not using an evidenced-based treatment model, how do you approach therapy with traumatized children and their families?
- How do you involve the child's caregivers in treatment?
- How often will you see the child?
- How does your treatment approach identify and address the culturally diverse experiences of children and families?
- How do you measure treatment progress? What results will you be able to share with me to assess progress?

If the answers to the above questions are not forthcoming or clear, please consult with the RRG.

Resources

Child Trauma

Adverse Childhood Experiences Study (ACES) (http://www.acestudy.org/)

Chadwick Center (www.ChadwickCenter.org)

National Center for PTSD Veteran Administration (http://www.ptsd.va.gov)

National Center for Trauma Informed Care (http://www.samhsa.gov/nctic)

National Child Traumatic Stress Network (http://www.nctsn.org/)

SAMHSA link to Tip 57 (a book on trauma-informed care and behavioral health services)
http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Evidence-Based Treatment

http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
(Once the website opens, scroll down to find treatments)

Additional Resources on Best Practice

http://nctsn.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf

www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_fact_sheet_final.pdf

www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_birth_parents.pdf