

## Assessing (and Facing) Complex Trauma During CV-19

Haruv on the Couch  
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## Good Afternoon!

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- We are all learning from necessity right now
  - Innovations and ideas will continue to evolve and new situations will be presented
  - This will not end after this pandemic is over, things will be different even then
  - Today we will discuss: trauma, assessing complex trauma, and responses



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# Understanding Trauma

Definitions, types, indicators

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## What is Trauma?

**Trauma is intense & threatens safety**

Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.

**Trauma experiences happen any time, different types**

These experience may occur at any time in a person' life. They may involve a single traumatic event or may be repeated over many years.

**Trauma can impede functioning**

These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

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## Types of Trauma: Acute (simple) Trauma

**Acute trauma** is a single traumatic event that is limited in time. Examples include:

Serious accidents

Community violence

Natural disasters

Sudden or violent loss of a loved one

Physical or sexual assault



During an acute event, people go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

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## Types of Trauma: Chronic

**Chronic trauma** refers to the experience of multiple traumatic events.

These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or ongoing trauma such as physical abuse, neglect, or war.

The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.

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## Types of Trauma: Complex

(from Courtois, 2008)

**Complex trauma** refers to “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts. The term came into being over the past decade as researchers found that some forms of trauma were much more pervasive and complicated than others”

Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age. These traumas often escalate over time and repeats.

Complex trauma has profound effects on nearly every aspect of a child’s development and functioning and can generate problematic reactions such as PTSD & other MH issues.

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## Children & Trauma

- Any time a child doesn’t feel safe, could be seen as a trauma
  - Danger to themselves
- Their wellbeing is entirely tied into the wellbeing of their caretakers, so danger to their caregivers feels like danger to them



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## Trauma symptoms in Children

Developmental  
responses to  
trauma

Physical  
responses to  
trauma

Behavioral  
responses to  
trauma

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Trauma  
responses in  
children can  
be dependent  
on:

Age

Development/Intellectual  
Capacities/Disability

Temperament/Personality

Previous trauma

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## Body's Response to Trauma

### Sleep problems

- Difficulty falling asleep
- Difficulty staying asleep
- Nightmares

### Rapid eating

- Lack of feeling full
- Food hoarding
- Loss of appetite

### Toileting Problems

- Constipation
- Diarrhea
- Wetting bed
- Accidents
- Regressing in toilet training


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## Behavioral Problems

- Dissociation
- Hyperactivity
- Aggression
- Anxiety
- Arousal
- Exaggerated responses
- Anger
- Easily triggered



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Developmental & Learning Problems

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# Assessment of Complex Trauma

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From NCTSN [nctsn.org](http://nctsn.org)

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## Comprehensive Assessment of Complex Trauma (NCSTN)

- *The assessment of complex trauma is by definition “complex” as it involves both **assessing children’s exposure to multiple traumatic events**, as well as the **wide-ranging and severe impact of this trauma exposure across domains of development**.*

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## Steps for Conducting a Comprehensive Assessment of Complex Trauma

### Assess for

- a wide range of traumatic events
- a wide range of symptoms (beyond PTSD)

### Gather information

- using a variety of techniques
- from a variety of perspectives

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## Consider during assessment



Can you understand how each traumatic event might have impacted developmental tasks and derailed future development?



Can you link traumatic events to trauma reminders that may trigger symptoms? (explicit & implicit)



Can you bring in multi-disciplinary team?



Can you suspend judgement and remain open and flexible, realizing that this assessment may be ongoing?



Can you engage the family, child, and all providers on an ongoing basis? What makes sense to everyone? What is working? How can you monitor symptoms and change?

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Consider Increased Vulnerability Due to Isolation

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## Case Application: Rene

- Rene is 6 years old. She lives with her mother, father and siblings: Molly (mom – 26), Mitchell (dad – 27), Dave (bro -10), Mark (bro-8), Rene (6), Wendy (sis -4), Mitchell Jr (bro-2). The family lives in a disadvantaged neighborhood with a lot of crime and drugs. Molly & Mitchell have been together since they were fifteen and their first child Dave was born when Molly was 16.
- Molly & Mitchell love their children very much, but have limited parenting skills. They live in a small, crowded apartment where there is not much privacy. It is often very dirty and there are many bugs. Occasionally they fight and Mitchell will have fits of rage where he beats Molly. The police have been to their apartment more than once to assist her. Molly has never filed charges, and Molly and Mitchell often make up and start again.

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- The family has been working with a therapist in an intense program called family preservation – where a worker is assigned to the family and is available for many hours of the day, providing parenting and links to resources. The therapist thinks it is going well, but not as well as she would like, particularly in consistent use of positive parenting techniques.
- Molly, is trying to implement the parenting techniques but gets frustrated. The family preservation worker also recently had Molly participate in some counseling and assessment on her own, and it was revealed that she was much more low functioning (borderline cognitively impaired). Despite the violence and chaos, the children are very attached to each other and to their parents.

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- Six months ago, Mark came to school with the mark of a belt on his face (the belt buckle pattern was clearly identifiable on his cheek). A referral was made, and the children were removed from the home.
- The older two brothers were sent to a group home, Rene was placed in a foster home with a caring person (but she was also quite rigid in her approach and expectations). The two youngest siblings were placed together in an emergency shelter for young children. Rene was all alone.
- The family preservation worker visited Rene last week in her foster home. She reported that Rene was glad to see her, but very teary when it was time for her to go. Rene repeatedly asked when she would get to see her parents and brothers and sisters. She asked repeatedly how they were doing, and she was particularly worried that her siblings and parents were going to die from the 'virus'. She appeared more agitated than usual and less able to focus on tasks. The foster care mom indicated that she was often tearful, asked questions constantly about the virus and why they can't go anywhere, and if her foster care mom knew how her family was doing. She reported that Rene cried a lot more than usual, she was forgetting things frequently, and that several nights a week she has found her in her bed crying for her siblings or talking about having nightmares about her family dying.

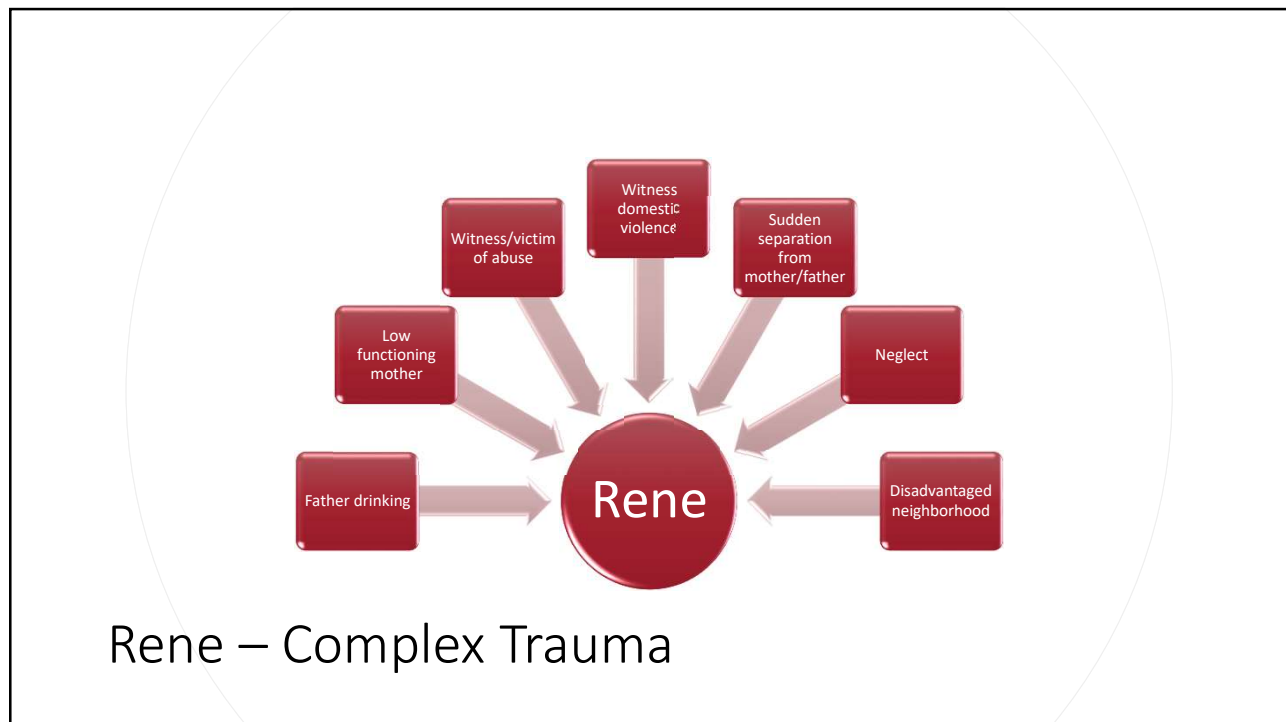
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## How do we understand Rene's trauma?

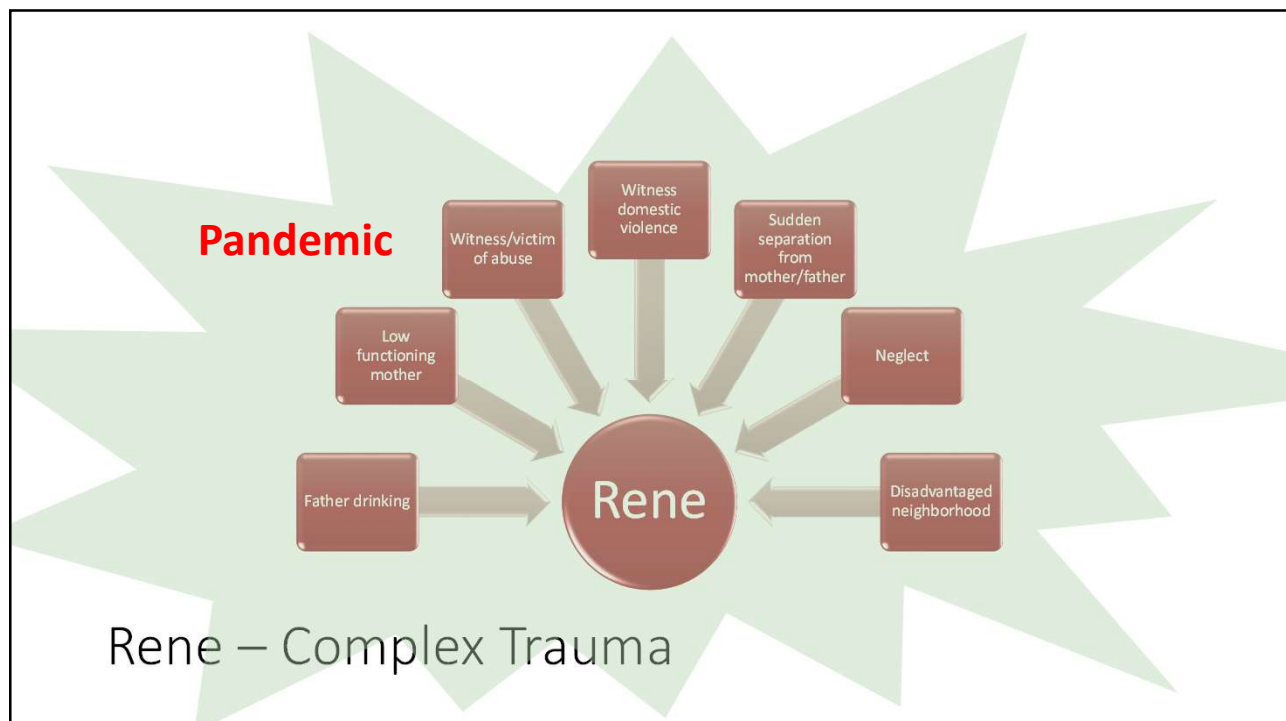
- How would you categorize Rene's trauma?
- What resources/strengths are present for Rene?
- How can we help her?



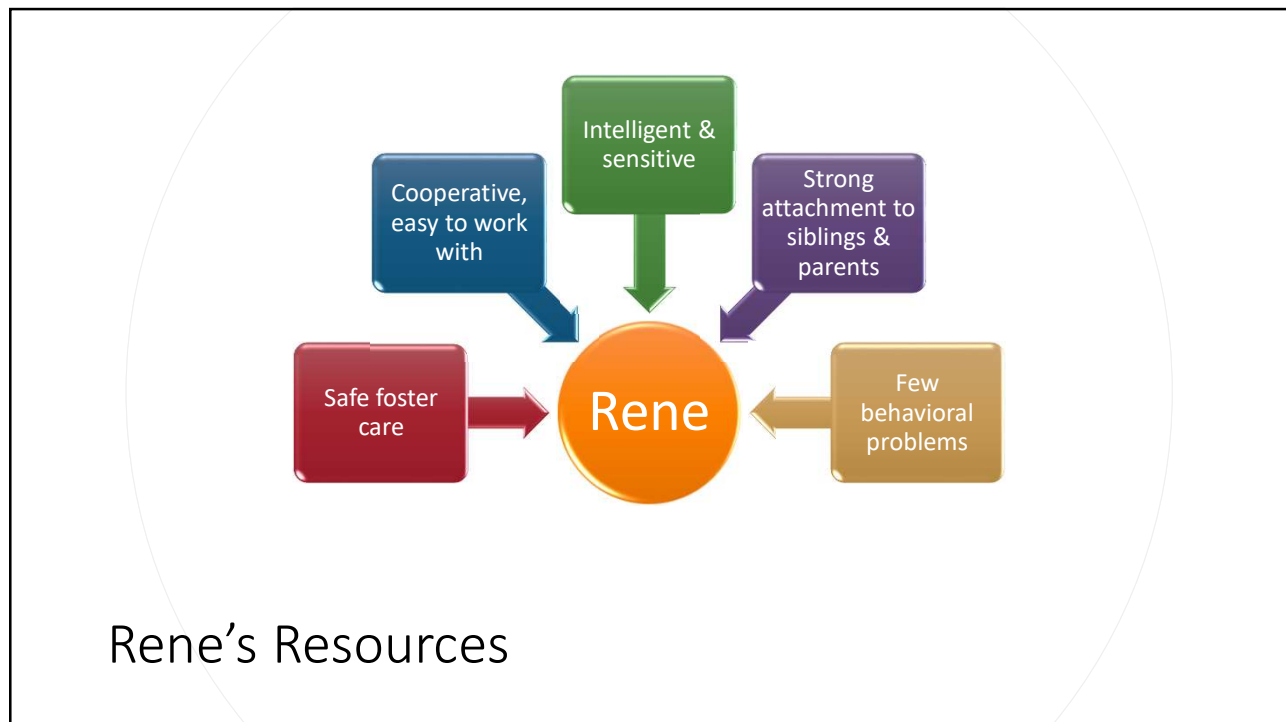
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Not Just Children

- **COVID-19 Stress Tests Holocaust Survivors**  
<https://atlantajewishtimes.timesofisrael.com/covid-19-stress-tests-holocaust-survivors/>
- **Veterans**

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## Remember

- Children are picking up more than you think – and this crisis has dramatically changed things
- They do worry, but they often don't want to add to our worry, or know what to do to help themselves
- Despite what people think, bringing up hard or scary topics can help children – young to old.
- Has anyone had children ask you questions yet? IF so, can you provide examples either in the chat or verbally?



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Find a safe  
quiet and  
comfy place  
to talk  
(NCTSN,  
2020)

Be ready and anticipate their questions!

OR maybe you need some 'starter' questions because  
you are noticing anxiety or other behavior

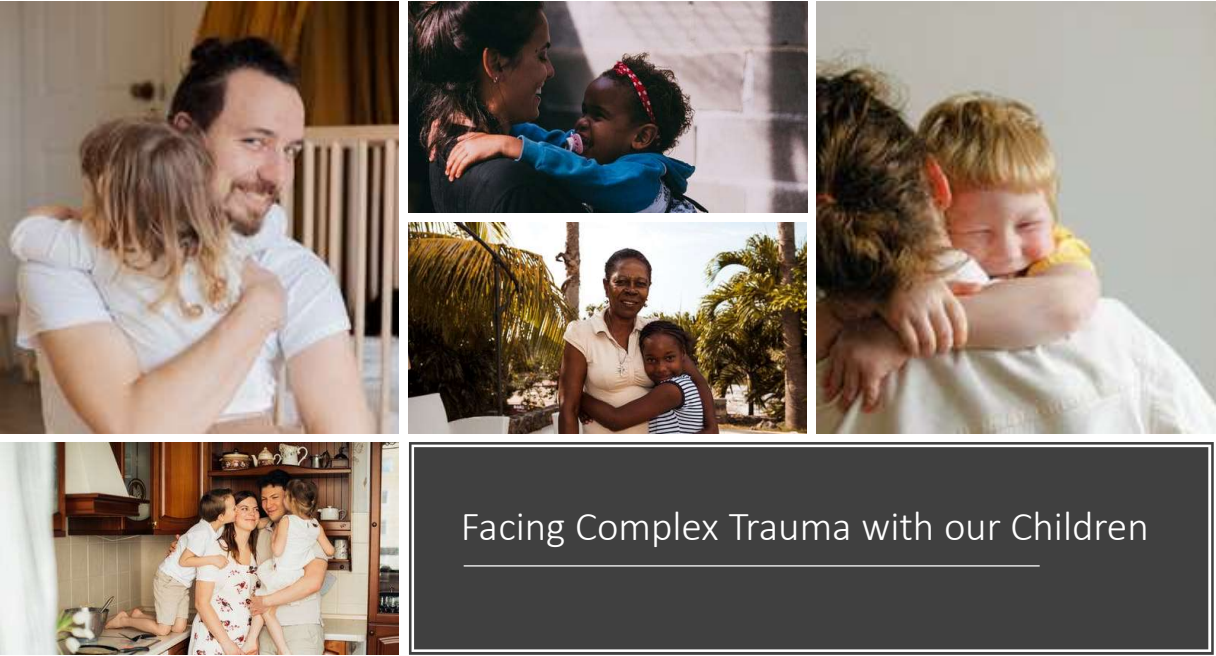
Some starting questions

"I know that you have heard about coronavirus. Can you tell me what you have heard?... Or what you are worried about?"

Focus on a specific behavior or worry you have noticed: "I know that you bite your fingernails more when you get nervous. Can you tell me about that?"

For tweens and teens, also consider, "Tell me what your friends are saying about coronavirus. What have you seen about this online?"

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Facing Complex Trauma with our Children

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## Be prepared with answers



- Encourage them to ask questions as often as they want or need to and answer questions directly
- Stick to the basics, facts
- Correct information that is wrong, use developmentally appropriate language
- Be prepared for questions about their safety and the safety of people that they have significant relationships with and love
  - Emphasize all the things you are doing to stay safe and to keep your family safe
- At the end of the day, Question-and-answer exchanges help ensure ongoing support as your children begin to cope with emotions related to this virus.

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## Validate Fears and Feelings



- Validate Fears, Feelings
- Do not promise things you cannot guarantee
  - Avoid statements such as 'you don't need to worry' or 'don't be silly we will all be fine'
- Avoid language that might blame others or lead to stigma

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## Teach self-regulation through engagement and role modeling



- Label emotions
- engage in activities that help them self-regulate
- Because we are at home a lot more, these activities can be done together (mindfulness, breathing exercises, exercise, and yoga}

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## Limit Exposure to Media

- Limit Media Exposure Limit your children's media exposure to coverage of COVID-19.
- Children watch and hear us!
- Remember children often overhear or see what you are watching on TV or listening to on the radio.
- What may not be upsetting to you as an adult, may be upsetting and confusing for a child.
- For the very young, exposure should be rare.
- Remember to limit your own exposure

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## Stay Connected Safely

- Stay Connected
- Use technology
- Engage in helping others
- Engaging in activities they can control (everyday actions to reduce the spread of germs)



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## Routines & Reassurance



- Developing a routine your children and family can help reduce distress during these stressful days.
- Movie nights, game nights
- Provide Reassurance and hope!
  - We are doing our part to 'flatten the curve'

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Address the range of grief, loss, and disappointments of all kinds!

### Address Missed Developmental Milestones

Missed vacations or travel

Missed events

Loss of relationships

Loss of relatives and significant others

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Be a Positive  
Role Model

Share your feelings in a  
developmental  
appropriate manner

Share ideas and  
strategies for coping

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Remain Calm

- Many of us are at home more, juggling work and family, and it is hard
- But, it is important to remember that our children may require MORE support and attention during this time
- We need to remember their needs for safety!

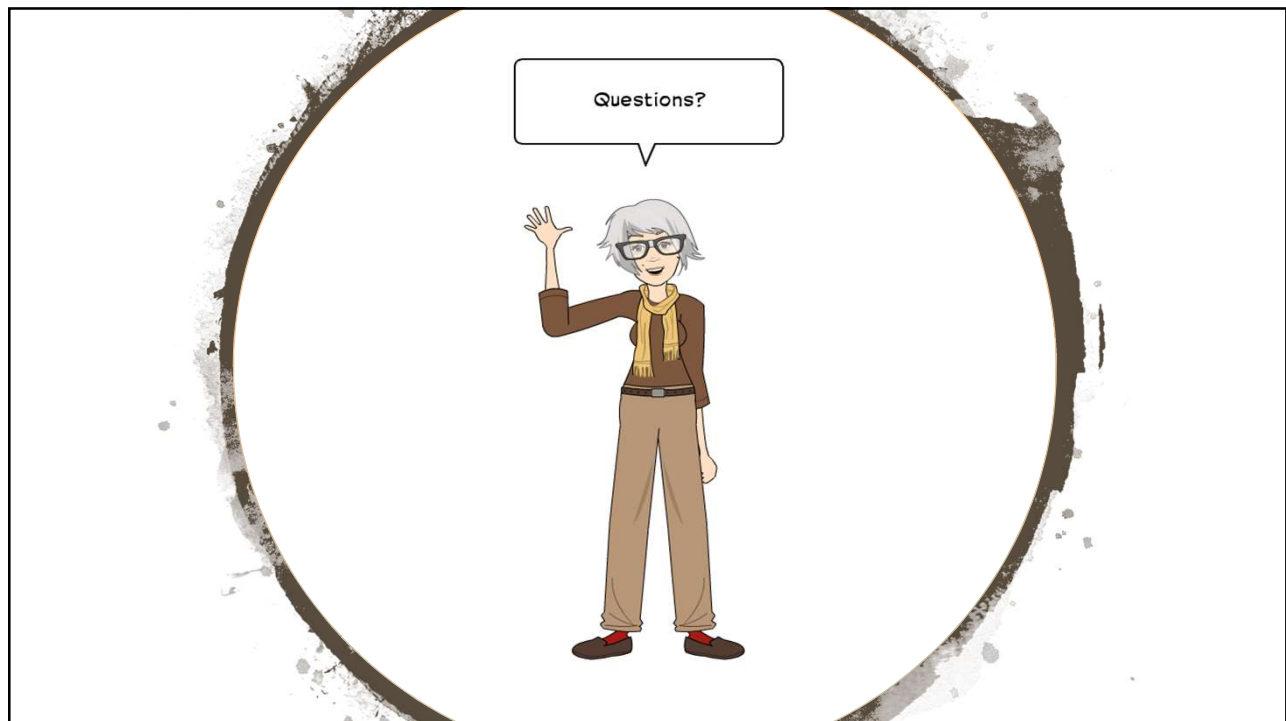
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## Practice Self-Care

- Remind caregivers they are better caregivers when they take care of themselves.
- Engage in self care together

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## Resources and References

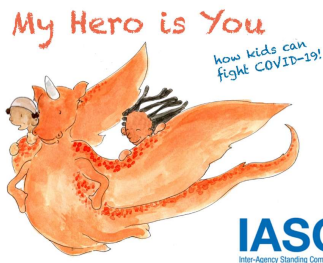
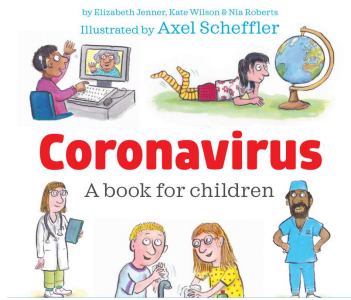
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### Sesame Street

- With a broad variety of free educational and entertaining content featuring new *Sesame Street* Muppet moments and virtual playdates, [SesameStreet.org/caring](https://www.sesamestreet.org/caring) is designed to help parents and caregivers:
  - Incorporate playful learning into daily routines
  - Provide comfort and manage anxiety
  - Spark learning in areas like reading, math, and science
  - Promote physical and mental health for the whole family
- CNN and Sesame Street Town Hall Saturday 9am: "The ABC's of Covid 19: A CNN/Sesame Street Town Hall for Kids and Parents"
  - <https://www.cnn.com/2020/04/21/us/kids-coronavirus-sesame-townhall/index.html>



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## Resources

Coronavirus, a book for children <https://nosycrow.com/wp-content/uploads/2020/04/Coronavirus-A-Book-for-Children.pdf>

My Hero is You, How Kids can fight COVID-19!  
<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you-0>

13 Books to ease kid's anxiety about coronavirus  
<https://www.today.com/shop/13-books-kids-anxiety-t178831>

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## Facts on CV19

- CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- State & City Situation Reports and Updates (Tulsa example) <https://www.tulsa-health.org/COVID19>

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- The National Child Traumatic Stress Network (NCTSN). Supporting Children During Coronavirus (COVID19). <https://www.nctsn.org/sites/default/files/resources/factsheet/supportingchildren-covid-factsheet.pdf>
- Standardized Measures for Assessing Complex Trauma [https://www.nctsn.org/sites/default/files/resources/complex\\_trauma\\_standardized\\_measures.pdf](https://www.nctsn.org/sites/default/files/resources/complex_trauma_standardized_measures.pdf)
- Caring for Children in a Disaster (CDC) <https://www.cdc.gov/childrenindisasters/helping-children-cope.html>
- Curtois, C. (2008). Complex trauma, complex reactions: assessment & treatment. *Psychological Trauma Theory Research Practice and Policy*, 5(1): 86-100.
- Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.

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