



# Talking to Children and Their Caregivers About Trauma Session 2

Part 1: Assessment, Case Conceptualization and Treatment Planning

May 9, 9-12:15

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# Introductions

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- Name
- Setting
- Population
- What you hope to get from the class
- Something that brings you intense joy



# Last Class...

- Reflections
- Questions
- What Stood Out?
- Who has case material handy?



# Reminder: Domains of Trauma Assessment

0-5	6 and Older
Trauma Exposure	Trauma Exposure
Trauma Symptoms	Trauma Symptoms
Parent Exposure	Generally not assessed, but related data may help inform clinical picture; consider a referral
Parent Symptoms	Generally not assessed, but related data may help inform clinical picture; consider a referral
Developmental Functioning	Less common, but may inform treatment options; if child developmentally delayed below age 6, consider other column.
Relationship Quality-young children highly dependent on caregiver to get needs met	Not typically formally assessed
Other common related areas: depression, anxiety	Other common related areas: depression, anxiety

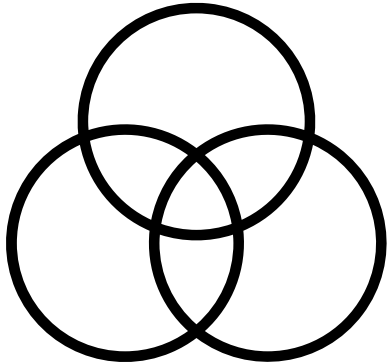
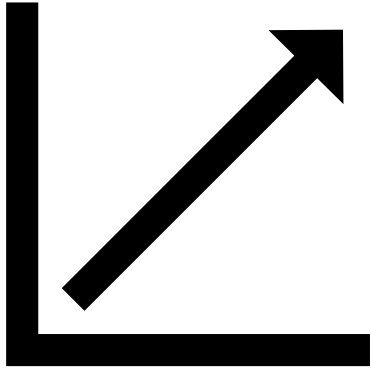
# Follow up-Trauma Assessment Activity

- Resource

[https://sooners-my.sharepoint.com/:w:/g/personal/jlamadrid09\\_ou\\_edu/ESzYWfIFt9xPsTkkghGMeDIBh3b5Kf3FfnwaYwZQiljxMg?e=8kfbAG](https://sooners-my.sharepoint.com/:w:/g/personal/jlamadrid09_ou_edu/ESzYWfIFt9xPsTkkghGMeDIBh3b5Kf3FfnwaYwZQiljxMg?e=8kfbAG)

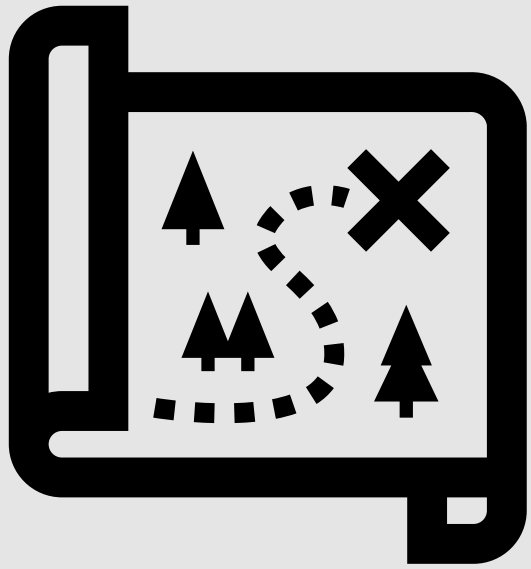
- Did anyone try an assessment?

# Why Assessment?



- Outcomes
  - Repeated measures over time (pre, mid, post)
  
- Clinical
  - Information gathering
  - Case Conceptualization
  - Treatment Planning

# Why Assessment?



- Setting the frame
  - This is a place where we talk about trauma
- Building relationship
  - Modeling safety in relationship

# Why Assess Caregiver Trauma?

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# Why Assess Parent Trauma

Mothers who were survivors of child sexual abuse (CSA). Low income, rural sample. Moms and their children under age 5.

- More harsh and intrusive in parenting than parents not exposed to CSA (NCSA)
- Both CSA moms and NCSA moms more harsh and intrusive toward their sons than their daughters
- CSA moms more sensitive in parenting their daughters than their sons
- Theorized that propensity of boys toward externalizing behaviors places them at more risk of child directed aggression.
- Theorized that propensity of girls toward internalizing (pacifying, not being a problem) may place daughters at increased risk for anxiety/depression over time.



# Interpersonal Trauma- Impacts on Parenting

Families led by caregivers with history of interpersonal trauma struggle to engage in traditional treatment methodologies (ie. TF-CBT)

Barriers to effective engagement

- Poor adult self-regulation
- Poor interpersonal relationships
- Disorganization in daily life and family patterns
- Negative caregiver attributions toward the child
- Lack of confidence they can positively impact child's behavior
- Unable to form and sustain a recovery-oriented mindset



# Negative outcomes of Interpersonal Trauma

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- Difficulty regulating emotions
- Challenges with maintaining stable self-concept
- Impaired ability to trust others
- Difficulty attributing meaning to events in a coherent and adaptive manner
- Impaired “mentalizing,” -thinking and feeling with compassion about one’s own and others’ thoughts and feelings
- Impaired “Parental Reflective Functioning” is defined as the parent’s capacity to hold the child’s mental states in mind, even in the face of strong emotions

# Implications of Poor Mentalizing and Parental Reflective Functioning

- Effective, safe parents utilize mentalizing and parental reflective functioning to think about their child's and their own behavior and select ways to respond that are safe and helpful.
- Deficits limit caregivers' ability to
  - Carry out parenting tasks
  - Help children learn to manage emotions
  - Benefit from therapy interventions





## Male Caregivers of Kids Exposed to Trauma

(Browne, Maye, Lieberman 2020)

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Less research on male caregivers, though increasing recently

- Both male and female caregivers reported the same number of child events, but male caregivers reported lower levels of depression symptoms, PTSS and caregiving stress than women
- No relationship between caregiver stress and number of events caregiver experienced for males, but there was for females
- Relationship between number of events caregiver experienced and caregiver's symptoms of trauma was weaker for men than for women.



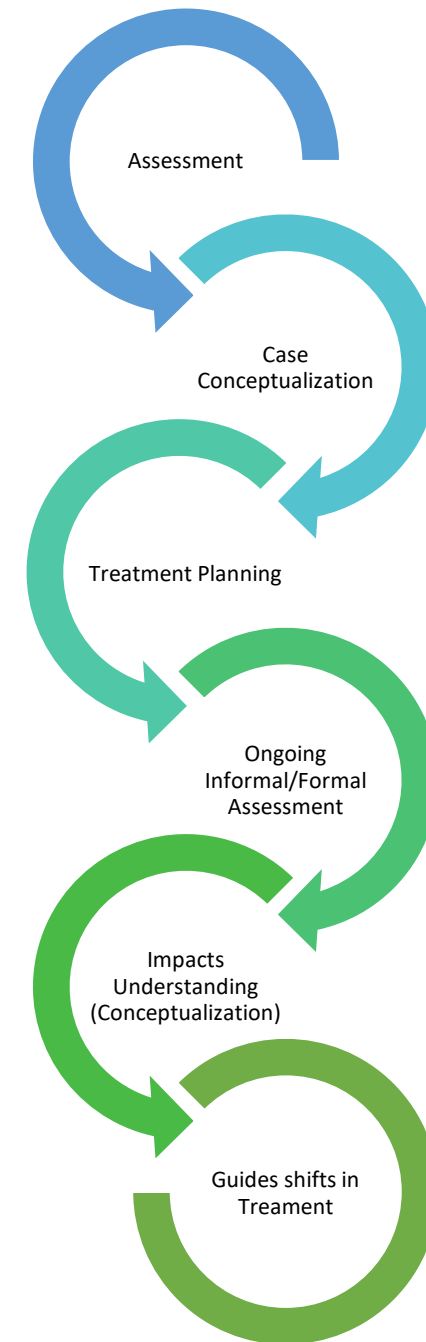
I've assessed,  
now what?

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# A Dynamic Process Throughout Your Work With a Child



# Case Conceptualization

[https://urldefense.com/v3/ https://www.youtube.com/watch?v=V49MUcECM9g ;!!GNU8KkXDZID12Q!8unhFhHsrf\\_yMItti3S1wOyuiff4IAgH\\_t2ZZW3BsSHqzThn6pbXwOZxGOz0dauQcp4kguCCxkFvsUqJ0 -ktYef\\$](https://urldefense.com/v3/https://www.youtube.com/watch?v=V49MUcECM9g;!!GNU8KkXDZID12Q!8unhFhHsrf_yMItti3S1wOyuiff4IAgH_t2ZZW3BsSHqzThn6pbXwOZxGOz0dauQcp4kguCCxkFvsUqJ0-ktYef$)



# 8 P's of Case Conceptualization

<https://ct.counseling.org/2020/12/case-conceptualization-key-to-highly-effective-counseling/#:~:text=Case%20conceptualization%20is%20a%20method,and%20preparing%20for%20successful%20termination>

**Presentation**

**Predisposition**

**Precipitants**

**Protective Factors & Strengths**

**Pattern (maladaptive)**

**Perpetuants**

**Plan**

**Prognosis**



# 8 P's of Case Conceptualization

## 1. Presentation

Describe the nature and severity of client's presenting problem including symptoms, personal concerns, interpersonal conflicts.

## 2. Predisposition

- Biological-genetic, temperament, familial, medial factors
- Psychological-dysfunctional beliefs (inadequacy, perfectionism, overdependence), limited or exaggerated social skills
- Social-early childhood losses, inconsistent parenting, enmeshed/disengaged family, family values (competitive, critical), financial stressors.
- Cultural-Acculturation, acculturative stress, disparity in acculturation within family, discrimination, microaggressions, second-language competence

3. Precipitants-stressors that cause or coincide with onset of presenting problem.
  - Physical stressors-trauma, pain, medication side effects, withdrawal from substance.
  - Psychological Stressors-losses, rejections, disappointments that undermine personal sense of competence.
  - Social stressors-illness, death of a loved one, demotion/job loss that undermine sense of social support or status.
4. Protective Factors & Strengths-factors that decrease likelihood of developing disorder, coping skills, support system, secure attachment style, strengths, mindfulness, self-control, resilience, self-confidence
5. Pattern (maladaptive)-Predictable and consistent style of thinking, feeling, acting, coping, or defenses when under stress vs. when not under stress. Physical, psychological and social factors.
6. Perpetuants-processes through which pattern is reinforced
7. Plan-planned intervention, goals, strategy and methods, clinical decision making and ethical consideration.
8. Prognosis-Expected response to treatment dependent on factors such as balance of risk/protective factors, strengths, readiness for change, counselor's experience and skill.

Practice with a case



## Plan for Next Class

- Extend your skills by practicing using the 8 P's of Case Conceptualization to think about a case.
- Read "On Supervision" by Jeree Pawl
- Read "Wounds From the Past" Chandra Michiko Ghosh Ippen