

Framing Treatment The Assessment & Feedback Process

- Discussing the Assessment
 - Engagement of Parent(s)
 - Engagement of the Child
- Transition to CPP treatment phase
 - Thinking about Ports of Entry
 - What to tell the child.

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Multidimensional Approach to Assessment

- Child's Individual Functioning
- Family Context
- Community and cultural values

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Assessment as Form of Treatment

- “Psychological first aid”
 - Developmentally appropriate intervention
 - Immediate emotional relief
- Information gathering
- Assessment-treatment feedback loop
- Incorporates developmental changes

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Assessment Domain: Child’s Trauma Experience

- Circumstances and Sequence of Trauma
 - What
 - Who
 - How
 - When
 - Where
- Nature of Child’s Involvement
- Each Parent’s Presence and Participation
- Events Following the Trauma

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Can Young Children Remember Trauma?

- “Memorability”
Unique, dramatic, eliciting intense emotion
- Retrieval
Verbal children narrate traumatic events that occurred when they were pre-verbal
- Accuracy versus misunderstanding
(Nelson, 1994; Gaensbauer, 1995; Terr, 1988)

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Assessment Domain: Child’s Functioning

- Biological rhythms:
Eating, sleeping, somatic complaints
- Emotional regulation:
Age-appropriate anxieties and coping
- Social connectedness:
Quality of attachment, peer relations
- Cognitive functioning:
Developmental milestones, readiness to learn

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Assessment Domain: Child-Parent Relationship

- Trauma shatters child's trust
 - Parental failure to protect
 - Parent as attacker
- Trauma disrupts parent's mental health
 - Traumatic response
 - Self-blame
- Trauma disrupts family bonds
 - Mutual blame
 - Emotional alienation

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Assessment Domain: Traumatic Reminders

- Neutral stimuli trigger traumatic memories
- Intrusive imagery and sensory experiences
- Operating outside consciousness
- Associated with secondary stresses
- Parent as traumatic reminder
- New fears

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Assessment Domain:
Continuity of Daily Routines

- Predictability supports emotional regulation
- Trauma disrupts daily routines
- Secondary adversities add new stress

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Assessment Domain:
Family Ecological Niche

- Family Circumstances
 - Primary caregiver
 - Who holds the holding environment
 - Concrete supports
- Family Belief Systems
- Cultural Values

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Fear continuum Perry, 2005

Sense of Time	Extended Future	Days Hours	Hours Minutes	Minutes Seconds	Loss of Sense of Time
Hperarousal Continuum	Rest Male child	Vigilance	Resistance Crying	Defiance Tantrums	Aggression
Dissociative Continuum	Rest Female child	Avoidance	Compliance Robotic	Dissociation Fetal rocking	Fainting
Primary Secondary Brain Areas	Neocortex Subcortex	Subcortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental Status	Calm	Arousal	Alarm	Fear	Terror

Transition to Treatment

Child-Parent Psychotherapy Intervention Modalities

1. Promote developmental progress through play, physical contact, and language
2. Unstructured/reflective developmental guidance
3. Modeling protective behaviors
4. Interpretation: linking past and present
5. Emotional support
6. Concrete assistance, case management, crisis intervention

Possible Ports of Entry

- Child's or parent's behavior
- Parent-child interaction
- Child's representation of self or of parent
- Parent's representation of self or of child
- Mother-father-child interaction
- Inter-parental conflicts
- Child-therapist relationship
- Parent-therapist relationship
- Child-parent-therapist relationship

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Acting as a Conduit:

- Children's behavior has meaning
- Children's behavior may be motivated by developmentally salient anxieties
- Children's emotional expression may be a displacement of feelings from earlier losses or traumas

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Acting as a Conduit:

- Consider how each party to the dyad will respond to the intervention
- Will the translation disrupt the child's play?
- Will the child experience the translation as intrusive?
- Is the parent affectively ready to hear the translation?

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A Port of Entry is a Place to Intervene.

- A clinical moment for intervention
 - Affect: caregiver, child, or interaction
 - Behavior: caregiver, child, or interaction
 - Cognitions/beliefs:
 - About self (parent, child)
 - About each other
 - About another important person
 - About the world around them

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Setting a Trauma Frame during assessment—Trauma informed

- Make connections between traumatic experiences reported and symptoms reported.
- Work actively with the parent throughout the assessment to plan how to frame the treatment for the child
 - What do you want your child to understand about...
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Framing Treatment

- Trauma informed care/intervention is about
 - What happened to you, not
 - What's a matter with you.
- The trauma frame/treatment frame is seen as a triangle :
 - The traumatic experience
 - The symptoms
 - How we can help.

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- What did you learn during the assessment about the strengths:
 - Of the child?
 - Of the parent?
 - Of this particular dyad?
- What are the difficulties that this particular dyad wants to target for change?
- How can you use what is happening in the room to facilitate the change.

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- What have you learned about your child from all of the questions I have been asking you?
- What have you learned about yourself from all of the questions I have been asking you?
- How would you like your life with your child to be different at the end of our time together?
 - The answer should hopefully match what we learned during the assessment. ...

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- I agree with what you are saying:
- **And** here is also what I have learned from our time together so far:
 - You also told me: e.g.,
 - the child doesn't sleep (sleep regulation)
 - You have explained that you often get upset and yell.
 - You have described times when the child is upset you pull away and feel over-whelmed. Etc.

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What to tell the child about why CPP?

- Can we talk about how your two moods interact?
 1. Tell the parents that the child needs to know why s/he is coming to CPP.
 2. Offer your thoughts about what needs to be said. Can they agree to that?
 3. Come to an agreement about what can be said and make plans to do so.

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Telling the child.

- Decide ahead of time who will tell the child why they are coming to CPP. Parent or therapist.
- Be supportive of the parent. Discuss emotional regulation.
- Have the parent practice what they plan to say.
- Get the parent to anticipate the child reaction to what s/he is being told. Plan how to respond.
- Support parents and offer additional support for both child and parent as needed.