

Early Detection and Treatment of Trauma

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**Los Angeles
Child Guidance Clinic**

SM *Improving children's mental health since 1924*

www.lacgc.org

Date: _____

Name/ID: _____

RCADS

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

1. I worry about things	Never	Sometimes	Often	Always
2. I feel sad or empty	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test	Never	Sometimes	Often	Always
8. I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
9. I worry about being away from my parents	Never	Sometimes	Often	Always
10. I get bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always
11. I have trouble sleeping	Never	Sometimes	Often	Always
12. I worry that I will do badly at my school work	Never	Sometimes	Often	Always
13. I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
14. I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15. I have problems with my appetite	Never	Sometimes	Often	Always
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17. I feel scared if I have to sleep on my own.	Never	Sometimes	Often	Always
18. I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
19. I have no energy for things	Never	Sometimes	Often	Always
20. I worry I might look foolish	Never	Sometimes	Often	Always
21. I am tired a lot	Never	Sometimes	Often	Always
22. I worry that bad things will happen to me	Never	Sometimes	Often	Always

23. I can't seem to get bad or silly thoughts out of my head.	Never	Sometimes	Often	Always
24. When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
25. I cannot think clearly	Never	Sometimes	Often	Always
26. I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27. I worry that something bad will happen to me	Never	Sometimes	Often	Always
28. When I have a problem, I feel shaky	Never	Sometimes	Often	Always
29. I feel worthless	Never	Sometimes	Often	Always
30. I worry about making mistakes	Never	Sometimes	Often	Always
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening.	Never	Sometimes	Often	Always
32. I worry what other people think of me	Never	Sometimes	Often	Always
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34. All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
35. I worry about what is going to happen	Never	Sometimes	Often	Always
36. I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37. I think about death	Never	Sometimes	Often	Always
38. I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
39. My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40. I feel like I don't want to move	Never	Sometimes	Often	Always
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
43. I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
44. I have to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45. I worry when I go to bed at night	Never	Sometimes	Often	Always
46. I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always
47. I feel restless	Never	Sometimes	Often	Always

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Adverse Childhood Experiences (ACE)

- 17 year longitudinal CDC study which yields significant data on the extent to which traumatic or stressful childhood experiences affect one's health status over the lifespan
- The greater the number of categories of adverse experiences "ticked," the higher the risk for future poor physical, social and emotional outcomes
- Poor health status of adults can often be traced back to untreated or unrecognized childhood exposure to trauma
- Increased likelihood for:
 - Physical health problems (diabetes, cardiovascular disease)
 - Risky behaviors (alcoholism, substance dependence, promiscuity)
 - Compromised overall well-being (mood, job performance, financial issues)

Trauma-Informed Lens

- ▶ **Equifinality**: similar results may be achieved with different initial conditions and in different ways.
 - ▶ For example, a patient complains of a headache: potential items to screen for may include diet, dehydration, sinus activity, alcohol use, seizure, or stress/depression.
- ▶ According to the CDC:
 - ▶ 2013: 3.7% percent of adults experienced serious psychological distress in the past 30 days.
 - ▶ 2009-10: 63 million people visited physician offices, hospital op, and ERs with mental disorders as primary diagnosis



Trauma-Informed Lens

- The same observable signs/symptoms (e.g., hyperactivity, poor academic performance, mood swings, sleep disturbance) can be due to many different potential pathways:
 - ADHD
 - Parental divorce
 - Physical abuse
 - Substance abuse
 - Mania

Obstacles to Assessment

➤ In Clients themselves:

- Effect of trauma on numbing and avoidance
- Image of “weakness”

➤ In Caregivers of children:

- Own history of trauma lead them to avoid signs of their child's trauma
- Own history of mental health issues
- Feelings of guilt or expectations of blame
- New Immigration issues

➤ In Providers:

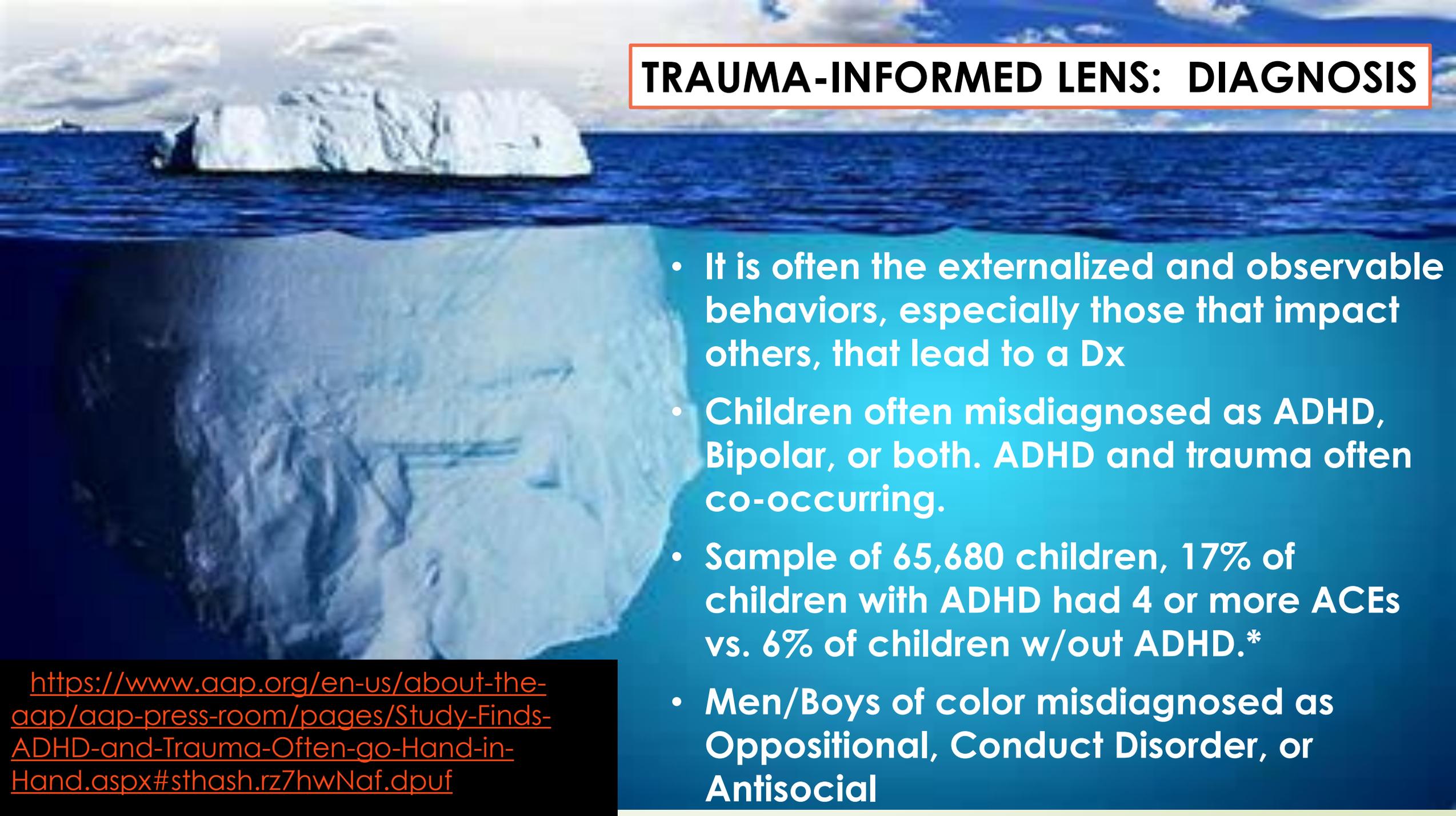
- Sensitivity to not wanting to “re-traumatize” patients
- Complications associated with potential reporting mandates.

Trauma-Informed Care: Access to Care

- How “welcoming” is the environment to engaging in treatment a client who may have experienced trauma?
- What would that client’s experience be like?
- Once the client decides to seek treatment, how long does it take for them to see a professional?
- How often do they have to re-tell their traumatic story?

Trauma-Informed Care: Screening

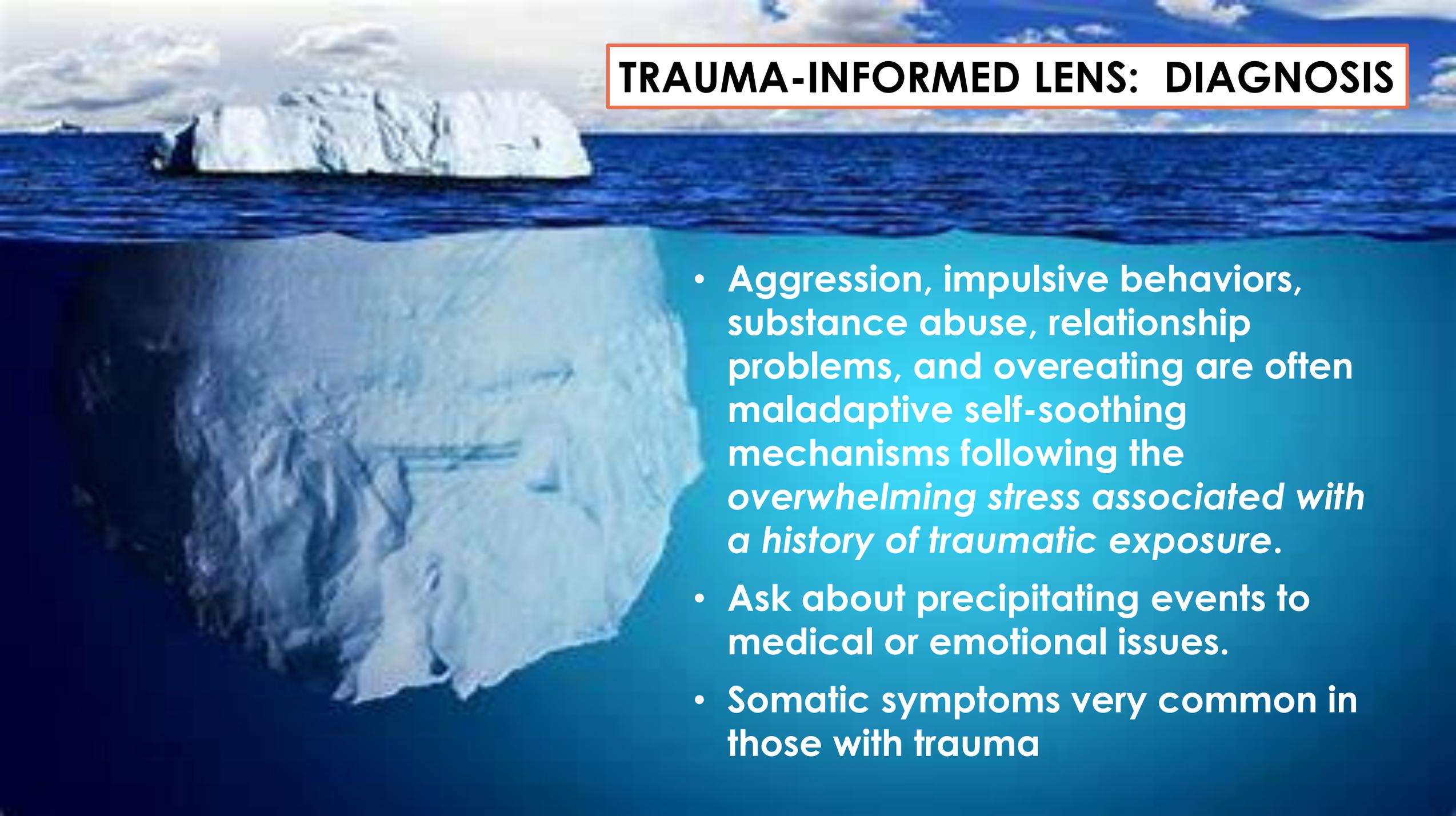
- **Use screening tools to assess for trauma**
 - ACEs survey
 - Screening Tools
 - Revised Child Anxiety and Depression Scale (RCADS)
 - UCLA PTSD-Reaction Index
 - Trauma Symptom Checklist Series (children, teens, adults)
 - PHQ and GAD-7
- Be careful about safety. Clients may report suicidal ideation on a form, but not mention it out loud.
- DCFS Reports: Clients may report events on forms that are different from reasons for referral that may trigger a Report.

An iceberg floating in the ocean. The tip of the iceberg is visible above the water, while the much larger, submerged part is hidden below the surface. This visual metaphor represents the concept of trauma-informed care, where the visible behaviors are just the tip of the iceberg, and the underlying trauma is the much larger, hidden part.

TRAUMA-INFORMED LENS: DIAGNOSIS

- It is often the externalized and observable behaviors, especially those that impact others, that lead to a Dx
- Children often misdiagnosed as ADHD, Bipolar, or both. ADHD and trauma often co-occurring.
- Sample of 65,680 children, 17% of children with ADHD had 4 or more ACEs vs. 6% of children w/out ADHD.*
- Men/Boys of color misdiagnosed as Oppositional, Conduct Disorder, or Antisocial

<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/Study-Finds-ADHD-and-Trauma-Often-go-Hand-in-Hand.aspx#sthash.rz7hwNaf.dpuf>

An iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, submerged part is visible below. The sky is blue with some clouds, and the water is a deep blue. The text is overlaid on the right side of the image.

TRAUMA-INFORMED LENS: DIAGNOSIS

- Aggression, impulsive behaviors, substance abuse, relationship problems, and overeating are often maladaptive self-soothing mechanisms following the *overwhelming stress associated with a history of traumatic exposure.*
- Ask about precipitating events to medical or emotional issues.
- Somatic symptoms very common in those with trauma

Trauma-Informed Lens: Prevention and Early Intervention

► Low Dose Interventions

► Anticipatory Guidance (provision of education on social and emotional health based on age-appropriate content, typically provided to parents / primary caregivers)

► Psycho-education

► Brief (e.g., 4 sessions) curriculum on coping strategies

► Brief Problem-Solving Therapy (PST)

► Crisis Oriented Recovery Services (CORS)

► Community-based care - Increase Protective Factors

► Make connections to supportive people and resources in the family or the community

• Zumba

• Tutoring

• Creative arts

• Parent groups / Parent support

• Recreation / Athletics

• Pre-school / After-school

• Religious / Spiritual Org.

Trauma-Informed Lens: Treatment

Moderate Dose: Mental Health Treatment

- Evidence-Based Practices (EBPs)
 - **Ages 0-5:** Child-Parent Psychotherapy (CPP)
 - **Ages 6-18:** Trauma-Focused Cognitive Behavioral Therapy (TFCBT); Seeking Safety
 - **Adults:** Individual Cognitive Behavioral Therapy (ICBT); Seeking Safety
- Targeted Case Management & Coordinated Care
- Using outcomes to assess efficacy of treatment
 - Especially considering trauma symptoms are overlapping with other conditions (physical, disability, social-emotional)
 - Pre and post measures help track progress

Evidence-Based Practices (EBPs) Why? Accountability

- Prop 63: Mental Health Services Act (MHSA)
 - Funded by “Millionaire’s Tax”
 - Voter-approved
 - Goal to provide better care to those with SMI, particularly underserved populations.
 - Focuses on developing preventive and innovative programs
- LACDMH: Prevention & Early Intervention (PEI)
 - Community-driven with input from 655 agencies
 - Data-driven, L.A. County statistics on risk factors.
 - Programs emphasizing prevention and early intervention:
 - Evidence-based programs (EBPs)
 - Promising practices (PPs)
 - Community-defined evidence practices (CDEs)



Evidence-Based Practices (EBPs) Why? Clinical Effectiveness

- Well-documented Effectiveness (Typically Decades)
- Evaluated and Has Quantitative and Qualitative Data Showing Positive Outcomes
 - Brief
 - Targeted
 - Effective

Trauma-Informed EBPs

- Child-Parent Psychotherapy (CPP; Ages 3-9)
- Managing and Adapting Practices (MAP; Ages 3-18)
- Seeking Safety (ages 13-20)
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT; Ages 3-18)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Ages 10-15)
- Individual Cognitive Behavioral Therapy (IndCBT; Ages 16-70)
- Prolonged Exposure for PTSD (Ages 18-70)
- Crisis Oriented Recovery Services (CORS; Ages 3+ - More 'Crisis' than 'Trauma')

Child-Parent Psychotherapy (CPP)

- ▶ Psychodynamic, CBT, Social Learning, and Attachment Theory Driven
- ▶ Focuses on Repairing Impact of Trauma on Child-Parent Dyad. *Relationship* is the “client”
- ▶ Age ranges: Young Child (0-5 y.o.)
- ▶ Length of Treatment: About 50 sessions in 1 year.
- ▶ Increase Affective Regulation, Attachment, and Cognitive/Behavioral Functioning
- ▶ The younger the child, the more the focus is on assisting the parent in understanding the impact of trauma
- ▶ The older the child, the more dyadic work.
- ▶ Address the *parent's own trauma* and interactions on relationship with the child



CPP Assessment

- Completed only with the parent/caregiver
- Build rapport
- Assess parent's history of trauma
- Assess parent's coping skills/functioning
- Outcome Measures and Life Stressor Checklist
- *Goal: To collaborate with parent on a strategy for how they will bring the discussion of trauma to the child*
 - Selecting developmentally appropriate activities, games, tools, etc.



CPP: Dyadic Phase

- Set expectations
 - Use symbolic art/play to create a narrative
 - Use games/activities to name and cope with strong feelings
 - Non-directive/reflective, *“Holding the child’s truth”*
 - Understanding triggers and reactions
 - Creating a safe place to desensitize
- 



CPP Vocabulary

- Protective Shield: Building this “idealized object” in the parent for safety/supervision
 - Not the therapist!
- Scooping: Creating a holding environment, creating an experience of being understood, “held,” and cared for
 - Prioritize the parent over the child
- Ports of Entry: Moments when you can “scoop”

CPP Strengths and Challenges

STRENGTH

- Non-directive
- Flexible
- Informed by multiple theoretical backgrounds
- Accounts for interaction between child and parental reactions to trauma
- Strength-based

CHALLENGE

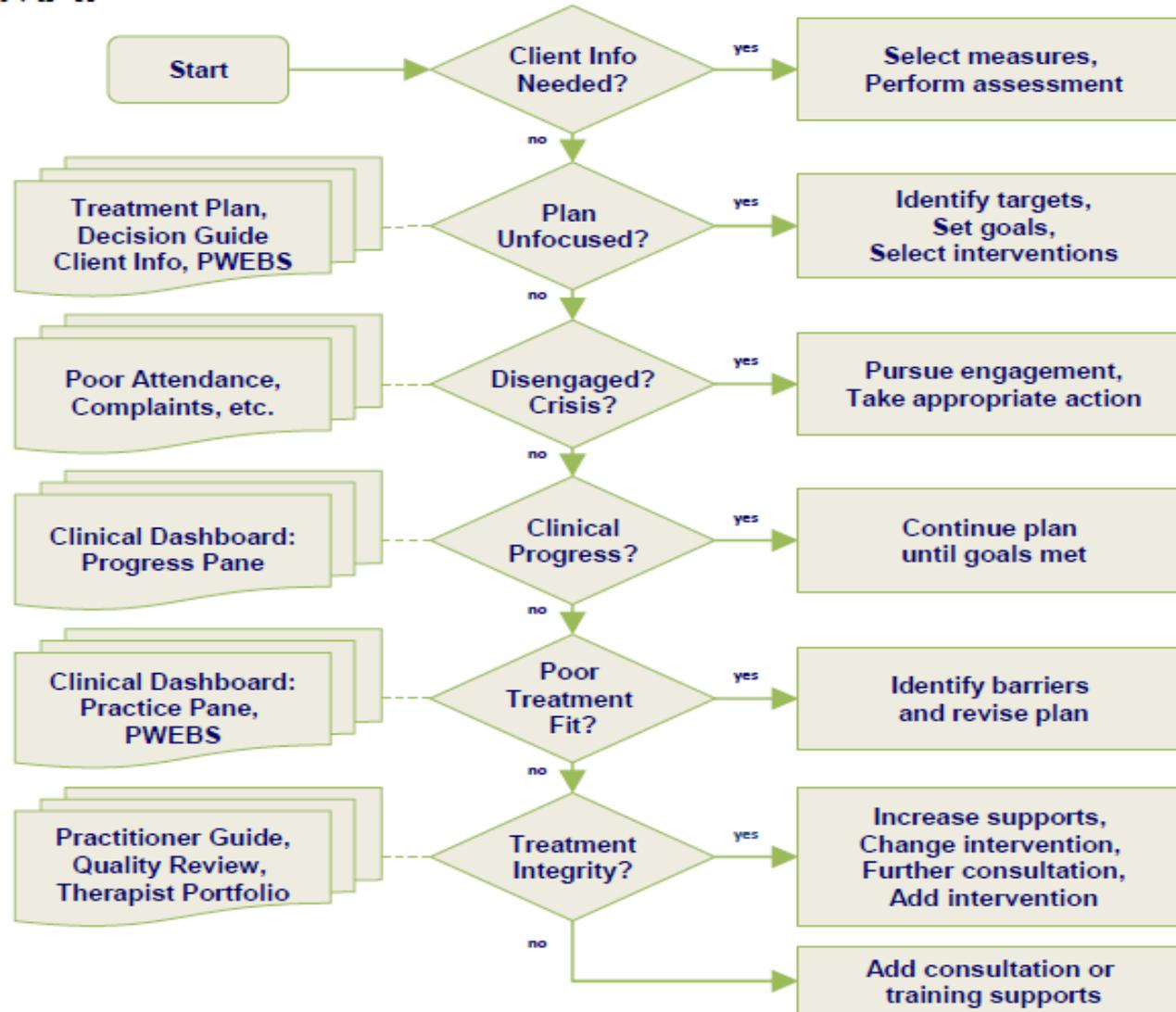
- Long training process
 - Requires commitment by clinician
- Long treatment process (by EBP standards)
 - Increase risk for drop-out
- Can have changes in caregivers working with Young Children
- Overcoming Parent reactions to trauma
 - Particularly if parent is considered the perpetrator



Managing and Adapting Practices (MAP)

- More of a Clinical Decision-Making Model rather than an actual practice
- Based on over 600 Meta-Analyses of effective elements in treatment over the past several decades
- Age Ranges: 6-18 years old
- Length of Treatment: Average = 8 months

The MAP



MAP PWEBS Search

Search by Youth Characteristics

Enter Youth Characteristics

[View Results](#)

The treatment summary that you will see is based on research including all the characteristics that you select below. After selecting criteria, click on the View Results button and the system will summarize relevant Treatment Protocols and Research Papers. As you choose more characteristics, your search results are likely to decrease because less research is available that meets all of your criteria.

Strength of Evidence:

Level:

Problem Type:

- Anxiety
- Attention Problems
- Autism Spectrum
- Depression
- Disruptive Behavior
- Eating
- Elimination
- Mania
- Substance Use
-

Age or Grade:

Birthdate (mm/dd/yyyy):

Age:

Grade:

Gender:

Either Male Female

Race or Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Multiethnic
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other

MAP PWEBS Search

Summary of Youth Treatments

Your current search criteria are:

Problem Type: Depression **Age:** 14 **Gender:** Either **Strength of Evidence:** 2 Good Support or Better

Modify

Your search returned:

Number of Study Groups: 28 [View Protocols](#) **Number of Papers:** 22 [View Papers](#)

PRACTICE ELEMENT	PERCENT OF GROUPS		
		Individual Client	47
Cognitive	75	Parent Child	12
Psychoeducation - Child	68	Family	8
Activity Selection	65	Group Parent	8
Maintenance/Relapse Prevention	61	Individual Parent	8
Goal Setting	54	Other Format	8
Social Skills Training	54	Multiple Family	4
Communication Skills	50	Self	4
Problem Solving	50		
Self-Monitoring	50		

MAP Dashboard

Progress and Practice Monitoring Tool

Case ID: St. Ignatius of Loyola

Age (in years): 14
Primary Diagnosis: Depression

Gender: Female
Ethnicity: African-American

Progress Measures:

Left Scale

YOQ

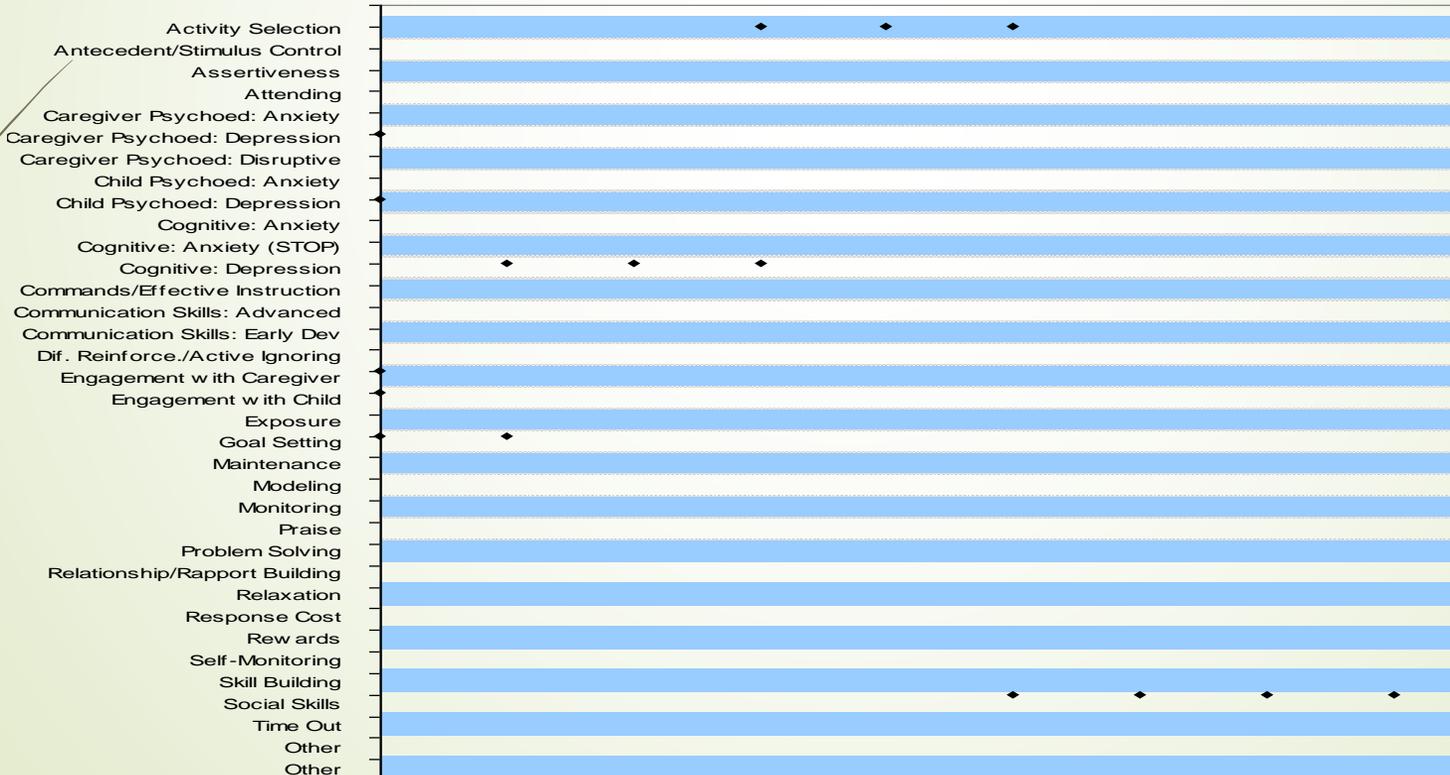
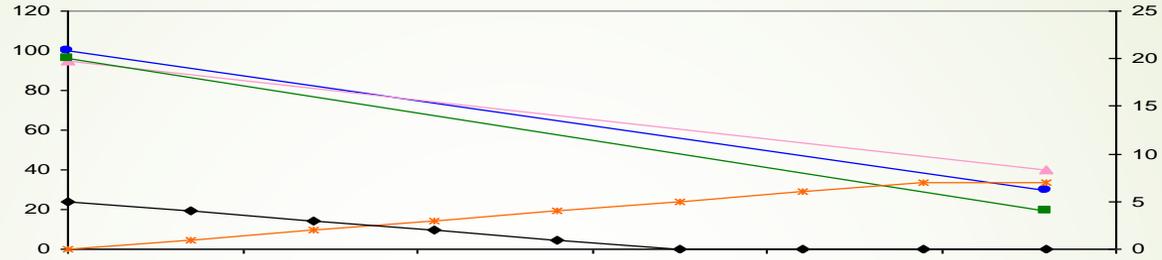
YOQ-SR

Right Scale

PHQ-9

Social Interactions/Week

Crying Spells/Week



Clear All D

Redact File

Yes

No

To Today

To Last Event

Display Measure:

Yes

Yes

Yes

Yes

YOQ

YOQ-SR

PHQ-9

Social Inte

Crying Sp

Display Time:

To Last Event



MAP Strengths and Challenges

STRENGTHS

- ▶ Decades of Meta-Analyses
- ▶ Very compatible with other models
- ▶ Dashboards illustrate treatment/progress
 - ▶ Increases engagement
- ▶ Treats Broad range of issues/diagnoses
- ▶ Very flexible: utilizes input from multiple sources to develop treatment plan
- ▶ Sustainable

CHALLENGES

- ▶ Dashboard is perceived as “extra work”
- ▶ Flexibility increases the risk of “Drift”
 - ▶ Vulnerable to “PODs” and “COWs”

Seeking Safety

- Developed to address Trauma and Substance Abuse
- Coping becomes overwhelmed, maladaptive, and unsafe
- Seeking Safety Focuses on Maintaining Safe Responses to Trauma
 - “First Stage” of Treatment
 - Focuses on Restoring Ideals and Empowerment lost to trauma and substances
- Workbook with 25 Chapters
- Topics include:
 - Cognitive
 - Behavioral
 - Interpersonal
 - Establishing external support
- Therapist and Client Collaborate on which chapters will be most useful
- Age Ranges: 13+
- Length of Treatment: Up to 50 sessions



Seeking Safety

- ▶ Introduction

- ▶ Check-In: Self-evaluation/Rating/Triggers
- ▶ What coping could you have done?
- ▶ Uses Triggers to determine themes

- ▶ Quotation:
Abstract/Metaphoric/Engaging

- ▶ “It’s Never Too Late to be what you might have been.”
- ▶ “You are not responsible for getting down, but you are responsible for getting up.”

- ▶ Discuss Session Topic

- ▶ How does this apply to your life
- ▶ Future opportunities?
- ▶ How have you used this already (maybe without knowing)
- ▶ Rehearsal

- ▶ Closing

- ▶ Check-out: Self-evaluation
- ▶ Commitment for next week

Seeking Safety Strengths and Challenges

STRENGTHS

- Integrated Treatment for trauma and substance abuse
- Collaborative
- Can be provided by B.A. level providers
- Structured format encourages commitment
- Training is typically fast and inexpensive

CHALLENGES

- Often working with multiply challenged teenage clients
 - High risk for drop out
- Difficulty engaging parents/caregivers
- Some difficulty with fitting clients into the model
- Does not attempt to fully process trauma
- Developed for adults and adapted for teens
 - Language Issues



Trauma Focused – CBT

- Cognitive-Behavioral Approach to treating Trauma
 - Age ranges: 0-18 years old
 - Length of Treatment:
 - 8 Elements
 - About 12-24 sessions
 - Average time: About 6 months
 - Newer Guidelines for Complex Trauma
- 



TF-CBT P.R.A.C.T.I.C.E.

Psychoeducation and **P**arenting skills

Relaxation

Affective Expression and Regulation

Cognitive Coping

Trauma Narrative

In Vivo Gradual Exposure

Conjoint Parent - Child Sessions

Enhancing Safety and Future Development





TF-CBT Strengths and Challenges

STRENGTHS

- ▶ Parallel Process for Children and Caregivers
- ▶ Structure provides a containing environment
- ▶ Addresses Emotional, Cognitive, Behavioral, and Interpersonal Impact of Trauma in a brief model
- ▶ Easy to Follow

CHALLENGES

- ▶ Colluding with client to avoid processing the narrative
- ▶ Multiple Traumas
- ▶ Fitting clients to the model
- ▶ Differentiating between avoidance and actually not remembering events
- ▶ Legal issues with creating a narrative
- ▶ When Parents/Caregivers are inappropriate for conjoint sessions



EBP Strengths

- Accountability: You can explain what you are doing
- Clinically Effective
 - Based on decades of research
- Provides *Treatment Planning*
 - Avoids getting mired in “PODS” and “COWS”
- Targets *brief* treatment lengths
 - Increases investment and completion
- Outcome Measures illustrate progress

EBP Challenges

- ▶ Collecting Outcome Measures
- ▶ Adherence to the Model/Avoiding "Drift"
 - ▶ Staying on track
 - ▶ Supervision Structure
- ▶ Conflict between "personal style" and model
- ▶ Difficulty fitting clients into criteria for each model
- ▶ Brevity creates conflict with other traditional services such as medication
- ▶ Does not set expectations to "cure all problems"
 - ▶ Can be difficult for therapist to think "briefly"
 - ▶ Not what clients expect at times
- ▶ Balancing demands from 3 sources:
 - ▶ National Developers
 - ▶ LA County DMH
 - ▶ Specific Agency policies and needs
- ▶ Training is expensive/Sustainability
 - ▶ Replacing clinicians is a set-back for teams



Resources

CPP

Childrens Institute Inc. <https://www.childrensinstitute.org>

~\$2500 for Initial Training, booster, and 1 year of consult calls

Dr. Maricella Mendez-Sherwin

mendezsherwin1@gmail.com

Seeking Safety

~\$250 for 1-2 day training

Tarzana Treatment Centers, Inc.

18646 Oxnard Street

Tarzana, CA 91356

888-777-8565

www.tarzanatc.org trainer@tarzanatc.org

www.SeekingSafety.org

www.Treatment-Innvoations.org

MAP

www.PracticeWise.com

~\$250 for annual subscription gets access to PWEBS and Practice Elements

~\$2000 for 5-day training to become certified for 3 years
M.A.T.C.H. books available on Amazon.com for ~\$100

TF-CBT

National Childhood Traumatic Stress Network (NCTSN)

www.NCTSN.net

10-hour webinar (\$35)

Lisette Rivas-Hermina www.lisetterivas.com

1800 S Brand Blvd #123

Glendale, CA 91204

Office: 818-956-5090

Trauma-Focused CBT for Children and Adolescents: Treatment

Applications by Cohen, Mannarino, and Deblinger (2012)

\$35.00 on Amazon.com



Local Community Mental Health Clinics

- ▶ Child Guidance Center:
 - ▶ 1301 Pine Ave, LB, CA 90813 (562) 595-1159
- ▶ ChildNet:
 - ▶ 4155 Outer Traffic Circle, Long Beach , CA 90804 562-498-5500
- ▶ Mental Health America:
 - ▶ 200 Pine Ave Ste 400, Long Beach · (562) 285-1330
- ▶ Community Clinic for Counseling & Educational Services at CSULB
 - ▶ 562-985-4991 (\$15 per session)



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