Evidence-Based Explanation

The Trauma Assessment Model utilized by Crisci and Associates includes the following four evidence-based components: Symptomology, Responsibility Issues, Sensorial Reminders and Developmental Disruption. The following is provided as documentation of the evidence supporting this model.

Symptomology

Through the research of John Briere, PhD, it is well established that common symptoms of trauma result in clinical presentation in the following areas: depression, anxiety, dissociation, and somatic complaint. The Trauma Symptom Checklist for Children (TSCC) and its corollary, The Trauma Symptom Checklist for Young Children (TSCYC), have long established evidence of reliability and validity. These are the checklists which are utilized in this program.

Self-report measures developed for the use with very young children and adolescents are based on clinical studies which emphasize the need to understand how the individual views their experience. While formal psychometric measures such as the TSCC and TSCYC accurately identify and describe symptom presentation, it is only the clinical interview utilizing less formal self-report questionnaires which establish this perspective. It is the combination of these two efforts, along with reports from caregivers that provide the most comprehensive information on the type and degree of distress experienced by the child or adolescent.

The work of Dr. Bruce Perry, MD, has specifically established the correlation between early neglect and trauma and the subsequent clinical presentations marked by violence and aggression. Dr. Bessel van der Kolk, MD, has long established the overwhelming symptoms experienced by trauma survivors and the need to understand their experiences from their individual perspective.

Responsibility Issues

Early research by Hindman identified the complexity of self-blame dynamics. Hindman's work evolved into the body of wok known as "Attribution Theory" which guided clinicians working with abuse and neglect.

From the early work of Linda Sanford to the more recent work of Sharon Lamb, it is evident that self-blame and issues of responsibility stemming from trauma experiences, are critical clinical concerns. Every major self-destructive behaviour (suicidality, running away, drug and alcohol abuse, self-harm) has been correlated with unresolved issues of self-blame.

Sensorial Reminders

Identified initially by Hindman, sensorial experiences during the time trauma occurs has now involved into its own field of study. The formulation of this body of work began with Patricia Ogden. The Sensorimotor Approach, developed by Sensorimotor Psychotherapy Institute, has been recognized as a key component to both the assessment and treatment of trauma.

Developmental Disruption

An understanding of developmental disruption as a result of early neglect, abuse and traumatic experience has been advanced by the work of Bruce Perry and Bessel van der Kolk.

Developmental perspectives on trauma have since been the focus of research by a number of researchers, referred at the end of this description.

Many people associate the term “evidence-based” with a single study testing a specific method of intervention. This is an important consideration when tracking outcome results of certain treatment interventions. As in most carefully conducted research, the participants in these studies are carefully screened, in order not to confound the results. Critically important, these studies teach us about methods of treatment which will work for defined populations.

In the work of my practice, we are most often involved with children, youth and families who have experienced many events and conditions, crossing developmental periods. Hence, we deal with complex trauma. It is our experience that for these individuals and families, a comprehensive model of assessment, drawing from the research of many credible professionals, leads to a clearer, more focused treatment plan. Our assessments generally take 3-6 hours; due to the specificity of the assessment results, we are most often recommending 3-6 months of treatment, inclusive of individual and family work.

Assessments, from intake to feedback take 4-6 weeks (with report). Treatment 3-6 months on average; availability for longer commitments where necessary.

The treatment approach of our work is to get children and youth “back on developmental track”; we have no interest in making children “mental health patients.” It is particularly important to us that children, youth and parents understand that there are reasons for their problems, rather than there is something wrong with them.

We work in partnership with families to determine who they consider their supports. With caregivers, collaterals (schools, community mental health, protection, police) and supporters (relatives, faith-based relationships).

Often, the assessment provided may be all that is required at the time of referral. With very young children, we often recommend parental guidance and support as the only intervention. It is important to differentiate children who can be served more short-term, as there will always be a need for long term therapeutic work for some children. Without an approach as described above, it would not be possible to see these children in a timely fashion. We view the needs of children through a developmental lens and make intervention decisions based on the child's needs. We provide information and support to caregivers in order to increase their capacity to provide what the child needs at the time.

It is our goal to increase capacity, confidence, and clarity to all we serve

References

Assessment

Briere, J., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms,evaluation, and treatment, 2nd edition, DSM-5 update*. Thousand Oaks, CA: Sage.

Hindman, Jan. (1989). Just Before Dawn From the Shadows of Tradition to New Reflexions in Trauma Assessment and Treatment of Sexual Victims. Aleandria Associates, The University of Virginia.

Perry, B.D. (2010). Aggression and Violence: the Neurobiology of Experience. Retrieved from: http://teacher.scholastic.com/professional/bruceperry/aggression_violence.htm on June 15, 2010

Perry, B.D. Bonding and Attachment in Maltreated Children: How You can Help. Retrieved from: http://teacher.scholastic.com/professional/bruceperry/

Perry, B.D. Impact of Abuse and Neglect on the Developing Brain. Retrieved from: http://www.wakecountygal.org/Documents/impactofabuseandneglectondevelopingbrain.docon June 15, 2010

Perry, Bruce. D., M.D., Ph. D., and Szalavitz, Maia. (2006). The Boy Who Was Raised As A Dog and Other Stories from a Child Psychiatrist's Notebook. Perseus Book Group: Philadelphia.

Developmental

Arnold, Cheryl, PhD, Ralph Fisch, PhD. (2011). The Impact of Complex Trauma on Development. Jason Aronson:Toronto-New York.

Becker-Blease, Kathryn., Freyd, Jennifer, J. (2005). Beyond PTSD
An Evolving Relationship Between Trauma Theory and Family Violence Research. J Interpers Violence April 2005 vol. 20no. 4 403-411

Dodge, Kenneth A.; Pettit, Gregory S.; Bates, John E.
Cicchetti, Dante (Ed); Toth, Sheree L. (Ed), (1997). How the experience of early physical abuse leads children to become chronically aggressive. Developmental perspectives on trauma: Theory, research, and intervention. Rochester symposium on developmental psychology, Vol. 8., (pp. 263-288). Rochester, NY, US: University of Rochester Press, xvii, 613 pp.

Finkelhor, David. (2004). The victimization of children: A developmental perspective. American Journal of Orthopsychiatry, Vol 65(2), Apr 1995, 177-193. doi:10.1037/h0079618

Jones-Harden, Brenda. Safety and Stability for Foster Children: A Developmental Perspective. The Future of Children. Vol. 14, No. 1, Children, Families, and Foster Care (Winter, 2004), pp. 30-47

Liotti, Giovanni. (2004). Trauma, dissociation, and disorganized attachment: Three strands of a single braid. Psychotherapy: Theory, Research, Practice, Training, Vol 41(4), 2004, 472-486.

Salmon, Karen. Bryant, Richard A. (2002). Posttraumatic stress disorder in children: The influence of developmental factors. Clinical Psychology Review Volume 22, Issue 2, March 2002, Pages 163–188

Scheeringa, Michael. Zeanah, Charles, H. A Relational Perspective on PTSD in Early Childhood. Journal of Traumatic Stress. October 2001, Volume 14, Issue 4, pp 799-815

Symptomology

Van der Kolk, Bessel. M.D. (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. Viking Adult.

Van Der Kolk, Bessel, MacFarlane, Alexander, C., Weisaeth, Lars. (Eds). (2007). Traumatic Stress: The Overwhelming Experience on Mind, Body and Society. The Guilford Press, New York.

Van Der Kolk, Bessel. (2006). Clinical Implications of Neuroscience Research in PTSD. Annals of the New York Academy of Sciences Volume 1071, Psychobiology of Posttraumatic Stress Disorder: A Decade of Progress pages 277–293, July 2006

van der Kolk, Bessel A. MD. (2005). Developmental trauma disorder: Towards a rational diagnosis for chronically traumatized children. Psychiatry Annals, May 2005. Available at http://byronclinic.com.au/workshop/Developmental_Trauma.pdf

Sensorial

Ogden, Pat, Minton, Kekuni, Pain, Clair and Siegel, Dan. (2006). Trauma and the Body: A Sensorimotor Approach to Psychotherapy. (Norton Series on Interpersonal Neurobiology).

Ogden, Pat, Ph.D. and Minton, Kekuni, PhD. Sensorimotor Psychotherapy: One Method for Processing Traumatic Memory. Traumatology Volume VI, Issue 3, Article 3 (October, 2000) Sensorimotor Psychotherapy Institute and Naropa University Boulder, Colorado

Responsibility

Appleton, Jane, V. (2014). Child Sexual Exploitation, Victimisation and Vulnerability. Child Abuse Review, Volume 23, Issue 3, pages 155–158, May/June 2014

Goodman-Brown, Tina B., Edelstein, Robin, S., Goodman, Gail, S., Jones, David, P., Gordon, David, S. (2003). Why Children Tell: A Model of Children's Disclosure of Sexual Abuse. Child Abuse & Neglect, Volume 27, Issue 5, May 2003, Pages 525–540

Lamb, Sharon. Treating sexually abused children: Issues of blame and responsibility
American Journal of Orthopsychiatry, Vol 56(2), Apr 1986, 303-307.

Lee, Deborah, Scragg, Peter and Turner, Stuart. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD.

British Journal of Medical Psychology. Volume 74, Issue 4, pages 451–466, December 2001

Treatment

Lanktree, C.B., & Briere, J. (2016). *Treating complex trauma in children and their families: An integrative approach*. Thousand Oaks, CA: Sage.

Chemtob, Claude M.; Tolin, David F.; van der Kolk, Bessel A.; Pitman, Roger K. Foa, Edna B. (Ed); Keane, Terence M. (Ed); Friedman, Matthew J. (Ed), (2000). Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies. , (pp. 333-335). New York, NY, US: Guilford Press, xii, 388 pp. “Eye movement desensitization and reprocessing.”

Courtois, Christine, A. (Ed.) and Ford, Julian. (Ed). (2009). Treating Complex Traumatic Stress Disorders: An Evidence Based Guide. The Guilford Press: New York.

Deblinger, Esther, Mannarino, Anthony et al. (2010). Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. Depression and Anxiety. Volume 28, Issue 1, pages 67–75, January 2011

Follette, Victoria, M., and Ruzek, Josef, I. (2006) Cognitive-Behavioral Therapies for Trauma, Second Edition. The Guilford Press, New York.
Chapter 11, Kubany, Edward S, and Ralston, Tyler, C. “Cognitive Therapy for Trauma Related Guilt.”

Heller, Laurence, PhD, Aline LaPierre, PsyD. (2012). Healing Developmental Trauma: How early Trauma Affects Self-Regulation, Self Image, and the Capacity for Relationships. North Atlantic Books-California.

Rothschild, Babette. (2000). The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.

Silverman, Wendy K. et al (2008). Evidence-Based Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events. Journal of Clinical Child & Adolescent Psychology. Volume 37, Issue 1, 2008

Spinazzola, Joseph, Blaustein, Margaret and van der Kolk, Bessel. (2005). Posttraumatic stress disorder treatment outcome research: The study of unrepresentative samples? Journal of Traumatic Stress Volume 18, Issue 5, pages 425–436, October 2005