NCTSN The National Child Traumatic Stress Network

Complex Trauma:

Facts For Treatment Staff in Residential Settings

Katie is a 16-year-old who has been in residential treatment for six months. She has a long history of physical and sexual abuse and neglect. Her mother struggled with depression and was an active substance abuser and her father sexually and physically abused her. He abandoned the family when Katie was three years old, at which time she was taken into DCF custody. Katie spent the next three years moving between foster placements because no one could "handle" her. Years later, she came to the residential treatment facility because her adoptive family, although loving, had been unable to help her heal and keep her from self-harm.

At first, staff members in the residential program had difficulty understanding and dealing with Katie's volatile outbursts and behaviors. Staff and program directors realized that to address Katie's complex trauma would require a multidisciplinary and nuanced approach.

AN INTEGRATIVE AND HOLISTIC APPROACH

Katie's treatment in the residential setting used a holistic approach, integrating techniques from an attachment framework, mind-body interventions, and expressive arts in order to help her build positive relationships, develop emotional regulation skills, and gain a positive sense of self. Interventions were delivered across multiple levels including individual, family, and milieu contexts. Much of the focus of working with Katie involved slowly building trust with the staff –a process that took even longer with her therapist. For many months, Katie sat in silence during her therapy sessions. To help facilitate the rapport-building process, the therapist utilized non-verbal techniques including sensorimotor exercises and expressive arts approaches like using a weighted blanket (to promote somatic regulation, emotional containment, and a comforting sense of being held or "swaddled,") tossing a ball with the therapist, making music, dancing, and painting. A form of biofeedback, clinical neurofeedback, was used to help Katie achieve a sense of calm in her body. Milieu interventions were developed to aid Katie in establishing appropriate boundaries; for example, staff created a "hug plan" for Katie that allowed her to seek out appropriate and safe physical contact by asking for a "side hug" (instead of a facing hug) from a same-gender staff member.

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Family therapy focused on helping both Katie and her parents understand how her history of trauma affected her current behavior and functioning. This treatment dually focused on working with Katie to build secure attachment skills while in the program and simultaneously working with her parents to establish structures in the home to support Katie's more effective use of regulation strategies and communication skills learned in the program following her return home.

WHAT IS COMPLEX TRAUMA?

The term complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.

These adversities usually begin early in life and can disrupt many aspects of the child's development and the formation of a self. Since they often occur in the context of the child's relationship with a caregiver, these adversities interfere with the child's ability to form a secure attachment bond. Complex trauma can have devastating effects on a child's physiology; emotions; ability to think, learn, and concentrate; impulse control; self-image; and relationships with others.

Across the lifespan, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders.

GENERAL TREATMENT GUIDELINES FOR RESIDENTIAL SETTINGS

Katie's story illustrates several of the governing principles of treating complex trauma in the residential setting. Below are some general guidelines for clinical staff in residential settings.

To be effective, embed trauma-focused residential services within a comprehensive, trauma-informed foundation by doing the following:

- Maintain a trauma-informed lens during intake, assessment, and treatment planning. For instance, assess and consider youths' attachment styles and capacity for trust prior to implementing skills-based treatment models.
- Expand the focus beyond diagnostic labels. This will lead to better understanding of the underlying needs youth are expressing through their symptoms and behaviors. Connecting this understanding to youths' life experiences supports a more balanced, empathic and hopeful conceptualization of them as whole people, and not just their behaviors.
- Go beyond traditional medical models of treatment, and avoid a reductionist view of youth behavior that is limited solely to behavior management.
- Avoid strategies that emphasize behavioral restriction, as complexly traumatized youth can experience these as punitive. Such strategies neglect the importance of empowering youth through the development of capacity-building and self-regulation strategies.

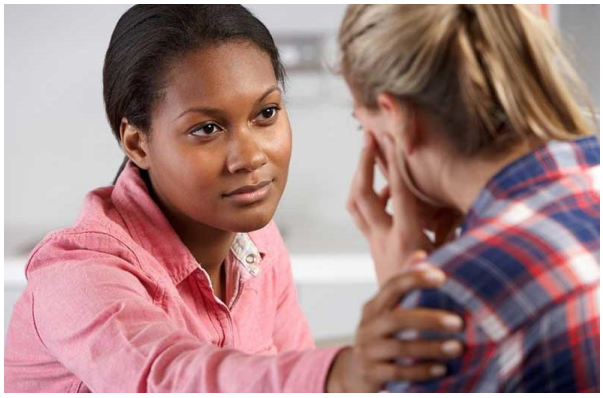
Expand the scope of treatment beyond the walls of the residential center itself to include nuclear or extended family, therapeutic mentors, and other supportive relationships. Including these relationships:

- Aids youth in building the positive interpersonal connections that they so desperately need.
- Helps trauma-impacted youth who struggle with social interactions, have difficulty trusting others, and/or may lack a social support network.
- Cultivates interpersonal relationships both within and outside of the residential environment. Such relationships are paramount in order to support the development of healthy attachments.

There is no "one size fits all" formula that can be applied to all complexly traumatized youth. Remember:

- While the use of predictable structure is paramount in any trauma-informed system, the need for flexibility and attunement is integral to providing an environment that provides physical and psychological safety for trauma-impacted youth.
- Enforcing strict boundaries regarding physical contact with staff may be experienced as rejecting by these youth. It may be therapeutically effective to have a plan that allows them to ask for safe and appropriate physical contact. Moreover, some types of physical contact, such as deep pressure or light touch, may actually facilitate physiological regulation.

Verbally-based interventions (e.g., "talk" therapy) are not always the treatment of choice with trauma-impacted youth.



- Traumatic memories may be pre-verbal or fragmented. In addition, trauma-impacted youth may display a fight or flight response when triggered, and this can undermine their ability to express themselves through words.
- In order to support the development of self-regulatory capacity, mind-body approaches should be integrated into the overarching treatment approach. Examples are sensory-motor techniques (e.g., weighted blanket, rocking, spinning, and balancing movements); biofeedback; and physical activities such as yoga, therapeutic horseback riding, and sports leagues.

TREATMENT MODALITY EXAMPLES

In this section, several categories of interventions are listed that have been utilized with positive response in residential treatment of complexly traumatized youth.

Systems Frameworks provide trauma-informed organizational frameworks for a holistic approach.

- Attachment, Regulation, and Competency (ARC)*: http://nctsn.org/sites/default/files/assets/pdfs/arc_general.pdf
- Trauma Systems Therapy (TST)*: http://www.nctsnet.org/sites/default/files/assets/pdfs/tst_general.pdf
- Sanctuary: http://www.nctsn.org/sites/default/files/assets/pdfs/sanctuary_cultural.pdf
- Think Trauma: http://www.nctsn.org/products/think-trauma-toolkit

Clinical Interventions are most often symptom-based treatments that can be offered in either individual or group formats.

- Individual interventions include:
  - Sensory Motor Affect Regulation Therapy (SMART): http://www.traumacenter.org/clients/SMART.php
  - Trauma Focused Cognitive Behavioral Therapy (TFCBT): http://www.nctsn.org/sites/default/files/assets/pdfs/tfcbt_general.pdf
- Group Interventions include:
  - Structured Psychotherapy for Adolescents Experiencing Chronic Stress (SPARCS): http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/SPARCS_General.pdf
  - Trauma Adaptive Recovery Group Education and Therapy TARGET): http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TARGETA_General.pdf

Adjunctive Interventions are supplemental or complementary treatment techniques that can be used in addition to individual or group therapy approaches. These include:

- Trauma Sensitive Yoga (TSY): http://www.traumacenter.org/clients/yoga_svcs.php
- Biofeedback (e.g., heart rate variability, neurofeedback)
- Equine Therapy
- Drama Therapy (e.g., Trauma Drama: http://www.traumacenter.org/initiatives/Trauma_Drama.php)
- Expressive Arts
- Eye Movement Desensitization and Reprocessing (EMDR): http://www.emdria.org/?page=2
- Family Therapy (e.g., Strengthening Family Coping Resources: http://www.nctsn.org/sites/default/files/assets/pdfs/sfcr_general.pdf)

**ARC and TST can be offered as both systems framework and individual clinical interventions.*

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