



# Core Curriculum on Childhood Trauma: Ella Case Study for Applying the 12 Core Concepts



## What Is The Core Curriculum on Childhood Trauma?

The Core Curriculum on Childhood Trauma is a major initiative undertaken by the National Child Traumatic Stress Network (NCTSN) to help achieve its mission of raising the standard of care across the U.S. for trauma-exposed children and their families. A primary aim of the Core Curriculum is to help trainees improve, practice, and apply their professional knowledge and skills to detailed case studies that closely simulate “real life” professional practice.



## How to Use this Resource

The Ella Case Study centers on a young child (Ella) and her mother, who seeks help with getting Ella to school and managing Ella’s emotional dysregulation. This version of the Ella Case is designed to serve specifically as a “stand alone” tool to help learners practice providing trauma-informed care by exploring the case through the lenses of the 12 Core Concepts. These lenses provide a diverse variety of perspectives through which to analyze and understand the case in trauma-informed ways.



## Potential Ways to Use this Ella Case Study

This Ella Case Study can be used with a broad range of audiences. These include mental health care providers specializing in young children and families, marriage and family therapists, pediatricians, pediatric nurses, school counselors, schoolteachers, and school staff. Potential training settings include university courses, training field placements (e.g., externships, internships), clinical supervision, staff case conferences, and other staff inservice training.



## How to Access Additional Core Curriculum Materials

The Core Curriculum is a useful tool for promoting trauma-informed organizational development. It is designed to strengthen trauma-related conceptual knowledge and critical reasoning skills for different organization members—including front-line staff, clinicians, and administrators. The Curriculum helps learners to think about and respond to trauma and its aftermath in trauma-informed ways. Many NCTSN sites have found that integrating the Core Concepts, problem-based learning, and Core Curriculum instructional tools into their case conferences and supervision sessions has enriched and strengthened their staff learning. In addition to the learning materials contained in this packet, self-led online courses on the Core Concepts (titled “*The 12 Core Concepts: An Online Interactive Course*”) are available through the NCTSN Learning Center.



## How to Access the Full Core Curriculum

To learn more about the Core Curriculum, please review the program introduction and overview found on [NCTSN.org](https://www.nctsn.org) in the resources. To find out about potential opportunities to receive training in the Core Curriculum, please contact Dr. Leslie Ross ([LeslieRoss@mednet.ucla.edu](mailto:LeslieRoss@mednet.ucla.edu)) and Dr. Christopher Layne ([CMLayne@mednet.ucla.edu](mailto:CMLayne@mednet.ucla.edu)).



# 12 Core Concepts for Understanding Traumatic Stress Responses in Childhood



**1** Traumatic experiences are inherently complex.



**2** Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.



**3** Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.



**4** Children can exhibit a wide range of reactions to trauma and loss.



**5** Danger and safety are core concerns in the lives of traumatized children.



**6** Traumatic experiences affect the family and broader caregiving systems.



**7** Protective and promotive factors can reduce the adverse impact of trauma.



**8** Trauma and posttrauma adversities can strongly influence development.



**9** Developmental neurobiology underlies children's reactions to traumatic experiences.



**10** Culture is closely interwoven with traumatic experiences, response, and recovery.



**11** Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.



**12** Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

Layne, C. M., Pynoos, R. S., Strand, V., & the NCTSN Core Curriculum on Childhood Trauma Task Force (2013). The 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families (Explicated Version). Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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# ELLA



## Section 1

### Presenting Situation

Ella is a 5-year-old girl who was brought by her mother, Kate, to an outpatient mental health clinic. Kate came because she is concerned with Ella's frequent and persistent crying, clinginess, and periodic refusal to go to school. Ms. Xiao is the counselor assigned to Ella's case.

In the initial assessment, Kate reports to Ms. Xiao that she doesn't know how to deal with Ella's emotional outbursts. Ella cries easily over minor things and is difficult to soothe. When Ella hits a certain point, she is inconsolable. Her whole body shakes and she gasps for air between sobs. If Kate is not there, she cries out for her. If Kate is present, Ella will clutch onto her and cling to her limbs. These outbursts are especially likely when it is time to take Ella to school or when Kate is stressed herself. Getting Ella into the car for school is such an endeavor that Ella ends up missing school at least once a week.



## Section 2

### School Functioning and Developmental History

Kate says that Ella's teachers are also exasperated by her attendance issues and tantrums. In conferences, they said that they have difficulty predicting how Ella will behave at any given time. In the classroom, she appears distant and inattentive most of the time. When playing, she stops and stares somewhere for a long time before resuming. She does not play with other children and is quiet a lot of the time. When encouraged to interact and participate, Ella can be bright and creative, but she sometimes becomes easily frustrated and often bursts into tears when she becomes upset. At times, her tantrums are so intense that her teachers have to call Kate to come pick her up; otherwise Ella does not calm down. They say that her crying agitates the other students and they don't have the resources to deal with her in the classroom. Ella's attendance problems have become such an issue that the school administration has begun asking for a doctor's note every time she is absent. Ella only began kindergarten a few months ago, and the school has already threatened to expel Ella because of these attendance issues. This is what brought Kate to the clinic; she doesn't know what to do.

After noting these concerns, Ms. Xiao asks about Ella's development and medical history. Kate says part of her concern is that Ella was calm as a baby, but there has been such a drastic change in her overall nature in the past year. Ella was the product of an uncomplicated, full-term pregnancy with no post-natal difficulties. She was physiologically healthy and her development was on track—she started crawling at six months, spoke her first words at ten months, and started walking at twelve months. She hardly cried and when she did, she was able to self-soothe and usually put herself to sleep. Kate described her as an "easy" child who was typically compliant and pleasant.



## Section 3

### The Accident

It is only after being asked what could have prompted this drastic change that Kate shares that her husband and Ella's father, Jeremy, died in a car accident a year ago. Struggling to remain collected, she shares a brief version of what occurred: "He had been out of town and was on his way home when it happened. His small car got hit a van that ran a red light. A nurse was nearby and tried to help but there was nothing she could do. He was dead by the time he got to the hospital."

With downcast eyes, Kate says that she was not informed until hours after her husband's death. Ella and Kate had been at the zoo all day and Kate had forgotten her phone at home. When they returned home, they found Kate's younger brother, Richard, with tears running down his cheeks as he waited for them on the porch. He broke the news even before they could enter the house. Kate remembers little of that night, or even the next week or two. Kate and Ella stayed with Richard and his wife that night. Richard's wife took care of Ella while Richard helped Kate handle the logistics of the funeral and finances.

Ms. Xiao asked Kate about how she and Ella have been adjusting since the loss of her husband. Kate said that she has "tried to keep it together" for Ella, but that it's been very hard. The lifestyle changes are difficult, but she has kept so busy that she has not been able to pause and think. Financial security has been a major source of stress since the loss of her husband's income. She had to get a job after her husband died and was forced to sell their family home because the mortgage was too high. The other driver in the accident was uninsured, and Kate's claim on her husband's life insurance was rejected over paperwork issues. She has been looking for an attorney to help her appeal her case, but they say it might take a few years to settle. Kate got a job as a bank teller, moved in closer to the city, and found an apartment a couple of miles from her brother's place.



## Section 4

### Ella Looks for Daddy

Kate says that Ella's problematic behavior seemed to get worse after the move. Their old house was big and spacious, surrounded by gardens that her husband maintained. Ever since she was a toddler, Ella and her father had gardened together. Kate laughed when she thought of Ella's gardening attempts, "He used to be so patient with her as she would dig out plants he had just put in. That was their time together. I'm not a gardener myself. I kill anything I try to plant. The new apartment is nice, but small. The neighborhood is busy; there are lots of parks and lots of other kids. Our apartment complex even has a playground in the center. Ella doesn't seem too interested in any of it. We have a retired neighbor next door, Mrs. Cole, who watches Ella while I am at work. Mrs. Cole says that she asks Ella every day if she wants to go play at the playground, but Ella just wants to wait for me. She just sits by the window and watches for my car. If I'm running late, she gets nervous and becomes frantic if I don't call to say I'm on my way." Ms. Xiao comments that Mrs. Cole seems to be a real help to Kate. She asks about other support systems Kate might have. Kate mentions her brother, Richard, and his family again. However, Richard's life is busy. He is working full time, married, and raising a toddler and a baby. Nevertheless, he and his family have been trying to help Kate in any way they can. On Sundays, when she is feeling up to it, Kate and Ella accompany his family to church. Ella gets along with her cousins, really admires her aunt, and seems to enjoy the singing during the service. Before continuing the interview, Kate sends Ella to go play in the corner. "Going to church has been difficult for me lately. I still can't understand why God let this happen in our lives." She hesitates but continues, "I had been carrying my second child at the time, but miscarried right after I lost Jeremy. He didn't even know she existed yet. I'm not sure if that makes it better or worse."

Sensing Kate's discomfort, Ms. Xiao redirects the conversation to Ella again. She asks how Ella responded to hearing about her father's accident, since children at that age generally do not understand the concept of death. Kate shares that Ella initially asked a lot of questions about her father. She often asked when Jeremy would be returning and was disheartened each time she learned that daddy won't be coming home. She talked about him daily and asked questions about dying and what happens to people after they die. After her miscarriage, Kate was in the hospital for a day and spent a lot of time in bed for the next few days. Ella became extremely worried about her mother during that time. Since then, whenever someone becomes ill, she asks if they are going to die. Kate recalls an incident when Ella found a dead bird in the yard. She became concerned with it and insisted that Kate bury the bird. At her brother's suggestion, Kate and Ella attended a grief counseling session, but Kate found it so upsetting that they didn't return again. Since that time, Ella refuses to talk about her father or his death and becomes very angry if she's questioned about him.



## Section 5

### Kate Attempts to Cope

When asked about Ella's current functioning, Kate says that Ella doesn't sleep well at night, "She shows up in my bed, crying about a bad dream, but only remembers something about monsters." Early on, her aunt could calm Ella by telling her that when she missed her dad, he would visit her in her dreams. That worked for a while, but the nightmares have come back. Nowadays, Ella is afraid to be in her room alone at night. She becomes irritable throughout the day and gets angry with her mother and Mrs. Cole easily. She can't follow directions once she becomes agitated or irritable. Her frustration frequently leads to tantrums and outbursts.

Kate assures Ms. Xiaio that she's very invested in her child and wants to be compassionate and supportive, but is also becoming tired of her clinginess. She allows Ella to stay home from school if she is "too upset" and often lets her sleep in her bed at night when she is afraid. Kate clearly feels for Ella and acknowledges that she lets her "get away with things" that she would have received consequences for before. Kate admits that she becomes tired by the end of the day and just allows Ella to let "her frustration out". When asked for an example, Kate says that Ella sometimes becomes rude and defiant, but she lets it go "because Ella has a right to be angry." The school's recent threat of expulsion has been very stressful for Kate, who says, "I know I need to get Ella's behavior under control, but I don't know what to do".

At the end of the visit, Ms. Xiao assures Kate that they will work together to find the best treatment. She sets up the next appointment and sends Kate and Ella home. Ms. Xiao compiles all of her notes and begins to strategize a therapy plan for Ella. As she reviews her papers, she thinks back to several years ago when her own pregnancy ended in a miscarriage. A memory of feeling a sharp pain and looking down to see blood flashes through her mind. She has not been able to conceive since. Ms. Xiao's heart starts beating faster, and she starts to feel lightheaded. She closes her eyes, takes a few deep breathes, and pulls out her cell phone. She makes an appointment with the counselor who helped her deal with her own loss.



## CITATION

Grossman, H. M.; Mock, L. A. & the Core Curriculum Interactive Learning Group (2017). *Ella: A short case study for the Core Curriculum on Childhood Trauma*. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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Special acknowledgement to Meghana Nariani.








# APPLICATION OF THE 12 CORE CONCEPTS WITH THE ELLA CASE

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Slides for Remote Discussion of the Ella Case and the 12 Core Concepts

# USAGE INFORMATION

-  Please use these slides for remote discussion of the Ella Case. **Do not distribute this facilitation slide-set.**
-  The Ella Case and discussion questions can be distributed to your learners with instructions not to share and to discard the case material after training
-  Feel free to change which slides you include, what activities you do, or what discussion questions you choose to present.

**Created by Hannah M. Grossman, PhD, Leslie Anne Ross, PsyD, & Christopher M. Layne, PhD**

Reference citation:

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# RECOMMENDATIONS FOR USING THESE SLIDES

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- These slides have been created to support the remote facilitation of the Ella Case for training on the application of the NCTSN Core Curriculum for Childhood Trauma.
- The Ella Case Study was written to support General Learning Objective 1 (apply the Core Concepts to case material), in that it touches on each of the 12 Core Concepts. To make the most of the Ella Case, please download and distribute the bulleted version of the 12 Core Concepts to your learners.
- Preplanning is especially necessary when using CCCT cases remotely. It is important to go into a training: (a) knowing what your learning goals are, (b) having identified the discussion questions you plan to use, and (c) feeling comfortable with the technical aspects of remote slide usage.
- You can either read the Ella Case sections (handouts) out loud, or instead, ask learners to read each handout to themselves before commencing a discussion. This slide set presents the handouts in small font because they act as visual place holders for the handouts.
- Encourage learners to contribute to the discussion by both talking out loud (in turn) and by posting comments to the Chat Box. Be sure to monitor Chat Box comments and integrate them into the discussion as appropriate.

# 12 CORE CONCEPTS

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1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and posttrauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

# SIMPLIFIED 12 CORE CONCEPTS

1. Traumatic events are complex. They consist of many moments filled with different sensations, thoughts, emotions, and behaviors.
2. Trauma occurs within a broad setting that includes children's personal characteristics, their past histories, and their current situations.
3. Traumatic events often lead to other life hardships, life changes, and upsetting reminders that can cause distress.
4. Children can show a wide range of reactions to trauma and loss.
5. Children with trauma histories are often preoccupied and distracted by concerns about danger, being protected, and safety.
6. Traumatic experiences affect the child, their family, other child caregivers, and how they relate to one another.
7. A child's individual, family, and community strengths can protect against the harmful impacts of trauma and loss.
8. Trauma and the hardships that follow can both strongly influence and disrupt children's development.
9. Children's developing brains influence how they react to, and are affected by, traumatic experiences.
10. Culture can powerfully influence how children experience and react to traumatic experiences.
11. Trauma exposure can influence how children view society and social institutions, trust or mistrust adults who represent those institutions, judge between right and wrong, and follow their conscience.
12. Working with children exposed to trauma can cause distress in adult caregivers that makes it more difficult for them to provide good care.

# SECONDARY TRAUMATIC STRESS

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- Core Concept 12: In addition to direct exposure, Secondary Traumatic Stress (STS) is the emotional duress that results from interacting with the firsthand trauma experiences of another person. It is important understand signs of STS, realize how influential it is, and consider how it impacts your own wellbeing and your work in the helping professions.
- Core Curriculum training provides a safe environment for learners to explore their own STS responses, and direct trauma cues, as well as practice self-regulation skills. These skills are best developed and practiced in a safe learning environment to better prepare for real world situations.

# PSYCHOLOGICAL SAFETY & STS GUIDELINES FOR LEARNERS

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- The Core Curriculum Cases contain traumatogenic details that can act as trauma reminders (triggers) for learners, especially learners with lived (direct) traumatic exposure. You may experience a trauma response during the delivery of the case material, and it's important to pay attention to the severity of these personal reactions and develop skills to manage them effectively.
- If you experience distress during the facilitation of this case, please privately message the facilitator in the Chat Box so they can support you. Please notify your facilitator if you have concerns about participation for additional support and alternative training plans.

# CORE CONCEPT LENSES

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The Ella Case offers learners multiple opportunities to practice applying Core Concept Lenses with real case material. As you read through each section of the case, begin by asking, “Which Core Concepts can I identify in this section”?

After identifying as many Core Concepts as you can, proceed to the Section Discussion Question(s), which spotlight and focus in on a particular Core Concept.



# SECTION 1: PRESENTING SITUATION

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Ella is a 5-year-old who was brought by her mother, Kate, to an outpatient mental health clinic. Kate came because she is concerned with Ella's frequent and persistent crying, clinginess, and periodic refusal to go to school. Ms. Xiao is the counselor assigned to Ella's case.

In the initial assessment, Kate reports to Ms. Xiao that she doesn't know how to deal with Ella's emotional outbursts. Ella cries easily over minor things and is difficult to soothe. When Ella hits a certain point, she is inconsolable. Her whole body shakes and she gasps for air between sobs. If Kate is not there, she cries out for her. If Kate is present, Ella will clutch onto her and cling to her limbs. These outbursts are especially likely when it is time to take Ella to school or when Kate is stressed herself. Getting Ella into the car for school is such an endeavor that Ella ends up missing school at least once a week.

# WIDE RANGE OF REACTIONS TO TRAUMA

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Why might we want to consider the impact of trauma based on the case information so far?

## SECTION 2: SCHOOL FUNCTIONING AND DEVELOPMENTAL HISTORY

Kate says that Ella’s teachers are also exasperated by her attendance issues and tantrums. In conferences, they said that they have difficulty predicting how Ella will behave at any given time. In the classroom, she appears distant and inattentive most of the time. When playing, she stops and stares somewhere for a long time before resuming. She does not play with other children and is quiet a lot of the time. When encouraged to interact and participate, Ella can be bright and creative, but she sometimes becomes easily frustrated and often bursts into tears when she becomes upset. At times, her tantrums are so intense that her teachers have to call Kate to come pick her up; otherwise Ella does not calm down. They say that her crying agitates the other students and they don’t have the resources to deal with her in the classroom. Ella’s attendance problems have become such an issue that the school administration has begun asking for a doctor’s note every time she is absent. Ella only began kindergarten a few months ago, and the school has already threatened to expel Ella because of these attendance issues. This is what brought Kate to the clinic; she doesn’t know what to do.

After noting these concerns, Ms. Xiao asks about Ella’s development and medical history. Kate says part of her concern is that Ella was calm as a baby, but there has been such a drastic change in her overall nature in the past year. Ella was the product of an uncomplicated, full-term pregnancy with no post-natal difficulties. She was physiologically healthy and her development was on track—she started crawling at six months, spoke her first words at ten months, and started walking at twelve months. She hardly cried and when she did, she was able to self-soothe and usually put herself to sleep. Kate described her as an “easy” child who was typically compliant and pleasant.

# SCHOOL AS PART OF CAREGIVING SYSTEMS

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How might these events be interpreted differently if the school utilized a trauma-informed lens?

# TRAUMA AND DEVELOPMENT

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How can the developmental information provided guide your reasoning about Ella's behavior?

# SECTION 3: THE ACCIDENT

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It is only after being asked what could have prompted this drastic change that Kate shares that her husband and Ella's father, Jeremy, died in a car accident a year ago. Struggling to remain collected, she shares a brief version of what occurred: "He had been out of town and was on his way home when it happened. His small car got hit a van that ran a red light. A nurse was nearby and tried to help but there was nothing she could do. He was dead by the time he got to the hospital."

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Ms. Xiao asked Kate about how she and Ella have been adjusting since the loss of her husband. Kate said that she has "tried to keep it together" for Ella, but that it's been very hard. The lifestyle changes are difficult, but she has kept so busy that she has not been able to pause and think. Financial security has been a major source of stress since the loss of her husband's income. She had to get a job after her husband died and was forced to sell their family home because the mortgage was too high. The other driver in the accident was uninsured, and Kate's claim on her husband's life insurance was rejected over paperwork issues. She has been looking for an attorney to help her appeal her case, but they say it might take a few years to settle. Kate got a job as a bank teller, moved in closer to the city, and found an apartment a couple of miles from her brother's place.

# TRAUMA REMINDERS

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What potential trauma reminders are you identifying?

# SECONDARY ADVERSITIES

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What potential secondary adversities are you identifying?



# SECTION 4: ELLA LOOKS FOR DADDY

Kate says that Ella's problematic behavior seemed to get worse after the move. Their old house was big and spacious, surrounded by gardens that her husband maintained. Ever since she was a toddler, Ella and her father had gardened together. Kate laughed when she thought of Ella's gardening attempts, "He used to be so patient with her as she would dig out plants he had just put in. That was their time together. I'm not a gardener myself. I kill anything I try to plant. The new apartment is nice, but small. The neighborhood is busy; there are lots of parks and lots of other kids. Our apartment complex even has a playground in the center. Ella doesn't seem too interested in any of it. We have a retired neighbor next door, Mrs. Cole, who watches Ella while I am at work. Mrs. Cole says that she asks Ella every day if she wants to go play at the playground, but Ella just wants to wait for me. She just sits by the window and watches for my car. If I'm running late, she gets nervous and becomes frantic if I don't call to say I'm on my way." Ms. Xiao comments that Mrs. Cole seems to be a real help to Kate. She asks about other support systems Kate might have. Kate mentions her brother, Richard, and his family again. However, Richard's life is busy. He is working full time, married, and raising a toddler and a baby. Nevertheless, he and his family have been trying to help Kate in any way they can. On Sundays, when she is feeling up to it, Kate and Ella accompany his family to church. Ella gets along with her cousins, really admires her aunt, and seems to enjoy the singing during the service. Before continuing the interview, Kate sends Ella to go play in the corner. "Going to church has been difficult for me lately. I still can't understand why God let this happen in our lives." She hesitates but continues, "I had been carrying my second child at the time, but miscarried right after I lost Jeremy. He didn't even know she existed yet. I'm not sure if that makes it better or worse."

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# FAITH AND CULTURE IN CAREGIVING SYSTEMS

What aspects of this section might be positively or negatively influenced by the family's faith and culture?

# SUPPORTIVE FACTORS

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What protective and promotive factors can you identify in this situation?

# SECTION 5: KATE ATTEMPTS TO COPE

When asked about Ella's current functioning, Kate says that Ella doesn't sleep well at night, "She shows up in my bed, crying about a bad dream, but only remembers something about monsters." Early on, her aunt could calm Ella by telling her that when she missed her dad, he would visit her in her dreams. That worked for a while, but the nightmares have come back. Nowadays, Ella is afraid to be in her room alone at night. She becomes irritable throughout the day and gets angry with her mother and Mrs. Cole easily. She can't follow directions once she becomes agitated or irritable. Her frustration frequently leads to tantrums and outbursts.

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# DANGER AND SAFETY IN THE CAREGIVING SYSTEM

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What examples can you identify where Kate's own distress might be influencing Ella's sense of danger and safety?

# SOCIAL CONTRACT DISCUSSION

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How do these concepts of justness and fairness apply to Ella and Kate in this section?

# IMPACT OF STS ON PROVIDERS

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How might Ms. Xaio's trauma history impact her ability to provide professional care?

# CASE CONCLUSION

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# CASE OVERVIEW

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You have read this story and applied Core Concept lenses throughout the case.

Now, thinking of the case overall and all 12 Core Concepts, let's take a step back and try to predict challenges that Ella might face in the future.

# CORE CONCEPT 12: STS SELF-ASSESSMENT

Take a moment and notice which parts of the story evoked a strong physical or emotional response in you.

# GROUNDING ACTIVITY

Shift your attention to your physical responses--the quality of your breathing, your heart rate, the feeling of your feet on the ground, and your back against the chair. A few deep breaths will help to ground you as you focus your attention on your physical sensations.

Pay attention to your thoughts and feelings. If your thoughts are racing, use your breath to slow them down. If you are experiencing emotional distress (e.g., angry, sad, scared, disgusted), what steps do you need to take to bring yourself back to a neutral emotional state?

# EMPATHETIC ENGAGEMENT & REFLECTIVE PRACTICE

Reflect on how you currently manage personal reactions and provider distress—both during and outside of the intervention process.

How can reflecting on your personal reactions to this family's story help you understand—on a deeper level—what they have been going through?

# RESOURCES, REFERENCES, & COPYRIGHTS

## Ella Case

Grossman, H. M.; Mock, L. A. & the Core Curriculum Interactive Learning Group (2017). Ella: A short case study for the core curriculum on childhood trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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Special acknowledgement to Meghana Nariani.

## 12 Core Concepts

Layne, C. M., Pynoos, R. S., Strand, V., & the NCTSN Core Curriculum on Childhood Trauma Task Force (2013). The 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families (Explicated Version). Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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## Simplified 12 Core Concepts

Grossman, H. M.; Layne, C. M.; Pynoos, B.; & the Core Curriculum Interactive Learning Group (2019). *The Simplified Core Concepts for Understanding Childhood Trauma*. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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For more information about STS look on the NCTSN website at:

<https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>



# SIMPLIFIED 12 CORE CONCEPTS



**1** Traumatic events are complex. They consist of many moments filled with different sensations, thoughts, emotions, and behaviors.



**3** Traumatic events often lead to other life hardships, life changes, and upsetting reminders that can cause distress.



**5** Children with trauma histories are often preoccupied and distracted by concerns about danger, being protected, and safety.



**7** A child's individual, family, and community strengths can protect against the harmful impacts of trauma and loss.



**9** Children's developing brains influence how they react to, and are affected by, traumatic experiences.



**11** Trauma exposure can influence how children view society and social institutions, trust or mistrust adults who represent those institutions, judge between right and wrong, and follow their conscience.



**2** Trauma occurs within a broad setting that includes children's personal characteristics, their past histories, and their current situations.



**4** Children can show a wide range of reactions to trauma and loss.



**6** Traumatic experiences affect the child, their family, other child caregivers, and how they relate to one another.



**8** Trauma and the hardships that follow can both strongly influence and disrupt children's development.



**10** Culture can powerfully influence how children experience and react to traumatic experiences.



**12** Working with children exposed to trauma can cause distress in adult caregivers that makes it more difficult for them to provide good care.

Grossman, H. M.; Layne, C. M.; Pynoos, B.; & the Core Curriculum Interactive Learning Group (2019). The Simplified Core Concepts for Understanding Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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# 12 Core Concepts for Understanding Traumatic Stress Responses in Childhood

## 1. Traumatic experiences are inherently complex.

Every traumatic event—even events that are relatively circumscribed—is made up of different traumatic moments. These moments may include varying degrees of objective life threat, physical violation, and witnessing of injury or death.

Trauma-exposed children experience subjective reactions to these different moments that include changes in feelings, thoughts, and physiological responses; and concerns for the safety of others.

Children may consider a range of possible protective actions during different moments, not all of which they can or do act on. Children's thoughts and actions (or inaction) during various moments may lead to feelings of conflict at the time, and to feelings of confusion, guilt, regret, and/or anger afterward.

The nature of children's moment-to-moment reactions is strongly influenced by their prior experiences and developmental level. Events (both beneficial and adverse) that occur in the aftermath of the traumatic event introduce additional layers of complexity.

The degree of complexity often increases in cases of multiple or recurrent trauma exposure, and in situations where a primary caregiver is a perpetrator of the trauma.

## 2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.

Childhood trauma occurs within the broad ecology of a child's life that is composed of both child-intrinsic and child-extrinsic factors.

Child-intrinsic factors include genetic factors, temperament, prior exposure to trauma, and prior history of psychopathology.

Child-extrinsic factors include the surrounding physical, familial, community, and cultural environments. Both child-intrinsic and child-extrinsic factors influence children's experience and appraisal of traumatic events; expectations regarding danger, protection, and safety; and the course of posttrauma adjustment. For example, both child-intrinsic factors such as prior history of loss, and child-extrinsic factors such as poverty, may act as vulnerability factors by exacerbating the adverse effects of trauma on children's ongoing adjustment.



### 3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.

Traumatic events often generate secondary adversities such as family separations, financial hardship, relocations to a new residence and school, social stigma, ongoing treatment for injuries and/or physical rehabilitation, and legal proceedings.

The cascade of changes produced by trauma and loss can tax the coping resources of the child, family, and broader community.

These adversities and life changes can be sources of distress in their own right and can create challenges to adjustment and recovery. Children's exposure to trauma reminders and loss reminders can serve as additional sources of distress.

Secondary adversities, trauma reminders, and loss reminders may produce significant fluctuations in trauma survivors' posttrauma emotional and behavioral functioning.

### 4. Children can exhibit a wide range of reactions to trauma and loss.

Trauma-exposed children can exhibit a wide range of posttrauma reactions that vary in their nature, onset, intensity, frequency, and duration.

The pattern and course of children's posttrauma reactions are influenced by the type of traumatic experience and its consequences, child-intrinsic factors including prior trauma or loss, and the posttrauma physical and social environments.

Posttraumatic stress and grief reactions can develop over time into psychiatric disorders, including posttraumatic stress disorder (PTSD), bereavement-related or adjustment disorder, separation anxiety, and depression.

Posttraumatic stress and grief reactions can also disrupt major domains of child development, including attachment relationships, peer relationships, and emotional regulation; and can reduce children's level of functioning at home, at school, and in the community.

Children's posttrauma distress reactions can also exacerbate preexisting mental health problems including depression and anxiety. Awareness of the broad range of children's potential reactions to trauma and loss is essential to competent assessment, accurate diagnosis, and effective intervention.

### 5. Danger and safety are core concerns in the lives of traumatized children.

Traumatic experiences can undermine children's sense of protection and safety, and can magnify their concerns about dangers to themselves and others.

Ensuring children's physical safety is critically important to restoring the sense of a protective shield. However, even placing children in physically safe circumstances may not be sufficient to alleviate their fears or restore their disrupted sense of safety and security.

Exposure to trauma can make it more difficult for children to distinguish between safe and unsafe situations, and may lead to significant changes in their own protective and risk-taking behavior.

Children who continue to live in dangerous family and/or community circumstances may have greater difficulty recovering from a traumatic experience.





## 6. Traumatic experiences affect the family and broader caregiving systems.

Children are embedded within broader caregiving systems including their families, schools, and communities.

Traumatic experiences, losses, and ongoing danger can significantly impact these caregiving systems, leading to serious disruptions in caregiver-child interactions and attachment relationships.

Caregivers' own distress and concerns may impair their ability to support traumatized children. In turn, children's reduced sense of protection and security may interfere with their ability to respond positively to their parents' and other caregivers' efforts to provide support.

Traumatic events—and their impact on children, parents, and other caregivers—also affect the overall functioning of schools and other community institutions. The ability of caregiving systems to provide the types of support that children and their families need is an important contributor to children's and families' posttrauma adjustment.

Assessing and enhancing the level of functioning of caregivers and caregiving systems are essential to effective intervention with traumatized youths, families, and communities.

## 7. Protective and promotive factors can reduce the adverse impact of trauma.

Protective factors buffer the adverse effects of trauma and its stressful aftermath, whereas promotive factors generally enhance children's positive adjustment and well-being regardless of whether risk factors are present or absent.

Promotive and protective factors may include child-intrinsic factors such as high self-esteem, self-efficacy, and possessing a repertoire of adaptive coping skills.

Promotive and protective factors may also include child-extrinsic factors such as positive attachment with a primary caregiver, possessing a strong social support network, the presence of reliable adult mentors, and a supportive school and community environment.

The presence and strength of promotive and protective factors—both before and after traumatic events—can enhance children's ability to resist, or to quickly recover from (by resiliently “bouncing back”), the harmful effects of trauma, loss, and other adversities.

## 8. Trauma and posttrauma adversities can strongly influence development.

Trauma and posttrauma adversities can profoundly influence children's acquisition of developmental competencies and their capacity to reach important developmental milestones in such domains as cognitive functioning, emotional regulation, and interpersonal relationships.

Trauma exposure and its aftermath can lead to developmental disruptions in the form of regressive behavior, reluctance or inability to participate in developmentally appropriate activities, and developmental accelerations such as leaving home at an early age and engagement in precocious sexual behavior.

In turn, age, gender, and developmental period are linked to risk for exposure to specific types of trauma (e.g., sexual abuse, motor vehicle accidents, suicide or homicide of a peer).



## 9. Developmental neurobiology underlies children's reactions to traumatic experiences.

Children's capacities to appraise and respond to danger are linked to an evolving neurobiology that consists of brain structures, neurophysiological pathways, and neuroendocrine systems. This "danger apparatus" underlies appraisals of dangerous situations, emotional and physical reactions, and protective actions.

Traumatic experiences evoke strong biological responses that can persist and alter the normal course of neurobiological maturation. The neurobiological impact of traumatic experiences depends in part on the developmental stage in which they occur.

Exposure to multiple traumatic experiences carries a greater risk for significant neurobiological disturbances including impairments in memory, emotional regulation, and behavioral regulation.

Conversely, ongoing neurobiological maturation and neural plasticity also create continuing opportunities for recovery and for adaptive developmental progression.

## 10. Culture is closely interwoven with traumatic experiences, response, and recovery.

Culture can profoundly affect the meaning that a child or family attributes to specific types of traumatic events such as sexual abuse, physical abuse, and suicide.

Culture may also powerfully influence the ways in which children and their families respond to traumatic events including the ways in which they experience and express distress, disclose personal information to others, exchange support, and seek help.

A cultural group's experiences with historical or multigenerational trauma can also affect their responses to trauma and loss, their world view, and their expectations regarding the self, others, and social institutions.

Culture also strongly influences the rituals and other ways through which children and families grieve over and mourn their losses.

## 11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.

Traumatic experiences often constitute a major violation of the expectations of the child, family, community, and society regarding the primary social roles and responsibilities of influential figures in the child's life.

These life figures may include family members, teachers, peers, adult mentors, and agents of social institutions such as judges, police officers, and child welfare workers.

Children and their caregivers frequently contend with issues involving justice, obtaining legal redress, and seeking protection against further harm. They are often acutely aware of whether justice is properly served and the social contract is upheld. The ways in which social institutions respond to breaches of the social contract may vary widely and often take months or years to carry out.

The perceived success or failure of these institutional responses may exert a profound influence on the course of children's posttrauma adjustment and on their evolving beliefs, attitudes, and values regarding family, work, and civic life.



## 12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

Mental healthcare providers must deal with many personal and professional challenges as they confront details of children's traumatic experiences and life adversities, witness children's and caregivers' distress, and attempt to strengthen children's and families' belief in the social contract.

Engaging in clinical work may also evoke strong memories of personal trauma- and loss-related experiences.

Proper self-care is an important part of providing quality care and of sustaining personal and professional resources and capacities over time.

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