

TRAINING TOOLKIT
FOR
INTRODUCTION TO CHILD & ADOLESCENT
TRAUMA-INFORMED CARE:
“WHY SHOULD WE CARE?”
SPRING 2011

SELF-ASSESSMENT

Page i	Contents
Page 1	Module 1: Overview of Trauma and its Effects
Page 2	Module 2: Myths and facts about child abuse
Page 3	Module 3: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 1
Page 4	Module 4: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 2
Page 5.1	Module 5: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 1; Page 1
Page 5.2	Module 5: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 1; Page 2
Page 6	Module 6: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 2
Page 7	Module 7: TF-CBT and cases of child traumatic grief
Page 8	Module 8: Targeting Challenging Behaviors with Adolescents
Page 9	Module 9: Cultural Considerations for Trauma-Focused Interventions
Page 10	Module 10: Vicarious Trauma
Page A.1	Answers – Page 1
Page A.2	Answers – Page 2

Module 1: Overview of Trauma and its Effects

1-1. *What is the definition of child traumatic stress?*

1-2. *What is true of child traumatic stress?*

- a. Child traumatic stress can significantly disrupt development
- b. Child traumatic stress can affect a child's brain and nervous system
- c. Child traumatic stress may result in high risk behaviors and long-term difficulties in relationships
- d. All of the above

1-3. *List common symptoms of childhood victimization:*

- A. Affective symptoms: _____
- B. Behavioral symptoms: _____
- C. Cognitive symptoms: _____

1-4. *A child or adolescent who experiences a catastrophic event may develop ongoing difficulties known as posttraumatic stress disorder (PTSD). Which of the following is NOT true of PTSD?*

- a. A child or adolescent with PTSD may re-experience the traumatic event by having frequent memories of the event or by acting or feeling like the experience is happening again.
- b. The symptoms of PTSD usually last more than a month.
- c. Once the trauma has occurred, early intervention is essential.
- d. Following the trauma, a child or adolescent may initially show agitated or confused behavior. He/she also may show intense fear, helplessness, anger, sadness, horror or denial.
- e. PTSD presents itself in children in the same way as it does in adults.

Module 2: Myths and facts about child abuse

Indicate whether each of the following statements is TRUE or FALSE:

- 2-1. Children do not tell about abuse because they are not hurt by it or because they enjoy it.
 True False
- 2-2. A child who has been abused would be frightened of any future contact with the person who abused them.
 True False
- 2-3. Children seldom lie about something as important as abuse.
 True False
- 2-4. Young children can easily be misled to falsely claim abuse.
 True False
- 2-5. When a child discloses abuse and then recants that disclosure, the original disclosure was a lie.
 True False
- 2-6. Children who have really been abused will present with significant emotion when disclosing their abuse.
 True False
- 2-7. Disclosure of abuse during a separation, divorce or custody battle is most often the result of coaching by a parent.
 True False
- 2-8. If the child does not resist the sexual advances of the offender, he/she shares responsibility for the sexual abuse.
 True False
- 2-9. There would be some physical indications or evidence if the child was really sexually abused.
 True False
- 2-10. Children who have been sexually abused will exhibit behavioral and/or emotional problems, and these problems will last a lifetime.
 True False
- 2-11. It is better not to talk about the abuse and just let the child forget what happened.
 True False
- 2-12. The most important factor in how child victims manage their experiences is the presence of a believing, supportive and protective adult caregiver.
 True False
- 2-13. Children who have been sexually abused by an adult of the same sex are significantly at risk for homosexual behaviors.
 True False

Module 3: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 1

3-1. Fill in the blank:

_____ is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

3-2. What is TRUE of trauma-specific interventions?

- a. Trauma-specific interventions are designed specifically to address consequences of trauma and facilitate healing
- b. In the trauma-specific intervention programs, survivors' need to be respected and informed about their own recovery should be recognized.
- c. The trauma-specific intervention programs need to collaborate with survivors and other human service agencies to empower survivors and consumers.
- d. All of the above.

3-3. Fill in the blank:

A(n) _____ is a treatment or intervention protocol that has scientific, empirical research evidence for its efficacy with its intended problems and populations.

Module 4: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 2

4-1. What are the three treatments selected as “best practices” in child abuse cases?

4-2. Fill in each of the following blanks:

(A) _____ is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship. In (A) _____, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s prosocial behavior and decreasing negative behavior.

This treatment focuses on two basic interactions: (B) _____ is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship;

(C) _____ resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.

4-3. What follows is the list of the features of a treatment selected as the “best practices” in child abuse cases.

What is this treatment? _____

- Assessment of family structural roles and interaction
- Reframing to enhance cooperation
- Identify negative effects of the use of physical force
- No violence contract
- Problem solving skills
- Communication skills
- Social skills
- Problem-solving family routines as alternatives to physical punishment
- Behavior management skills
- Affect regulation to manage abuse-specific triggers
- Combination of child, parent, and family components
- One randomized controlled trial/ongoing research

Module 5: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 1

Self-Assessment - Page 5.1

5-1. *Which of the following is NOT true of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents?*

- a. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
- b. TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
- c. TF-CBT is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.
- d. TF-CBT is especially useful in the presence of very concerning safety issues.
- e. Children or adolescents experiencing traumatic grief can also benefit from TF-CBT.

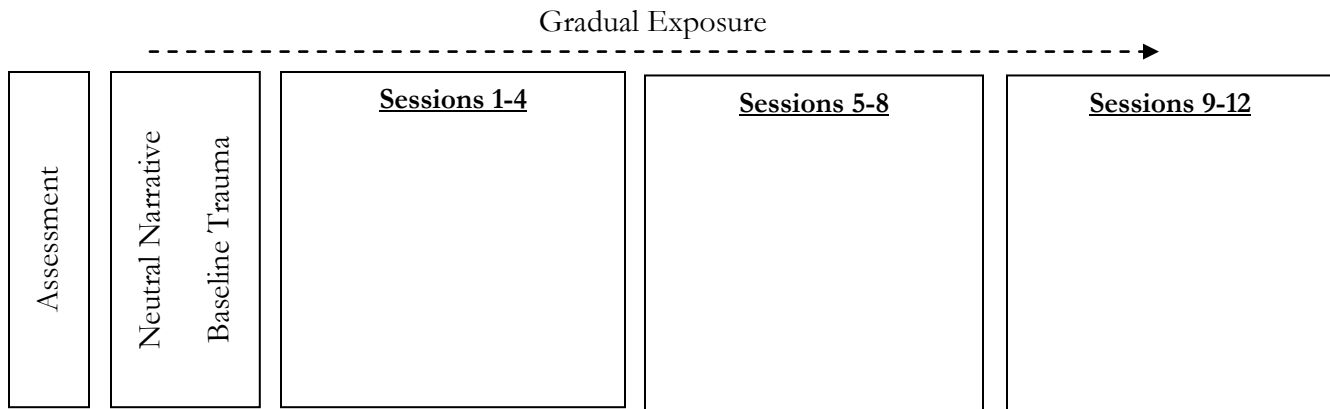
5-2. *Parental involvement is critical for the success of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents. Which of the following is NOT true of the effectiveness of parental involvement?*

- a. Parents are central therapeutic agents for change.
- b. The purpose of parent involvement is to establish the parent as the person the child turns to for help.
- c. Parental support is significantly related to decreased symptoms in children.
- d. Empirical evidence shows that a parent's emotional reaction to trauma is a stronger predictor of treatment outcome than treatment type.

Module 5: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 1

Self-Assessment - Page 5.2

5-3. The components of TF-CBT are given in the box below (A-I). Place each of the components in the appropriate session (Sessions 1-4, Sessions 5-8, or Sessions 9-12) of TF-CBT:



- A. Affective modulation
- B. Cognitive coping and processing
- C. Conjoint child-parent sessions
- D. Enhancing future safety and development
- E. In vivo mastery of trauma reminders
- F. Parenting skills
- G. Psychoeducation
- H. Relaxation
- I. Trauma narrative developing and processing

5-4. Fill in the blank:

_____ in cognitive therapy is the process of learning to refute cognitive distortions, or fundamental "faulty thinking," with the goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones. _____ theory holds that your own unrealistic beliefs are directly responsible for generating dysfunctional emotions and their resultant behaviors, like stress, depression, anxiety, and social withdrawal, and that we humans can be rid of such emotions and their effects by dismantling the beliefs that give them life.

Module 6: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 2

6-1. Which of the following is NOT true of the trauma narrative of children?

- a. The purpose of trauma narrative is to identify and gain mastery over trauma reminders.
- b. Through trauma narrative, traumatic experiences are contextualized into life.
- c. When working on the initial trauma narrative, children are able to elaborate on the details.
- d. As a result of trauma narrative, children are expected to resolve avoidance symptoms and identify and prepare for trauma reminders.

6-2. Indicate whether each of the following statements is TRUE or FALSE:

A. TF-CBT cannot be used with children younger than 5 or older than 14.

True

False

B. TF-CBT can be used with children with no available caregiver.

True

False

C. TF-CBT cannot be used with children with special needs or developmental delays.

True

False

D. TF-CBT can be used with children who have experienced complex trauma and multiple trauma.

True

False

E. TF-CBT can be used with children from a variety of cultural backgrounds.

True

False

Module 7: TF-CBT and cases of child traumatic grief

7-1. Which of the following is NOT true of common symptoms that a child experiences when he/she experiences the traumatic death of someone he/she knows?

- a. Intense distress when thinking about the deceased.
- b. Fear of the manner of death coupled with strong memories of the deceased.
- c. Seeking reminders of the death or the deceased.
- d. Intense and prolonged longing for the deceased.
- e. Inability to think about positive time with the deceased.

7-2. What is NOT true of evidence supported treatments (ESTs)?

- a. Evidence supported treatments (ESTs) work every time for everyone.
- b. Evidence supported treatments (ESTs) do not exist yet for all mental health problems.
- c. Evidence-based algorithms are not yet established for multi-problem children and families.
- d. A clinical decision to use an alternative, unsupported approach when an empirically supported intervention exists must be considered an ethical issue.

Module 8: Targeting Challenging Behaviors with Adolescents

8-1. *The following four questions need to be asked and answered for the chain analysis of problem behavior. What should be the order of the questions?*

- A. What prompting event started the client on the chain to the problem behavior?
- B. What exactly is the problem behavior?
- C. What things in the client and the environment made him/her vulnerable?
- D. What exactly were the immediate and delayed consequences in the environment

- a. A-B-C-D
- b. A-C-D-A
- c. B-C-D-A
- d. B-A-C-D

8-2. *List some vulnerability factors that adolescents commonly experience (include at least five factors):*

Module 9: Cultural Considerations for Trauma-Focused Interventions

9-1. Which of the following is *TRUE* of the relationship between ethnic minorities and trauma?

- a. Ethnic minorities are more likely to experience potentially traumatic events.
- b. Ethnic minorities are more likely to have emotional and behavioral problems related to trauma.
- c. Ethnic minorities are less likely to access mental health services.
- d. All of the above.

9-2. List key features that need to be taken into consideration to implement culturally modified assessments and treatments for ethnic minorities (include at least five features):

9-3. Which of the following is *NOT* true of the effectiveness of trauma-focused interventions across cultures?

- a. Evidence-based treatments are as effective for ethnic minority participants as they are for Caucasians.
- b. Trauma-focused interventions allow for the integration of cultural beliefs and practices into treatment.
- c. Cultural modifications to trauma-focused interventions enhance its efficacy and engagement.
- d. The rationale, exercise, and examples should remain the same when they are applied across cultures.

Module 10: Vicarious Trauma

10-1. Fill in the blank:

_____ is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or meaning and hope. McCann and Pearlman(1990a) coined this term specifically with reference to the experience of psychotherapists working with trauma survivor clients.

10-2. Which of the following strategies is NOT true of vicarious trauma?

- a. Vicarious traumatization is the responsibility of clients or systems.
- b. Each trauma worker is responsible for self-care, working reflectively, and engaging in trauma-informed professional confidential consultation.
- c. Strategies to cope with vicarious traumatization include seeking support from others and regular consultation. Also, self-care, rest, escape, and play are helpful.
- d. Organizations that provide trauma services can also play a role in mitigating vicarious trauma.

ANSWERS – PAGE A.1

Module 1: Overview of Trauma and its Effects

1-1	When exposure to trauma overwhelms a child’s ability to cope with what they have experienced
1-2	d
1-3	A. Affective symptoms: fear, sadness, anger B. Behavioral symptoms: avoidance, sexualized behaviors, aggression, substance use, self-injury C. Cognitive symptoms: irrational beliefs, distrust, distorted self-image, unhelpful cognitions
1-4	e

Module 2: Myths and facts about child abuse

2-1	False
2-2	False
2-3	False
2-4	False
2-5	False
2-6	False
2-7	False
2-8	False
2-9	False
2-10	False
2-11	False
2-12	True
2-13	False

Module 3: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 1

3-1	Trauma-informed care
3-2	d
3-3	Evidence Supported Treatment (EST)

Module 4: Overview of Trauma-focused, Evidence Supported Interventions for Youth – Part 2

4-1.	Trauma-focused Cognitive Behavioral Therapy (TF-CBT) Parent-Child Interaction Therapy (PCIT) Alternatives for Families-Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)
4-2.	A. Parent-Child Interaction Therapy (PCIT) B. Child Directed Interaction (CDI) C. Parent Directed Interaction (PDI)
4-3.	Alternatives for Families-Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)

ANSWERS – PAGE A.2

Module 5: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 1

5-1	d
5-2	d
5-3	Sessions 1-4: A, B, F, G, H Sessions 5-8: E, I Sessions 9-12: C, D
5-4	Cognitive restructuring

Module 6: Overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Part 2

6-1	c
6-2	A. false B. true C. false D. true E. true

Module 7: TF-CBT and cases of child traumatic grief

7-1	c
7-2	a

Module 8: Targeting Challenging Behaviors with Adolescents

8-1	d
8-2	List five or more of the following: <ul style="list-style-type: none"> • Physical illness (chronic pain, PMS, allergies) • Drugs and alcohol • Sleep (falling asleep, waking up, nightmares) • Nutrition (caffeine, sugar, vitamins, energy) • Stressful events

Module 9: Cultural Considerations for Trauma-Focused Interventions

9-1	d
9-2	Broader range of traumatic events Immigration/migration history Preferred language Views of mental health and mental health treatment Child rearing practices Cultural constructs (gender roles, spirituality, traditional healing, views of interpersonal relationships, views of family, acculturation & acculturation stress)
9-3	d

Module 10: Vicarious Trauma

10-1	vicarious traumatization
10-2	a