

**Integrative Treatment of Complex Trauma for Children and Adolescents: Adaptations for Challenging Times**  
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**What is complex trauma in children and adolescents?**

- *Multiple exposures to multiple types of traumatic events, simultaneous and/or sequential; early and later onset; usually ongoing and interpersonal in nature*
  - emotional abuse and neglect
  - child sexual abuse and exploitation
  - physical abuse
  - witnessing intimate partner violence
  - peer or gang assault, community violence
  - traumatic loss
  - trauma associated with immigration
  - serious medical illness or injury
  - parental substance abuse
- *Insecure attachment with primary caretaker (s)*

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**Contextual aspects of complex trauma exposure**

- **Trauma intensifiers**
  - Early onset
  - Extended and frequent exposure; ubiquity
  - Relational context
  - Lack of support, denial and/or minimization from caregivers
- **Social marginalization**
  - Poverty
  - Fear of deportation, separation from caregivers
  - Social discrimination
    - Race/ethnicity
    - Sexual orientation
  - Inadequate education
  - Reduced access to services

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**Poverty and social marginalization**

- 22% of children in U.S. live below federal poverty line
- Child poverty rates highest among Black, Latino, and American Indian children
- Trauma rates for marginalized children
  - Up to 50% of those in child welfare
  - 60-90% of those in juvenile justice
  - 83-91% of those in high crime neighborhoods
  - 59-91% of those in the community mental health system

National Center for Children in Poverty, Columbia University  
 (<http://www.nccp.org>) \*\*disparities even greater now due to COVID-19

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**Low access to treatment**

- Trauma, especially in the context of social deprivation, is a major source of psychological disturbance but:
  - 75% to 80% of children and youth in need of mental health services do not receive them
  - As compared to white children, racial minority children are less than half as likely to receive mental health services
  - 85% of children and youth in need of mental health services in the child welfare system do not receive them

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**Complex trauma outcomes & attachment effects**

- Anxiety, depression, anger
- Posttraumatic stress
- Affect dysregulation
- Negative relational and self schema
- Identity/self-reference issues
- Medical issues, physical neglect of self



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### Complex trauma outcomes & attachment effects (continued)

- Avoidance responses
  - Dissociation
  - Tension reduction behaviors
    - Self-injurious behavior
    - Dysfunctional sexual behavior
    - Bulimia
    - Aggression
  - Substance abuse
  - Suicidality



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### What is Complex Trauma? A Resource Guide for Youth and Those Who Care About Them



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Normal Life, Bad Things      PTSD      Complex Trauma

What is Complex Trauma? A Resource Guide for Youth  
The National Child Traumatic Stress Network  
www.NCTSN.org

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**Challenges in Working with Complex Trauma in Children and Adolescents**

- *Play/expressive therapy is essential especially with younger clients.*
- *Role of assessment especially trauma-informed: Client may not be able to verbalize traumatic experiences and related feelings; treatment needs to be customized; target individual needs.*
- *Need to involve relevant caretakers and systems: Collaborations and advocacy with schools, DCFS etc.; need to involve primary caretaker(s) including foster parents; extended family members.*
- *Treatment is prevention: Prevent further trauma.*
- *Attachment/relational interventions crucial; multi-generational trauma.*
- *Safety issues: Home, community, in therapy sessions*
- *Early onset (preverbal) trauma: Implicit memories expressed through triggered behavior, attachment style.*

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**Understanding the Role of Assessment: Importance of Assessing Traumatic Exposures and Impacts for a Child**

**Film: *Remembering Trauma***  
<http://www.rememberingtrauma.org>  
 (also available at attc.usc.edu)

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**Challenges in working with children and adolescents with complex trauma**

- Which problem behavior/symptom area to focus on first?
- Due to attachment insecurity, affect regulation capacity self/identity/relational abilities are impacted and need to be addressed before and during trauma processing.
- Which therapeutic component to focus on? Affect regulation? Trauma processing? Therapeutic relationship? Advocacy and systems interventions? Caretaker issues?

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### Integrative Treatment of Complex Trauma (ITCT): An evidence-based model for the assessment and treatment of complex trauma

- ▶ Multimodal, component-based, assessment-driven treatment for complex trauma in children, adolescents, and their families ITCT-C (5-12 yrs) and ITCT-A (12-21 yrs)
- ▶ ITCT-C (Lanktree & Briere, 2016)
- ▶ ITCT-A: (Briere & Lanktree, 2012); 2<sup>nd</sup> edition guide (2013); SUA guide (2014); Implementation Guide, SIB guide (2019); Mindfulness, Teletherapy guides (2020) – at [atc.usc.edu](http://atc.usc.edu)
- ▶ Focus on culturally diverse and economically disadvantaged clients in range of settings: outpatient, residential, shelters, schools, juvenile justice; now also via teletherapy.
- ▶ ITCT Fact Sheets and Training Guidelines: [www.NCTSNet.org](http://www.NCTSNet.org)
- ▶ Evidence-based treatment model (Lanktree et al., 2012)

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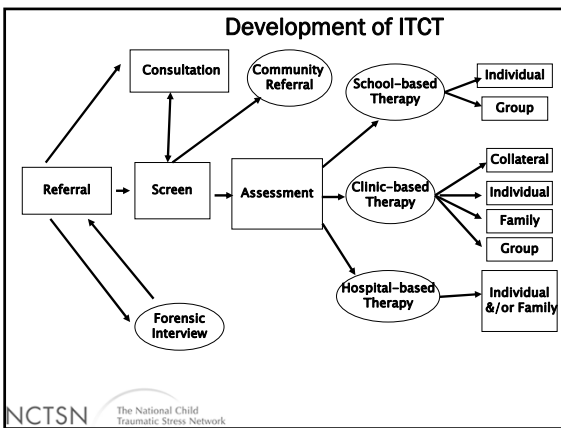
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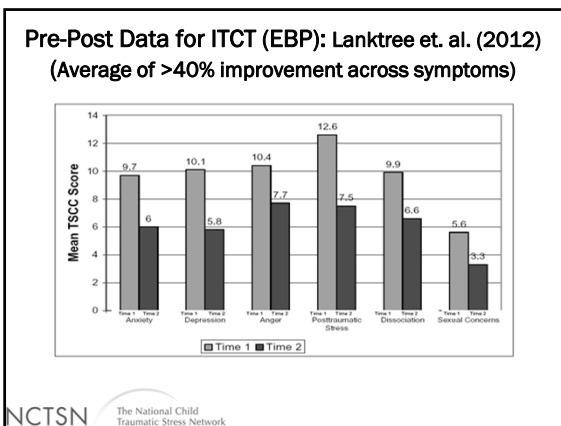
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**ITCT Implementation and Adaptations**  
(2008-present)

- Home for Little Wanderers, other agencies, *Boston, MA*
- Children's Advocacy Centers, *Greater St Louis, Chicago*
- Multiple outpatient, hospital, residential, and school-based programs in *Northern and Southern California*
- Shelters for unaccompanied minors from Central America and Mexico in *Texas, Arizona, California* (until 2016)
- Outpatient centers, residential, and school-based programs in *Colorado, Texas, North Carolina, Oklahoma*
- Juvenile Justice Commission sites state-wide, *New Jersey*
- Private practitioners in *Missouri, Texas, Oklahoma, CA*




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**ITCT: Core aspects**

- Assessment-based. ITCT tools: ATF, PIQT, PCG
- Focus beyond posttraumatic stress
  - Relational/attachment history and issues addressed; interventions to enhance more secure attachments
- Centrality of therapeutic relationship
- Safety within therapy and environment
- Customization: Age, gender, culture, affect regulation capacity ---not "one-size-fits-all"
- Cultural diversity of clients and economic disadvantage incorporated into interventions




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**ITCT: Core aspects (cont'd)**

- Focus on the client's (child and caretaker) experience and adjust pace to client's capacities
- Titrated emotional and cognitive trauma processing
- Affect regulation training and distress reduction; reactive avoidance
- Advocacy and system interventions/collaborations
- Caretaker, family, and group therapy modules
- Adaptations to range of settings
- Flexible number and sequence of sessions




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**Key Components of ITCT**

- Assessment before individualized treatment plan
- Use of expressive and play therapy approaches as appropriate
- Relationship building and support
- Safety interventions
- Psychoeducation
- Advocacy and systems interventions
- Distress reduction and affect regulation training
- Facilitating positive identity
- Cognitive and emotional processing
- Relational/attachment processing
- Interventions with caretakers
- Family therapy
- School-based adaptations
- Supervision and therapist self-care

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**Client-Therapist Relationship as the  
“Active” Ingredient**

- Therapeutic relationship is the context for child to integrate traumatic experience, improve perceptions of self and others (“internal working model”), and gain greater self capacities.
- Mirroring and empathic attunement---provide choices of play and expressive therapy activities.
- *Therapist monitors their own activation.*
- Therapist uses humor and playfulness; maintains a safe, predictable therapeutic environment.

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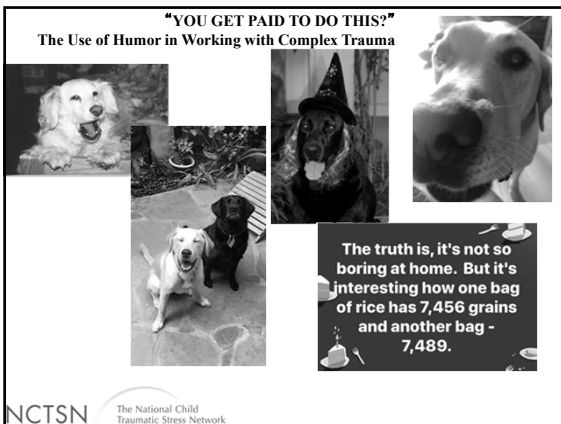
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**“YOU GET PAID TO DO THIS?”**  
The Use of Humor in Working with Complex Trauma



The truth is, it's not so boring at home. But it's interesting how one bag of rice has 7,456 grains and another bag - 7,489.

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**Therapist Self-Care in Challenging Times**

- Differentiate home from office
- Establish regular routine, dress for work if doing teletherapy
- Space sessions
  - At least 10-15 minutes between sessions
  - Avoid back-to-back sessions when possible
- Arrange parenting/pet care during sessions if doing teletherapy
- Physical self-care
  - Daily exercise regimen, go outside several times a day
  - Monitor alcohol or other substance use
  - Attention to healthy eating & sleeping

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**Therapist Self-Care (cont'd.)**

- Emotional self-care
  - Take up or devote more time to daily yoga, meditation, prayer, or mindfulness exercises
    - Phone apps: CALM, Headspace, Mindful USC, iChill , Liberate Meditation (developed specifically for the Black, Indigenous & People of Color community)
  - Begin a new hobby, take up an extracurricular activity, or read a new book
  - Engage regularly in creative pursuits such as cooking, gardening, writing, or an art activity
  - Intentionally limit your exposure to news media

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**Increasing Emotional Regulation Skills and Self-Capacity**

- Emotion identification
- Trigger identification and intervention: *What triggers me? The Trigger Grid*
- Delaying tension-reduction behaviors
- Parental/caretaker education
- Increasing attachment security

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**Triggering during teletherapy sessions**

- May be sheltering-in-place where abuse, family violence, parental substance abuse occurred(s)
- Close proximity can increase triggering
- Before each session, ensure safety – “How is it going?”
- Address, problem-solve triggering interactions
- Therapist demonstrates support & compassion
- ITCT-A Trigger Grid can be used to explore triggering
- Teach emotional regulation
  - Deep breathing, self-talk, mindfulness exercises or grounding activities

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**Video of a Play Therapy Session and Discussion**

- **\*TRIGGERED DISTRESS IN A YOUNG CHILD DURING PLAY THERAPY\***
- <https://vimeo.com/290913119/2f22ec20b0>
  
- **POST SESSION Q&A**
- <https://vimeo.com/290541435/0706439813>

**\*\* Also available at NCTSN Learning Center**

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**Emotional processing of trauma memories**

- Titrated exposure
  - Determined by affect regulation skills
  - Multiple sources versus systematized
    - Permission to change topic, follow associations
    - Reflects complexity associated with multiple traumas
    - Parallel processing
  - Self-titration (versus “resistance”)
    - A central difference from prolonged exposure
    - Balance between unnecessary avoidance and self-protection
    - May increase self-exposure by increasing sense of control

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**Emotional processing of trauma memories (continued)**

- The therapeutic window:
  - The “place” between insufficient and overwhelming exposure
    - Overshooting versus undershooting
    - Variation as function of time in session, relational activations, stressors
    - When activation level is hard to determine
      - Avoidance, client differences in acceptable activation
    - Narrative/explicit versus relational/implicit exposure
- Intensity control within session

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**Emotional Intensity in ITCT Session Structure**

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**Constraints on emotional processing when using teletherapy**

- Effective part of trauma therapy, but
  - Harder to monitor client’s reactions to reliving trauma
  - Perceived reduced therapeutic rapport may make the client feel less safe, reducing counterconditioning
  - High stress in the client’s environment means that they may be more easily overwhelmed in face of memory exposure

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**Adapting to these constraints**

- Consider adaptations to emotional processing interventions
  - Especially assess for & focus on client feelings of safety
  - Less intense, shorter exposure exercises, often later in treatment
  - Titrate exposure to overwhelming memories
  - Interspersal
  - When possible, keep client visible on screen, so untoward responses can be observed

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**Involve & support family members in teletherapy**

- When possible, caretaker or partner supports safe, confidential space
  - Establish boundaries in advance
  - Be very direct with caregiver regarding expectations for involvement
  - Devices for teletherapy provided
- Begin with a thorough assessment
  - Less access to collaborative partners when information-gathering (e.g., teachers, social workers, medical providers)
  - With younger children, part of the session may be allocated for therapist to meet with caretaker

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***“Exposure to disengaged parenting may be especially detrimental, both by increasing the risk of child abuse and virtue of its impacts on attachment insecurity.”***

Briere, J., Runtz, M., Eadle, E., Bigras, N., & Godbout, N. (2017). Disengaged parenting: Structural equation modeling with child abuse, insecure attachment, and adult symptomatology. *Child Abuse & Neglect*, 67, 260-270.

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**Caretaker support for pandemic-related stressors**

- Separate time for caretaker if their trauma is activated
  - Pandemic-related traumas may include job losses, risk of contracting COVID, other medical issues, financial stressors, overcrowded environments, or social isolation
- De-escalation
  - Caretaker calls, youth calls & hands phone to therapist, clinician calls caretaker
- Risk of IPV, child abuse & neglect may increase
- Safety plan, temporary respite, resources, referrals
- Collateral, group or family therapy, parenting classes, psychiatric evaluation if necessary



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**ITCT Interventions with Caretakers**

- Collateral sessions focus on support, education, parenting skills; may parallel ITCT interventions for child, e.g., affect regulation and distress reduction, relational processing, increasing self capacities.
- Trauma processing and processing of triggers for caretaker may be a priority to improve their support of traumatized child.
- Caretaker groups: 12-session module
- Caretaker individual therapy
- Parenting classes
- Family Therapy



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**Support the caretaker's support of the client**

- Check in with the caretaker prior to the youth session
- Older adolescents or young adults
  - Reinforce confidentiality
  - Only share information if youth provides consent
  - Dyadic session may be helpful
- Consider including other family members
- Additional therapist if caretaker needs more support
  - May refer for individual therapy or other resources (e.g., legal, medical, financial, social services)



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**Resources**

[www.NCTSN.net](http://www.NCTSN.net)

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[lanktree@usc.edu](mailto:lanktree@usc.edu)



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Briere, J. (2019). *Treating risky and compulsive behavior in trauma survivors*. New York: Guilford Press.



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