

The National CASA Association and the National Council of Juvenile and Family Court Judges are committed to providing judges and advocates the tools they need to be effective in dependency cases. This issue of the *Judges' Page* highlights the importance of early identification of the developmental needs of the child, whether an infant or a teen, and timely intervention to make sure appropriate services are in place to meet the need.

—Judge J. Dean Lewis, Editor

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The *Judges' Page* Newsletter is a publication of **National CASA** in partnership with **The National Council of Juvenile and Family Court Judges**. Find the *Judges' Page* Newsletter at www.nationalcasa.org/judgespage. The National Council of Juvenile and Family Court Judges is dedicated to serving the nation's children and families by improving the courts of juvenile and family jurisdictions. Visit the NCJFCJ website: www.ncjfcj.org

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Complex Trauma in Toddlers and School-Aged Children

Janice Stubblefield-Tave, LICSW, Kristine Kinniburgh, LICSW, Marla Zucker, PhD, Elizabeth Hopper, PhD, Sharman Nathanson, LICSW, Daniel Williams, MsEd, and Joseph Spinazzola, PhD, the Trauma Center at Justice Resource Institute

Summary

The National Child Traumatic Stress Network's complex trauma workgroup has conducted extensive research on this serious public health problem, developed evidence-based treatment guidelines, proposed a new diagnosis to capture the scope and complexities of complex trauma exposure and established recommendations for court response.

What Is Complex Trauma?

Multiple or prolonged traumatic events (such as neglect, domestic violence, sexual and physical abuse, separations from family members and inconsistent care due to caregivers' substance abuse or mental illness) affect young children's physiology, development, behavior and learning. The term *complex trauma* describes this dual problem of children's exposure to such events as well as the immediate and long-term impacts on development.

The National Child Traumatic Stress Network's complex trauma workgroup has conducted extensive research on this serious public health problem, developed evidence-based treatment guidelines and proposed a new diagnosis to capture the scope and complexities of complex trauma exposure (see *Psychiatric Annals*, 2005, Volume 35[5], a special issue written by network members dedicated to this topic).

Common Problems Observed in Young Children Impacted by Complex Trauma

When caregivers soothe distressed children, these children learn to manage emotions and behaviors, negotiate relationships and gain confidence in exploring their place in the world. When children live in fear or chaos, without an adult to provide comfort or a safe, predictable routine, developmental competencies are compromised.

Children living in traumatic conditions devote their energy to defending against the uncertainty of physical or emotional danger and as a consequence are often unable to regulate their physical and emotional states. Even when the environment becomes safe, they remain vigilant, responding to all events as alarming. They may appear hyperactive, impulsive, reckless, defiant, overly compliant, withdrawn, explosive or sexualized. Their moods may be irritable, depressed or giddy and may suddenly swing.

School performance is affected by inattention, low frustration tolerance and impairments in information processing and memory. Self-image tends to be negative, and many of these children cannot imagine a successful future. Many blame themselves for the trauma they endured rather than the adults responsible, whom they often idealize. Some, craving adult attention, gravitate to any adult, including those that are unsafe or inconsistent. Others, believing all adults are unreliable and all relationships are dangerous, appear indifferent or resistant to concerted efforts by caring adults.

Recommendations for Court Response to Complex Trauma in Children and Families:

1. To understand the impact of traumatic events, judges should ensure that court-involved children and families with a suspected trauma history receive a psychological evaluation by providers with expertise in traumatic stress, and recommendations should be incorporated into the court orders for the family (see the National Child Traumatic Stress Network for local and regional resources [www.nctsnet.org]).

2. Mental health providers serving traumatized youth and their families often possess information of benefit to the court. The sense of safety and trust established through an ongoing therapeutic relationship can increase traumatized children's willingness to disclose critical information about their traumatic experiences. Children may withhold information from others with whom they have a more limited relationship. Accordingly, it is recommended that efforts be made to involve mental health providers in the judicial process for traumatized youth and their families.
3. When possible, prioritize children's safety and predictability by maintaining their ties to a consistent source of support, such as a foster home, school, parent or therapist.
4. When placement, custody or visitation is being considered, providers knowledgeable about trauma should carefully assess the nature of the child's attachment. Traumatized children often develop unhealthy attachments to abusive caregivers and express the wish to stay with adults who are abusive or neglectful, although this is often not what is best for the child. Therefore, careful consideration should be used in evaluating traumatized children's wishes regarding placement.
5. Sexually abused children often demonstrate sexualized behaviors such as self-touching, preoccupation with sexual themes or sexualized play with other children. With appropriate treatment, most do not escalate to offender behaviors. Premature labeling of traumatized children as offenders and placement in offender programs may be harmful to their mental health and can precipitate escalation of maladaptive behaviors.
6. When either domestic violence or child abuse is reported, screen for the other. Identified families should be connected to advocates knowledgeable about domestic violence as well as other resources in their communities.
7. Traumatized children cannot be treated in a vacuum. Whenever appropriate, parents or other caregivers should be involved in the child's therapy, with attention paid to the caregiver's attunement to the child's emotional states. Parent-child dyadic intervention (an emerging therapy model that focuses on the relationship between parent and child) may be helpful to increase empathic attunement.
8. The behaviors of traumatized children can be challenging and a source of secondary trauma to those caring for them. Therefore caregivers should be supported by the child's therapist or connected to specialized services. Parents with a personal trauma history may benefit from additional supports including their own therapy to better understand the impact of their personal experiences on their parenting.
9. Opportunities should be created for traumatized children to build personal competencies. Activities such as music and theater can foster children's sense of mastery over their environment and pride in their accomplishments. Traumatized children should be linked to community resources that support these developmental goals.
10. Traumatic experiences often become "locked" in the body, leading children to become withdrawn, to act out impulsively or to have difficulty controlling their emotions. Structured gross motor activities such as sports or dance can help to address these traumatic reactions. Such activities build social connections and personal mastery while helping to develop children's ability to self-regulate.

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