How we see children and families
How we see ourselves
That’s important to family members?

“Thank you for coming. I tell everyone, ‘There’s
Demonstrate that ‘client-driven treatment’ is more than an
Engage children and caregivers to own treatment goals; build
Owning our roles:
Demonstrate respect instead of shaming.
What we feel inside; our emotional wellness linked to
Focus on uncovering pathways to healing rather than continuing
Assessment is a privilege to be honored.

Workshop Goals
What Makes Assessment Effective;
Identify and Share Practical Assessment Strategies
Some Hypotheses
To Promote Engagement in Trauma Treatment

Core Components for Treatment of Complex Trauma
Real Life Heroes Strategies & Tools
Family-Centered Treatment Strategies & Tools
Case Study: Strategies & Tools
Strategies for Challenging Messages
Tracing Pathways to Healing

Today’s Referral
Sofia (age 15) and her family are referred by your intensive home-based program. She has been in and out of psychiatric hospitals for the last four years for a variety of diagnoses including violent behavior. High risk behaviors include self-injurious behavior and aggression with others. The order of treatment included mental health hospitalization, a move to a treatment center, and then foster care. Sofia still has not made significant progress in treatment programs and has continued to participate in counterproductive behaviors. Reports indicate that Sofia is not motivated to engage in treatment options. Sofia is described as out of control, screaming, cursing, and taking away in handcuffs.

Your challenge is to engage Sofia, her mother, stepfather, and siblings in a home-based treatment program that can prevent further high-risk behaviors and hospitalization.

Why is it that a youth who has had 12 therapists, six psychiatric hospitalizations, and intensive treatment programs discloses to the 13th therapist?

Assessment begins with each of us
– How we see children and families
– How we see ourselves
– What we feel inside; our emotional wellness linked to
– Owning our roles:

– Talk to children (adolescents, families) about the best
times in their lives and the hardest times.

Engagement is often the greatest challenge, especially engagement of parents/caregivers
Assessments in the first sessions can define the therapist’s relationship with children and caregivers
Therapist-child parent/caregiver relationships are critical in terms of ‘Relational trauma.’

Assessment is developmental.
Engage at child's developmental level.
How would child at that level experience your messages?
What happened at age when development became stymied?

(Please read over Sofia case p. 1)
Sofia told me she wanted most of all to go to a playground with someone.

What is the developmental level of Sofia? How can we use that to guide assessments?

Assessment is multi-sensory & multi-modal
To track emotion means tracking movement.
Emotions are reflected in movement.
Assessment provides tools for child to share feelings and relationships.

Assessment is pragmatic
Work in context: time limits, required assessments, funding source mandates.
Use diagnoses to get what's needed and at the same time, avoid getting lost in labels and pathology and previous diagnoses.

Assessment is metaphorical
How to express the 'unthinkable'.
Challenges to de-code, look at functions, patterns, meanings within a family and their culture.

Assessment has multiple goals:
To get the funding needed for service.
To get a picture of child's primary relationships:
- Track child's emotional connections, caring, concern.
- Identify emotional blockages in relationships.
To develop hypotheses about what has blocked development, and what can promote growth.
To generate 'Next Steps'.
Often means finding more information.
Starting a learning process, a journey of discovery.

Assessment can be fun!
Finding the gaps of quality and parents caregivers.
Even that makes them smile, that bring out their caring.
That reliable hope and uncover openings to engage a child and parents/caregivers to build on strengths in their family and their cultural heritage.

Opening our eyes to the unspoken, what's often shown in emotional interactions but hidden in referrals and diagnoses.

‘Nothing Happened’ Utilizing Family-Centered & Resiliency-focused Assessment Tools to Create Openings for Engagement

Trauma and Resiliency Lens

Moving beyond identified traumas

Asking ‘What happened?’

Looking for ‘What and who helps.’

Attachment-centered assessments

Brain to brain:

“Attachment is the dance of the limbic systems of the child and parent.”

- Allan Schore

Attachment Symptom Summary

Watch for child’s attachment patterns with each caregiver:

Ambivalent/Preoccupied: e.g. needy, clingy to parent, trying to take care of caregiver

Avoidant: e.g. little or no eye contact, flat, superficial responses, looking away or down

Chaotic Disorganized: e.g. child appears to look for love and then pulls away or attacks caregiver

Insecure Attachments

Avoidant

Ambivalent/Preoccupied

High-Conflict

Detached

Needy

Dependent

Relationships

Chotic Disorganized Attachments

Detached, Isolated, Avoidant

Impulsive

Intense

Dependent

High risk

Relationships

Trauma Assessments

Is PTSD indicated or Complex Trauma?

Select treatment models and components based on the assessment.


Watch for child’s attachment patterns with each caregiver:

Ambivalent/Preoccupied: e.g. needy, clingy to parent, trying to take care of caregiver

Avoidant: e.g. little or no eye contact, flat, superficial responses, looking away or down

Chaotic Disorganized: e.g. child appears to look for love and then pulls away or attacks caregiver

Insecure Attachments

Avoidant

Ambivalent/Preoccupied

High-Conflict

Detached

Needy

Dependent

Relationships

Chotic Disorganized Attachments

Detached, Isolated, Avoidant

Impulsive

Intense

Dependent

High risk

Relationships

Trauma Assessments

Is PTSD indicated or Complex Trauma?

Select treatment models and components based on the assessment.

SESSIONS STRUCTURE MATCHED TO CHILD AND FAMILY

Assessment Guides Implementation of RLH Core Components (REAL)

Life Story Integration: Things you do and parts of your life that mean a lot to you. These can be things you do or parts of your life that may have little importance but that make you feel happy, things that you are good at, ways you help other people, groups or organizations that you belong to and other things that mean a lot to you.

Integration: Things you do and parts of your life that are also important to you but not quite as important.

Action Cycles: Things you do and parts of your life that you can hardly imagine living without.

Middle Circle: Things you do and parts of your life that may be a little important or temporarily important, or parts of your life could become more important to you in the future.

Outer Circle: Things you do and parts of your life that may be a little important or temporarily important, or parts of your life could become more important to you in the future.

Relationships:

Emotional Regulation:

Protection, Guidance

Caring, Commitment

Developmental Service Progress Assessment & Reviews

Continuity

Evaluation Plan

Note

Fidelity

Plan

Service Priorities Matched to Child and Family

Session Components

Treatment Priorities

Continuity with RLH Core Elements & Tools

Assessment Guides Implementation of RLH Core Components (REAL)
Picture in your mind one child and family you are working with.

**What is the child’s emotional developmental level?**

**What is the child looking for?**

**What is the parent/caregiver looking for?**

**What do you want to find out?**

In the following role play, try to embody this child:

**Practice with Refiner**

1. Ask child to complete Circles of Caring with instructions.
2. Ask child to rate on thermometers how they feel if one primary person were in this room with us.
3. Ask child to list 5 questions, referring to same person:
   1. How would the child feel if ___ was in this room with us, where would they be sitting?
   2. What would ___ say were some of the best things he/she liked about you?
   3. What would ___ say were some of the biggest concerns about you at (child’s current age)?
   4. What would ___ say was his/her greatest wish for you?
   5. What would ___ say would be the best way to help you make this come true?

**Reverse roles.**

---

**Trauma Surveys**

- **Screening Tool:** CTAC Trauma-Informed Screening Tool
- **Trauma Experience and Reaction Scale:** UCLA PTSD Scale + TRIM-5:
- **Child PTSD Symptom Scale:** TBI
- **TCC (BLS TSC)**

See California Clearinghouse on Evidence-based Treatment for further information on standardized scales.

---

**Introducing Trauma Exposure and Symptom Assessments:**

- **First Messages Count**

Assessments by Master’s level clinicians with training in trauma treatment.

Use standardized trauma assessment tools in first several sessions to lay groundwork and thermometers.

Calm, trauma-biased:

- “This is part of our beginning work and initial assessments at ___.”
- “I talk to children (adolescents, families) about the best things that have happened to them and the hardest times.”

---

**Permits an objective standardized assessment of the Areas of Family Functioning of most critical concern**

1. Conducted for family, team members, and all involved in the child’s treatment and not solely for the purpose of determining the selection eligibility. It makes family life easier and reduces family strain during crisis intervention.
2. Ultrasound only available, calibrated, family system assessment tools and standards in place, should be conducted for a family lens in treatment.
3. Provide children with a family centered approach to guide the trauma treatment when correlated with the UCLA PTSD RI.
4. Parental F & S (family) to enhance for families and staff that incidents and crisis differences in the area of functioning of most concern.
5. Assists us in determining the specific activities and enactments to be used in treatment that are beneficial for creating a world where differences in the family are not perceived or negatively perceived.

---

**Why Use the Family Assessment Device?**

- **FAQ Quick Guide**

Translating the Area of Family Functioning into Treatment Opportunities

- In FCT, the phase of treatment following Joining and Assessment is **RESTRUCTURING**.
  
  A time to practice new ways of family functioning based on the needs associated with the Family Assessment Device (as determined by the family) and designed to meet the Complex Trauma Treatment Need identified via the UCLA PTSD –RI.  

FAMILY CENTERED TREATMENT

We could be brilliant in assessing what is not working for a family. We could be equally brilliant in determining what they could or should do differently to function more effectively.

For us to be able to impact family functioning, we must gain family consent, a readiness to the extent that they would be willing to try our suggestions.

In Family Centered Treatment, the use of the Family Life Cycle is one way we need to hear their story or family and be able to determine how these life experiences have impacted their current relationships and parenting and decide if they would be interested in making any changes.

Read referral and Background Information for Sofia, p. 2

Assessment and Service Plan

Challenges

Children and families who have experienced relational trauma, and the breakdown of emotionally supportive and protective relationships often test us:

• "I'm not talkin' you nothing"
• "I'm not talkin' about..."
• "Dad, Mom, what I did"
• "I don't draw."
• "I don't do (tests...)
• "I can't control my anger"
• "Didn't you my file?"
• "Do I have to do this?"
• "I'm Bipolar, Borderline, Chemically Imbalanced..."

Assessment becomes the vehicle for engagement:

• "Let's look at a picture that could be described as a timeline or series of key life and formative stages such as childhood, adolescence, young adult, and adult."
• "As we look at this line, you mark or show me where you see life events or transitions that happened in your life or in the life of someone who is significant to you."

What could help sustain engagement?

What will you do to help the child feel heard and understood and make the connection necessary for family system's work?

How would you engage Sofia, her mother, stepfather & siblings in services and treatment?

Who else would be important to engage?

What challenges would you expect in engaging and sustaining engagement, in treatment?

What would you want to find out in additional assessments?

Any additional "Next Steps"?
Challenges in Engaging family into treatment

- SCENAROS for discussion and roleplay

- Small Group Discussion

Let's develop together strategies for the messages below from family members and therapists.

(Welcome challenging messages as clues that we can use to open up pathways to change.)

Else Challenging Messages Handout.  The small groups, share in larger group and create 'take away' list of strategies.

“Nothing happened” Utilizing Family-Centered & Resiliency-focused Assessment Tools to Create Openings for Engagement

We can welcome these tests as opportunities or see them as resistance.

Challenging Messages

“Nothing happened” - Child in assessment offers refrain to behavioral health programs for strong and negative scrutiny.

“Read my record!” - Adolescents nothing substantial treatment to say therapists.

“Not talking about that.” - 14-year-old girl in troubled placement for cutting, threatening her mother with a knife, suicidal ideation, and fighting at school.

“Grandma said not to talk about it...” - Mother of a 12-year-old who experienced physical and sexual abuse and domestic violence.

“Always questions about traumas will negatively impact the relationship.” - 14-year-old girl who experienced physical and sexual abuse and domestic violence.

“Children long for this—a voice, a way of being heard. . .If they cannot sing, they scream.” - Jonathan Kozol, Amazing Grace

Troubled children often act like wounded angels calling out for healing. And, assessments provide opportunities for children to show us what is most important, what is most painful, and what can make change possible.

If we open our eyes and ears, we can see how troubled children light pathways to emotional wounds.

Assessments provide opportunities for reframing treatment and services to follow these pathways and address the ‘unsaid,’ the often unspoken roots of traumatic stress.
References

FCT research citations include:

For more information on Real Life Heroes, please see: