



Core Curriculum on Childhood Trauma

The 12 Core Concepts

**Concepts for Understanding Traumatic
Stress Responses in Children and Families**

NCTSN



The National Child
Traumatic Stress Network

The National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

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Correspondence Relating to the Core Curriculum on Childhood Trauma

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General inquiries relating to products produced by the National Child Traumatic Stress Network can be directed to the NCTSN National Resource Center at info@nctsn.org. Interested parties are also invited to review the extensive offerings of the NCTSN via its website at NCTSN.org as well as its Learning Center for Child and Adolescent Trauma at <http://learn.nctsn.org/>.

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NCTSN members who have served on the NCTSN Core Curriculum on Childhood Trauma Task Force since its inception in 2007 include (in alphabetical order): Robert Abramovitz, Lisa Amaya-Jackson, Harolyn Belcher, Frank Bennett, Steven Berkowitz, Lucy Berliner, Margaret Blaustein, John Briere, Judith Cohen, Kathryn Collins, Lisa Conradi, Renee Dominguez, Abigail Gewirtz, Chandra Ghosh Ippen, Jessica Gledhill, Alessia Gottlieb, (the late) Kevin Gully, Lisa Jaycox, (the late) Sandra Kaplan, Victor Labruna, Audra Langley, Alicia Lieberman, Richard Kagan, Christopher Layne (Chair), Steven Marans, Ann Masten, Lou Ann Mock, Elana Newman, David Pelcovitz, Frank Putnam, Robert Pynoos, Gilbert Reyes, Leslie Ross, Arlene Schneir, Jo Sornborger, Joseph Spinazzola, Alan Steinberg, Virginia Strand (Co-Chair), Liza Suárez, William Saltzman, Glenn Saxe, Margaret Stuber, Elizabeth Thompson, Jim Van Den Brandt, Kelly Wilson, Jennifer Wilgocki, and Marleen Wong.

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Jennifer Galloway served as project manager for the Core Curriculum during its early years.

Gretchen Henkel, Deborah Lott, and DeAnna Griffin have provided assistance in editing, revising, and formatting the 12 Core Concepts, as well as the CCCT clinical case vignettes, and in editing and formatting the CCCT learning facilitator guides.

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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 experience 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.

1. Childhood trauma occurs within the broad ecology of a child’s life that is composed of both child-intrinsic and child-extrinsic factors.
2. Child-*intrinsic* factors include temperament, prior exposure to trauma, and prior history of psychopathology. Child-*extrinsic* factors include the surrounding physical, familial, community, and cultural environments.
3. 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.
4. 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 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), 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 childrens 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 regardless of whether risk factors are present.
- 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 (by resiliently “bouncing back”) from 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, peer suicide).

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 that can 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 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.

Problem-Based Learning Paradigm & the NCTSN 12 Core Concepts for Understanding Traumatic Stress Responses in Childhood

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NC Psychiatric Association Annual Meeting, September 29, 2014

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- - We have no relevant financial relationship with the manufacturers of any commercial products and/or providers of commercial services discussed in this CME activity.
- - Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services related to the content of this CME activity.
- - Our content will include reference to commercial products; however, generic and alternative products will be discussed whenever possible.
- - We do not intend to discuss any unapproved or investigative use of commercial products or devices.

The impact of traumatic stress on children

Both:

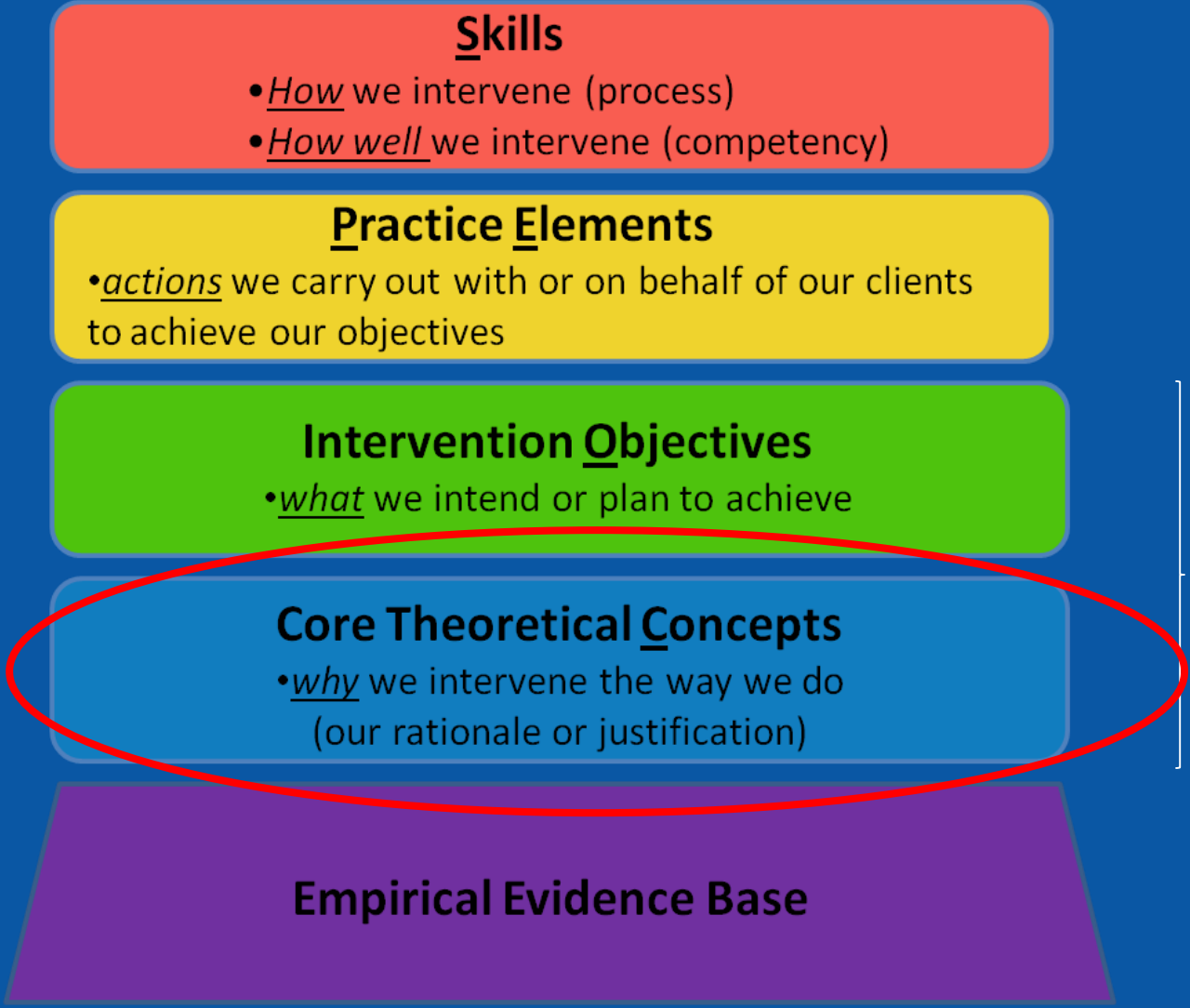
- Trauma effects
- Disruption of normal development

--Amaya-Jackson, 2005



Core Curriculum: NCTSN C.O.P.E.S. Framework

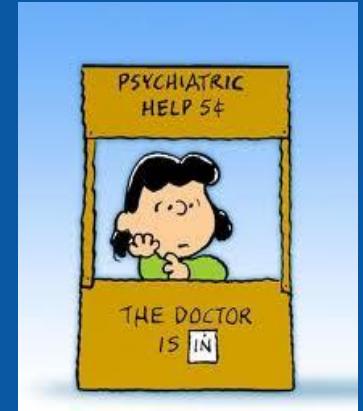
C.O.P.E.S.



Core Components

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NCTSN Core Concepts + PBL-facilitated vignettes



1. ↑ Knowledge → Experiential knowledge
2. Enhanced Clinical Reasoning
3. *Better foundation for doing an EBT
4. *Better understanding of treatment components & why they are being used

Will enhance fidelity bc clinicians will better understand why they are doing what they are doing. They go off model, often having no idea they are doing so.
5. Better foundation for doing Evidence-based “Practice”
6. Better foundation to begin process of critical appraisal & complex treatment planning

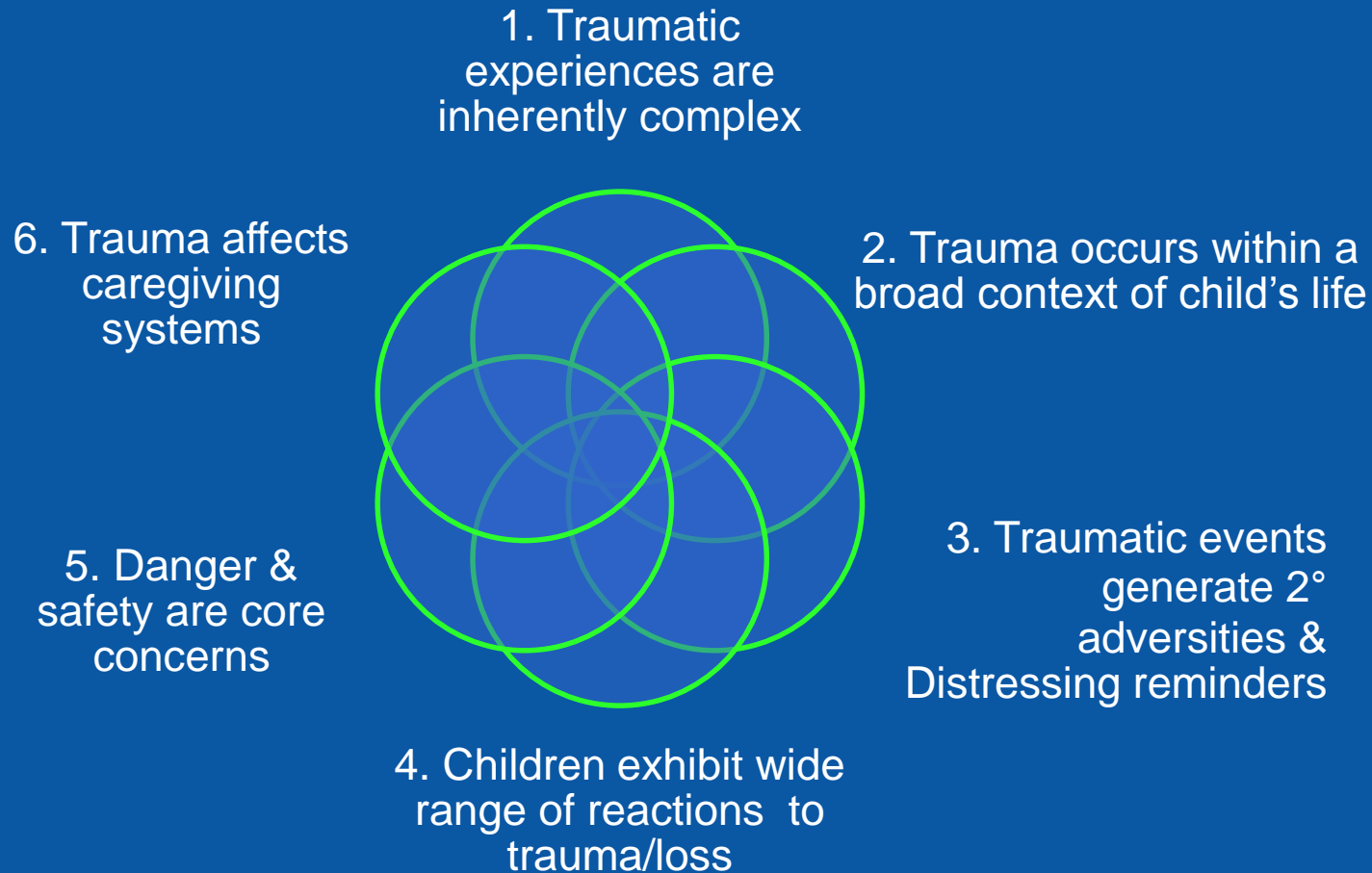
--Amaya-Jackson, ISTSS, 2011

“We Need to Co-Design EBT’s” (Chorpita et al., 2011)

- “False dichotomy of evidence-based practice or clinical judgment.”
- “We need more formal models and exemplars for evidence-based practice and clinical judgment together.”
- Core Curriculum on Childhood Trauma uses problem-based learning to achieve its primary aim: Accelerate the acquisition of clinical judgment.
- Conveniently, PBL enhances clinical reasoning skills.

---C. Layne, ISTSS 2011

NCTSN Core Concepts of Childhood Trauma



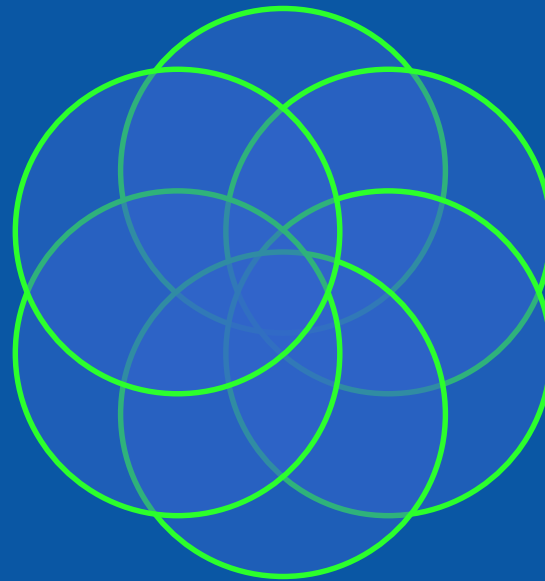
*-NCTSN Core Curriculum Task Force, 2007
Ross, Layne, Strand, Abramovitz, Amaya-Jackson '13*

NCTSN Core Concepts of Childhood Trauma

7. Protective factors reduce impact of trauma

8. Trauma & post-trauma adversities can influence development

12. Secondary traumatic Stress



9. Developmental neurobiology underlie children's reactions

11. Challenges to the social contract, affect trauma response & recovery

10. Culture is closely interwoven with response & recovery

*-NCTSN Core Curriculum Task Force, '07
Ross, Layne, Strand, Abramovitz, Amaya-Jackson '13*

Core Concepts for Understanding Traumatic Stress Responses in Children and Families

1. Traumatic experiences are inherently complex and made up of different traumatic moments--each includes varying degrees of objective life threat, physical violation, & witness to injury or death. Trauma-exposed children experience reactions to these moments that include changes in feelings, thoughts, & physiological responses; & concerns for the safety of others. Children's thoughts, actions, or inaction during various moments may lead to feelings of conflict at the time, & to feelings of confusion, guilt, regret, or anger afterward.

2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences & current circumstances. Child-intrinsic factors (prior exposure to trauma or history of psychopathology) & child-extrinsic factors (surrounding physical, familial, community, & cultural environments) influence children's experience & appraisal of traumatic events & may act as vulnerability factors by exacerbating adverse effects of trauma.

3. Traumatic events often generate secondary adversities, life changes, & distressing reminders in children's daily lives such as family separations, finance problems, stigma, legal issues with distress occurring in addition/multiplicative ways. Trauma & loss reminders produce emotional & behavior impact on functioning.

4. Children can exhibit a wide range of reactions to trauma & loss. Posttraumatic stress & grief reactions can develop over time into psychiatric disorders, including PTSD, separation anxiety, & depression which can disrupt major domains of child development, including attachment relationships, peer relationships, emotional regulation, & can reduce children's level of functioning at home, at school, & community.

Core Concepts for Understanding Traumatic Stress Responses in Children and Families

5. Danger & safety are core concerns in lives of traumatized children. Lack of physical & psychological safety can be magnified in a child's mind. Ensuring children's physical safety is critical to restoring the sense of a protective shield. Trauma exposure can make it difficult for children to distinguish between safe & unsafe situations, & may lead to changes in their own protective & risk-taking behavior.

6. Trauma experiences affect the family and broader caregiving systems. Caregivers' own distress and concerns may impair their ability to support traumatized children. The ability of caregiving systems (family, schools, etc) to provide the types of support that children and their families need is an important contributor to children's and families' posttraumatic adjustment.

7. Protective & promotive factors can reduce adverse impact of trauma. The presence & strength of promotive /protective factors (i.e. positive attachment to a primary caregiver, reliable social support, school, community environment) —both before & after traumatic events—can enhance children's ability to resist, or to quickly recover (by resiliently “bouncing back”) from harmful effects of trauma, loss & other adversities.

8. Trauma & posttrauma adversities can strongly influence development. In such domains as cognitive functioning, emotional regulation, & interpersonal relationships. Trauma & its aftermath can lead to developmental disruptions (regressive behavior or inability to participate in developmentally appropriate activities), & developmental accelerations such as leaving home at an early age & engagement in precocious sexual behavior.

Core Concepts for Understanding Traumatic Stress Responses in Children and Families

- 9. Developmental neurobiology underlies children's reactions to traumatic experiences.** Their capacity to appraise & respond to danger are linked to an evolving neurobiology of brain structures, neurophysiological pathways, & neuroendocrine systems. Traumatic experiences evoke biological responses that can persist & alter the normal course of neurobiological maturation. (impact depends in part on developmental stage in which they occur). Exposure to multiple traumatic experiences carries greater risk for significant neurobiological disturbances (impairments in memory, emotional regulation, & behavioral regulation).
- 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.** Traumatic experiences often constitute a violation of expectations of the child, family, community, & society regarding primary social roles & responsibilities of influential figures in the child's life. These figures may include family members, teachers, peers, adult mentors, & agents of social institutions such as judges, police officers, & welfare workers. Perceived success or failure of these institutional responses may exert a profound influence on the course of children's posttrauma adjustment, & on their evolving beliefs, attitudes, & values regarding family, work, & civic life.
- 12. Working w trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.** Healthcare providers deal w many personal & professional challenges as they confront details of children's traumatic experiences & life adversities. Proper self-care is to providing quality care & of sustaining personal & professional capacity over time.

Note. Shortened for the purpose of slide presentation. Please see



Paul Bradbury via Getty Images

AMERIKA

AMERIKA

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Ghosh Ippen C, Lieberman A, & NCTSN Core Curriculum on Childhood Trauma Task Force (2012) UCLA-Duke National Center for Child Traumatic Stress. Durham-Los Angeles.

FACILITATOR'S GUIDE authors:

Stuber M, Layne CM, Pynoos RS (2012) UCLA-Duke National Center for Child Traumatic Stress. Durham-Los Angeles.

Core Concepts of Central Importance in Amerika

Core Concept 2: Trauma occurs within a broad context that includes children's personal characteristics, life experiences, & current circumstances

Core Concept 3: Traumatic events often generate 2ndary adversities, life changes, & distressing reminders, in children's daily lives.

Core Concept 5: Danger & safety are core concerns in lives of traumatized children

Core Concept 6: Traumatic experiences affect the family & broader caregiving systems

Core Concepts of 2^{ndary} Importance in Amerika

Core Concept 4: Children can exhibit a wide range of reactions to trauma & loss

Core Concept 10: Culture is closely interwoven w traumatic experiences, response, & recovery.



Problem-Based Learning

A. IMPORTANT FACTS

B. HUNCHES /HYPOTHESES

Therapeutic hunches / testable predictions or alternative explanations

C. NEXT STEPS

D. LEARNING ISSUES

Introduction to Amarika's Story

- 18mo Amarika, her mother, her grandmother
- All responding to a specific traumatic event
- Different viewpoints gathered from multiple sources, at different points in time leading to an “unfolding story”
- To teach learners about the complexity inherent in a toddler's experience of trauma and the powerful ways 2ndary adversities, changes, reminders influence the caregiver-child relationship in daily life

*In actual practice, it often takes months of treatment combined with additional information – gather outside the consulting room to develop the in-depth understanding of a case that is presented here esp. when working w a family system reacting to violent tragedy

NCTSN 12 Core Concepts

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, & distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger & safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family & broader caregiving systems.
7. Protective & promotive factors can reduce the adverse impact of trauma.
8. Trauma & 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 & ethical issues, affect trauma response & recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.



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F. Putnam,
OhioCanDo4kids.org,
2006

For more information you can go to www.NCTSNet.org

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