

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

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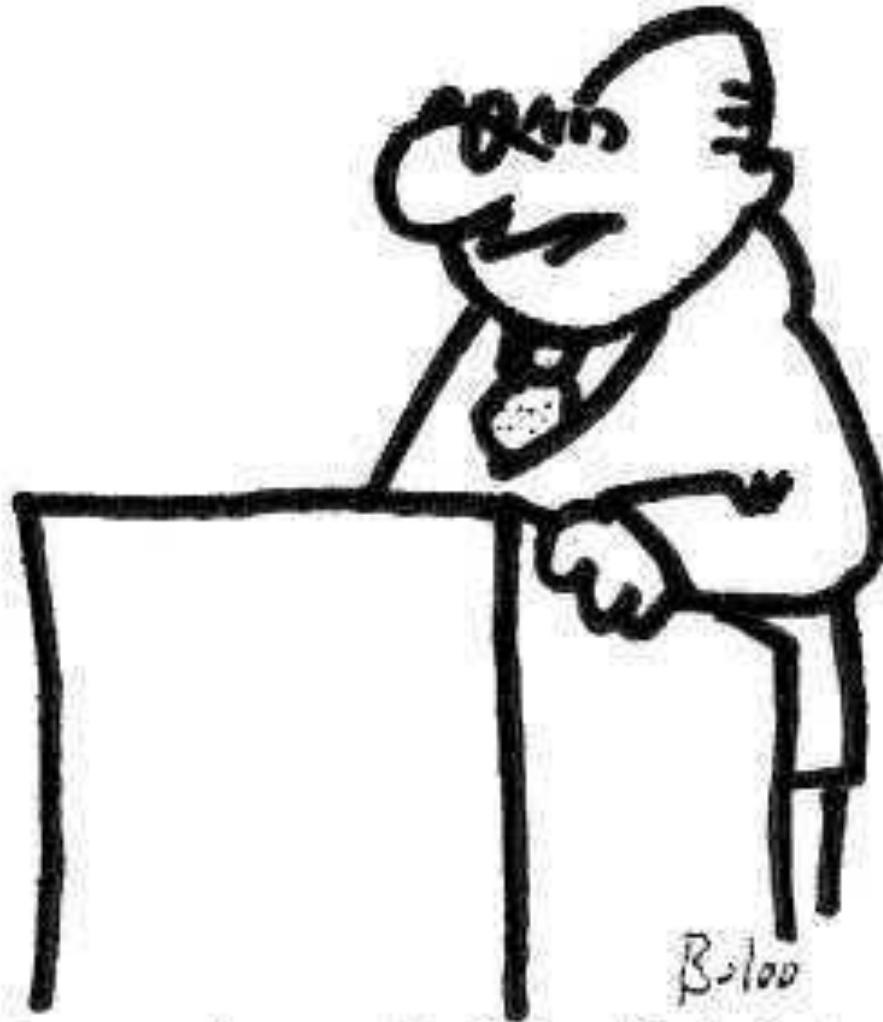
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"In compliance with federal full-disclosure laws, I'm required to tell you that I'm really not sure about any of this stuff."

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The impact of traumatic stress on children

Both:

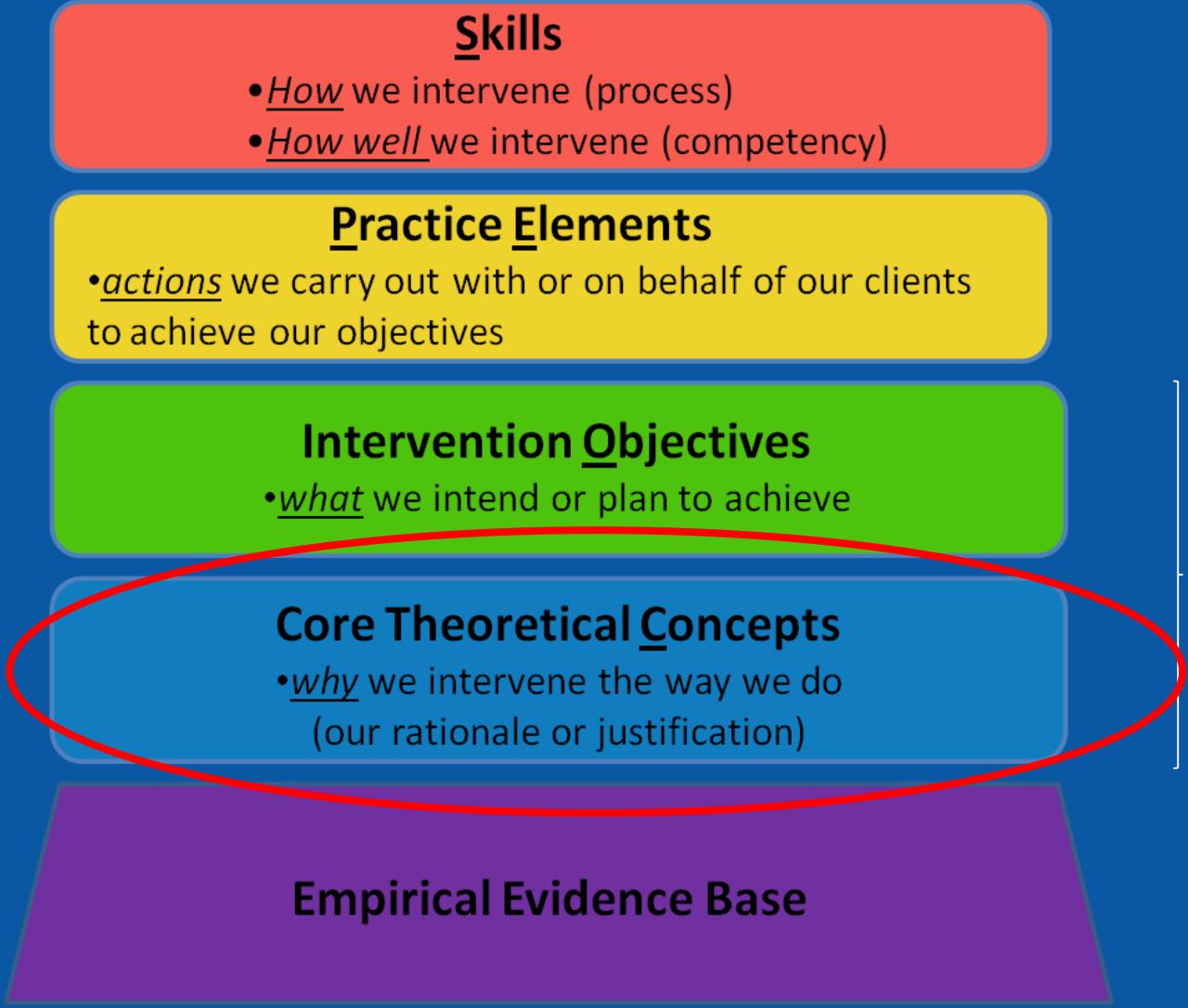
- Trauma effects
- Disruption of normal development

--Amaya-Jackson, 2005



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

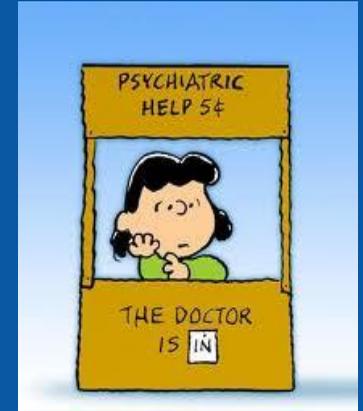
C.O.P.E.S.



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

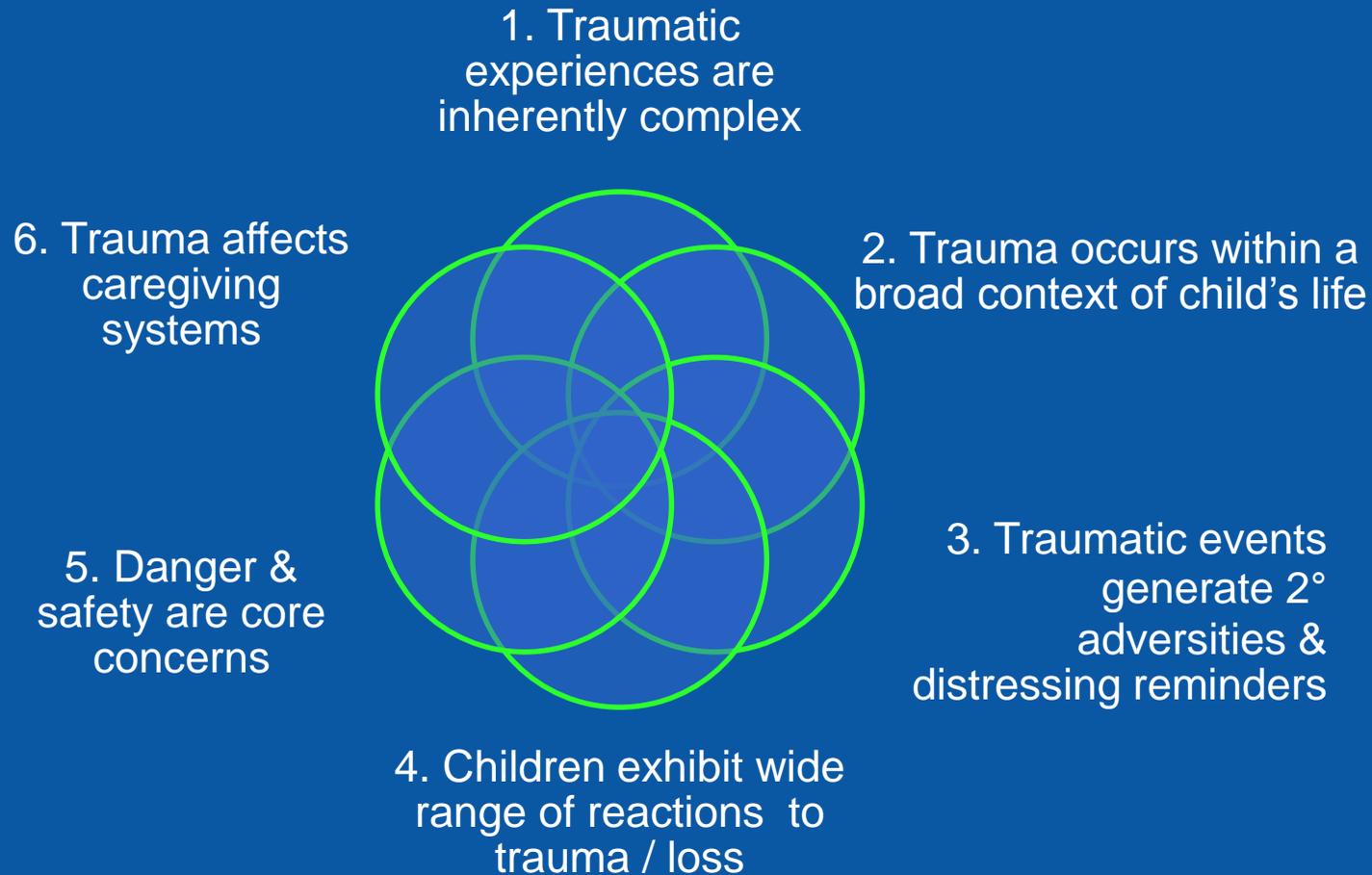
--Amaya-Jackson, ISTSS, 2011

“We Need to Co-Design EBTs” (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



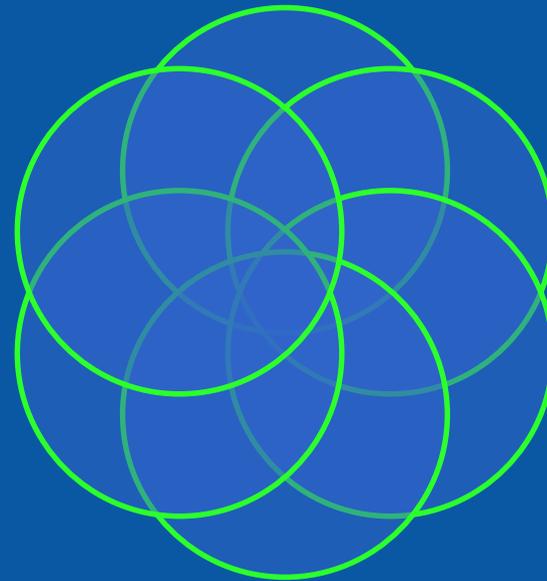
*-NCTSN Core Curriculum Task Force, 2007
Ross, Layne, Strand, Abramovitz, Amaya-Jackson, '13*

NCTSN Core Concepts of Childhood Trauma

7. Protective factors reduce impact of trauma

8. Trauma & post-trauma adversities can influence development

9. Developmental neurobiology underlies children's reactions



10. Culture is closely interwoven with response & recovery

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

12. Secondary traumatic stress

*-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, financial problems, stigma, & legal issues, with distress occurring in additional/multiplicative ways. Trauma & loss reminders produce fluctuations in emotional & behavioral 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. These 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, & in the 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 protective / promotive factors (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 & engaging 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 capacities 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 important for providing quality care & of sustaining personal & professional capacity over time.

Note. Shortened for the purpose of slide presentation. Please see the following link:



AMARIKA

AMARIKA

CASE Authors:

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 Amarika

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 Amarika

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 gathered outside the consulting room to develop the in-depth understanding of a case that is presented here, especially 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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From Educator Learning About Us to Baby



F. Putnam,
OhioCanDo4kids.org,
2006

For more information, you can visit www.NCTSN.net

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