Children's Health Homes: Training on Complex Trauma Determination

Albany, NY - 2/21/17
Rochester, NY - 2/23/17
New York, NY - 2/27/17
Our Agenda

• Welcome & Introductions
• What is Trauma?
  • What is Complex Trauma (CT) for NYS Health Homes
  • Trauma and PTSD and how it differs from CT
  • Prevalence of Trauma
  • The Effects of Trauma
• Workflow Review
• Review and Administration of:
  • Complex Trauma Exposure Screen (CTES)
  • Complex Trauma Exposure Assessment (CTEA)
  • Complex Trauma Determination Form
• Engaging Children and Caregivers in the Workflow Process
• Review of Aggregate Results from the Readiness Assessment
Welcome & Introductions
NY State Department Of Health
Children’s Health Home Team
About the McSilver Institute for Poverty Policy and Research

The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action.
Community Technical Assistance Center (CTAC) & Managed Care Technical Assistance Center (MCTAC) Overview

CTAC & MCTAC are training, consultation, and educational resource centers that offer resources to all mental health and substance use disorder providers in New York State.

MCTAC provides training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the **overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.**
McSilver Institute’s Role

The NYS Department of Health has engaged the McSilver Institute to provide training and technical assistance around the implementation of Complex Trauma within Children’s Health Homes.

The Readiness Assessment (RA) is a key piece of our work together as the information provided by Health Homes and Care Management Agencies will help to guide and tailor trainings and resources.
The McSilver and CTAC/MCTAC Team

Andrew Cleek, Psy.D.,
Boris Vilgorin, MPA
Kara Dean-Assael, LMSW
Lydia Franco, LMSW
Jayson Jones, LMSW
Ashley Fuss, LMSW
Anthony Salerno, PhD

Meg Baer, LMSW
Yvette Kelly, LMHC
Dan Ferris, MPA

Kara Dean-Assael, LMSW
Lydia Franco, LMSW
Jayson Jones, LMSW
Ashley Fuss, LMSW

Meg Baer, LMSW
Yvette Kelly, LMHC
Dan Ferris, MPA

Kara Dean-Assael, LMSW
Lydia Franco, LMSW
Jayson Jones, LMSW
Ashley Fuss, LMSW

Meg Baer, LMSW
Yvette Kelly, LMHC
Dan Ferris, MPA

Kara Dean-Assael, LMSW
Lydia Franco, LMSW
Jayson Jones, LMSW
Ashley Fuss, LMSW

Meg Baer, LMSW
Yvette Kelly, LMHC
Dan Ferris, MPA
Representative of the NYS Complex Trauma Workgroup

Mandy Habib Psy.D.,
Co-Director, Institute for Adolescent Trauma Training & Treatment
School of Social Work, Adelphi University
Co-Director, Complex Trauma Treatment Network
A Collaboration with the Trauma Center at the Justice Resource Institute and Suffolk University.
Co-Chair of the National Child Traumatic Stress Network Complex Trauma Workgroup, and member of the NYS Complex Trauma Workgroup
Please Tell Us About Yourself…

• Raise your hand if:
  • You are with a Health Home lead agency?
  • You are with a Care Management Agency?
  • Complex Trauma is an unfamiliar topic to you.
  • You haven’t had a chance to see the Complex Trauma Screen or Assessment.
  • You are a Care Manager.
  • You are a Licensed Professional who is going to conduct the Complex Trauma Exposure Assessment and complete the Determination Form.
Overview of Complex Trauma in New York State
Learning Objectives

By the end of today’s training, you will be able to:

• Explain what Complex Trauma is and how to differentiate it from PTSD and Trauma
• Describe the Health Home Serving Children workflow process
• Utilize and implement the Complex Trauma Screen, Assessments, and Determination Forms in a clinically sound way
• Be able to locate and understand the types of functional assessments available within the NCTSN
• Identify possible barriers to the Health Home Complex Trauma determination process
Basic Assumptions

- Children do well if they can
- Trauma may be an important factor in many of the presenting problems that children and families bring to mental health services
- Caregivers often want to participate in all processes and do not know how or do not feel included
- Relationships are a critical element in healing
- Compliance is not the only important outcome
What is Trauma?
What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being. ~ SAMSHA, 2012
What is Trauma?

We become traumatized when our ability to respond to a perceived threat in some way is overwhelmed. Trauma is about loss of connection - to ourselves, to our bodies, to our families, to others, and to the world around us.

Trauma is an experience, situation or event that:

• Evokes fear
• Changes the individual’s worldview
• Changes the individual’s view of themselves.
PTSD (DSM-5)

Exposure Criterion

• Criterion A: Exposure – The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence,

Primary Symptom Criteria

• Criterion B: Intrusion
• Criterion C: Avoidance
• Criterion D: Negative alterations in cognitions and mood
• Criterion E: Alterations in arousal and reactivity

Additional Criteria

• Criterion F: Duration (symptoms persist for >1 month)
• Criterion G: Functional Significance (causes significant symptom-related distress or functional impairment).
• Criterion H: Attribution (Disturbance is not due to medication, substance use, or other illness)

Specify: With Delayed Expression if onset > 6 months after the trauma
Specify: With Dissociative Symptoms if depersonalization/derealization present in response to trauma-related stimuli
Baseline data collected for 10,755 youth:

- 75.6% of children experienced multiple traumas vs. 25.4% of children experienced a single trauma

- Greater the number of traumas, the greater the comorbidity (n = 8,120).

- Approximately 25% of youth met full criteria for PTSD. 75% did not.

- The following “real world” indicators of functioning were endorsed as “somewhat or very much a problem”:
  - Academic difficulties (54.1%)
  - Behavioral difficulties: in school/daycare (46.3%) ; at home/community (59%)
  - Attachment Problems (40.5%)
  - Suicidality (15%)
  - Substance use (7.5%)
Oppositional Defiant Disorder?  PTSD??
Depression?  Substance Abuse?
ADHD?  Conduct Disorder?
Anxiety?  OCD?
Personality Disorder???
Attachment Disorder?

**Differential Diagnosis:** e.g. Bipolar Disorder or adaptation to trauma?

**Comorbidity:** over 80% of children and 90% of adults with PTSD have at least one other Axis I diagnosis. (Cloitre et al., 2009)
What is Complex Trauma for New York State Health Home?
CMS/SAMHSA Requirements for Definition and Assessment

Essential Parameters Associated with Complex Trauma Definition:

- Exposure to trauma leads to adverse prolonged effects
- Nature of trauma exposure is interpersonal; occurs in multiplicity and/or recurring traumatic events
- Multiple developmental impairments/diagnoses
- Multiple functional impairments (behavioral indicators of severity)

Screening and Assessment:

- The assessment of complex trauma involves both assessing the child’s exposure to multiple or recurring traumatic events, as well as the wide-ranging and severe impact of this trauma exposure across domains of development.
- SAMHSA/CMS provided a variety of documents to the State on Complex Trauma definition and assessment process
  - For the assessment of impairment ONLY – CMS/SAMHSA has recommended tools identified by the National Child Traumatic Stress Network [http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma](http://www.nctsn.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma)
CMS/SAMHSA Definition*

This guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses.

a. The term complex trauma incorporates at least:
   i. Infants/children/or adolescents’ exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
   ii. the wide-ranging, long-term impact of this exposure.

b. Nature of the traumatic events:
   i. often is severe and pervasive, such as abuse or profound neglect;
   ii. usually begins early in life;
   iii. can be disruptive of the child’s development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc);
   iv. often occur in the context of the child’s relationship with a caregiver; and
   v. can interfere with the child’s ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning

*As updated by CMS on March 2, 2016
c. Many aspects of a child’s healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

d. Wide-ranging, long-term adverse effects can include impairments in:
   i. physiological responses and related neurodevelopment,
   ii. emotional responses,
   iii. cognitive processes including the ability to think, learn, and concentrate,
   iv. impulse control and other self-regulating behavior,
   v. self-image, relationships with others, and
   vi. dissociation

- SAMHSA recently updated the definition to clarify that dissociation should be included as a separate impairment domain
- New York State will modify its State Plan as well as its training materials and Complex Trauma Eligibility Determination Form to reflect this change

* As updated by CMS on March 2, 2016
How Does Complex Trauma Differ from PTSD?
PTSD vs. Complex Trauma

**PTSD:**
- Can occur after one event
- Is a diagnosis in DSM-5
- 4 criteria/clusters

**Complex Trauma:**
- Multiple/chronic events
- Not a diagnosis in DSM-5
- Is a determination for HH eligibility in NYS

* As defined by SAMHSA
Prevalence of Trauma
Trauma is Pervasive

A report of child abuse is made every 10 seconds in the United States (Childhelp, 2013).

More than 2 million children in the US are victims of physical and/or sexual abuse.

Children with disabilities are more likely to experience neglect than children without disabilities (Child Welfare Information Gateway, 2006).

The ACE (Adverse Childhood Experiences) Study reports the effects of adverse child experiences before the age of 18 are common and have lasting effects: http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
The Effects of Trauma
Trauma has Long-lasting Effects

Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime (Child Welfare Information Gateway, 2006).

Children who experience trauma are often those with depressive, disruptive behavior disorders and high anxiety.

In many countries that have experienced war, more than 60% of the children are displaced and traumatized.
Workflow Review
Process to Determine Health Home Complex Trauma Eligibility

Need Identified by Non-Licensed Professional or Licensed Professional w/o access to tools

• Complete the Complex Trauma Exposure Screen
• Referral Cover Sheet
• Other family and child history and information obtained
  ➢ If positive on the Exposure Screen – Referral can be made for Health Home

Eligibility determined by Licensed Professional with access to tools

• Complex Trauma Exposure Assessment Form
• Functional Impairment Assessment through the completion of the appropriate identified NCTSN guideline list of domain assessment tools
• Complex Trauma Eligibility Determination Form
• Other family and child history and information obtained
  ➢ If positive Determination of Complex Trauma – then the child is eligible to be enrolled in a Health Home under under Complex Trauma single qualifying condition
SCENARIO #1: Complex Trauma (CT) Health Home Referral Workflow

**Referral Phase**
- Need Identified by Non-Licensed Professional or Licensed Professional w/o access to tools
- Complete CT Exposure Screen Form
- Positive Screen
- Make Referral**
- Referrer Sends Documentation: Cover Sheet, CT Exposure Screen, Consent, and other/ additional background information or supporting materials

**Referral Assignment and Assessment Phase**
- Health Home assigns Care Management (CM) Agency
- MAPP Refers to HH
- Licensed Professional-Complete CT Exposure Assessment Form (builds from Complex Trauma Exposure Screen)
- Licensed Professional Complete Functional Impairment Assessment: Must use at least 1 NCTSN approved instrument—should also include all available information (e.g. other recent and valid assessments, youth interview, review of records, and collateral sources).
- Positive
- Licensed assessor-link exposure to functional impairment
- This step may occur simultaneous to, or in close proximity to, the CT Exposure Assessment if clinically appropriate. See NYS DOH “Guidelines on Complex Trauma Assessment Process: Excerpted from the NCTSN CT Assessment Guidelines” and the NCTSN CT Assessment webpages for guidance on best practice in CT Assessment. Avoid redundant assessments.
- Has the discretion to choose from NCTSN approved measures when assessing impairment

**Eligibility and Enrollment Phase**
- Licensed professional completes CT eligibility determination form
- Positive Determination = Exposure + Impairment + Link between exposure and impairment
- Assigned HH CM
- Assess HH Appropriateness
- Eligible
- Enroll Child in HH
- Use assessments, supporting documentation to create Plan of Care

**Notes**
SCENARIO #2: Complex Trauma (CT) Health Home Referral Workflow

**Referral Phase**
- Need Identified by Licensed Professional with access to tools
  - Licensed Professional Complete CT Exposure Assessment Form
    - Licensed Professional Complete Functional Impairment Assessment: Must use at least 1 NCTSN approved instrument; should also include all available information (e.g., other recent and valid assessments, youth interview, review of records, and collateral sources).
    - Licensed assessor - link exposure to functional impairment

**Referral Assignment and Assessment Phase**
- This step may occur simultaneous to, or in close proximity to, the CT Exposure Assessment if clinically appropriate. See NYS DOH “Guidelines on Complex Trauma Assessment Process: Excerpted from the NCTSN CT Assessment Guidelines”¹ and the NCTSN CT Assessment webpages² for guidance on best practice in CT Assessment. Avoid redundant assessments.
  - Licensed professional completes CT eligibility determination form
    - Positive Determination = Exposure + Impairment + Link between exposure and impairment
      - Make Referral**
        - **Make referral in MAPP if have access. If no access to MAPP, contact LDSS, LGU, HH, MCP, or CMA to make referral in MAPP
          - Health Home assigns Care Management (CM) Agency

**Eligibility and Enrollment Phase**
- HH CM gathers all documentation to verify CT and any other child history and/or diagnoses
  - Assigned CM Assess Health Home Appropriateness
    - Eligible
      - Enroll Child in HH
        - Use assessments, supporting documentation to create Plan of Care

² http://www.nctsn.org/trauma-types/compl ex-trauma/assessment

03/08/2017
Licensed Professional who can complete the CTEA and Determination Form

- Licensed Master Social Worker, LMSW
- Licensed Clinical Social Worker, LCSW
- Psychologist
- Psychiatrist
- Licensed Psychiatric Nurse Practitioner, LNPP
- Licensed Marriage and Family Therapist, LMFT
- Licensed Mental Health Counselor, LMHC
- Pediatrician/Family Medicine Physician or Internist *with specialization in Behavioral Health*

Clinicians identified include but are not limited to employees of Licensed/Certified Article 28, 31, 32, 16 clinics. Psychologists/Psychiatrists etc. do not need to be identified as licensed as they are not professionally allowed to use the ‘label’ without appropriate licensure.
Review & Administration
Complex Trauma Final Eligibility Tools and Documents

1. Complex Trauma Exposure Screen Form and Referral Cover Sheet – Completed by Non-Licensed Professional or Licensed Professional
2. Complex Trauma Exposure Assessment Form – Must be completed by Licensed Professional
3. Functional Impairment Assessment through the completion of the appropriate identified NCTSN guideline list of domain assessment tools - Must be completed by Licensed Professional
4. Complex Trauma Eligibility Determination Form - Must be completed by Licensed Professional
Role of the Health Home and CMA

Referral by the HH / CMA who is in contact with or working with the child and family:

- The HH / CMA can complete the Complex Trauma Exposure Screen and Referral Cover Sheet
- Make a referral within the MAPP HHTS an outreach segment
- Work with the child and family surrounding the HH program and the process to determine HH eligibility based upon Complex Trauma
- Identify the Licensed Professional to conduct the CT Exposure Assessment, Functionality tool and Eligibility Determination as well as consideration towards treatment

Referral by Other Service Provider:

- Referral through the MAPP HHTS made, start an outreach segment
- HH CM contacts the referral source to obtain Completed “Positive” CT Exposure Screen, Referral Cover Sheet and Other family, child history and information (Consent maybe needed for information beyond the CT Exposure Screen)
- Work with the child and family surrounding the HH program and the process to determine HH eligibility based upon Complex Trauma
- Identify the Licensed Professional to conduct the CT Exposure Assessment, Functionality tool and Eligibility Determination as well as consideration towards treatment
The Three “E’s” of Trauma

Event(s)

Experience of Events

Effect of Experience
Complex Trauma Exposure Screen (CTES)
The Complex Trauma Exposure Screen

Complex Trauma Exposure Screen (CTES)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- or caregiver report, review of records, etc.). Conduct a brief interview with the child only if you do not already have enough information to make a determination about complex trauma exposure. To avoid undue distress, ask only about types for which you do not already have information. If information for a particular trauma is known, do not request additional details from the child for that type. For example, if the child has a documented history of physical neglect, endorse “Y”, and move on to the next category. Once the presence of 2 or more trauma types has been reported (or 1 lasting greater than 6 months), discontinue the interview portion of the screen.

Sources of Information (check all that apply): □ Parents/Caregiver □ Chart/Records Review □ Child/Youth Report □ Other (specify):

<table>
<thead>
<tr>
<th>Prompts/Questions</th>
<th>Trauma Type</th>
<th>Present?</th>
<th>&gt; 6 mos?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(suggested prompts/questions for assessing trauma exposure within each category)</td>
<td>Physical/Emotional Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Or Emotional Maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there a time when adults who were supposed to be taking care of you didn’t?</td>
<td>Displacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has there ever been a time when you did not have enough food to eat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a parent or other adult in the household often…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swear at you, insult you, put you down, or humiliate you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or act in a way that made you afraid that you might be physically hurt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lived with someone other than your parents/caregiver while you were</td>
<td>Attachment Disruption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>growing up (because they couldn’t take care of you or you were kicked out)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been homeless? This means you ran away or were kicked out and lived</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on the street for more than a few days? Or you and your family had no place to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stay and lived on the street, or in a car, or in a shelter?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost a primary caregiver through death, incarceration, deportation,</td>
<td>Sexual abuse Sexual assault/rape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>migration, or for other reasons?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been left in the care of different people due to parental incapacity or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dysfunction, even if your primary place of residence did not change?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had two or more changes in your primary caregiver or guardian, either</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>formally (legally) or informally?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone ever made you do sexual things you didn’t want to do, like touch you,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>make you touch them, or try to have any kind of sex with you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone ever tried to make you do sexual things you didn’t want to do?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone ever forced you (or tried to force you) to have intercourse?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been hit or intentionally hurt by a family member?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, did you have bruises, marks or injuries?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PLEASE NOTE:
Conduct a brief interview with the child only if you do not already have enough information to make a determination about complex trauma exposure. To avoid undue distress, ask only about types for which you do not already have information. If information for a particular trauma is known, do not request additional details from the child for that type.
The Complex Trauma Exposure Screen
Do’s and Don’ts

• Do gather other family and child history and information obtained by non-licensed professional or the assessing licensed professional
• Do invite other providers working with youth to obtain information
• Do take steps to avoid redundant assessing of the child and family
• IF you complete the screen with the child, and/or a family member (vs. record review), do review the purpose of the screen with the child and the family.

• Don’t ask the child any of these questions without going through other available sources of information.
• Don’t ask questions you already know the answer to

Discontinue the screen after enough information has been obtained to make the referral
Complex Trauma Exposure Assessment (CTEA)
The Complex Trauma Exposure Assessment

Complex Trauma Exposure Assessment (CTEA)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g., self- and caregiver report, clinical interviews, review of records, standardized instruments, etc.). Please review and complete each category. Include significant details and characteristics of the event where indicated, including the child/adolescent’s role in the event (i.e., victim or witness), as well as additional information, such as the child’s relationship to the perpetrator, or the extent of a child’s injuries. When interviewing the child, it is important to be sensitive to the child’s level of distress and ensure that the child does not feel pressured to reveal or discuss details they are not ready to disclose. When conducting the CTEA to determine the presence of complex trauma exposure, you do not need to inquire about specific characteristics of each trauma, however, if information is offered/obtained, note it in the “Characteristics” column. When conducting the CTEA as part of a clinical interview during the course of treatment, and once a therapeutic relationship has been established, the clinician can inquire about additional trauma details.

It will not always be clear whether a particular event rises to the level of a Trauma, or would be better categorized as a significant stressor (but not a Trauma). Therefore, you will have to use your clinical judgment to determine whether an event qualifies as a Trauma. Some traumatic events may fit in more than one category (for example, physical bullying might also be considered to be an assault). When this happens, please choose the one category that you feel best describes the traumatic event. Any time you endorse the box labeled “other”, please specify or elaborate. After you have endorsed “Y”, that a trauma has occurred, note whether it was experienced for more than 18 months, and provide the child’s actual ages during which the trauma occurred (e.g., ages 6-8, 11-13, or 9, 13, 14 if multiple discrete events). Please note, for young children (ages 0-5) a determination of “chronic” exposure can be made for periods less than 18 months. For infants and very young children, especially those born to three years of age, clinical judgment can be applied to reflect: a) the duration of trauma relative to their lifespan (e.g., a child who is 12 months of age may only have been exposed to traumatic events for 6 months, which is half of their lifespan), and b) the critical developmental period of these young children who are fully dependent on adult caregivers. After completing this assessment, determine whether the child/adolescent has been exposed to complex trauma based on interpersonal traumas experienced or witnessed. Additionally, assess for the presence of non-interpersonal traumas (but do not include these in the complex trauma determination).

Sources of Information (check all that apply): □ Parents/Caregiver □ Chart/Records Review □ Standardized Instrument (list all): □ Child/Youth Report □ Structured interview □ Other (specify):

### INTERPERSONAL TRAUMAS

<table>
<thead>
<tr>
<th>Prompts/Questions</th>
<th>Present? Y/N</th>
<th>&gt; 18 mos?</th>
<th>Age Range</th>
<th>Characteristics (check all that apply)</th>
<th>Additional Details (e.g., relationship to perpetrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Maltreatment (Emotional Abuse or Neglect)</td>
<td></td>
<td></td>
<td></td>
<td>□ verbal abuse</td>
<td>□ emotional neglect</td>
</tr>
<tr>
<td>Did a parent or other adult in the household often:</td>
<td></td>
<td></td>
<td></td>
<td>□ emotional neglect</td>
<td>□ extreme/harsh (non-physical) punishment</td>
</tr>
<tr>
<td>Curse you, insult you, put you down, or humiliate or ridicule you?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical abuse</td>
<td></td>
</tr>
<tr>
<td>Act in a way that made you afraid that you might be physically hurt?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical abuse</td>
<td></td>
</tr>
<tr>
<td>Withhold love or affection?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical abuse</td>
<td></td>
</tr>
<tr>
<td>Did an adult ever intentionally hurt a family pet or animal?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical abuse</td>
<td></td>
</tr>
</tbody>
</table>

Complex Trauma Exposure Assessment  
September 2016

### NURSING TRAUMA (assuming adequate financial and social programs exist...)

<table>
<thead>
<tr>
<th>Prompts/Questions</th>
<th>Present? Y/N</th>
<th>&gt; 18 mos?</th>
<th>Age Range</th>
<th>Characteristics (check all that apply)</th>
<th>Additional Details (e.g., relationship to perpetrator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
<td>□ victim</td>
<td>□ witness</td>
</tr>
<tr>
<td>Was there a time when adults who were supposed to take care of you didn’t? E.g.:</td>
<td></td>
<td></td>
<td></td>
<td>□ physical</td>
<td></td>
</tr>
<tr>
<td>Fail to get you proper medical care? Did not give you clothing or shelter?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical</td>
<td></td>
</tr>
<tr>
<td>Didn’t give you enough food to eat? Didn’t make sure you were safe?</td>
<td></td>
<td></td>
<td></td>
<td>□ physical</td>
<td></td>
</tr>
<tr>
<td>Leave you alone for long periods of time (e.g. days) without supervision</td>
<td></td>
<td></td>
<td></td>
<td>□ physical</td>
<td></td>
</tr>
<tr>
<td>Strongly discouraged or prevented you from getting an education? Or did not</td>
<td></td>
<td></td>
<td></td>
<td>□ physical</td>
<td></td>
</tr>
</tbody>
</table>
Complex Trauma Eligibility Determination Form
Complex Trauma Eligibility Determination Form

Children’s Eligibility for Health Home Care Management services on the basis of Complex Trauma is based on three criteria. All three must be present in order for a child to be determined eligible. In addition to eligibility, the child must separately be determined appropriate for Health Home Care Management in accordance with current DOH guidance.

Child Name: ___________________  DOB: ___________  Medicaid#: ___________________

CMA: ___________________  Health Home: ___________  Date: ___________

I. Complex Trauma Exposure
Based on the Complex Trauma Exposure Assessment (CTEA), has the child been exposed to multiple interpersonal traumatic events, or at least one chronic interpersonal trauma lasting 18 months* or more?  Yes  No

* For young children (ages 0-5) a determination of “Chronic” exposure can be made for periods less than 18 months.

<table>
<thead>
<tr>
<th>Exposure Category</th>
<th>Present? Y/N</th>
<th>Chronic? Y/N</th>
<th>Comments (onset, duration, description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Maltreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(emotional abuse/neglect)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Disruption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trafficking/Commercial Sexual Exploitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Assault/interpersonal Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>War / Political Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalking / Kidnapping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Functional Impairments
Based on the use of validated assessment instruments in accordance with the process developed by DOH, and based on at least one face-to-face interview, is the child experiencing functional impairments in at least two of the following categories, or acute impairment in at least one category?  Yes  No

<table>
<thead>
<tr>
<th>Impairment Category</th>
<th>Present? Y/N</th>
<th>Acute? Y/N</th>
<th>Instrument / Method</th>
<th>Comments (onset, duration, description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology / Neurodevelopment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
II. Functional Impairments

Based on the use of validated assessment instruments in accordance with the process developed by DOH, and based on at least one face-to-face interview, is the child experiencing functional impairments in at least two of the following categories, or acute impairment in at least one category? Yes No

<table>
<thead>
<tr>
<th>Impairment Category</th>
<th>Present?</th>
<th>Acute?</th>
<th>Instrument / Method</th>
<th>Comments (onset, duration, description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology / Neurodevelopment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Processes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impulse Control / Self-Regulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Image</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissociation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Links between Traumatic Exposure and Experience of Functional Impairments

- In your professional opinion, are the Functional Impairments listed in Section II resulting from, or linked to, the Trauma Exposure described in Section I? Yes No
- Are these Functional Impairments best explained as being a result of, or exacerbated by, Complex Trauma, and not as the result of some other diagnosis or developmental delay?* Yes No
  *As long as complex trauma is present, the addition of a co-morbid disorder or diagnosis does not disqualify the child.

Comments:
The Domains of Impairment Assessed

1. Physiological Responses and Related Neurodevelopment
2. Emotional Responses
3. Cognitive Processes including the ability to think, learn, and concentrate
4. Impulse Control and other Self-Regulating Behavior
5. Self-Image
6. Relationships with others
7. Dissociation
## Domains of Impairment Handout

### Domains of Impairment

#### Physiology / Neurodevelopment
- Chronic or recurrent physical complaints, such as headaches or stomachaches (somatization).
- Chronic physical conditions/problems.
- Physiological over- or under-reactivity such as rapid breathing or heart pounding, or “shutting down” entirely when presented with stressful situations.
- Hypersensitivity to sounds, smells, touch or light.
- Sleep disturbances.
- Anesthesia and analgesia (diminished awareness of pain, touch, or internal physical sensations).
- Progressive behaviors or developmental delays.

#### Emotional Responses
- Difficulty identifying, expressing, and managing emotions.
- May experience significant depression, anxiety, or anger.
- Emotional responses may be unpredictable or explosive (even mildly stressful interactions with others may trigger intense emotional responses).
- Vigilant and guarded in interactions with others and frequently perceive situations as stressful or dangerous.
- May “zone out” (emotional numbing) to threats, making them vulnerable to victimization.
- Easily frustrated and overwhelmed.

#### Self-Image
- Feeling worthless or despised.
- Frequent self-blame, shame, or guilt.
- Low self-esteem, or poor/damaged self-image.
- Lack of a continuous and predictable sense of self.
- Disturbances in body image.
- View self as powerless to change current negative circumstances.
- Perceive world as meaningless, and future as hopeless.
- Few hopes, dreams, or plans for the future, or forestalled sense of future.

#### Relationships with Others
- Difficulty forming healthy attachments to caregivers (including problems separating).
- Difficulty maintaining friendships.
- Problems in romantic relationships, in friendships, and with authority figures (e.g., teachers).
- Difficulty trusting others.
- Inappropriate boundaries (too rigid or too loose).
- Difficulty understanding/connecting with other perspectives.

#### Cognitive Processes
- Problems focusing or sustaining attention.
- Problems with executive functioning:
  - Completing tasks timely.
  - Planning ahead/anticipating the future.
  - Organizing, prioritizing.
  - Shifting tasks or activities.
  - Withholding responses (may act impulsively, appear distracted).
- Trouble thinking a problem through calmly & considering multiple alternatives.
- Deficits in language development and abstract reasoning skills.
- Learning difficulties.
- May be distracted by trauma reminders.
- Lack of sustained curiosity.

#### Dissociation
- Perceive themselves as detached from their bodies (watching themselves as if from the outside looking in).
- Feel as if they are in a dream or some sense that the world or their experiences are not quite real.
- Feel as if stressful or traumatic experiences are happening to someone else.

- Lose some or all memories of the traumatic experiences, resulting in gaps in time or even gaps in their personal history.
- May appear to be “space out” or “daydreaming” (often when feeling stressed or triggered).
- At its extreme, a child may shut off or lose touch with various aspects of the self.
- Significantly fractured sense of time and continuity.

<table>
<thead>
<tr>
<th>SAMHSA</th>
<th>NCTSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>Physical Health</td>
</tr>
<tr>
<td>Body &amp; Brain</td>
<td>Body &amp; Brain</td>
</tr>
<tr>
<td>Emotional Responses</td>
<td>Emotional Responses</td>
</tr>
<tr>
<td>Behavior</td>
<td>Behavior</td>
</tr>
<tr>
<td>Self-Concept/Future Orientation</td>
<td>Self-Concept/Future Orientation</td>
</tr>
<tr>
<td>Attachment &amp; Relationships</td>
<td>Attachment &amp; Relationships</td>
</tr>
<tr>
<td>Cognition: Thinking and Learning</td>
<td>Cognition: Thinking and Learning</td>
</tr>
<tr>
<td>Dissociation</td>
<td>Dissociation</td>
</tr>
</tbody>
</table>


---

**NEW YORK STATE DEPARTMENT OF HEALTH**
Linking Impairments to Complex Trauma Exposure

Assessment of...

**Complex Trauma Exposure**
- CTES*: Complex Trauma Exposure Screen
- CTEA*: Complex Trauma Exposure Assessment

*Specifically developed to determine HH eligibility in NYS.

**Complex Trauma Impairments / Symptoms**
- Physiology/neurodevelopment
- Emotional Responses
- Impulse control / Self-Regulation
- Self-Image
- Relationships with Others
- Cognitive Processes
- Dissociation

*As provided by SAMHSA.
Assessment

• The assessment of complex trauma involves both assessing the child’s exposure to multiple or recurring traumatic events, as well as the wide-ranging and severe impact of this trauma exposure across domains of development.

• SAMHSA/CMS have provided a variety of documents to the State on Complex Trauma definition and assessment process
  • For the Assessment of Impairment ONLY - (CMS/SAMHSA has recommended tools identified by the National Child Traumatic Stress Network and DOH requires [http://www.nctsnet.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma](http://www.nctsnet.org/trauma-types/complex-trauma/standardized-measures-assess-complex-trauma))

• It is important that mental health providers, family members, Health Homes, licensed professionals, and other caregivers become aware of specific questions to ask when seeking the most effective services for children who have experienced or are experiencing complex trauma.
Linking Impairments to Complex Trauma Exposure

Assessing Impairment

SAMPLE Scales

Brief: Behavior Rating Inventory of Executive Function


1. **Inhibit** is the ability to resist impulses and to stop one’s behavior at the appropriate time. Sample's ability to inhibit is described as an area of concern. Children with similarly reported concerns often have trouble resisting impulses and considering the potential consequences of their actions before they act. Children with similar difficulties may display high levels of physical activity, inappropriate physical responses to others, a tendency to interrupt and disrupt group activities, and a general failure to “look before leaping.”

2. **Shifting** is the ability to make transitions, tolerate change, problem-solve flexibly, and switch or alternate one’s attention from one focus or topic to another. Sample is described as generally able to shift his attention from task to task or from place to place without difficulty. He is able to think of or to accept different ways of solving problems, and he is flexible in performing his day to day activities.

3. **Emotional control** reflects the influence of the executive functions on the expression and regulation of one’s emotions. Sample is described as having an age-appropriate level of emotional control. In other words, he generally reacts to events in an appropriate way; without emotional outbursts, sudden or frequent mood changes, and/or excessive periods of feeling upset.
Assessing Impairment
SAMPLE Scales

- SDQ (Strengths & Difficulties Questionnaire):
  - Peer Relationship Problems subscale (for SAMHSA’s Relationships with Others domain)

- CBCL (Child Behavior Checklist)
  - Somatic Complaints (for SAMHSA’s Physiology domain)
Young Children and Complex Trauma

• Young children depend exclusively on parents/caregivers for survival and protection - both physical and emotional.

• Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need.

• They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to.

(retrieved from: http://www.nctsn.org/content/how-early-childhood-trauma-unique)
Engaging Children and Caregivers in the Assessment Process – The Importance of Trauma Informed Care
What Is Trauma Informed Care?

Trauma-informed care refers to how you think about and respond to those who have experienced or may be at risk for experiencing trauma.

“Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma…that emphasizes physical, psychological, and emotional safety for both providers and survivors…and, that creates opportunities for survivors to rebuild a sense of control and empowerment.”

(Hopper, Bassuk, & Olivet, 2010, p. 82)
Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and Mutuality
- Empowerment
- Voice and Choice

(Fallot, 2008)
Safety

- Safety first: A Pillar of Healing
- A commitment to “Do No Harm”
- Create a sense of safety and security for the child and family during the screen, assessment, and meetings
- Be welcoming to the child and family
- Express empathy and understanding
- Ask permission
- Create an opportunity for children and families to ask questions
- Check in with families in between appointments
Transparency

• Explaining the purpose and the process is important for children and families to be an active part of the screen and assessment.
  • Explain your role. Carefully introduce self, agency intake process, and possible service options.
  • Discuss what is expected of participant and what they should expect from the process

• Attend to any barriers around participation in the screen and assessment
Collaboration

- Create closely knit collaborative relationships with other public sector service systems
- Help children and families make informed decisions about services and clarify the helping process
- Encourage shared decision-making in the process: Create a collaborative working relationship
- Explain roles and responsibilities with the focus on ‘shared’ goals
- “We” is expressed and a partnership is built.
Empowerment

➢ Empower children and families by:
  • Instilling hope
  • Reinforcing strengths
  • Fostering resilience
  • Helping to identify barriers to participating in the process and help problem-solve around those barriers

➢ Validate children and families and take time to understand their perspective
  • Don’t ask children and families to retell their stories or terrifying experiences if you don’t have to. If you do need the information, ask it in a way which is empowering and validating.
  • Provide positive feedback
  • Attend to any concerns about privacy and confidentiality
    • Children and families who do not trust the provider or feel the information shared will not be held in confidence are also at a greater risk for dropout
Voice and Choice

• Provide choices for children and families
• Create a space for children and families to feel comfortable to express their concerns and ask questions
• Inform both the child and family about the next steps and ask for their permission to move forward. Give families and children control in this process.
• Provide opportunities to discuss cultural and racial differences between the provider and the child and/or family to avoid any misunderstandings
Healing from Complex Trauma

Anyone who interacts with a child who has experienced any kind of trauma, including complex trauma in their home, school, and community can make important contributions to healing and growth.
Questions or Concerns?

If you have additional questions about this training or technical assistance, please email us here: HHcomplextrauma.info@nyu.edu

You can access documents here: http://ctacny.org/complextrauma
Resources

General Information on Complex Trauma: http://www.nctsn.org/trauma-types/complex-trauma

Effects of Complex Trauma: http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma

Guidelines for Complex Trauma Assessment:
  NCTSN: “How to Conduct a Comprehensive Assessment of Complex Trauma” http://www.nctsn.org/trauma-types/complex-trauma/assessment

Measures to Assess Complex Trauma:
http://www.nctsn.org/content/standardized-measures-assess-complex-trauma

Information on Adverse Childhood Events:


Removed: https://www.youtube.com/watch?v=lOeQUwdAjE0